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Inspections and Detention Oversight Division
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Office of Detention Oversight
Compliance Inspection

Enforcement and Removal Operations
ERO Dallas Field Office

Okmulgee County Jail
(Moore Detention Facility)
Okmulgee, Oklahoma

January 4-8, 2021

COMPLIANCE INSPECTION
of the
OKMULGEE COUNTY JAIL (MOORE DETENTION FACILITY)
Okmulgee, Oklahoma

TABLE OF CONTENTS

FACILITY OVERVIEW	4
COMPLIANCE INSPECTION PROCESS	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
COMPLIANCE INSPECTION FINDINGS	10
SECURITY	10
Admission and Release.....	10
Custody Classification System	11
Funds and Personal Property	11
Special Management Units	12
CARE	13
Medical Care.....	13
Significant Self-harm and Suicide Prevention and Intervention.....	13
CONCLUSION	15

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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 compliance inspection of the Okmulgee County Jail (Moore Detention Facility) (MDF) in Okmulgee, Oklahoma, from January 4 to 8, 2021.¹ The facility opened in 2017 and is owned by Okmulgee County and operated by the Okmulgee County Criminal Justice Authority. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at MDF in 2017 under the oversight of ERO’s Field Office Director (FOD) in Dallas (ERO Dallas). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. An MDF director handles daily facility operations and is supported by █ personnel. Okmulgee County provides food and medical services and Tiger Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2019.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity ²	220
Average ICE Detainee Population ³	█
Male Detainee Population (as of January 4, 2021)	█
Female Detainee Population (as of January 4, 2021)	█

During its last inspection, in Fiscal Year (FY) 2020, ODO found 24 deficiencies in the following areas: Environmental Health and Safety (1); Admission and Release (2); Special Management Units (6); Use of Force and Restraints (6); Food Service (1); Medical Care (4); Significant Self-harm and Suicide Prevention and Intervention (1); and Visitation (3).

¹ This facility holds male 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 January 4, 2021.

³ *Ibid.*

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 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.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures as “deficiencies.” ODO also highlights instances in which 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.

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.

⁴ ODO reviews the facility’s compliance with selected standards in their entirety.

**FINDINGS BY PERFORMANCE-BASED NATIONAL
DETENTION STANDARDS 2011 (REVISED 2016)
MAJOR CATEGORIES**

PBNDS 2011 (Revised 2016) Standards Inspected⁵	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	7
Custody Classification System	4
Facility Security and Control	0
Funds and Personal Property	4
Population Counts	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	8
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	23
Part 4 – Care	
Food Service	0
Hunger Strikes	0
Medical Care	12
Medical Care (Women)	N/A ⁶
Significant Self-harm and Suicide Prevention and Intervention	2
Disability Identification, Assessment, and Accommodation	0
Sub-Total	14
Part 5 – Activities	
Religious Practices	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Law Libraries and Legal Material	0
Sub-Total	0
Total Deficiencies	37

⁵ For greater detail on ODO’s findings, see the *Compliance Inspection Findings* section of this report.

⁶ MDF is male only, as such this standard is not applicable.

DETAINEE RELATIONS

ODO interviewed 12 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. ODO conducted detainee interviews via video teleconference.

Medical Care: One detainee stated there was not enough medical staff to meet the detainee's needs and he had to wait four to six months to see a doctor. The detainee also stated that medical staff did not take detainees' complaints seriously, medical staff regularly missed pill call, and did not have pill call on January 3, 2021.

- Action Taken: ODO discussed the complaint regarding insufficient medical staff with the health services administrator (HSA) and found although the medical department was not fully staffed, the current staffing levels were adequate to provide appropriate medical care to the detainee population. ODO reviewed the detainee's medical file and found mental health staff evaluated the detainee on a regular basis. The dentist treated the detainee's dental issues, and medical staff evaluated and treated his allergic reaction and a benign mass in his chest. For each encounter, medical staff evaluated the detainee within a few days of the detainee's request. The HSA stated medical staff were available 24 hours a day, seven days a week, to provide medical care and answer the detainee's requests. The HSA confirmed there was no evening pill call on January 3, 2021, because of staff miscommunication, but there were no other instances of a missed pill call. To ensure a missed pill call did not occur again, the HSA created new written procedures. ODO cited the missed pill call as a deficiency during the contingency inspection.

