

### U.S. Department of Homeland Security

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

# Office of Detention Oversight Follow-Up Compliance Inspection 2023-002-166

Enforcement and Removal Operations ERO New Orleans Field Office

Pine Prairie ICE Processing Center Pine Prairie, Louisiana

July 11-13, 2023

# FOLLOW-UP COMPLIANCE INSPECTION of the PINE PRAIRIE ICE PROCESSING CENTER

Pine Prairie, Louisiana

## TABLE OF CONTENTS

| FACILITY OVERVIEW   | 4 |
|---|---|
| FOLLOW-UP COMPLIANCE INSPECTION PROCESS   | 5 |
| FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION 2011 (REVISED 2016) MAJOR CATEGORIES |   |
| DETAINEE RELATIONS  | 7 |
| FOLLOW-UP COMPLIANCE INSPECTION FINDINGS  | 9 |
| CARE  | 9 |
| PERSONAL HYGIENE  | 9 |
| ACTIVITIES  | 9 |
| RELIGIOUS PRACTICES   |   |
| TELEPHONE ACCESS  | 9 |
| CONCLUSION  | 9 |

### FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

| Senior Inspections and Compliance Specialist ODO Senior Inspections and Compliance Specialist ODO |     |
|---|-----|
| Senior Inspections and Compliance Specialist ODO  |     |
| semer inspections and compliance specialist   |     |
| Inspections and Compliance Specialist ODO   |     |
| Section Chief ODO   |     |
| Contractor Creative Correcti  | ons |

#### 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 Pine Prairie ICE Processing Center (PPIPC) in Pine Prairie, Louisiana, from July 11 to 13, 2023. This inspection focused on the standards found deficient during ODO's last inspection of PPIPC from January 31 to February 2, 2023. The facility opened in 2000 and is owned and operated by The GEO Group, Inc. (GEO). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PPIPC in 2016 under the oversight of ERO's Field Office Director in New Orleans (ERO New Orleans). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

A facility administrator handles daily facility operations and manages support personnel. GEO provides food services and medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in November 2022 and the National Commission on Correctional Health Care in June 2020. In January 2022, PPIPC 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 11, 2023)   |          |  |
| Adult Female Population (as of July 11, 2023) |          |  |

During its last full inspection, in Fiscal Year (FY) 2023, ODO found no deficiencies.

\_

<sup>&</sup>lt;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.

<sup>&</sup>lt;sup>2</sup> Data Source: ERO Facility List as of July 10, 2023.

<sup>&</sup>lt;sup>3</sup> 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 National Detention Standards. 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 may 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 PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

| PBNDS 2011 (Revised 2016) Standards Inspected <sup>4,5</sup>  | Deficiencies |
|---|--------------|
| Part 1 - Safety   |              |
| Emergency Plans   | 0            |
| Environmental Health and Safety                               | 0            |
| Sub-Total   | 0            |
| Part 2 - Security   |              |
| Admission and Release   | 0            |
| Custody Classification System                                 | 0            |
| Facility Security and Control                                 | 0            |
| Funds and Personal Property                                   | 0            |
| Special Management Units                                      | 0            |
| Staff-Detainee Communication                                  | 0            |
| Use of Force and Restraints                                   | 0            |
| Sub-Total   | 0            |
| Part 4 - Care   |              |
| Food Service  | 0            |
| Medical Care  | 0            |
| Personal Hygiene  | 1            |
| Significant Self-harm and Suicide Prevention and Intervention | 0            |
| Terminal Illness, Advance Directives and Death                | 0            |
| Sub-Total   | 1            |
| Part 5 - Activities   |              |
| Recreation  | 0            |
| Religious Practices   | 1            |
| Telephone Access  | 1            |
| Sub-Total   | 1            |
| Part 6 - Justice  |              |
| Grievance System  | 0            |
| Sub-Total   | 0            |
| Total Deficiencies  | 3            |

٠

<sup>&</sup>lt;sup>4</sup> For greater detail on ODO's findings, see the Follow-up Inspection Findings section of this report.

<sup>&</sup>lt;sup>5</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.

