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U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
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**Office of Detention Oversight  
Compliance Inspection**

**Enforcement and Removal Operations  
ERO Saint Paul Field Office**

**Polk County Jail  
Des Moines, Iowa**

**January 24-26, 2023**

**COMPLIANCE INSPECTION**  
**of the**  
**POLK COUNTY JAIL (DES MOINES, IA)**  
Des Moines, Iowa

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## COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Inspections and Compliance Specialist	ODO
Section Chief	ODO
Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a compliance inspection of the Polk County Jail (Des Moines, IA) (PCJ) in Des Moines, Iowa, from January 24 to 26, 2023.<sup>1</sup> The facility opened in 2008 and is owned by Polk County and operated by the Polk County Sheriff's Office. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PCJ in 2008 under the oversight of ERO's Field Office Director in Saint Paul (ERO Saint Paul). ICE is an authorized user of this facility under a United States Marshals Service intergovernmental agreement contract, which does not specify an ICE NDS, and ODO inspected to the NDS listed on the ERO Facility List as of January 17, 2023. The PCJ was inspected against the NDS 2000, and ODO's assigned rating is for ERO's informational purposes only.

ERO has assigned deportation officers to the facility. A warden handles daily facility operations and manages [REDACTED] support personnel. Martin Brothers Distributing Company, Inc. provides food services, NaphCare provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in January 2021. In August 2021, PCJ was audited for the Department of Justice (DOJ) Prison Rape Elimination Act (PREA) and was DOJ PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of January 24, 2023)	[REDACTED]
Adult Female Population (as of January 24, 2023)	[REDACTED]

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 13 deficiencies in the following areas: Detainee Classification System (3); Funds and Personal Property (2); Emergency Plans (1); Environmental Health and Safety (5); and Medical Care (2).

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

<sup>2</sup> Data Source: ERO Facility List as of January 17, 2023.

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

## COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population greater than 10, 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>4</sup>

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

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

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

## FINDINGS BY NATIONAL DETENTION STANDARDS 2000 MAJOR CATEGORIES

NDS 2000 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Detainee Services</b>	
Admission and Release	0
Correspondence and Other Mail	0
Detainee Classification System	3
Detainee Handbook	0
Food Service	3
Funds and Personal Property	0
Recreation	0
Religious Practices <sup>7</sup>	1
Visitation	4
<b>Sub-Total</b>	<b>11</b>
<b>Part 2 - Security and Control</b>	
Contraband	0
Disciplinary Policy	2
Emergency Plans	0
Environmental Health and Safety	3
Hold Rooms in Detention Facilities	0
Key and Lock Control (Security, Accountability, and Maintenance)	2
Special Management Unit (Administrative Segregation)	0
Special Management Unit (Disciplinary Segregation)	0
Tool Control	7
Transportation (Land Transportation)	0
Use of Force	1
<b>Sub-Total</b>	<b>15</b>
<b>Part 3 - Health Services</b>	
Medical Care	4
Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	10
<b>Sub-Total</b>	<b>14</b>
<b>Other Standards Reviewed</b>	
NDS 2019 Sexual Abuse and Assault Prevention and Intervention	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>40</b>

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

<sup>6</sup> Beginning in FY 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> ODO did not review this standard in its entirety, only noting a deficiency resulting from detainee interviews.

## DETAINEE RELATIONS

ODO interviewed 19 detainees, who each voluntarily agreed to participate. All other detainees present at the facility declined ODO's request to interview. One detainee alleged he was the victim of a PREA incident while in custody at the facility, and ODO immediately referred the detainee to facility staff for evaluation and investigation of the allegation. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated his dissatisfaction with medical care at the facility due to medical staff refusing to provide medication for his stomach issues.

