



**U.S. Department of Homeland Security**

Immigration and Customs Enforcement

Office of Professional Responsibility

Inspections and Detention Oversight Division

Washington, DC 20536-5501

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Office of Detention Oversight  
Compliance Inspection

Enforcement and Removal Operations  
ERO Boston Field Office  
Plymouth County Correctional Facility  
Plymouth, Massachusetts

November 6 –8, 2018

**COMPLIANCE INSPECTION  
for the  
Plymouth County Correctional Facility  
Plymouth, Massachusetts**

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**COMPLIANCE INSPECTION TEAM MEMBERS**

	Lead Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Inspections and Compliance Specialist	ODO
	Contractor	Creative Corrections
	Contractor	Creative Corrections
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	Contractor	Creative Corrections

## FACILITY OVERVIEW

The Office of Detention Oversight (ODO) conducted an oversight inspection of the Plymouth County Correctional Facility (PCCF) in Plymouth, Massachusetts, from November 6-8, 2018.<sup>1</sup> PCCF opened in May 1994 and is owned by the Commonwealth of Massachusetts and operated by the Plymouth County Sheriff. The U.S. Immigration and Customs Enforcement (ICE), Office of Enforcement and Removal Operations (ERO), began housing detainees at PCCF in 1998 pursuant to an Intergovernmental Service Agreement (IGSA), under the oversight of ERO's Field Office Director (FOD) in Boston, Massachusetts.

ERO staff members and a Detention Services Manager are assigned to the facility. A superintendent is responsible for oversight of daily operations and is supported by ██████ personnel. Trinity Services Group provides food services and Correctional Psychiatric Services (CPS) provides detainee medical care. The facility operates under the National Detention Standard (NDS) 2000 and is not contractually obligated to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011 Sexual Abuse and Assault Prevention and Intervention Standard<sup>2</sup>. PCCF is accredited by the American Correctional Association.

Capacity and Population Statistics	Quantity
ICE Detainee Bed Capacity <sup>3</sup>	263
Average Daily ICE Detainee Population <sup>4</sup>	221
Male Detainee Population (as of 11/6/2018)	230
Female Detainee Population (as of 11/6/2018)	0

In July 2015, ODO conducted an inspection of the PCCF reviewing a total of 15 standards and found the facility compliant with eight of those standards. ODO found 10 deficiencies in the remaining seven standards; Access to Legal Material (1), Detainee Grievance Procedures (3), Detainee Handbook (1), Food Service (1), Staff-Detainee Communication (1), Environmental Health and Safety (2), and Medical Care (1).

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<sup>1</sup> This facility holds male detainees with classification levels of low, medium low, medium high, and high for periods greater than 72 hours.

<sup>2</sup> PCCF completed a Department of Justice (DOJ) Prison Rape Elimination Act (PREA) audit in July 2017 which is maintained on the facility's website <https://www.pcsdma.org/prea.html> and indicates the facility met all standards. The facility has a zero-tolerance policy prominently displayed on their web site. Additionally, page 56 of PCCF's ICE Detainee Handbook, dated August 2018, includes the zero-tolerance policy statement, other information on PREA, and outside organizations that can provide PREA-related support to detainees.

<sup>3</sup> Data Source: ERO Facility Questionnaire as of November 4, 2018.

<sup>4</sup> *Ibid.*

## FY 2018 FINDINGS BY NDS 2000 MAJOR CATEGORIES

NDS 2000 STANDARDS INSPECTED <sup>5</sup>	DEFICIENCIES
<b>Part 1 – Detainee Services</b>	
Access to Legal Material	0
Admission and Release	4
Detainee Classification System	2
Detainee Grievance Procedures	0
Detainee Handbook	0
Food Service	2
Funds and Personal Property	0
Staff-Detainee Communication	0
Telephone Access	0
<b>Sub-Total</b>	<b>8</b>
<b>Part 2 – Security and Control</b>	
Environmental Health and Safety	3
Special Management Unit (Administrative Segregation)	3
Special Management Unit (Disciplinary Segregation)	2
Use of Force	0
<b>Sub-Total</b>	<b>8</b>
<b>Part 3 – Health Services</b>	
Medical Care	5
Suicide Prevention and Intervention	2
<b>Sub-Total</b>	<b>7</b>
<b>PBNDS 2011 Standard Inspected</b>	
Sexual Abuse and Assault Prevention and Intervention	N/A
<b>Sub-Total</b>	<b>N/A</b>
<b>Total Deficiencies</b>	<b>23</b>

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

## 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 over 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>6</sup> ODO identifies violations outlined in ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO also acknowledges instances where the facility resolves deficiencies prior to completion of ODO’s inspection -- these corrective actions are annotated with “C” under the 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 also 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. Additionally, ODO’s findings inform ICE executive management in order to aid in the decision-making processes to better allocate resources across the agency’s entire detention inventory.

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<sup>6</sup> ODO reviews the facility’s compliance with selected standards in their entirety.

## DETAINEE RELATIONS

Seventeen detainees voluntarily agreed to be interviewed by ODO. Interview participation was voluntary and none of the detainees made any allegations of abuse, discrimination, or mistreatment. Most detainees reported satisfaction with facility services, except for the concerns listed below.

**Telephone Access:** One detainee claimed he was unable to contact his 10-year-old child who he claimed had a serious medical condition, requiring surgery--the minor child is not in federal custody.

- **Action Taken:** ODO spoke with the assigned ERO Deportation Officer (DO), who allowed the detainee to use his United States Government (USG)-issued telephone to communicate with the child's current caretaker and speak with his child regarding her health.

**Medical Care:** Several detainees complained about medical care, including:

One detainee claimed he had bleeding gums, a loose tooth, and submitted no less than five requests to be examined by a dentist which have not been answered. He also claimed to have toenail pain.

- **Action Taken:** ODO reviewed the detainee's medical and dental records and spoke with medical staff. ODO found no medical or dental requests pertaining to the detainee's complaints. Records show he made no medical complaints during his physical examination and staff found no diagnostic impressions or findings. ODO requested the Health Services Administrator (HSA) instruct the detainee on sick-call procedures. The HSA informed ODO she would ensure the detainee understood the sick-call procedure and assist him with submitting a request, if needed.

One detainee claimed he had a left shoulder injury which had not been treated.

- **Action Taken:** ODO reviewed the detainee's medical records and found he received a timely physical exam and dental assessment in accordance with the standard. Records show no diagnostic findings or complaints on the part of the detainee. ODO also reviewed sick call requests and found no record the detainee submitted a request related to shoulder pain. ODO requested PCCF medical staff follow up with the detainee and ensure he understands sick call procedures.

One detainee reported he was diagnosed as a Type-II Diabetic; however, he did not make a specific complaint about his care.

- **Action Taken:** ODO reviewed the detainee's medical records and spoke with medical staff and confirmed he is a Type-II diabetic and was prescribed medication to help manage his condition. Records show staff track the detainee's blood sugar levels daily prior to medication administration and his levels are consistently outside the desired range. His non-compliance with recommended dietary restrictions, including routine purchase of commissary items outside the recommended diet, as well as his routine refusal to take prescribed medication, have been thoroughly documented by staff in his

medical records. ODO recommended medical staff follow-up with the detainee as appropriate.

One detainee stated he did not receive his annual dental examination and further stated he suffers from migraine headaches. He informed ODO he was familiar with the sick-call procedure and was not currently in any pain.

- Action Taken: ODO reviewed the detainee's medical records and found he underwent multiple medical evaluations for a right breast mass; however, ODO found no records, including sick call requests, related to headaches. ODO confirmed the detainee was scheduled for physical and mental health evaluations and a dental exam in early December. ODO followed up with the detainee and informed him of the pending appointments and to recommend he use the sick-call procedure should he need assistance before the appointments occur.

One detainee stated he needed a prescription for Polymyxin B Sulfate for his eyes.

