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Office of Professional Responsibility
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Office of Detention Oversight Compliance Inspection

Enforcement and Removal Operations
ERO Salt Lake City Field Office
Nevada Southern Detention Center
Pahrump, NV

January 24–26, 2017

**COMPLIANCE INSPECTION
for the
NEVADA SOUTHERN DETENTION CENTER
Pahrump, Nevada**

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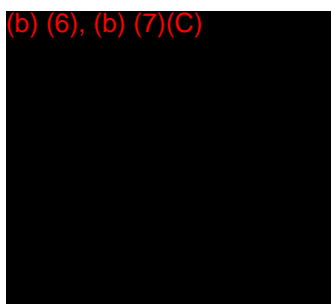
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FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted a compliance inspection of the Nevada Southern Detention Center (NSDC), in Pahrump, Nevada, from January 24 to 26, 2017.¹ NSDC opened in October 2010, and is owned and operated by CoreCivic. The Office of Enforcement and Removal Operations (ERO) began housing detainees at NSDC in May 2016, pursuant to a contract, under the oversight of ERO's Field Office Director (FOD) in Salt Lake City.

ERO staff members nor an ERO Detention Services Manager are physically assigned to the facility. A CoreCivic Warden is responsible for oversight of daily facility operations and is supported by (b) (7) personnel. Trinity Services Group provides food service, and CoreCivic provides detainee (7) medical care. The facility holds accreditations with the American Correctional Association and National Commission on Correctional Health Care. The NSDC is contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011, Sexual Abuse and Assault Prevention and Intervention (SAAPI) and the Significant Self-harm and Suicide Prevention and Intervention standards.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	250
Average ICE Detainee Population ³	186
Male Detainee Population (as of 1/24/2017)	114
Female Detainee Population (as of 1/24/2017)	67

¹ Male and female detainees with low, medium low, medium high, and high security classification levels are detained at the facility for longer than 72 hours.

² Data Source: ERO Facility List Report as of January 23, 2017.

³ *Ibid.*

FY 2017 FINDINGS BY PBNDS 2008 MAJOR CATEGORIES

PBNDS 2008 STANDARDS INSPECTED ⁴	DEFICIENCIES
Part 1 – Safety	
Environmental Health and Safety	2
Sub-Total	2
Part 2 – Security	
Admission and Release	2
Classification System	1
Funds and Personal Property	1
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	3
Staff-Detainee Communication	4
Use of Force and Restraints	2
Sub-Total	13
Part 4 – Care	
Food Service	0
Medical Care	3
Significant Self-harm and Suicide Prevention and Intervention	0
Sub-Total	3
Part 5 – Activities	
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Detainee Handbook	0
Grievance System	1
Law Libraries and Legal Material	0
Sub-Total	1
Total Deficiencies	19

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

COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than ten and where detainees are housed for over 72-hours to assess compliance with ICE National Detention Standards (NDS) 2000, or the Performance-Based National Detention Standards (PBNDS) 2008 or 2011, as applicable. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁵ ODO identifies violations linked to ICE detention standards, ICE policies, or operational procedures as *deficiencies*. ODO also highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection--these corrective actions are annotated with “C” under the Inspection Findings section of this report.

ODO places special emphasis on deficiencies related to ICE-designated “priority components” (under only PBNDS 2008 or 2011) which are considered *critical* to facility security; as well as health and safety, legal and civil rights, and quality of life of individuals in ICE custody.

At the conclusion of each inspection, ODO hosts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is also shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO develop and initiate corrective action plans and (ii) provide senior executives with an independent assessment of facility operations. Additionally, ODO findings inform ICE executive management decision making in better allocating resources across the agency’s entire detention inventory.

⁵ ODO reviews the facility’s compliance with selected standards in their entirety.

DETAINEE RELATIONS

ODO interviewed 29 detainees, each of whom volunteered to participate. None of the detainees made allegations of mistreatment, abuse, or discrimination. The majority of detainees reported being satisfied with facility services, with the exception of the complaints below:

Medical Care: Four detainees stated they have not received adequate medical care. The first detainee complained she was told she needed surgery, has not received continuing care, and is suffering.

