



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

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**Office of Detention Oversight**  
**Unannounced Compliance Inspection**

**Enforcement and Removal Operations**  
**ERO Philadelphia Field Office**

**Pike County Correctional Facility**  
**Lords Valley, Pennsylvania**

**July 19-21, 2022**

**UNANNOUNCED COMPLIANCE INSPECTION**  
**of the**  
**PIKE COUNTY CORRECTIONAL FACILITY**  
Lords Valley, Pennsylvania

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Contractor	Creative Corrections
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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 an unannounced compliance inspection of the Pike County Correctional Facility (PCCF) in Lords Valley, Pennsylvania, from July 19 to 21, 2022.<sup>1</sup> The facility opened in 1995 and is owned and operated by Pike County. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCCF in 1996 under the oversight of ERO’s Field Office Director in Philadelphia (ERO Philadelphia). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and manages support personnel. Pike County provides food services, PrimeCare Medical, Inc. provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the National Commission on Correctional Health Care in July 2019. In January 2022, PCCF 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>	
Average ICE Population <sup>3</sup>	
Adult Male Population (as of July 19, 2022)	
Adult Female Population (as of July 19, 2022)	

During its last inspection, in Fiscal Year (FY) 2022, ODO found 26 deficiencies in the following areas: Admission and Release (1); Correspondence and Other Mail (2); Detainee Transfers (2); Environmental Health and Safety (5); Food Service (1); Medical Care (8); Post Orders (2); Significant Self-harm and Suicide Prevention and Intervention (2); and Special Management Units (3).

<sup>1</sup> This facility holds male detainees with low, medium-low, medium-high, and high security classification levels for periods greater than 72 hours. Additionally, this inspection was a follow-up inspection to ODO’s inspection of PCCF from January 25-27, 2022.

<sup>2</sup> Data Source: ERO Facility List as of July 18, 2022.

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

## UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) greater than 10, 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.<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.

Beginning fiscal year (FY) 2022, ODO will conduct focused reviews of under 72-hour ICE detention facilities with an ADP of one or more detainees and over 72-hour ICE detention facilities with an ADP of 1 to 9 detainees. Additionally, ODO will conduct unannounced inspections of ICE detention facilities, regardless of ADP of detainees, as well as reviews of ICE special/emerging detention facilities/programs. As such, these facility inspections will result in an ODO Inspection Compliance Rating. ODO will conduct a complete review of several core standards, in accordance with the facility’s new contractually required ICE National Detention Standards, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Special Management Units, Educational Policy (FRS only), Behavior Management (FRS only), Admission and Release, Classification, and Funds and Personal Property.

Upon completion of each unannounced compliance 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 its 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS (PBNDS) 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDS 2011 (Revised 2016) Standards Inspected <sup>5,6,7</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Funds and Personal Property	0
Post Orders	0
Searches of Detainees	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	0
Medical Care	5
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	3
<b>Sub-Total</b>	<b>8</b>
<b>Part 5 - Activities</b>	
Correspondence and Other Mail	2
Trips for Non-Medical Emergencies	0
Marriage Requests	0
Voluntary Work Program	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 6 - Justice</b>	
Legal Rights Group Presentations	0
<b>Sub-Total</b>	<b>0</b>

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

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

<sup>7</sup> Special reviews and unannounced inspections are both focused reviews and ODO will review a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

<b>Part 7 - Administration and Management</b>	
Detention Files	0
Interview and Tours	0
Detainee Transfers	1
<b>Sub-Total</b>	<b>1</b>
<b>Total Deficiencies</b>	<b>11</b>

## DETAINEE RELATIONS

ODO interviewed 14 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 had a procedure for hemorrhoids performed on February 18, 2022, without his consent. The detainee subsequently filed a PREA complaint because of this procedure on February 21, 2022.

- Action Taken: ODO interviewed the facility Health Services Administrator (HSA) and reviewed the detainee’s medical file. The file noted the detainee complained of blood coming from his anus, and the facility referred the detainee to an off-site colorectal surgeon. The off-site colorectal surgeon used a Spanish interpreter to communicate with the detainee and discussed a procedure to help with hemorrhoids. The detainee signed a Spanish version consent form prior to the procedure. ODO also reviewed the consent form, signed by the detainee prior to the procedure. ERO Philadelphia investigated the PREA complaint and determined the allegation was unfounded.

*Medical Care:* One detainee stated that he was anemic and almost died because medical did not act fast enough to his concerns. The detainee also stated he remained hospitalized for 5 days but could not recall specific dates.

- Action Taken: ODO interviewed the HSA, reviewed the detainee’s medical file, and found the detainee met with a gastroenterologist and underwent lab tests on November 1, 2021, which revealed mild but stable anemia. Due to the detainee’s lab results and complaint of dizziness and epigastric pain, the detainee was sent to the emergency room for evaluation and was hospitalized from November 2 to 6, 2021, for gastro-intestinal bleeding. ODO also found in the detainee’s file, one refusal for a follow-up appointment with the gastroenterologist.

*Religious Practices:* Four detainees stated they had to use their housing unit to gather and practice their faith due to no designated facility space, and officers frequently told them to quiet down and separate.

- Action Taken: ODO interviewed facility leadership and confirmed the facility has a designated space in the facility for religious services; however, the facility suspended

use of the space due to COVID-19, and allows detainees to practice their faith in their housing units. The facility has begun the process of restarting religious programming due to the relaxation of COVID-19 restrictions. During the inspection, the facility began allowing detainees to request use of the designated space for their own religious use. The assistant warden met with detainees to inform them of the process for requesting use of the designated space.

*Religious Practices:* One detainee stated he had submitted multiple requests for a Bible in his native language (Korean).