Medical Care: One detainee stated he had a rash on his body. The detainee believed it could be ring worm caused by the facility conditions. The detainee also stated he had testicle pain and the underwear prescribed by medical staff were not helping.

- Action Taken: ODO reviewed the detainee's medical file and found the clinical medical authority (CMA) evaluated the detainee on September 17, 2020, and determined the rash was a side effect of his current blood pressure medication, not ringworm. The CMA discontinued the medication, prescribed a substitute medication, and the detainee's rash subsided. On October 15, 2020, the CMA evaluated the detainee and the detainee stated although his rash had subsided, he was unsatisfied with the new medication, and he requested to return to the original medication. The CMA placed the detainee on the original blood pressure medication. On October 29, 2020, the CMA evaluated the detainee and noted there was no rash. On November 17, 2020, the CMA evaluated the detainee and noted the rash had returned; however, the detainee did not request a change in his medication. The CMA informed the detainee to notify medical staff if he would like to change his medications in the future. As of January 10, 2021, the detainee has not submitted a sick call request regarding this issue.

Additionally, on September 16, 2020, the urologist saw the detainee for bilateral varicocele (small fluid sac around his testicles). The urologist recommended the detainee take anti-inflammatories, as needed for the discomfort, and advised no further

follow-up was needed. As of January 10, 2021, the detainee has not submitted a sick call request regarding this issue.

Medical Care: One detainee stated he had kidney pain and complained many times, but medical staff only provided him ibuprofen and told him to drink more water. The detainee stated he had filed grievances but received no response. As a result, he stopped requesting sick call. The detainee stated after he had COVID-19, he was unable to breathe at night, had pains in his chest, his nose was clogged, and had to breathe through his mouth. The detainee also stated he woke up at night with dry mouth.

- Action Taken: ODO reviewed the detainee's medical file and found the detainee had a history of kidney stones. On September 13, 2020, the detainee requested an evaluation for lower back pain. Medical staff evaluated him the next day, referred him for a renal ultrasound, and provided him medication for his pain. On October 8, 2020, the detainee received a renal ultrasound, which revealed normal results, and no kidney stones. On November 5, 2020, the CMA saw the detainee, reviewed the results of the ultrasound with the detainee, and scheduled a follow-up meeting in three months. There was no documentation the detainee sought medical care for a clogged nose, difficulty of breathing, or any other symptom since his COVID-19 recovery in July 2020. As a result of ODO's referral, the detainee had an appointment with the physician on January 7, 2021, for evaluation of his complaint regarding not able to breathe at night, chest pains, clogged nose, and dry mouth. The physician found the detainee to have a stuffy nose due to dry air, prescribed Saline nasal spray, and advised no further follow-up was needed.

Medical Care: One detainee stated he had pain at the bottom of his foot and was unable to place weight on it. The detainee stated he was prescribed orthopedics at another detention center, but MDF medical staff did not provide him any. The detainee stated the cold temperature and the thin sandals caused his feet persistent pain.

- Action Taken: ODO reviewed the detainee's medical file and found no evidence of a prescribed orthotic device from the detainee's previous detention center. On December 8, 2020, the physician evaluated the detainee for complaints of left foot pain and determined plantar fasciitis was the cause of the pain. The physician prescribed the detainee pain medication, advised him of foot exercises to alleviate the pain, and advised him to follow-up with health services, as needed. On February 2, 2021, the physician evaluated the detainee again for left foot pain. The physician prescribed the detainee pain medication, advised the detainee to apply heat to the sole of his left foot, and to repeat foot exercises to alleviate the pain.

Medical Care: One detainee stated he requested sick call twice and on one occasion medical staff only took his symptoms and he never saw the provider. The detainee stated he had a rash on his face and head, but medical staff did not provide him with medication for his condition.

- Action Taken: ODO reviewed the detainee's medical file and found the physician evaluated the detainee on August 11, 2020, for eczema and ordered a special shampoo and medication to treat his scalp. On September 22, 2020, the physician saw the detainee for eczema again, as the detainee stated the previous treatment did not work.

The detainee was prescribed a topical cream and was advised to follow-up with medical staff should the symptoms persist. The detainee did not request a sick call since then.

Medical Care: One detainee stated he requested a dental appointment and had not received one. He stated he had tooth pain and some of his teeth fell out while he waited for care.

