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U.S. Immigration and Customs Enforcement
Office of Professional Responsibility
ICE Inspections
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**Office of Detention Oversight
Follow-Up Compliance Inspection
2023-002-084**

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

**Nye County Detention Center, Southern
(Pahrump)
Pahrump, Nevada**

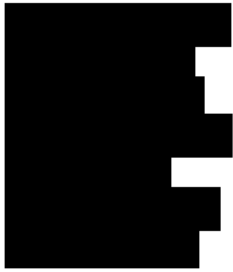
May 2-4, 2023

FOLLOW-UP COMPLIANCE INSPECTION
of the
NYE COUNTY DETENTION CENTER, SOUTHERN (PAHRUMP)
Pahrump, Nevada

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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 Nye County Detention Center, Southern (Pahrump) (NCDC) in Pahrump, Nevada, from May 2 to 4, 2023.¹ This inspection focused on the standards found deficient during ODO’s last inspection of NCDC from November 15 to 17, 2022. The facility opened in 2019 and is owned by Nye County and operated by the Nye County Sheriff’s Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NCDC in 2019 under the oversight of ERO’s Field Office Director in Salt Lake City (ERO Salt Lake City). The facility operates under the National Detention Standards (NDS) 2019.

ERO deportation officers are not assigned full-time to the facility but conduct weekly scheduled visits on Tuesdays and Thursdays from 8 a.m. to 12 p.m. A captain handles daily facility operations and manages support personnel. Serenity Health provides medical care, and Summit Food provides food and commissary services at the facility. The facility does not hold any accreditations from any outside entities. In March 2022, NCDC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	
Average ICE Population ³	
Adult Male Population (as of May 2, 2023)	
Adult Female Population (as of May 2, 2023)	

During its last inspection, in Fiscal Year (FY) 2023, ODO found 23 deficiencies in the following areas: Admission and Release (1); Disciplinary System (1); Food Service (1); Funds and Personal Property (2); Law Libraries and Legal Materials (1); Sexual Abuse and Assault Prevention and Intervention (3); Special Management Units (3); and Visitation (11).

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

² Data Source: ERO Facility List as of May 1, 2023.

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 NDS. 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, 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.

FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected ^{4,5}	Deficiencies
Part 1 - Safety	
Environmental Health and Safety	0
Sub-Total	0
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Use of Force and Restraints	3
Special Management Units	4
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
Sub-Total	7
Part 3 - Order	
Disciplinary System	0
Sub-Total	0
Part 4 – Care	
Food Service	1
Medical Care	1
Significant Self-Harm and Suicide Prevention and Intervention	0
Terminal Illness and Death	0
Sub-Total	2
Part 5 - Activities	
Recreation	2
Visitation	0
Sub-Total	2
Part 6 - Justice	
Law Libraries and Legal Materials	1
Sub-Total	1
Total Deficiencies	12

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

⁵ 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 22 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.

Medical Care: One detainee stated he submitted a medical request for tooth pain, but a facility dentist has yet to examine him.

- Action Taken: ODO interviewed the health services administrator (HSA), reviewed the detainee's medical record, and found the detainee submitted a sick call request for tooth pain on April 4, 2023. On April 5, 2023, medical staff evaluated the detainee, prescribed ibuprofen (600 mg), and placed the detainee on the medical provider's list for tooth pain. On April 8, 2023, medical staff placed the detainee on the dental waiting list. On April 22, 2023, a medical provider evaluated the detainee and prescribed amoxicillin (500 mg) for 10 days and ibuprofen (800 mg) for 5 days. At ODO's request, medical staff evaluated the detainee for continued tooth pain on May 5, 2023. The detainee denied any further tooth pain, but medical staff informed him they placed him on the dental waitlist for a dentist to examine him.

Medical Care: One detainee stated a facility staff member gave him an insulin injection, except he is not diabetic and does not require insulin injections.