- Action Taken: ODO reviewed the detainee's medical record with facility medical staff. The detainee arrived at NSDC on May 3, 2016 and had an initial physical exam on May 12, 2016. On September 10, 2016, the detainee was sent to Desert Valley Hospital emergency room due to abdominal pain. Treatment with medication and a diet was recommended. The detainee was seen for a follow-up by the NSDC physician on October 11, 2016. Medical documents indicate the detainee was progressing well with the diet and prescribed medication. During the course of this review, ODO discovered the detainee was not enrolled in a chronic care program (which was necessary given the diagnosis). Upon notification of this omission by ODO, medical staff scheduled the detainee for routine follow-up care beginning on January 25, 2017.

The second detainee stated she was diagnosed with a medical condition prior to her arrival at the facility and was told it was dangerous and would require surgery. She also stated she had breathing difficulty periodically.

- Action Taken: ODO reviewed the detainee's medical record with the facility medical staff. The detainee arrived at NSDC on December 7, 2016, and had an initial physical exam on December 11, 2016. On December 28, 2016, she was seen by a physician and prescribed medication for a medical condition. The detainee was subsequently enrolled in chronic care.

The detainee was also evaluated by the nurse practitioner on January 17, 2017, for a medical condition the detainee claimed to have prior to her arrival at NSDC (and unrelated to the condition she began receiving treatment for in December). The Nurse Practitioner was unable to verify the condition (or any previous diagnosis) upon examination; however, the detainee was diagnosed with a third, unrelated medical condition for which she began treatment. The detainee was instructed to return to sick call if she experiences any further symptoms.

The third detainee stated he is suffering from a variety of symptoms and submitted five sick call requests between December 2016 and January 2017. Though prescribed medicine, he claims he is still experiencing pain.

- Action Taken: ODO reviewed the detainee's medical record with the facility medical staff. The detainee arrived at NSDC on November 21, 2016 and had an initial physical exam on December 2, 2016. Since his arrival the detainee has actually submitted 27 sick call requests for a variety of reasons, most not related to above complaint. He was evaluated by the physician on December 28, 2016, for this most recent complaint. The physician asked the dentist to conduct an oral evaluation. The dentist was unable to

identify a cause for the pain. The facility ordered several tests and instructed the detainee to continue taking his medication. An appointment with a specialist was set for February 2, 2017. However, in the interest of security, the detainee has not been told the date of the appointment.

The fourth detainee stated he had a “traumatic experience” years ago and was receiving counseling prior to his arrival at the facility. After his admission to the facility, he felt he needed counseling because he had a “flashback” about his traumatic experiences. Since his arrival at NSDC, he has seen a doctor and a mental health counselor. He stated the doctor prescribed medication, which he stopped taking due to its side effects. The detainee claimed to need psychological counseling (therapy).

- Action Taken: ODO reviewed the detainee’s medical record with the facility medical staff. The detainee arrived at NSDC on October 1, 2016, and had an initial physical exam on October 13, 2016. He was evaluated by a psychiatrist on October 10, 2016, and October 27, 2016. The detainee was prescribed a different medication than he claimed during his ODO interview; however, the potential side effects are consistent with his claim. Medical records indicate the detainee elected not to take the medication. Following ODO’s review, the detainee was evaluated by a mental health counselor on January 24, 2017, to discuss other therapeutic options.

COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

ODO reviewed available documentation for the fourth quarter 2016, and was unable to document that fire drills are conducted at least quarterly in all facility locations, including administrative areas (**Deficiency EH&S -1⁶**).

During the documentation review, ODO found the facility did not evacuate detainees during fire drills (**Deficiency EH&S -2⁷**)

SECURITY

ADMISSION AND RELEASE (AR)

ODO observed the admissions process and reviewed facility orientation materials with facility staff. NSDC provides detainees with copies of the ICE National Detainee Handbook and the facility handbook, in both English and Spanish. A case manager conducts a one-on-one interview with each new detainee. The NSDC orientation video is shown, after which detainees are given the opportunity to ask questions. The “Know Your Rights” video plays multiple times a week in the detainee housing units. Although the orientation process meets the requirements of the standard, there was no documentation the orientation procedures were officially approved by ICE (**Deficiency AR-1⁸**).

Corrective Action: The facility initiated corrective action during the inspection by submitting the orientation procedures to ERO for approval. ERO reviewed and issued a memorandum approving the orientation procedures (**C-1**).

ODO reviewed the policy and observed the release process of several detainees at NSDC. Although the release process meets the requirements of the standard, there was no documentation the release procedures were officially approved by ICE (**Deficiency AR-2⁹**).

⁶ “Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D).

⁷ “Detainees are evacuated during fire drills, except in areas where security would be jeopardized; in medical areas where patient health could be jeopardized; or in individual cases when evacuation of patients is logistically not feasible. Staff shall simulate drills in areas where detainees are not evacuated.” See ICE PBNDS 2008, Standard, Environmental Health and Safety, Section (VII)(D)(2).