- Action Taken: ODO reviewed the detainee's medical file, interviewed the HSA, and found the detainee had an appointment with the dentist on January 8, 2021. The dentist found the detainee's tooth had decayed to a level it could not be repaired and recommended the tooth be extracted. However, the detainee refused any further treatment.

Medical Care: One detainee stated the facility referred him to see a gastrointestinal specialist but was still waiting for an appointment. He stated the doctor did not examine the detainees in-person but only evaluated them utilizing video chats. The detainee also stated he had not seen a dentist at the facility.

- Action Taken: ODO reviewed the detainee's medical file and discussed his care with medical staff at the facility. ODO found the gastroenterologist saw the detainee on January 5, 2021, and the detainee had a colonoscopy. Medical staff advised once the facility received the results of the detainee's colonoscopy, medical staff and the gastroenterologist would meet with the detainee to review the results. ODO found the physician evaluated patients via videoconference only during COVID-19 outbreaks. However, the physician was available for face-to-face evaluations, when necessary. Additionally, ODO found the facility's contract dentist saw the detainee for his first dental exam on December 17, 2020, and the detainee refused the dentist's prescribed dental care at that time.

Medical Care: One detainee stated medical staff found a lump on his stomach and were unable to diagnose the lump. The detainee stated he asked for an ultrasound, but medical staff did not provide him any further care other than prescribing him ibuprofen.

- Action Taken: ODO reviewed the detainee's complaint with the HSA and found the surgeon evaluated the detainee on December 16, 2020, and recommended surgical hernia repair. Medical staff was waiting ICE's pre-approval to schedule the surgery; however, on January 6, 2021, the detainee was released from custody, prior to receiving the surgery.

COMPLIANCE INSPECTION FINDINGS

SECURITY

ADMISSION AND RELEASE (A&R)

ODO reviewed 12 detainee files, interviewed facility staff, and found in 12 out of 12 files, facility staff did not complete fingerprinting during the admission process for newly admitted detainees (**Deficiency A&R-11⁷**).

ODO interviewed facility staff and found facility staff did not screen detainees with a metal detector upon admission (**Deficiency A&R-12⁸**).

ODO reviewed 12 detainee files and found one out of 12 detainee files did not contain an Order to Detain (Form I-203), signed by an appropriate ICE/ERO authorizing official (**Deficiency A&R-54⁹**).

ODO interviewed facility staff and found the facility did not have an orientation video in both English and Spanish (**Deficiency A&R-63¹⁰**).

ODO interviewed facility staff and found the facility did not have an orientation video (**Deficiency A&R-67¹¹**).

ODO reviewed five detainee files, interviewed facility staff, and found in five out of five files, facility staff did not complete fingerprinting during the release, removal, or transfer process (**Deficiency A&R-77¹²**).

ODO reviewed three detainee release files and found in one out of three files, the detainee did not

⁷ “Admission processes for a newly admitted detainee shall include, but not be limited to: ...

c. photographing and fingerprinting, including notation of identifying marks or other unusual physical characteristics;” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(1)(c).

⁸ “All detainees shall be screened upon admission; screening shall ordinarily include:

a. screening with a metal detector;” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(B)(2)(a).

⁹ “An Order to Detain or an Order to Release the detainee (Form I-203 or I-203a), bearing the appropriate ICE/ERO Authorizing Official signature, must accompany each newly arriving detainee.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(E).

¹⁰ “The video shall generally be in English and Spanish and provisions shall be made for other significant segments of the population with limited English proficiency.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F).

¹¹ “Facility administrators at non-dedicated facilities shall, to the extent practicable, produce an orientation video as described above and screen it for all detainees.” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(F).

¹² “Facility staff assigned to processing must complete certain procedures before any detainee’s release, removal, or transfer from the facility. Necessary steps include, but are not limited to: fingerprinting;” See ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H).

sign the inventory sheet prior to his release from the facility (**Deficiency A&R-89**¹³).

CUSTODY CLASSIFICATION SYSTEM (CCS)

ODO reviewed 12 detainee files, interviewed facility staff, and found in one out of 12 detainee files, facility staff did not complete a housing unit assignment within 12 hours. Specifically, the detainee received a housing assignment 16 hours after admission (**Deficiency CCS-27**¹⁴).

ODO found the facility did not maintain documentation to explain the cause of the delay for one detainee whose initial housing assignment was not completed within 12 hours (**Deficiency CCS-28**¹⁵).