- Action Taken: ODO reviewed the detainee's medical records and spoke with medical and ERO staff. Based on his complaint to ODO, and history of eye surgery, the detainee was referred to an optometrist; however, the appointment was not scheduled prior to the completion of the inspection. ODO recently followed up with the field office and confirmed the detainee was seen by an optometrist on November 19, 2018.

# COMPLIANCE INSPECTION FINDINGS

## DETAINEE SERVICES

### ADMISSION AND RELEASE (AR)

ODO reviewed the PCCF admissions process. PCCF policy prohibits strip searches of detainees unless there is reasonable suspicion a detainee is hiding contraband and requires supervisor approval. Facility staff informed ODO all medium high and high classification level detainees are strip searched upon arrival. ODO reviewed records for 29 detainees classified as medium high and high who were strip searched. A supervisor approved the strip search of all 29 detainees; however, detention files for nine detainees did not contain documentation of reasonable suspicion of contraband (**Deficiency AR-1<sup>7</sup>**).

ODO observed the detainee changing area, an approximate [REDACTED] room, which is located adjacent to the booking area. It contains two pass-through windows into the property room for the detainees to exchange clothing with staff. The entrance is covered by a half-curtain starting at the top near the detainee's head and extends down to approximately the knee area. The entrance curtain is not wide enough to cover the entrance to the change room by approximately six inches. The gap in the entrance curtain is sufficient to allow staff or detainees in the booking area to see activity inside the changing room. The two pass-through windows have no privacy curtain. ODO observed that staff present in the property room were able to observe detainees change clothes. ODO observed the area does not afford detainee's privacy when changing clothes (**Deficiency-AR-2<sup>8</sup>**).

ODO reviewed the PCCF orientation policy which conformed to the standard. However, ODO found the PCCF orientation procedures were not approved by ERO (**Deficiency-AR-3<sup>9</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action. ERO issued a memo approving orientation procedures. (**C-1**).

ODO reviewed the PCCF release policy which conformed to the standard. However, ODO found the PCCF release procedures were not approved by ERO (**Deficiency-AR-4<sup>10</sup>**).

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<sup>7</sup> "Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitored showering, and other required exposure of the private parts of a detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-rays, and metal detectors." See Change Notice Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007.

<sup>8</sup> "Effectively immediately, all facilities housing Immigration and Customs Enforcement (ICE) detainees shall permit detainees to change clothing and shower in a private room without being visually observed by a staff member, unless there is reasonable suspicion that the individual possesses contraband. A staff member of the same gender will be present immediately outside the room when the detainee changes and showers, with the door opened to hear what transpires inside." See Change Notice Admission and Release-National Detention Standard Strip Search Policy, dated October 15, 2007.

<sup>9</sup> "All facilities shall have a medium to provide INS detainees an orientation to the facility. In IGSA's the INS office of jurisdiction shall approve all orientation procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J).

<sup>10</sup> Staff must complete certain procedures before any detainee's release, removal, or transfer from the facility. Necessary steps include completing and processing forms, closing files, fingerprinting; returning personal property; and reclaiming facility-issued clothing, bedding, etc. INS will approve (sic) the IGSA release procedures." See ICE NDS 2000, Standard, Admission and Release, Section (III)(J). Note: NDS outline is in error. The cited section should be (III)(L).



*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action. ERO issued a memo approving release procedures. (C-2).

#### **DETAINEE CLASSIFICATION SYSTEM (DCS)**

All detainees are classified by ERO prior to arrival at PCCF. PCCF does not conduct its own objective classification of arriving ICE detainees and accepts what is provided by ERO. ODO reviewed 25 randomly selected detainee files and found three detainees were not classified in accordance with the standard resulting in prohibited co-mingling of high and low-level detainees (**Deficiency DCS-1<sup>11</sup>**).

ODO reviewed the classification of two detainees who were misclassified and found they should have been classified as low. A third detainee who should have been classified as high, due to a history of violence, was incorrectly classified as low and housed with low-level detainees (**Deficiency DCS-2<sup>12</sup>**).

*Corrective Action:* Prior to the completion of the inspection, these detainees were reclassified by ICE and appropriately housed per their reclassification (C-3).