⁸ “All facilities shall have a method to provide ICE/DRO detainees an orientation to the facility as soon as practicable, in a language or manner that detainees can understand. Orientation procedures in IGSA’s must be approved in advance by the ICE/DRO office of jurisdiction.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(F). **This is a priority component.**

⁹ “Staff must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, checking wants and warrants, etc. ICE/DRO shall approve IGSA release procedures.” See ICE PBNDS 2008, Standard, Admission and Release, Section (V)(H).

Corrective Action: The facility initiated corrective action during the inspection by submitting the orientation procedures to ERO for approval. ERO reviewed and issued a memorandum approving the orientation procedures (C-2).

CLASSIFICATION SYSTEM (CS)

ODO reviewed the detention files for five of 10 detainees placed in disciplinary segregation, as noted in the facility's segregation log since May 2016. No documentation of reassessment prior to return to general population was found in all five files reviewed (**Deficiency CS-1¹⁰**).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed facility policy, procedures and the detainee handbook. Detainees are notified of procedures relating to funds and property in the orientation video during intake and in the detainee handbook. However, the detainee handbook does not provide notification that detainees may access their personal funds to pay for legal services (**Deficiency F&PP -1¹¹**).

Corrective Action: The facility initiated corrective action during the inspection by issuing a memorandum providing this information to current detainees. Pending re-printing of the detainee handbook, the memorandum will be inserted in handbooks given to arriving detainees (C-3).

SPECIAL MANAGEMENT UNITS (SMU)

ODO verified 15 of 15 detainees placed into administrative segregation according to the facility segregation log. Status reviews were conducted by the Chief of Security or Unit Manager Chief within 72 hours and every seven days thereafter; however, a copy of the decision was not provided to the detainees (**Deficiency SMU-1¹²**).

ODO reviewed NSDC's Policy 10-1, *Segregation/Restrictive Housing Unit Management*, dated September 19, 2013, and the facility handbook. Detainees held in disciplinary segregation are permitted one hour of non-contact visits once per month (**Deficiency SMU-2¹³**).

ODO reviewed NSDC's Policy 10-1, *Segregation/Restrictive Housing Unit Management*, dated September 19, 2013, the facility handbook, and facility confinement watch logs. ODO found

¹⁰ "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).

¹¹ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures concerning personal property, including: Access to detainee personal funds to pay for legal services." See ICE PBNDS 2008, Standard, Funds and Personal Property, Section (V)(C).

¹² "A copy of the decision and justification for each review shall be given to the detainee, unless, in exceptional circumstances, this provision would jeopardize the facility's security. The detainee shall also be given an opportunity to appeal a review decision to a higher authority within the facility." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(C)(3)(e).

¹³ "In accordance with the Detention Standard on Visitation, while in an SMU, a detainee ordinarily retains visiting privileges. In a facility that allows contact visits, segregated detainees may ordinarily use the visiting room during normal visiting hours. However, the facility may restrict or disallow general visits for a detainee who violates visitation rules or whose behavior otherwise indicates the detainee would be a threat to the security or the good order of the visiting room." See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(13).

observation of detainees in the SMU were not performed at least every 30 minutes on an irregular schedule (**Deficiency SMU-3¹⁴**).

STAFF-DETAINEE COMMUNICATION (SDC)

ODO interviewed ERO supervisory staff and found the field office does not maintain policy and procedures to ensure and document assigned ERO supervisory staff conduct frequent unannounced, unscheduled visits to the facility (**Deficiency SDC-1¹⁵**).

ODO reviewed the electronic ICE detainee request log for three months preceding the ODO inspection and reviewed 25 random files of detainees who had submitted requests to ICE. ODO found copies of completed ICE detainee request forms are not consistently filed in detainee detention files (**Deficiency SDC-2¹⁶**).

ODO reviewed the telephone serviceability forms for the four months preceding the ODO inspection and found the field office did not consistently maintain the telephone serviceability forms. In fact, the forms for nine of the preceding 16 weeks were missing (**Deficiency SDC-3¹⁷**).

ODO reviewed the facility liaison visit forms for the four months preceding the ODO inspection and found the field office did not consistently maintain the facility liaison visit forms. In fact, forms for eight of 16 weeks preceding the inspection were missing (**Deficiency SDC-4¹⁸**).

