



**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  
Compliance Inspection  
2024-001-229**

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

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


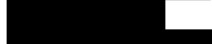
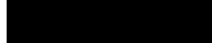
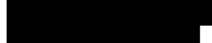
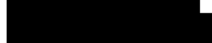
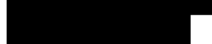
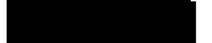
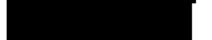

**October 24-26, 2023**

**COMPLIANCE INSPECTION**  
**of the**  
**NYE COUNTY DETENTION CENTER, SOUTHERN (PAHRUMP)**  
Pahrump, Nevada

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## COMPLIANCE INSPECTION TEAM MEMBERS

	Team Lead	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Senior Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	Contractor	Creative Corrections
	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 compliance inspection of the Nye County Detention Center, Southern (Pahrump) (NCDC) in Pahrump, Nevada, from October 24 to 26, 2023.<sup>1</sup> The facility opened in 2012 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.

[REDACTED] A facility lieutenant handles daily operations and manages [REDACTED] support personnel. Summit Food provides food services and commissary services, and Serenity Health provides medical care 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 <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of October 24, 2023)	[REDACTED]
Adult Female Population (as of October 24, 2023)	[REDACTED]

During its last full 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 Unit (3); and Visitation (11).

<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 Custody Management Division Authorized Facility List as of October 23, 2023.

<sup>3</sup> *Ibid.*

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more, and where detainees are housed for over 72 hours, to assess compliance with ICE national detention standards. While these inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, in FY 2024 ODO added additional standards to the scope of each full inspection to ensure ODO inspects every standard at each facility at least once every other year.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with “C” under the *Compliance Inspection Findings* section of this report.

Upon completion of each inspection, ODO conducts a closeout briefing with facility and local ERO officials to discuss preliminary findings. A summary of these findings is shared with ERO management officials. Thereafter, ODO provides ICE leadership with a final compliance inspection report to: (i) assist ERO in developing and initiating corrective action plans; and (ii) provide senior executives with an independent assessment of facility operations. ODO’s findings inform ICE executive management in their decision-making to better allocate resources across the agency’s entire detention inventory.

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	1
Facility Security and Control	3
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Use of Force and Restraints	0
Special Management Unit	7
Staff-Detainee Communication	0
Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>11</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	0
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	0
Religious Practices	0
Telephone Access	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	1
Law Libraries and Legal Material	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 7 - Administration and Management</b>	

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

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

Detention Files	0
Detainee Transfers	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>12</b>

## DETAINEE RELATIONS

ODO interviewed 31 detainees, who each voluntarily agreed to participate. None of these 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 had chronic abdominal pain on his right side caused by a hernia and he needs surgery; however, his surgical appointment was canceled.

- Action Taken: ODO interviewed the facility health services administrator (HSA) and found the detainee arrived at the facility on April 5, 2023. With ERO Salt Lake City approval, the detainee met with an off-site surgeon for his hernia on August 8, 2023, but the detainee did not disclose any medical conditions or current list of medications. The surgeon scheduled the detainee's surgery for September 8, 2023, but a surgical nurse discovered the detainee's heart condition and medication list during a pre-operation interview on the day prior to his surgery. The surgeon canceled the detainee's surgery and referred him to an off-site cardiologist. If cleared by the cardiologist, the facility will schedule his surgery, pending ERO Salt Lake City approval. Facility medical staff met with the detainee and explained why surgeon canceled the surgery and that he will need to be cleared by a cardiologist prior to rebooking.

*Medical Care:* One detainee stated he needed an update from the facility medical staff for his dental and hernia pain after a medical exam on September 26, 2023.

- Action Taken: ODO interviewed the facility HSA and found the detainee arrived at the facility on April 20, 2023, and reported tooth pain to a facility registered nurse (RN) during his initial exam. On April 25, 2023, a facility medical doctor (MD) completed a physical exam of the detainee, noting broken front teeth but no report of pain. The HSA noted the detainee submitted several sick call requests from April to September 2023, but none for tooth nor hernia pain. On September 26, 2023, the MD and RN examined the detainee and confirmed a hernia on the right side and broken front teeth. The MD referred the detainee for surgery, which medical staff scheduled for December 2023 and placed the detainee on the dental list. The HSA noted no scheduled dental appointment for the detainee due to medical staff's current search for local dentists. The detainee knew of his scheduled surgery but did not know the date nor his placement on the dental list. Facility medical staff met with the detainee and informed him he was on the dental waiting list.

# COMPLIANCE INSPECTION FINDINGS

## SECURITY

### CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO interviewed a facility sergeant, reviewed the facility's CCS policy and detainee handbook, dated April 2021, and found the handbook did not include all facility classification levels and applicable restrictions (**Deficiency CCS-30**<sup>7</sup>).

### FACILITY SECURITY AND CONTROL (FSC)

ODO interviewed a facility lieutenant and found the facility did not develop a comprehensive staffing analysis and plan to determine and meet the facility's detainee supervision needs (**Deficiency FSC-4**<sup>8</sup>).

ODO interviewed a facility lieutenant and found the facility did not have nor review and update its staffing analysis and plan annually (**Deficiency FSC-5**<sup>9</sup>).

ODO reviewed the facility's FSC program and found no tool control inventory records from May to October 2023 (**Deficiency FSC-24**<sup>10</sup>).