#### **FOOD SERVICE (FS)**

ODO observed baking sheets stored on the clean pot and pan storage rack were soiled with food debris (**Deficiency FS-1<sup>13</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility replaced these baking sheets with new ones (C-4).

ODO inspected the manual and mechanical dishwashing cleaning operations. ODO found the sanitizer dispensing unit was inoperable during the inspection (**Deficiency FS-2<sup>14</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility repaired the sanitizer dispensing unit (C-5).

#### **STAFF-DETAINEE COMMUNICATIONS (SDC)**

The ERO Field Office assigned one DO to conduct staff-detainee communications an average of [REDACTED]. The DO is fully engaged with the detainees and spends a significant amount of time in the detainee housing areas addressing case related issues. PCCF cooperates fully and allows the DO to bring his tablet into the housing units, enabling access to all ICE case files in the housing areas. The DO aided the detainees over and above what is typically observed by ODO

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<sup>11</sup> "In all detention facilities, a supervisor will review the intake/processing officer's classification files for accuracy and completeness. Among other things, the reviewing officer shall ensure that each detainee has been assigned to the appropriate housing unit." See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

<sup>12</sup> [REDACTED]

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(E)(2)(b).

<sup>13</sup> "All facilities shall meet the following environmental standards: ...

h. To prevent cross-contamination, kitchenware and food-contact surfaces should be washed, rinsed, and sanitized after each use and after any interruption of operations during which contamination could occur."

See ICE NDS 2000, Standard, Food Service, Section (III)(H)(5)(h).

<sup>14</sup> "Spray- or immersion-dishwashers or devices, including automatic dispensers for detergents, wetting agents, and liquid sanitizer, shall be maintained in good repair." See ICE NDS 2000, Standard, Food Service, Section (III)(H)(7)(g).

during staff-detainee communication visits. It is clear the DO is very well known to the detainees as he called most of them by name. He also allowed detainees to make telephone calls on his government telephone to resolve special circumstances. In addition, ODO observed a Supervisory Detention and Deportation Officer (SDDO) conduct staff-detainee communication. He was also well known by the detainees and was able to provide meaningful information regarding their individual cases. Based on ODO's review of detainee grievances and requests, the number of recorded grievances and requests was low compared to other facilities of this size and we believe that can be attributed to such strong SDC. ODO cites the daily staff-detainee communication process at PCCF as a **Best Practice**.

## **SECURITY AND CONTROL**

### **ENVIRONMENTAL HEALTH AND SAFETY (EH&S)**

ODO reviewed the monthly fire drill reports and discovered emergency key drills are not included in the reports documenting the time requirement for drawing the keys and unlocking doors (**Deficiency EH&S-1<sup>15</sup>**).

ODO noted PCCF has a waiver, dated February 3, 2017, allowing PCCF to conduct barbering services in the detainee living units. However, ODO found PCCF does not have sanitation regulations posted, and sanitation procedures are not followed to sanitize equipment when barbering the detainees (**Deficiency EH&S-2<sup>16</sup>**).

ODO found the health service's inventory and accountability records do not include sharps and syringes located in the medical laboratory cabinets. ODO found 200 needles and 1,674 syringes

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<sup>15</sup> "Emergency-key drills will be included in each fire drill, and timed. Emergency keys will be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use. NFPA recommends a limit of [REDACTED] for drawing keys and unlocking emergency doors." See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

<sup>16</sup> "Sanitation of barber operations is of the utmost concern because of the possible transfer of diseases through direct contact or by towels, combs and clippers. Towels must not be reused after use on one person. Instruments such as combs and clippers will not be used successively on detainees without proper cleaning and disinfecting. The following standards will be adhered to: ...

3. Between detainees, all hair care tools coming in contact with the detainees will be cleaned and effectively disinfected. Hair care tools come into intimate contact with the detainees' scalp and skin, and when reused without disinfection, provide excellent means for transfer of ringworm or other skin and scalp diseases. Clippers may be treated for pathogenic organisms and fungi by an approved bactericidal and fungicidal process. Ultraviolet lights may only be used for maintaining tools after sterilization.