USE OF FORCE AND RESTRAINTS (UOF&R)

ODO reviewed the video and documentation for the only (immediate) use of force incident at the NSDC which occurred in the 12 months preceding the ODO inspection. ODO found email notification of the incident was sent to ERO within three hours of the incident, and a NSDC incident report describing the event was prepared the next day. ODO could not verify ICE approved the incident report form used by NSDC; additionally, ODO found the facility did not send a copy of their incident report to the Field Office Director within two working days (**Deficiency UOF&R-1¹⁹**).

¹⁴ “Detainees in SMUs shall be personally observed at least every 30 minutes on an irregular schedule. For cases that warrant increased observation, the SMU personnel will personally observe them accordingly.” See ICE PBNDS 2008, Standard, Special Management Units, Section (V)(B)(7). **This is a priority component.**

¹⁵ “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).

¹⁶ “A copy of each completed Detainee Request shall be filed in the detainee’s detention file and be retained there for at least three years.” See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(B)(2).

¹⁷ “Staff shall document each serviceability test on a form that has been provided by DRO, and each field office shall maintain those forms, organized by month, for three years.” See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(C).

¹⁸ “Model Program forms shall be: Completed weekly for SPCs, CDFs, and regularly used IGSA facilities, and for each visit to intermittently used IGSA facilities.” See ICE PBNDS 2008, Standard, Staff-Detainee Communication, Section (V)(E).

¹⁹ “All facilities shall have an *ICE/DRO-approved* form to document all uses of force. Within two working days, copies of the report shall be placed in the detainee's A-File and sent to the Field Office Director.” See ICE PBNDS 2008, Use of Force and Restraints, Section (V)(O)(1).

Corrective Action: The facility initiated corrective action during the inspection by submitting the incident report form to ERO for approval. ERO reviewed and issued a memorandum approving the incident report form (C-4).

Further still, the facility did not conduct an after-action review of the use of force incident (Deficiency UOF&R-2²⁰).

CARE

MEDICAL CARE (MC)

ODO reviewed 25 detainee medical records and found comprehensive health assessments were completed within 14 days. The record review found the physician does not review all intake screenings within 24 hours or on the next business day to assess priority for treatment (Deficiency MC-1²¹).

The initial health appraisal is performed on detainees within 14 days of arrival by the advanced practice registered nurse (APRN) or the physician. The nine health appraisals performed by the APRN were not reviewed by the physician to assess priority for treatment (Deficiency MC-2²²).

ODO's review of the records of seven detainees with chronic conditions, including hypertension, diabetes, hyperthyroidism, and chronic gall bladder disease found two were not enrolled in a chronic care clinic and did not have a written treatment plan (Deficiency MC-3²³).

JUSTICE

GRIEVANCE SYSTEM (GS)

ODO reviewed of the facility's detainee grievance log since the facility began housing detainees in May 2016, interviewed the facility grievance officer, and the facility warden. ODO found four instances where the facility did not forward a copy of a grievance alleging staff misconduct to ERO (Deficiency GS-1²⁴).

²⁰ "The facility administrator, the assistant facility administrator, the Field Office Director's designee, and the Health Services Administrator shall conduct the After-Action Review. This four-member After-Action Review team shall convene on the workday after the incident. The After-Action Review team shall gather relevant information, determine whether policy and procedures were followed, make recommendations for improvement, if any, and complete an After-Action Report to record the nature of its review and findings. The After-Action Report is due within two working days of the detainee's removal from restraints." See ICE PBNDS 2008, Standard, Use of Force and Restraints, Section (V)(P)(2).

²¹ "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). **This is a priority component.**

²² "The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment." See ICE PBNDS 2008, Standard, Medical Care, Section (V)(J).

²³ "When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(R). **This is a priority component.**

²⁴ "Staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established

Corrective Action: The facility initiated corrective action by providing copies of the four grievances alleging staff misconduct to ERO (C-5).

CONCLUSION

This was ODO's first Compliance Inspection of the NSDC under the Performance-Based National Detention Standards (PBNDS) 2008. ODO reviewed the facility's compliance with 15 standards and found the facility compliant with six standards. ODO notes the facility initiated immediate corrective action in response to several deficiencies raised during the inspection. ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

Compliance Inspection Results	FY 2017 (PBNDS 2008)
Standards Reviewed	15
Deficient Standards	9
Overall Number of Deficiencies	19
Corrective Actions	5

grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/DRO." See ICE PBNDS 2008, Standard, Grievance System, Section (V)(G). **This is a priority component.**