### SPECIAL MANAGEMENT UNIT (SMU)

ODO reviewed eight files of detainees placed in administrative segregation (AS) and found the following deficiencies:

- No completed and approved written orders for the detainees' placement in AS in four out of eight files (**Deficiency SMU-15**<sup>11</sup>);
- No AS order from the releasing officer to indicate the date and time of release from AS in four out of eight files (**Deficiency SMU-19**<sup>12</sup>). **This is a repeat deficiency;**

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<sup>7</sup> "Does the facility include a classification section in its detainee handbook which includes the following:

1. An explanation of the classification levels, with the conditions and restrictions applicable to each;" *See* ICE NDS 2019, Standard, Custody Classification System, Section (II)(H)(1).

<sup>8</sup> "The facility shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(A).

<sup>9</sup> "The facility shall develop and document comprehensive detainee supervision guidelines, as well as a comprehensive staffing analysis and staffing plan, to determine and meet the facility's detainee supervision needs; these shall be reviewed and updated at least annually." *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(A).

<sup>10</sup> "The facility administrator shall designate the person responsible for developing and implementing tool-control procedures, along with an inventory and an inspection system to ensure accountability. These inventories shall be kept current and readily available." *See* ICE NDS 2019, Standard, Facility Security and Control, Section (II)(F).

<sup>11</sup> "A written order shall be completed and approved by the facility administrator or designee before a detainee is placed in administrative segregation, except when exigent circumstances make such documentation impracticable." *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(2).

<sup>12</sup> "When the detainee is released from administrative segregation, the releasing officer shall indicate the date and time of release on the administrative segregation order." *See* ICE NDS 2019, Standard, Special Management Unit, Section



- No completed AS order in the detainees’ detention files nor a retrievable electronic format in four out of eight files (**Deficiency SMU-20<sup>13</sup>**). **This is a repeat deficiency;**
- No supervisor review within 72 hours of the detainees’ placement in AS in 6 out of 8 files (**Deficiency SMU-22<sup>14</sup>**);
- No written record on file of the decision and justification in six out of eight files (**Deficiency SMU-24<sup>15</sup>**); and
- The detainees spent between 8 and 21 days in AS; however, a supervisor did not conduct an identical review after 7 days in 5 out of 8 files (**Deficiency SMU-26<sup>16</sup>**).

ODO interviewed a facility lieutenant, reviewed the facility’s SMU policy and logs, toured the SMU, and found facility staff did not physically enter the housing units from 5:30 a.m. to 9 p.m. to conduct direct observation of the detainees. Instead, the staff activated the electronic log sensor every 30 minutes routinely from outside the housing units (**Deficiency SMU-84<sup>17</sup>**). **This is a repeat deficiency and a priority component.**

## **CARE**

### **MEDICAL CARE (MC)**

ODO reviewed the facility’s dental treatment procedures and found facility medical staff responded to the dental needs of the detainees by performing initial dental screening exams within 14 days of arrival and in providing emergency dental treatment as needed for immediate relief of pain, trauma, and acute oral infections by certified clinical staff. However, the local dentist the facility used for routine dental treatment services stopped accepting detainees due to 6 months of ICE providing no payment for services provided. ODO noted this as an **Area of Concern**.

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(II)(A)(2)(c).

<sup>13</sup> “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).

<sup>14</sup> “A supervisor shall conduct a review within 72 hours of the detainee’s placement in administrative segregation to determine whether segregation is still warranted.” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a).

<sup>15</sup> “2) A written record shall be made of the decision and the justification.” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(a)(2).

<sup>16</sup> “A supervisor shall conduct an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter, at a minimum.” *See* ICE NDS 2019, Standard, Special Management Unit, Section (II)(A)(3)(b).

<sup>17</sup> “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).

## JUSTICE

### GRIEVANCE SYSTEM (GS)

ODO reviewed the facility handbook and found the grievance section did not state staff cannot harass, discipline, punish, or retaliate against any detainee filing a grievance (**Deficiency GS-34<sup>18</sup>**).

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 24 standards under NDS 2019 and found the facility in compliance with 20 of those standards. Since NCDC's last full inspection in November 2022, the facility's compliance with ICE NDS 2019 has trended up. NCDC went from 8 deficient standards and 23 deficiencies in November 2022 to 4 deficient standards and 12 deficiencies during this most recent inspection. However, the facility's compliance with the Special Management Unit (SMU) standard is trending down as they increased their deficiencies from three to seven, which includes three repeat deficiencies. The facility's improved performance was likely a result of completing a uniform corrective action plan for ODO's last full inspection and subsequent follow-up inspection of the NCDC in FY 2023; however, the corrective actions taken for SMU appear insufficient to prevent reoccurrence of those deficiencies. ODO recommends ERO Salt Lake City continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2023 Full Inspection (NDS 2019)</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>
Standards Reviewed	20	24
Deficient Standards	8	4
Overall Number of Deficiencies	23	12
Priority Component Deficiencies	2	1
Repeat Deficiencies	2	3
Areas Of Concern	2	1
Corrective Actions	3	0
Facility Rating	Good	Acceptable/Adequate

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<sup>18</sup> "Does the grievance section of the facility handbook provide notice of the following: ...

4. Notice that staff may not harass, discipline, punish, or otherwise retaliate against any detainee for filing a grievance?"

See ICE NDS 2019, Standard, Grievance System, Section (II)(H)(4).