- Action Taken: ODO interviewed the records manager, reviewed the detainee’s detention file, and found the facility declined the detainee’s request for use of his personal Bible because staff found handwritten notes inside of it and considered them to be of suspicious origin and content. At ODO’s request the facility placed an order for a Korean Bible. A facility lieutenant met with the detainee to explain the decision why they would not permit him to retain his personal Bible and informed him the facility ordered a Korean Bible for him and will issue to him once they receive it.

## UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

### CARE

#### MEDICAL CARE (MC)

ODO reviewed the comprehensive health assessments of █ detainees and found in █ out of █ detainees, the facility health care provider did not conduct an assessment within 14 days of arrival (**Deficiency MC-137<sup>8</sup>**). **This is a repeat deficiency.**

ODO reviewed the comprehensive health assessments of █ detainees and found the Certifying Medical Authority reviewed only █ out of █ assessments (**Deficiency MC-140<sup>9</sup>**).

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility did not perform initial dental screenings within 14 days of arrival (**Deficiency MC-176<sup>10</sup>**). **This is a repeat deficiency.**

ODO reviewed the initial dental screenings of █ detainees and found in █ out of █ screenings, someone other than a dentist or qualified health provider completed the screenings (**Deficiency**

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<sup>8</sup> “Each facility’s health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee’s arrival unless more immediate attention is required due to an acute or identifiable chronic condition.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

<sup>9</sup> “The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(M).

<sup>10</sup> “An initial dental screening shall be performed within 14 days of the detainee’s arrival.” See ICE PBNDS 2011, Standard, Medical Care, Section (V)(R).



MC-177<sup>11</sup>).

ODO reviewed the medical records of two detainees with prescriptions for psychotropic medication and found in both records, no signed informed consent forms that included descriptions of the medication's side effects (**Deficiency MC-241**<sup>12</sup>).

### **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSPI)**

ODO reviewed the medical records and security watch logs of two detainees the facility placed on continuous monitoring and found staff did not document continuous monitoring every 15 minutes (**Deficiency SSHSPI-34**<sup>13</sup>).

ODO reviewed the medical records of two detainees on suicide watch during ODO's review period and found clinical staff did not make welfare checks every 8 hours (**Deficiency SSHSPI-35**<sup>14</sup>). **This is a repeat deficiency.**

ODO reviewed medical records and security watch logs of five detainees on suicide precautions during ODO's review period and found clinical staff did not make checks at least every 8 hours and staff did not document close observations every 15 minutes (**Deficiency SSHSPI-43**<sup>15</sup>). **This is a repeat deficiency.**

## **ACTIVITIES**

### **CORRESPONDENCE AND OTHER MAIL (COM)**

ODO reviewed the facility's COM policy and found it did not define "special correspondence" as detainee written communications to or from:

- The DHS;
- The ICE Health Services Corps;

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<sup>11</sup> "The initial dental screening may be performed by a dentist or a properly trained qualified health provider." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(R).

<sup>12</sup> "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011, Standard, Medical Care, Section (V)(AA)(4).

<sup>13</sup> "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>14</sup> "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

<sup>15</sup> "Detainees on suicide precautions who have not been placed in an isolated confinement setting by the qualified mental health professional will receive documented close observation at staggered intervals not to exceed 15 minutes (e.g. 5, 10, 7 minutes), checks at least every 8 hours by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011, Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

- DHS Office for Civil Rights and Civil Liberties; or
- The DHS Office of the Inspector General (**Deficiency COM-53<sup>16</sup>**). **This is a repeat deficiency.**

ODO reviewed the local supplement to the facility detainee handbook and found it did not inform detainees that their written communications to or from outside health care professionals are considered special correspondence or legal mail (**Deficiency COM-54<sup>17</sup>**).

## **ADMINISTRATION AND MANAGEMENT**

### **DETAINEE TRANSFERS (DT)**

ODO interviewed a supervisory detention and deportation officer, reviewed 10 detainee detention files of detainees PCCF was transferring to another facility, and found PCCF did not notify the detainees in writing of their entitlement to a free domestic telephone call upon admission (**Deficiency DT-15<sup>18</sup>**).

## **CONCLUSION**

During this inspection, ODO assessed the facility’s compliance with 23 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 19 of those standards. ODO found 11 deficiencies in the remaining 4 standards. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the uniform corrective action plan for ODO’s last inspection of PCCF in January 2022.

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<sup>16</sup> “‘Special correspondence’ or ‘legal mail’ shall be defined as the term for detainees’ written communications to or from any of the following: ...

h. the Department of Homeland Security (including U.S. Immigration and Customs Enforcement, ICE Health Services Corps, the Office of Enforcement and Removal Operations, the DHS Office for Civil Rights and Civil Liberties, and the DHS Office of the Inspector General)”

*See* ICE PBNDS 2011, Standard, Correspondence and Other Mail, Section (V)(F)(2)(h).

<sup>17</sup> “‘Special correspondence’ or ‘legal mail’ shall be defined as the term for detainees’ written communications to or from any of the following:

i. outside health care professionals”

*See* ICE PBNDS 2011, Standard, Correspondence and Other Mail, Section (V)(F)(2)(i).

<sup>18</sup> “The sending facility shall ensure that the detainee acknowledges, in writing, that: ...

3) he or she may place a domestic phone call, at no expense to the detainee, upon admission into the receiving facility.”

*See* ICE PBNDS 2011, Standard, Detainee Transfers, Section (V)(B)(2)(C)(3).

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	23	23
Deficient Standards	9	4
Overall Number of Deficiencies	27	11
Repeat Deficiencies	0	5
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	Good