- Action Taken: ODO interviewed the HSA, reviewed the detainee's medical record, and found on March 21, 2023, a medical staff member went to the medical isolation housing unit to administer daily medication. The staff member called for a specific detainee in the unit and the detainee reported for daily medication. The staff member noticed the detainee had no identification wristband and questioned him on the wristband's location. After the detainee responded he did not know, the staff member asked the detainee if he was a certain detainee. After the detainee confirmed his identity, the staff member gave the detainee one Metformin (1000 mg) pill. The staff member instructed the detainee to wait for her to return with his insulin injection. The staff member returned 15 minutes later and asked the detainee to confirm his identity as a certain detainee to which the detainee responded "yes." The staff member administered a blood-sugar test strip and injected the detainee with Novolin N (25 units of insulin). On March 22, 2023, the staff member discovered she administered insulin medication in error and evaluated the detainee for hypoglycemia daily from March 23 to March 27, 2023, citing no adverse reactions. On March 27, 2023, the detainee submitted a medical grievance for receiving medication in error. The HSA responded to the grievance on March 28, 2023, and medical staff evaluated the detainee the same day, again citing no adverse reaction. On March 28, 2023, the HSA terminated employment of the staff member responsible for administering medication to the incorrect detainee and instituted a three-step identification procedure for medication administration. ODO cited the incorrect administration of medication as a deficiency in the *Medical Care* section of this report.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

SECURITY

USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed one immediate UOF after-action review report and found the following deficiencies:

- Facility staff did not seek assistance from mental health nor other medical personnel immediately upon gaining physical control of the detainee (**Deficiency UOFR-48⁶**);
- Medical staff did not examine nor treat the detainee following the UOF incident (**Deficiency UOFR-51⁷**); and
- Since medical staff did not examine the detainee, they did not document any medical services (**Deficiency UOFR-52⁸**).

SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed six administrative segregation orders and found in all six orders, the releasing officer did not indicate the date nor time of release (**Deficiency SMU-19⁹**).

ODO reviewed 4 detainee SMU files and found in 3 out of 4 files, the facility did not document 15 out of 240 meals offered to detainees (**Deficiency SMU-65¹⁰**). **This is a repeat deficiency.**

ODO reviewed 4 detainee SMU 30-minute observation logs and found in 4 out of 4 logs, facility staff recorded 79 observations between 31 and 222 minutes (**Deficiency SMU-84¹¹**). **This is a repeat deficiency and a priority component.**

⁶ “In immediate use-of-force situations, staff shall seek the assistance of mental health or other medical personnel immediately upon gaining physical control of the detainee.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(G)(1).

⁷ “After any use of force or application of restraints, medical personnel shall examine the detainee, immediately treating any injuries.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(G)(3).

⁸ “The medical services provided shall be documented.” *See* ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(G)(3).

⁹ “When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order. The completed order shall then be included in the detainee’s detention file or maintained in a retrievable electronic format.” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2)(c).

¹⁰ “The special housing unit officer shall immediately record:

1) Whether the detainee ate, showered, recreated and took any medication.”

See ICE NDS 2019, Standard, Special Management Unit, Section (II)(D)(2)(a)(1).

¹¹ “SMU staff shall observe and log observations at least every 30 minutes on an irregular schedule.” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(K)

ODO reviewed 4 detainee SMU logs, and found across all 4 logs, the facility staff did not offer 40 out of 74 recreation days to the detainees housed in SMU (**Deficiency SMU-120**¹²).

CARE

FOOD SERVICE (FS)

ODO interviewed the FS administrator, reviewed the facility's written FS procedures, and found the facility did not conduct weekly inspections of all FS areas (**Deficiency FS-116**¹³). **This is a repeat deficiency.**

MEDICAL CARE (MC)

ODO interviewed the HSA, reviewed the facility's medication administration policy and detainee medical records, and found in out of 25 records, the facility did not distribute medication according to the facility's 2-step identification verification process (verbal and visual identification). Instead, medical staff used a one-step verification process, which resulted in facility medical staff administering medication to the incorrect detainee (**Deficiency MC-61**¹⁴). **This is a priority component.**

Corrective Action: On March 28, 2023, and prior to ODO's inspection, the facility initiated corrective action. Specifically, the HSA terminated employment of the staff member responsible for administering medication to the incorrect detainee and implemented a three-step identification procedure for medication administration (**C-1**).