- Action Taken: ODO reviewed the detainee's medical file with the health services administrator (HSA) and found a facility nurse completed the initial 14-day examination on the same day of his arrival, December 28, 2022. During the evaluation, the detainee complained of intermittent left side pain for the past 7 years that only Tylenol relieved. The nurse referred the detainee to a provider for further evaluation. On January 2, 2023, the physician evaluated the detainee and prescribed Tylenol for pain. The detainee refused the pain medication on nine different days since the physician's examination of him. On the morning of January 26, 2023, medical staff attempted to examine the detainee but the detainee refused the examination. On the afternoon of January 26, 2023, the physician evaluated the detainee and prescribed Tylenol for stomach pain as needed. The physician instructed the detainee to submit a sick call request if pain persisted.

*Medical Care:* One detainee stated his dissatisfaction with medical care due to medical staff providing no medication for a broken shoulder he sustained after falling from his bunk bed.

- Action Taken: ODO reviewed the detainee's medical file with the HSA and found a facility nurse completed the initial 14-day examination on the same day of his arrival, November 4, 2022. On November 9, 2022, facility staff transferred the detainee to the emergency department of a local hospital for evaluation of injuries following a fall. Hospital staff took a computerized axial tomography scan of his head, and X-rays of his chest, clavicle, and shoulder, sutured a laceration above his left eye, and discharged him with a diagnosis of acromioclavicular strain of his shoulder. The staff noted no fractures or dislocations. Upon return to the facility, medical staff prescribed medication for pain. On January 25, 2023, the clinical director re-evaluated the detainee due to his complaints of continued shoulder and stomach discomfort. The doctor ordered X-rays for his shoulder and prescribed acetaminophen and Omeprazole for stomach discomfort and pain. On January 27, 2023, facility staff completed the X-rays and found no visible fractures nor dislocations. On the same day, the physician examined the detainee and increased the Omeprazole dosage from 20 mg to 40 mg, noted no apparent weakness in the shoulder, and instructed the detainee to return to sick call if pain persisted.

*Religious Practices:* One detainee stated the facility denied his request to attend religious services with no explanation.

- Action Taken: ODO reviewed the detainee’s requests, interviewed the facility chaplain and staff, and confirmed the detainee submitted a religious request on January 7, 2023. On January 8, 2023, the facility chaplain noted the detainee did not indicate a religious preference during in-processing and denied the request. The facility chaplain and staff stated the facility’s policy does not permit detainees to change their religious designation at any time after in-processing. ODO cited this as a deficiency in the *Religious Practices* section of the report. On January 26, 2023, the chaplain met with the detainee and provided the religious materials as per the detainee’s request.

*Sexual Abuse and Assault Prevention and Intervention:* One detainee stated an inmate, not an ICE detainee, exposed his genitals to him without his consent.

- Action Taken: ODO immediately ended the interview with the detainee and contacted facility staff. ODO referred the incident to the facility’s PREA coordinator who began a PREA investigation. The facility notified ERO Saint Paul who reported the incident to the Joint Intake Center. As of the writing of this report, the incident is still under investigation (SIR0004807).

## COMPLIANCE INSPECTION FINDINGS

### DETAINEE SERVICES

#### DETAINEE CLASSIFICATION SYSTEM (DCS)

ODO interviewed the classification officer, reviewed █ detainee files and █ electronic classification forms, and found in █ out of █ files, a first-line supervisor did not review nor approve each detainee’s classification (**Deficiency DCS-10<sup>8</sup>**). **This is a repeat deficiency.**

ODO interviewed the classification officer, reviewed █ detainee files and █ electronic classification forms, and found in █ out of █ files, a supervisor did not review the intake/processing officer’s classification files for accuracy and completeness (**Deficiency DCS-19<sup>9</sup>**). **This is a repeat deficiency.**

ODO interviewed the classification officer, reviewed █ detainee files, and found in █ out of █ files, a reviewing officer did not ensure the facility assigned any of the detainees to appropriate

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<sup>8</sup> “The classification system ensures: ...

3. The first-line supervisor will review and approve each detainee’s classification.”

See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(A)(3).

<sup>9</sup> “In all detention facilities, a supervisor will review the intake/processing officer’s classification files for accuracy and completeness.” See ICE NDS 2000, Standard, Detainee Classification System, