



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2023-002-202**

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

**Nevada Southern Detention Center  
Pahrump, Nevada**

**September 12-14, 2023**

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

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**

[REDACTED]	Section Chief	ODO
[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Inspections and Compliance Specialist	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

## 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 September 12 to 14, 2023.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of NSDC from March 28 to 30, 2023. 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). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Facility List as of September 11, 2023. NSDC was inspected against the Performance-Based National Detention Standards (PBND) 2008, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED] A facility warden handles daily operations and manages [REDACTED] support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary 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 Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of September 12, 2023)	[REDACTED]
Adult Female Population (as of September 12, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2023, ODO found four deficiencies in the following areas: Admission and Release (1); Medical Care (1); Special Management Units (1); and Visitation (1).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Facility List as of September 11, 2023.

<sup>3</sup> *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.<sup>4</sup>

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which may include but are not limited to Medical Care, 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 (UCAP), 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.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

## FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2008 MAJOR CATEGORIES

PBNDS 2008 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	2
<b>Sub-Total</b>	<b>2</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Classification System	3
Facility Security and Control	0
Funds and Personal Property	2
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>5</b>
<b>Part 4 - Care</b>	
Food Service	4
Medical Care	2
Terminal Illness, Advance Directives, and Death	0
<b>Sub-Total</b>	<b>6</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
Visitation	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Other Standards Reviewed</b>	
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>13</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Follow-up Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 30 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Funds and Personal Property:* One detainee stated his concern over not receiving his funds from the facility.

- Action Taken: ODO interviewed ERO Salt Lake City staff and verified the facility's safekeeping of the detainee's funds in the amount of \$22.00 and the status of the detainee's access to his funds. ERO Salt Lake City also informed the detainee of the actions taken for fund access, and he acknowledged understanding.

*Funds and Personal Property:* One detainee stated his concern over not retrieving family member telephone numbers from his cell phone.

- Action Taken: ODO interviewed ERO Salt Lake City staff and confirmed the facility gave the detainee the opportunity to retrieve his contact numbers from his cell phone on September 11, 2023, but he refused. On September 13, 2023, ERO Salt Lake City staff provided the detainee with a request form for another opportunity to retrieve the numbers from his cell phone.

*Medical Care:* One detainee stated his need for surgical removal of a pin from his right leg to due pain.

- Action Taken: ODO interviewed the facility health services administrator (HSA), reviewed the detainee's medical records, and found the detainee submitted a sick call request on July 3, 2023, and a nurse practitioner examined him on the same day. Medical staff scheduled an appointment with an outside physician for July 25, 2023. The emergency medical response (EMR) documentation stated the detainee refused to go to the hospital for his surgical procedure on July 25, 2023. On September 12, 2023, a facility physician sent a new referral for an off-site orthopedic specialist to perform the surgical procedure. On September 13, 2023, ODO informed the detainee facility medical staff is scheduling an appointment for removal of the pin from his right leg.

*Medical Care:* One detainee stated his concern over the availability of a dentist to treat his tooth pain.

- Action Taken: ODO interviewed the facility HSA and reviewed the detainee's medical records. The HSA stated the facility just hired a dentist to fill a vacant position, and the new dentist starts in October 2023. The HSA also stated that a regional dentist reviews and decides on all emergent and urgent dental issues for specialty treatment. A staff medical doctor also examines detainees with dental complaints and prescribes medication when required. Facility staff informed the detainee of the addition of a dentist to facility staff on September 13, 2023.

*Medical Care:* One detainee stated his prescription medication caused drowsiness and requested to receive ongoing mental health counseling and appropriate medication for his depression.