4. Each barbershop will have detailed hair care sanitation regulations posted in a conspicuous location for the use of all hair care personnel and detainees.

a. All scissors, combs or other tools (except clippers) will be thoroughly washed with soap and hot water to remove film and debris and effectively disinfected immediately after use on each detainee and before being used for the service of any other detainee.

b. After cleaning, the clipper blades will be immersed in the disinfectant solution and agitated for a period of not less than 15 seconds before use on any other detainee. The solution will be replaced as often as necessary.

...

d. Clean hair cloths may be reused; however, when a hair cloth is used in servicing a detainee, a neck strip, a freshly laundered towel, or other suitable protection will be placed between the hair cloth and the neck of the detainee. Soiled or unclean hair clothes may not be used."

See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(P)(3) and (4)

in the laboratory which were not documented as being stored in the facility nor inventoried. Additionally, the HSA did not check the inventories weekly (**Deficiency EH&S-3<sup>17</sup>**).

*Corrective Action:* Prior to the completion of the inspection, the facility initiated corrective action by counting the needles and syringes and creating an inventory log for items in the laboratory. Additionally, the HSA issued a memorandum promulgating a procedure requiring the HSA to conduct weekly inventories ensuring accurate accountability of sharps (**C-6**).

ODO observed PCCF does not provide access to showers in accordance with recognized industry standards for hygiene based on the size of the current detainee population and the number of showers. Housing Unit C-3 has a detainee to shower ratio of 15 to 1 and does not meet the 12 to 1 ratio as stipulated by the American Correctional Association (ACA) standard. ODO cites this as an **Area of Concern<sup>18</sup>**.

#### **SPECIAL MANAGEMENT UNIT – ADMINISTRATIVE SEGREGATION (SMU AS)**

ODO reviewed 25 detention files of detainees assigned to administrative segregation (AS) and found AS orders were not issued on seven occasions (**Deficiency SMU AS-1<sup>19</sup>**).

ODO found on six occasions, PCCF did not conduct three and seven-day reviews as required (**Deficiency SMU AS-2<sup>20</sup>**).

ODO found one detention file did not contain a Daily Activity Checklist for a detainee assigned to AS (**Deficiency SMU AS-3<sup>21</sup>**).

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<sup>17</sup> “An inventory will be kept of those items that pose a security risk, such as sharp instruments, syringes, needles, and scissors. This inventory will be checked weekly by an individual designated by the medical facility Health Service Administrator (HSA) or equivalent.” See Standard, Environmental Health and Safety, Section (III)(Q)(1).

<sup>18</sup> “Environmental health conditions will be maintained at a level that meets recognized standards of hygiene. The standards include those from the American Correctional Association, the Occupational Safety and Health Administration, the Environmental Protection Agency, the Food and Drug Administration, the National Fire Protection Association's Life Safety Code, and the National Center for Disease Control and Prevention.” See ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1). Note: ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 male detainees.

<sup>19</sup> “A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.” See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(B).

<sup>20</sup> “All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below. ...a supervisory officer shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted. ...A supervisory officer shall conduct the same type of review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first month and at least every 30 days thereafter.” See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(C).

<sup>21</sup> “A permanent log will be maintained in the SMU. The log will record all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.” See ICE NDS 2000, Standard, Special Management Unit, Administrative Segregation, Section (III)(E)(1).

## **SPECIAL MANAGEMENT UNIT – DISCIPLINARY SEGREGATION (SMU DS)**

ODO reviewed 25 detention files of detainees assigned to disciplinary segregation (DS) and found on two occasions, PCCF did not conduct three and seven-day reviews as required (**Deficiency SMU DS-1<sup>22</sup>**).

ODO found one detention file did not contain a Daily Activity Checklist for a detainee assigned to DS (**Deficiency SMU DS-2<sup>23</sup>**).

## **HEALTH SERVICES**

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

ODO found detainees are not afforded privacy during medical reviews as PCCF medical staff conduct triage of medical complaints in the common areas of the housing units in the presence of other detainees and correctional staff (**Deficiency MC-1<sup>24</sup>**).