ODO reviewed 12 detainee files and found in one out of 12 detainee files, the facility did not conduct a subsequent reclassification within 90-120 days, as required. Specifically, the subsequent reclassification took place 140 days after the previous reclassification (**Deficiency CCS-52**¹⁶).

ODO reviewed the detention files of five detainees released from the Special Management Unit (SMU) that required a special reclassification and found the facility staff did not perform a special reclassification within 24-hours for any of the five detainees before they left the SMU (**Deficiency CCS-4**¹⁷).

FUNDS AND PERSONAL PROPERTY (F&PP)

ODO reviewed the facility's detainee handbook, interviewed facility staff, and found the handbook did not address access to personal funds to pay for legal services (**Deficiency F&PP-20**¹⁸).

ODO reviewed the facility's detainee handbook, interviewed facility staff, and found the facility staff did not permit detainees to keep a wedding ring in their possession (**Deficiency F&PP-38**¹⁹).

¹³ "If all property is correctly accounted for, the detainee shall sign the inventory sheet, a copy of which the officer shall place in the detainee's detention file." *See* ICE PBNDS 2011 (Revised 2016), Standard, Admission and Release, Section (V)(H)(9)(c).

¹⁴ "The initial classification process and initial housing assignment shall be completed within 12 hours of admission to the facility." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

¹⁵ "If the process takes longer, documentation shall be maintained to explain the cause of the delay and to indicate that the detainee shall be housed appropriately." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(D).

¹⁶ "Subsequent reclassification assessments shall be completed at 90- to 120-day intervals." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(2).

¹⁷ "Staff shall complete a special reclassification within 24 hours before a detainee leaves the Special Management Unit (SMU), following an incident of abuse or victimization, and at any other time when warranted based upon the receipt of additional, relevant information, such as after a criminal act, or if a detainee wins a criminal appeal, is pardoned or new criminal information comes to light." *See* ICE PBNDS 2011 (Revised 2016), Standard, Custody Classification System, Section (V)(H)(3).

¹⁸ "The detainee handbook or equivalent shall notify the detainees of facility policies and procedures related to personal property, including: ...

6. access to detainee personal funds to pay for legal services."

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(C)(6).

¹⁹ "Each detainee shall be permitted to keep in his/her possession reasonable quantities of the following, as long as a particular item does not pose a threat to the security or good order of the facility:

ODO interviewed facility staff and found facility staff did not maintain a logbook listing the detainee's name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued, and date returned, as required (**Deficiency F&PP-98²⁰**).

ODO interviewed facility staff and found the facility administrator designee did not conduct an inventory of detainee baggage and other non-valuable property at least once a quarter (**Deficiency F&PP-123²¹**).

SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed five detainee detention files and found in all five detention files, facility staff did not provide a copy of the administrative segregation order to the detainee (**Deficiency SMU-7²²**).

ODO reviewed five detainee detention files and found none of the detention files contained documentation the facility provided a written copy of the administrative segregation order to the detainee nor documentation that delivery of the administrative segregation order would jeopardize the safe, secure and orderly operation of the facility (**Deficiency SMU-36²³**).

ODO reviewed five detainee disciplinary segregation detention files and found in four out of five files, facility staff did not document the date and time the facility released the detainee from the SMU (**Deficiency SMU-71²⁴**).

ODO reviewed five detainee detention files and found none of the detention files contained documentation the facility provided detainees a written copy of the reviewing officer's decision and the basis for his/her finding. Additionally, none of the detention files contained documentation a written copy would result in a compromise of institutional security (**Deficiency SMU-81²⁵**).

ODO reviewed five detainee detention files and found none of the detention files contained documentation the facility advised the detainee of the reviewing officer's decision orally nor

8. wedding ring.”

See ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(E)(8).

²⁰ “A logbook shall be maintained listing detainee name, A-number or facility detainee number, I-77 number, security tie-strap number, property description, date issued and date returned.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(I).

²¹ “An inventory of detainee baggage and other nonvaluable property shall be conducted by the facility administrator's designee at least once each quarter.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Funds and Personal Property, Section (V)(J).

²² “Detainees and the Field Office Director (or his designee) must be provided a copy of the administrative segregation order.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A).

²³ “The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(A)(2)(e).

²⁴ “When the detainee is released from the SMU, the releasing officer shall indicate the date and time of release on the disciplinary segregation order.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(2)(c).