- Action Taken: ODO interviewed the facility HSA, reviewed the detainee’s medical records, and found the detainee submitted sick call requests on July 3, 13, and 25, 2023. The detainee complained about his depression and that he needed mental health counseling. A facility physician diagnosed the detainee as schizophrenic and prescribed Lurasidone and Nabumetone for chronic pain. The facility psychiatrist examined the detainee on August 29, 2023, and the detainee stated how sleepiness led to his depression. The EMR documentation stated the detainee’s complaint about his mental health medication making him too sleepy but referenced the medication’s specific application for his depression. He has been seen monthly by the psychiatrist in 2023.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

#### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO interviewed the facility safety authority (FSA), observed the central chemical storage area, and found every area did not maintain a current inventory of the hazardous substances (flammable, toxic, or caustic). Specifically, the facility did not have an accurate inventory of the following hazardous substances: Citrus Fresh inventory of 2, but none on hand; GermX inventory of 337 but only 143 on hand; and AirLift inventory of 24 but only 23 on hand (**Deficiency EHS-39**<sup>7</sup>).

ODO interviewed the FSA, observed barber supplies, and found barbers did not clean and disinfect all hair care tools after each use. Specifically, ODO found hair clippings on the clippers as well as in the storage boxes (**Deficiency EHS-205**<sup>8</sup>).

### **SECURITY**

#### **CLASSIFICATION SYSTEM (CCS)**

ODO reviewed three files of detainees released from disciplinary segregation and found the facility did not consistently complete a special reassessment within 24 hours before releasing a detainee from disciplinary segregation. Specifically, facility staff released two out of three detainees from disciplinary segregation and did not conduct a special reassessment (**Deficiency CCS-16**<sup>9</sup>).

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<sup>7</sup> “Every area shall maintain a current inventory of the hazardous substances (flammable, toxic, or caustic) used and stored there.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VI)(C).

<sup>8</sup> “After each detainee visit, all hair care tools that came in contact with the detainee shall be cleaned and effectively disinfected.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (IX)(3).

<sup>9</sup> “A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation, and at any other time when additional, relevant information becomes known.” See ICE PBNDS 2008, Standard, Classification System, Section (V)(B).



ODO reviewed three files of detainees released from disciplinary segregation and found the facility did not consistently complete a special reassessment within 24 hours of a detainee's release from disciplinary segregation. Specifically, facility staff released two out of three detainees from disciplinary segregation but did not conduct a special reassessment (**Deficiency CCS-43<sup>10</sup>**).

ODO reviewed three files of detainees released from disciplinary segregation and found the facility did not consistently reclassify and reassign detainees to housing before release from disciplinary segregation. Specifically, facility staff released two out of three detainees from disciplinary segregation but did not complete reclassification and reassignment (**Deficiency CCS-49<sup>11</sup>**).

## **FUNDS AND PERSONAL PROPERTY (FPP)**

ODO observed the property room and Conex property storage box and found facility staff did not consistently secure all detainee luggage and facility containers in a tamper resistant manner. Specifically, ODO observed one detainee's property stored in a large plastic bag in the property room and 60 luggage/backpacks in the Conex property storage box with none secured in a tamper resistant manner (**Deficiency FPP-56<sup>12</sup>**).

ODO interviewed the property officer, reviewed two lost property claims on file, and found NSDC did not consistently follow a policy for loss of or damage to properly receipted detainee property. Specifically, NSDC policy required an investigation into all lost property claims, but facility staff investigated only one out of two lost property claims (**Deficiency FPP-76<sup>13</sup>**).

## **CARE**

### **FOOD SERVICE (FS)**

ODO reviewed two purchase orders for sugar and found no special-handling requirements for delivery of the orders (**Deficiency FS-26<sup>14</sup>**).

ODO interviewed the food service director (FSD), observed bread and margarine purchased for kosher trays, and found no bread nor margarine labeled "pareve" or "parve" for kosher trays (**Deficiency FS-191<sup>15</sup>**).

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<sup>10</sup> "A special reassessment is to be completed within 24 hours before a detainee leaves disciplinary segregation." *See* ICE PBND 2008, Standard, Classification System, Section (V)(H).

<sup>11</sup> "All detainees placed in disciplinary or administrative segregation for violations of facility rules shall be reclassified and re-assigned housing prior to being returned to the general population." *See* ICE PBND 2008, Standard, Classification System, Section (V)(H).

