



U.S. Department of Homeland Security
U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
Inspections and Detention Oversight Division
Washington, DC 20536-5501

**Office of Detention Oversight
Follow-Up Compliance Inspection**

**Enforcement and Removal Operations
ERO Salt Lake City Field Office**

**Nevada Southern Detention Center
Pahrump, Nevada**

April 19-23, 2021

FOLLOW-UP COMPLIANCE INSPECTION
of the
NEVADA SOUTHERN DETENTION CENTER
Pahrump, Nevada

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FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



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FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Nevada Southern Detention Center (NSDC) in Pahrump, Nevada, from April 19 to 22, 2021.¹ This inspection focused on the standards found deficient during ODO’s last inspection of NSDC from December 7 to 11, 2020. The facility opened in 2010 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NSDC in 2016 under the oversight of ERO’s Field Office Director in Salt Lake City (ERO Salt Lake City). The facility operates under the Performance-Based National Detention Standards (PBNS) 2008.

ERO has not assigned deportation officers nor a detention services manager to the facility. An NSDC warden handles daily facility operations and manages █████ support personnel. Trinity Food Service provides food services, CoreCivic provides medical care, and Keefe provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2018 and the National Commission on Correctional Health Care in December 2018.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	138
Average ICE Detainee Population ³	█████
Male Detainee Population (as of April 19, 2021)	█████
Female Detainee Population (as of April 19, 2021)	█████

During its last inspection, in Fiscal Year (FY) 2021, ODO found 24 deficiencies in the following areas: Admission and Release (2); Classification System (1); Facility Security and Control (4); Searches of Detainees (1); Special Management Units (3); Staff-Detainee Communication (7); Food Service (2); Religious Practices (1); and Grievance System (3).

¹ This facility holds male and female detainees with low, medium-low, medium-high, and high-security classification levels for periods longer than 72 hours.

² Data Source: ERO Facility List Report as of April 12, 2021.

³ *Ibid.*

FOLLOW-UP COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's Uniform Corrective Action Plan, and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

ODO was unable to conduct an on-site inspection of this facility, as a result of the COVID-19 pandemic, and instead, conducted a remote inspection of the facility. During this remote inspection, ODO interviewed facility staff, ERO field office staff, and detainees, reviewed files and detention records, and was able to assess compliance for at least 90 percent or more of the ICE national detention standards reviewed during the inspection.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDs 2008 Standards Inspected ⁴	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	1
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	4
Staff-Detainee Communication	2
Use of Force and Restraints	0
Sub-Total	7
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	1
Significant Self-harm and Suicide Prevention and Intervention ⁵	0
Sub-Total	1
Part 5 – Activities	
Religious Practices	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Total Deficiencies	8

⁴ For greater detail on ODO's findings, see the *Follow-Up Compliance Inspection Findings* section of this report.

⁵ The facility is contractually obligated to comply with the PBNDs 2011 (Errata 2013), Signification Self-harm and Suicide Prevention and Intervention standard.

DETAINEE RELATIONS

ODO interviewed 12 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. One detainee exhibited signs of mental health issues during the interview, and ODO immediately referred him to both ERO and facility medical staff for follow-up. Most detainees reported satisfaction with facility services except for the concerns listed below. ODO attempted to conduct detainee interviews via video teleconference; however, the ERO field office and facility were not able to accommodate this request due to technology issues. As such, the detainee interviews were conducted via telephone.

Significant Self-harm and Suicide Prevention and Intervention: One detainee stated the facility placed him in the Segregation Management Unit (SMU) because of a fight in his housing pod, the medical staff gave him medication for depression, and he had suicidal thoughts of hanging himself.

- Action Taken: ODO immediately contacted the facility warden on April 19, 2021 and informed him the detainee stated he had suicidal thoughts about hanging himself. The warden subsequently initiated immediate action by placing the detainee on suicide watch. On the same day, the facility staff moved the detainee to a medical unit cell, coordinated an evaluation by a psychologist, and placed the detainee on a 15-minute watch for a 24-hour period. Furthermore, the facility staff replaced the detainee's uniform with a suicide smock as a precaution to avoid any injury to or hanging himself with clothing. ODO received copies of the detainee's mental health crisis watch record and followed-up with the Health Services Administrator (HSA) on April 20-21, 2021. On April 20, 2021, ODO confirmed that facility staff placed the detainee on suicide precaution, continued his medication while in the medical unit, and kept the detainee in the medical area of the facility for an additional 24 hours. On April 21, 2021, the facility HSA informed ODO the HSA terminated the detainee's placement on suicide precaution after consulting with the facility's psychologist and warden. ODO also found the facility staff escorted the detainee back to the SMU to be monitored by the psychologist and to continue to receive psychotropic medication.