²⁵ “After each formal review, the detainee shall be given a written copy of the reviewing officer's decision and the basis for his/her finding, unless such a copy may result in a compromise of institutional security.” *See* ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(3)(b)(5). **This is a Repeat Deficiency.**

identified the reason why the notice was not provided in writing (**Deficiency SMU-82²⁶**).

ODO reviewed five detainee detention files and found in one out of five detention files, the facility did not notify ERO Dallas when a detainee had been in SMU for 14 days (**Deficiency SMU-87²⁷**).

ODO reviewed five detainee detention files and found in four out of five detention files, facility staff did not consistently record whether the detainee ate or recreated. Specifically, there were 26 missing entries for meals and 51 missing entries for recreation (**Deficiency SMU-98²⁸**).

ODO reviewed five detainee detention files and found in four out of five detention files, facility staff did not conduct rounds at least every [REDACTED] in 168 separate instances. In these 168 instances, the length of time between observations ranged from [REDACTED] (**Deficiency SMU-126²⁹**).

CARE

MEDICAL CARE (MC)

ODO interviewed the HSA and found the facility did not achieve or maintain accreditation with the National Commission on Correctional Health Care (NCCHC) (**Deficiency MC-10³⁰**).

ODO reviewed 12 detainee medical files and found the CMA did not review the comprehensive health assessments to assess the priority for treatment for any of the 12 files (**Deficiency MC-140³¹**).

ODO interviewed the HSA and found medical staff did not provide prescribed medications to the detainee population on the evening of January 3, 2021, and there were no exigent circumstances which prevented the medical staff from doing so, as required by the standard (**Deficiency MC-**

²⁶ “If a written copy cannot be delivered, the detainee shall be advised of the decision orally, and the detention file shall so note, identifying the reasons why the notice was not provided in writing.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(B)(3)(b)(5). **This is a Repeat Deficiency.**

²⁷ “The facility administrator must notify the appropriate Field Office Director in writing whenever an ICE detainee has been held continuously in segregation for:

- a. 14 days, or 14 days out of any 21 day period;
- b. 30 days; and
- c. At every 30-day interval thereafter.” See ICE PBNDS 2011, Standard, Special Management Units, Section (V)(C)(1)(a-c).

²⁸ “The special housing unit officer shall immediately record:

- 1) whether the detainee ate, showered, recreated and took any medication;”

See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(D)(3)(a)(1). **This is a Repeat Deficiency.**

²⁹ “Detainees in SMU shall be personally observed and logged at least every [REDACTED] on an irregular schedule.” See ICE PBNDS 2011 (Revised 2016), Standard, Special Management Units, Section (V)(M). **This is a Repeat Deficiency.**

³⁰ “Medical facilities within the detention facility shall achieve and maintain current accreditation with the National Commission on Correctional Health Care (NCCHC), and shall maintain compliance with those standards.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(A).

³¹ “The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

209³²).

As the facility did not have written procedures for the use of medical restraints, ODO found qualified medical personnel would not apply restraints upon declaring a medical emergency in the absence of the CMA (**Deficiency MC-222**³³).

As the facility did not have written procedures for the use of medical restraints, ODO found within one hour of initiation of emergency restraints or seclusion, qualified medical staff would not notify and obtain an order from the CMA or designee (**Deficiency MC-223**³⁴).

ODO interviewed the HSA and found the facility did not have written procedures for the use of medical restraints (**Deficiency MC-224**³⁵).

As the facility did not have written procedures for the use of medical restraints, ODO found documented approval and guidance was not required from the CMA (**Deficiency MC-225**³⁶).

As the facility did not have written procedures for the use of medical restraints, ODO found the facility had no record-keeping and reporting requirements (**Deficiency MC-226**³⁷).

ODO reviewed one medical file for a detainee, who was awaiting surgery for a hernia, and was released on January 6, 2021. ODO found the medical summary provided to the detainee did not include a detailed medical care summary, referral to a community-based provider, nor document the detainee's current medical problem, as required (**Deficiency MC-277**³⁸).

ODO reviewed one medical file for a detainee, who was awaiting surgery for a hernia and was released on January 6, 2021. ODO found the facility did not provide the detainee with a medical care summary that included instructions the detainee could understand and health history that

³² "All prescribed medications and medically necessary treatments shall be provided to detainees on schedule and without interruption, absent exigent circumstances." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(U)(4).