ODO reviewed the credential files for [REDACTED] medical personnel who provide in-house care at PCCF and found the following: CPR certifications were expired for a Nurse Practitioner (NP) and an optometrist; [REDACTED] consulting dentists lacked CPR certifications; and, an optometrist, [REDACTED] dentists, a physician assistant (PA), a NP (psychiatric), and [REDACTED] doctor lacked DEA registrations (**Deficiency MC-2<sup>25</sup>**). Additionally, all [REDACTED] files reviewed lacked privileges, practice agreements and position descriptions depicting an authorized level of care which ODO cites as an **Area of Concern**.

ODO reviewed 25 dental records to assess compliance with dental screening examinations and found the dentist did not complete dental screenings in four cases, and one screening was not completed within 14 days of the detainee’s arrival as required by the standard (**Deficiency MC-3<sup>26</sup>**).

ODO reviewed the medical record of a diabetic detainee whose blood sugar level was extremely elevated. The Licensed Practical Nurse (LPN) contacted the doctor who was on call and received a telephonic order to administer ten units of long acting insulin and six units of rapid acting insulin.

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<sup>22</sup> “All facilities shall implement written procedures for the regular review of all administrative detention cases, consistent with the procedures specified below. ...

1. *The Supervisory Detention Enforcement Officer (SDEO) shall review the status of a detainee in disciplinary segregation every seven days to determine whether the detainee:*
  - a. *Abides by all rules and regulations; and,*
  - b. *Is provided showers, meals, recreation, and other basic living standards, in accordance with section III.D., below.”*

*See ICE NDS 2000, Standard, Special Management Unit, Disciplinary Segregation, section (III)(C).*

<sup>23</sup> “A permanent log will be maintained in the SMU. The log will note (sic) all activities concerning the SMU detainees, e.g., meals served, recreation, visitors, etc.” *See ICE NDS 2000, Standard, Special Management Unit Disciplinary Segregation, Section (III)(E)(1).*

<sup>24</sup> “Adequate space and equipment will be furnished in all facilities so that all detainees may be provided basic health examinations and treatment in private.” *See ICE NDS 2000, Standard, Medical Care, Section (III)(B).*

<sup>25</sup> “The health care staff will have a valid professional licensure and or certification. The USPHS, Division of Immigration Health Services, will be consulted to determine the appropriate credentials requirements for health care providers.” *See ICE NDS 2000, Standard, Medical Care, Section (III)(C).* Note: ACA Expected Practice 4-ALDF-4D-03 requires facilities that provide health care services to provide services by qualified health care personnel whose duties and responsibilities are governed by a job description and include qualifications and specific duties and responsibilities.

<sup>26</sup> “An initial dental screening exam should be performed within 14 days of the detainee’s arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician’s assistant or nurse practitioner.” *See ICE NDS 2000, Standard, Medical Care, Section (III)(E).* **This is a repeat deficiency.**

The LPN documented the order but only administered ten units of long acting insulin, at the request of the detainee. The LPN failed to secure a refusal form for the six units of rapid acting insulin not given and did not solicit approval from the prescriber to change medication dosage; therefore, care was not provided as ordered. (**Deficiency MC-4**<sup>27</sup>).

ODO reviewed the medical record of a detainee who was newly diagnosed with human immunodeficiency virus (HIV) and found the diagnosis notification was provided to the detainee by Health Imperatives, a non-profit agency medical organization in the state of Massachusetts, prior to the licensed physician ordering confirmatory tests (**Deficiency MC-5**<sup>28</sup>). The facility's infection control RN ordered the confirmatory tests after the detainee was notified by Health Imperatives.

ODO reviewed nine medical records of detainees with chronic care conditions and found nurses provided chronic care to detainees; however, the nursing credential files did not contain advanced training, protocols, standing orders, and competency assessments to support this practice. ODO cites this as an **Area of Concern**<sup>29</sup>.