Religious Practices: One detainee stated she requested a kosher diet a month prior to the inspection and facility staff denied the request. Furthermore, she stated she submitted a second request that had gone unanswered.

- Action Taken: ODO spoke with the facility's chaplain and reviewed the detainee's requests for a religious diet. ODO determined the detainee submitted a kosher diet request on March 9, 2021, which the facility denied on March 10, 2021. The detainee received a copy of the denial on the following day. The facility staff denied the request because the staff found the detainee's commissary purchases for the past 30 days included pork-based food, contrary to the facility's religious practices policy that requires a detainee to abstain from pork-based food for at least 30 days. The facility chaplain confirmed the detainee stated on March 11, 2021, her intent to submit a second request once her pork-based food purchases stopped. On April 19, 2021, ODO found the detainee submitted a second kosher diet request, which was pending review. On the same day, the facility chaplain explained to the detainee the need to file a declaration form to change her religion because the facility's offender management system listed no religious preference for her. During the inspection, the detainee

transferred out of the facility, and the facility chaplain closed the detainee's kosher diet request on April 20, 2021.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (AR)

ODO reviewed the facility's admission and orientation procedures, reviewed 12 detention files, interviewed the facility's admission and release supervisor, and found 2 out of 12 detention files did not contain a signed Order to Detain or Release form (Form I-203 or I-203a) (**Deficiency AR-51**⁶).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed 12 confinement activity records and found 5 out of 12 records did not document a health care provider visiting the detainee in the SMU daily (**Deficiency SMU-27**⁷).

ODO reviewed 12 confinement activity records and found the SMU housing unit officer did not record whether the detainee ate a meal or took any medication in 3 out of 12 records (**Deficiency SMU-153**⁸). **This is a repeat deficiency.**

ODO reviewed 12 confinement activity records and found 5 out of 12 records did not include a medical officer's signature when he or she visited a detainee in the SMU (**Deficiency SMU-154**⁹).

ODO reviewed 12 confinement activity records and found the SMU housing unit officer did not initial the record after medical visits were completed in 6 out of 12 records (**Deficiency SMU-155**¹⁰).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO reviewed the facility's housing unit logs, spoke with ERO Salt Lake City staff, and found no documentation of weekly supervisor visits (**Deficiency SDC-9**¹¹). **This is a repeat**

⁶ "An Order to Detain or Release (Form I-203 or I-203a), bearing the appropriate ICE/DRO Authorizing Official signature, must accompany each newly arriving detainee." See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(E).

⁷ "A health care provider shall visit every detainee in an SMU at least once daily." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(9).

⁸ "The special housing unit officer shall immediately record: ...

Whether the detainee ate, showered, recreated, and took any medication." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(a).

⁹ "The facility medical officer shall sign each individual's record when he or she visits a detainee in the SMU." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(b).

¹⁰ "The housing officer shall initial the record after the medical visits are completed, but no later than the end of the shift." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(E)(3)(b).

¹¹ "Each field office shall have policy and procedures to ensure and document that the ICE/DRO assigned supervisory staff conduct frequent unannounced, unscheduled visits to the SPC, CDF, and IGSA facility's living and activity areas to informally observe living and working conditions and encourage informal communication among staff and detainees." See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(A)(1).

deficiency.

ODO reviewed the ERO Salt Lake City detainee request log and found all documented detainee requests except for the months of March 2021 and April 2021 (**Deficiency SDC-30¹²**). **This is a repeat deficiency.**

CARE

MEDICAL CARE (MC)

ODO reviewed 12 detainee medical files and found 3 out of 12 files with physical examinations completed 18 to 19 days after a detainee's arrival, instead of completing the exam within the required 14 days of the detainee's arrival (**MC-92¹³**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 14 standards under PBNDS 2008, one standard under PBNDS 2011 (Errata 2013), and found the facility in compliance with 11 of those standards. ODO found eight deficiencies in the remaining four standards. There were three repeat deficiencies, one in the Special Management Units and two in Staff-Detainee Communication. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	First FY 2021 (PBNDS 2008)	Second FY 2021 (PBNDS 2008/PBNDS 2011 (Errata 2013))
Standards Reviewed	21	14/1
Deficient Standards	9	4
Overall Number of Deficiencies	24	8
Repeat Deficiencies	3	3
Areas of Concern	1	0
Corrective Actions	0	0

¹² "All requests shall be recorded in a logbook (or electronic logbook) specifically designed for that purpose." *See* ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹³ "Each facility's health care provider shall conduct a health appraisal including a physical examination on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition, in accordance with the most recent ACA Adult Local Detention Facility standards for Health Appraisals." *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(J).