³³ "In the absence of the CMA, qualified medical personnel may apply restraints upon declaring a medical emergency." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(Y).

³⁴ "Within one hour of initiation of emergency restraints or seclusion, qualified medical staff shall notify and obtain an order from the CMA or designee." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(Y).

³⁵ "The facility shall have written procedures that specify:

- 1) the conditions under which restraints may be applied;
- 2) the types of restraints to be used;
- 3) the proper use, application and medical monitoring of restraints;
- 4) requirements for documentation, including efforts to use less restrictive alternatives; and
- 5) after-incident review."

See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(Y)(a)(1-5).

³⁶ "The use of restraints requires documented approval and guidance from the CMA." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(Y).

³⁷ "Record-keeping and reporting requirements regarding the medical approval to use restraints shall be consistent with other provisions within these standards, including documentation in the detainee's A-file, detention and medical file." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(Y).

³⁸ "Upon removal or release from ICE custody, the detainee shall be provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary." See ICE PBNDS 2011(Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2).

would be meaningful to future medical providers, as required (**Deficiency MC-278³⁹**).

ODO reviewed one medical file for a detainee, who was awaiting surgery for a hernia and was released on January 6, 2021. ODO found the facility did not provide the detainee with a medical care summary to include the detainee's current mental, dental, and physical health status, including all significant health issues, highlighting any potential unstable issues or conditions which required urgent follow-up (**Deficiency MC-279⁴⁰**).

ODO reviewed one medical file for a detainee, who was awaiting surgery for a hernia and was released on January 6, 2021. ODO found the medical summary provided to the detainee did not include a detailed medical care summary which all the minimum requirements, as required by the standard (**Deficiency MC-280⁴¹**).

SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSH&SPI)

ODO interviewed the medical administrative specialist and found the facility was not accredited by the NCCHC (**Deficiency SSH&SPI-1⁴²**).

ODO was not provided documentation to confirm the multidisciplinary suicide prevention committee meets at least quarterly to provide input regarding all aspects of the facility's suicide prevention and intervention program, including suicide prevention policies and staff training (**Deficiency SSH&SPI-4⁴³**).

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 20 standards under PBND 2011 (Revised 2016) and found the facility in compliance with 14 of those standards. ODO found

³⁹ "This summary should include instructions that the detainee can understand and health history that would be meaningful to future medical providers." See ICE PBND 2011 (Revised 2016), Standard, Medical Care, Section (V)(BB)(4)(c)(2).

⁴⁰ "The summary shall include, at a minimum, the following items: c) current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent follow-up;" See ICE PBND 2011 (Revised 2016), Standard Medical Care, Section (V)(BB)(4)(c)(2)(c).

⁴¹ "Upon removal or release from ICE custody, the detainee shall be provided medication, referrals to community-based providers as medically appropriate, and a detailed medical care summary. This summary should include instructions that the detainee can understand and health history that would be meaningful to future medical providers. The summary shall include, at a minimum, the following items: ... f) recent test results, as appropriate; g) known allergies; h) any pending medical or mental health evaluations, tests, procedures, or treatments for a serious medical condition scheduled for the detainee at the sending facility. In the case of patients with communicable disease and/or other serious medical needs, detainees being released from ICE custody are given a list of community resources, at a minimum; i) copies of any relevant documents as appropriate; j) printed instructions on how to obtain the complete medical record; and k) the name and contact information of the transferring medical official." See ICE PBND 2011 (Revised 2016), Standard Medical Care, Section (V)(BB)(4)(c)(2)(f-k).

⁴² "The facility shall be in compliance with standards set by the National Commission on Correctional Health Care (NCCHC) in its provision of preventive supervision, treatment, and therapeutic follow-up for clinically suicidal detainees or detainees at risk for significant self-harm." See ICE PBND 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (II)(3).

⁴³ "The committee shall meet on at least a quarterly basis to provide input regarding all aspects of the facility's suicide prevention and intervention program, including suicide prevention policies and staff training." See ICE PBND 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V).

37 deficiencies in the remaining six standards. ODO commends facility staff for their responsiveness during this inspection. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2020 PBNS 2011 (Revised 2016)	FY 2021 PBNS 2011 (Revised 2016)
Standards Reviewed	18	20
Deficient Standards	8	6
Overall Number of Deficiencies	24	37
Repeat Deficiencies	0	4
Areas of Concern	0	0
Corrective Actions	3	0