<sup>12</sup> "All detainee luggage and facility containers used for storing detainee personal property shall be secured in a manner that is tamper resistant." *See* ICE PBND 2008, Standard, Funds and Personal Property, Section (V)(I).

<sup>13</sup> "All CDFs and IGSA facilities shall have and follow a policy for loss of or damage to properly receipted detainee property." *See* ICE PBND 2008, Standard, Funds and Personal Property, Section (V)(L)(3).

<sup>14</sup> "Mace, nutmeg, cloves, sugar, and alcohol-based flavorings also require special handling and storage. The purchase order for any of these items shall specify the special-handling requirements for delivery." *See* ICE PBND 2008, Standard, Food Service, Section (V)(B)(4)(b).

<sup>15</sup> "Only bread and margarine labeled "pareve" or "parve" shall be purchased for the kosher tray." *See* ICE PBND 2008, Standard, Food Service, Section (V)(G)(5).

ODO interviewed the FSD, observed bread and margarine purchased for common fare trays, and found no bread nor margarine labeled “pareve” or “parve” for common fare trays (**Deficiency FS-198**<sup>16</sup>).

ODO reviewed two purchase requests for sugar, interviewed the FSD, and found the FSD did not mark “hot” on the two sugar purchase orders to signal the need for special handling (**Deficiency FS-418**<sup>17</sup>).

## **MEDICAL CARE (MC)**

ODO reviewed [REDACTED] medical records and found the clinical medical authority was not responsible for reviewing all health screening forms within 24 hours to assess the priority for treatment (**Deficiency MC-84**<sup>18</sup>).

ODO reviewed [REDACTED] medical records and found the facility did not consistently conduct appraisals within 14 days of detainees’ arrival. Specifically, ODO found in [REDACTED] out of [REDACTED] records, no appraisal after the detainees’ arrival (**Deficiency MC-92**<sup>19</sup>).

## **JUSTICE**

### **GRIEVANCE SYSTEM (GS)**

ODO interviewed the facility medical staff who stated they did not routinely file detainee medical grievances in their medical records; however, the facility’s written policy states that medical grievances shall be maintained in the detainee’s medical file. ODO did not identify any specific instances where medical grievances were not filed in the respective medical file and noted this as an **Area of Concern**.

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 17 standards under PBNDS 2008 and found the facility in compliance with 12 of those standards. ODO found 13 deficiencies in the remaining 5 standards. Since NSDC’s last full inspection in March 2023, the facility’s overall compliance with PBNDS 2008 has trended down. NSDC went from 4 deficient standards and 4 deficiencies in March 2023 to 5 deficient standards and 13 deficiencies during the most

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<sup>16</sup> “Only bread and margarine labeled “pareve” or “parve” shall be purchased for the Common Fare tray.” *See* ICE PBNDS 2008, Standard, Food Service, Section (V)(G)(2 and 5).

<sup>17</sup> “On the purchase request for potentially dangerous items (knives, mace, yeast, nutmeg, cloves and other items considered contraband if found in a detainee’s possession), the FSA shall mark them “hot,” signaling the need for special handling.” *See* ICE PBNDS 2008, Standard, Food Service, Section (V)(K)(1).

<sup>18</sup> “The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine).” *See* ICE PBNDS 2008, Standard, Medical Care, Section (V)(I)(1).

<sup>19</sup> “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).

recent follow-up inspection. Except for the MC standard deficiencies, the deficiencies ODO cited were found in standards the facility had no deficiencies during the previous inspection. ODO received the UCAP for ODO’s last inspection of NSDC in March 2023 and the UCAP likely helped the facility to not have repeat deficiencies in those areas. ODO recommends ERO Salt Lake City continue to work with the facility to resolve the remaining deficiencies in accordance with their contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (PBNS 2008)</b>	<b>FY 2023 Follow-up Inspection (PBNS 2008)</b>
Standards Reviewed	23	17
Deficient Standards	4	5
Overall Number of Deficiencies	4	13
Priority Component Deficiencies	0	0
Repeat Deficiencies	0	0
Areas Of Concern	0	1
Corrective Actions	1	0
Facility Rating	Superior	N/A