ACTIVITIES

RECREATION (R)

ODO interviewed a facility sergeant, reviewed the electronic recreation log, and found from March 5 to April 28, 2023, the facility offered recreation to housing units C and J between 1 and 4 days each week for 1 hour and not at least 5 days each week (**Deficiency R-3**¹⁵). **This is a priority component.**

¹² "Detainees in the SMU shall be offered at least one hour of recreation per day, outside their cells and scheduled at a reasonable time, at least five days per week." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(V).

¹³ "The facility shall implement written procedures for the administrative or food service, personnel conducting the weekly inspections of all food service areas, including dining, storage, equipment, and food-preparation areas and an annual independent inspection ensuring that all governmental health and safety codes are being met." See ICE NDS 2019, Standard, Food Service, Section (II)(I)(11)(a).

¹⁴ "Medication will be distributed according to the specific instructions and procedures established by the health care provider." See ICE NDS 2019, Standard, Medical Care, Section (II)(L).

¹⁵ "Weather permitting, each detainee shall have access for at least one hour per day, five days per week; or, six or more hours per week, at least four days per week." See ICE NDS 2019, Standard, Recreation, Section (II)(A)(1)

ODO interviewed a facility sergeant, reviewed the special management unit recreation log, and found from April 7 to 13, 2023, the facility offered detainees housed in SMU recreation only three times per week and from April 14 to 24, 2023, the facility offered recreation only four times per week (**Deficiency R-15¹⁶**). **This is a priority component.**

JUSTICE

LAW LIBRARIES AND LEGAL MATERIALS (LLLM)

ODO interviewed a facility sergeant, observed the law library, and found the facility provided █ computer for █ detainees (**Deficiency LLLM-3¹⁷**). **This is a priority component.**

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 10 of those standards. ODO found 12 deficiencies in the remaining 6 standards. Since NCDC's last full inspection in November 2022, the facility's overall compliance with the NDS 2019 has trended up, but ODO cited three repeat deficiencies and five priority component deficiencies in this report. NCDC went from 8 deficient standards and 23 deficiencies in November 2022 to 6 deficient standards and 12 deficiencies during this most recent inspection. However, two of the standards that ODO found deficient were Use of Force and Medical Care, which NCDC did not have deficiencies in during their full inspection earlier this FY. If the priority component and repeat deficiencies are not corrected prior to their next full inspection in FY 2024, this facility is at risk of not achieving a passing rating. ODO has not received a UCAP for ODO's last full inspection of NCDC in November 2022, which likely contributed to the repeat deficiencies ODO cited. ODO recommends ERO Salt Lake City continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

¹⁶ "Detainees in the SMU shall be offered at least one hour of recreation per day, scheduled at a reasonable time, at least five days per week." *See* ICE NDS 2019, Standard, Recreation, Section (II)(D).

¹⁷ "The law library shall provide the following to enable detainees to prepare documents and conduct research for legal proceedings:

1. An adequate number of computers for electronic legal research."

See ICE NDS 2019, Standard, Law Libraries and Legal Material, Section (II)(B)(1)

Compliance Inspection Results Compared	FY 2023 Full Inspection (NDS 2019)	FY 2023 Follow-Up Inspection (NDS 2019)
Standards Reviewed	21	16
Deficient Standards	8	6
Overall Number of Deficiencies	23	12
Priority Component Deficiencies	2	5
Repeat Deficiencies	2	3
Areas Of Concern	2	0
Corrective Actions	3	1
Facility Rating	Good	N/A