#### **DETAINEE RELATIONS**

ODO interviewed 15 detainees, who each voluntarily agreed to participate. The remaining 25 detainees declined ODO's request for an interview. One of the detainees made an allegation of sexual abuse, and ODO immediately referred the complaint to ERO New Orleans and facility staff. Most detainees reported satisfaction with facility services except for the concerns listed below.

Food Service: Three detainees stated they received spoiled milk more than once during various mealtimes.

• Action Taken: ODO interviewed the food service administrator (FSA) and confirmed detainees from the same housing unit complained of spoiled milk on June 20 and 27, 2023. The FSA replaced the milk for the detainees on both days. The FSA and food service (FS) staff investigated and found the milk had a "Use By" date of July 13, 2023, but some of the milk had spoiled. The FSA notified the FS vendor, and the vendor replaced the milk. The vendor investigated and discovered someone had unplugged a refrigerated truck at night, causing the milk to spoil. Furthermore, the facility used powdered milk from July 11 to 18, 2023, until the vendor resolved the issue. The FSA stated FS implemented a procedure to check milk deliveries daily prior to serving the milk on the food line.

*Medical Care:* One detainee stated no facility dentist had evaluated him for pain in his upper right molars.

• Action Taken: ODO interviewed a facility medical records technician (MRT) and found medical staff scheduled a dental appointment for the detainee on April 10, 2023. The facility dentist mistakenly referred the detainee for an off-site orthodontist appointment, but later corrected his error and scheduled a periodontist appointment for May 2, 2023. On July 11, 2023, an MRT found no available periodontist at another nearby detention facility and forwarded the referral on July 13, 2023, to ERO New Orleans staff, who also found no available periodontists. On the same day, a facility physician examined the detainee for a routine, 30-day referral appointment, pending his periodontist evaluation. The physician noted the detainee had no worsening dental issues nor any new medical complaints.

*Medical Care:* One detainee stated he found the medical treatment at the facility ineffective, and the facility did not provide his blood test results.

• Action Taken: ODO interviewed a facility MRT, reviewed the detainee's medical files, and found he arrived at the facility on May 4, 2023. During the detainee's intake screening, he reported experiencing upper right abdominal pain both before and after meals, and a facility physician assistant (PA) prescribed Prilosec. During sick call on June 23, 2023, the detainee reported heartburn along with a stabbing pain in the upper central region of his abdomen to a facility registered nurse (RN), and the RN prescribed antacid and antidiarrheal medications. The RN also instructed him to avoid certain foods and drinks and referred him to the facility physician for additional treatment. On

June 27, 2023, a facility physician examined the detainee, and the detainee reported recurrent right upper abdominal pain with nausea after eating. Additionally, the physician tested the detainee for hepatitis, involuntary movements, and gallstones, ordered blood work, and referred the detainee for an off-site ultrasound. On July 6, 2023, an RN evaluated the detainee after complaining of no energy and no effect of Prilosec in lessening his abdominal pain. The RN referred the detainee to the facility physician, and on July 13, 2023, the PA met with the detainee to discuss the results of his blood work. The PA prescribed him Tylenol for pain and referred him to an off-site surgeon. On July 14, 2023, staff of a local hospital performed the ultrasound and found signs of a fatty liver. Medical staff scheduled the detainee for an off-site surgeon's appointment on August 2, 2023.

Sexual Abuse and Assault Prevention and Intervention: One detainee stated a facility RN instructed him to expose his genitals during a medical examination to see if he was a male, but he did not report the incident.

• Action Taken: ODO interviewed the facility PREA coordinator and confirmed the detainee did not report the incident. The PREA coordinator spoke with the detainee on July 11, 2023, and the detainee stated an RN asked to see his genitals to confirm his biological sex. On the same day, the PREA coordinator notified the Pine Prairie Police Department of the incident, but the police declined to investigate due to lack of evidence. On July 11, 2023, ODO reported the incident to ERO New Orleans, who subsequently reported the incident to the ICE Joint Intake Center (Case #2023SIR0012945). A different RN conducted a general physical exam of the detainee and noted no issues. A facility psychologist spoke with the detainee and offered psychiatric care. The facility immediately removed the subject RN from having any duties or contact with ICE detainees pending the outcome of the facility investigation. On August 2, 2023, the facility found the detainee's claims unsubstantiated, concluded their investigation, and permitted the RN to return to work at PPIPC.