ODO discovered nursing staff, both Registered Nurses (RNs) and LPNs, are referred to as "medical officers" with duties and responsibilities at the same level. Typically, the title of "medical officer" is used for physicians and mid-level medical practitioners. Using this phraseology interchangeably is confusing and provides no clear distinction between these position responsibilities/authorities such as education level and/or license type. ODO cites this as an **Area of Concern**<sup>30</sup>.

#### **SUICIDE PREVENTION AND INTERVENTION (SP&I)**

ODO reviewed the training records of █ randomly-selected correctional staff including Sherriff's department medical and mental health staff and found no documentation staff received required suicide prevention training (**Deficiency SP&I-1**<sup>31</sup>).

ODO reviewed one suicide watch record and found the detainee was released from suicide watch by written order of a Licensed Independent Clinical Social Worker (LICSW) without written authorization from the Clinical Director (CD) (**Deficiency SP&I-2**<sup>32</sup>).

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<sup>27</sup> "Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees." See ICE NDS 2000, Standard, Medical Care, Section (III)(I).

<sup>28</sup> "...The diagnosis of AIDS/HIV (sic) is established only by a licensed physician based on a medical history, current clinical evaluation of signs and symptoms, and laboratory studies." See ICE NDS 2000, Standard, Medical Care, Section (III)(K).

<sup>29</sup> "Qualified health care professionals do not perform tasks beyond those permitted by their credentials." See NCCHC: J-C-01.3).

<sup>30</sup> ODO notes this concern was also cited in the most recent Final Report of Findings (IHSC Form 041), dated January 30, 2018, issued by the ICE Health Service Corps.

<sup>31</sup> "All staff will receive training, during orientation and periodically, in the following: recognizing signs of suicidal thinking, including suspect behavior; facility referral procedures; suicide prevention techniques; and responding to an in-progress suicide attempt. All training will include the identification of suicide risk factors and the psychological profile of a suicidal detainee." See ICE NDS 2000, Standard, Suicide Prevention and Intervention, Section (III)(A).

<sup>32</sup> "...A detainee formerly under a suicide watch may be returned to general population under written authorization from the CD." See ICE NDS 2000, Standard, Suicide Prevention & Intervention, Section (III)(C).

ODO reviewed 25 medical records and found three detainees were receiving psychotropic medications: however, there file contained no “Informed Written Consent for Use of Psychotropic Medications.” ODO cites this as an **Area of Concern**<sup>33</sup>.

## CONCLUSION

During this inspection, ODO reviewed the facility’s compliance with 15 standards under the NDS 2000 and found the facility compliant with seven standards. ODO found 23 deficiencies in the remaining eight standards, which is a significant increase in the number of deficiencies found since ODO’s last inspection in 2014. Five of these deficiencies (including one repeat deficiency), and three areas of concern, were found in the Medical Care standard alone. However, ODO commends facility staff and the ERO Field Office for their responsiveness during the inspection as well as the effective staff-detainee communication practices employed at this facility. This level of engagement should serve as a model for other ICE facilities. ODO recommends ERO work with the facility to remedy any deficiencies that remain outstanding, as applicable and in accordance with contractual obligations.

<b>Compliance Inspection Results</b>	<b>FY 2015 (NDS 2000)</b>	<b>FY 2018 (NDS 2000)</b>
Standards Reviewed	15	15
Deficient Standards	7	8
Overall Number of Deficiencies	10	23
Corrective Action	0	6

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<sup>33</sup> “In order to meet Section 72BB’s requirements for documenting informed consent, prior to the administration of any drug included on Attachment A, long term care facilities must complete the Department’s prescribed form (Attachment B), and prior to or upon administration, include the completed form in the resident’s medical record. In order to complete the form, the drug’s prescriber must discuss the following with the resident or the resident’s legal representative: A facility shall obtain the informed written consent of the resident, the resident’s health proxy or resident’s guardian.” See Commonwealth of Massachusetts, Bureau of Health Care Safety and Quality, Circular Letter 17-2-699, dated February 1, 2017, Informed Written Consent for the Use of Psychotropic Medications in Long-Term Care Facilities.