Telephone Access: Six detainees stated the telephones in two housing units were not operational.

• Action Taken: On July 11, 2023, six detainees informed ODO the telephones in two housing units had been inoperable since the week of July 4, 2023. ODO reviewed facility logs and records and found the records for the week of July 4, 2023, indicated no issues with the telephones. ODO interviewed the housing unit officer on duty and confirmed the detainees reported inoperable telephones. ODO tested the telephones in the two housing units and confirmed they were inoperable. ODO was unable to determine the exact date the phones became inoperable but found the facility submitted a work order on July 10, 2023, to have the telephone service restored. As of July 11, 2023, ODO found the facility had not reported the outage to ERO New Orleans staff and ODO noted this as a deficiency under the *Telephone Access* section of this report. On July 12, 2023, the facility's telephone service provider fully restored the telephone service in the two housing units.

#### FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

#### <u>CARE</u>

#### PERSONAL HYGIENE (PH)

ODO inspected 28, 8-bed housing units and found in 27 out of 28 units, the facility housed 3 or more detainees; however, each of the housing units only had 1 toilet (**Deficiency PH-35**<sup>6</sup>).

#### **ACTIVITIES**

#### **RELIGIOUS PRACTICES (RP)**

ODO toured the housing units and found the facility did not post current religious program schedules on all unit and detainee bulletin boards (**Deficiency RP-32**<sup>7</sup>).

#### **TELEPHONE ACCESS (TA)**

ODO reviewed a work order for a telephone service outage the facility initiated on July 10, 2023; however, as of July 11, 2023, the facility had not reported the telephone service issues to the ERO New Orleans staff (**Deficiency TA-15**<sup>8</sup>).

#### CONCLUSION

During this inspection, ODO assessed the facility's compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found three deficiencies in the remaining three standards. Since PPIPC's last full inspection in February 2023, the facility's overall compliance with the ICE PBNDS 2011 (Revised 2016) has trended down. PPIPC went from zero deficient standards in February 2023 to three deficient standards and three deficiencies during this most recent inspection. ODO found two out of three deficiencies in the Personal Hygiene and Religious Practices standards, which were not inspected during the February 2023 inspection. PPIC did not have a required UCAP for their last inspection. ODO recommends ERO New Orleans continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<sup>&</sup>lt;sup>6</sup> "All housing units with three or more detainees must have at least two toilets." *See* ICE PBNDS 2011, (Revised 2016), Standard, Personal Hygiene, Section (V)(E)(1).

<sup>&</sup>lt;sup>7</sup> "The chaplain or religious services coordinator shall schedule and direct the facility's religious activities, and current program schedules shall be posted on all unit and detainee bulletin boards in languages understood by a majority of detainees." *See* ICE PBNDS 2011, (Revised 2016), Standard, Religious Practices, Section (V)(D).

<sup>&</sup>lt;sup>8</sup> "Any identified problems must immediately be logged and reported to the appropriate facility and ICE/ERO staff." See ICE PBNDS 2011, (Revised 2016), Standard, Telephone Access, Section (V)(A)(4)(a).

| Compliance Inspection Results Compared | FY 2023 Full Inspection (PBNDS 2011) (Revised 2016) | FY 2023 Follow-up Inspection (PBNDS 2011) (Revised 2016) |
|--|---|--|
| Standards Reviewed                     | 24  | 18   |
| Deficient Standards                    | 0   | 3  |
| Overall Number of Deficiencies         | 0   | 3  |
| Priority Component Deficiencies        | 0   | 0  |
| Repeat Deficiencies                    | 0   | 0  |
| Areas Of Concern                       | 0   | 0  |
| Corrective Actions                     | 0   | 0  |
| Facility Rating                        | Superior  | N/A  |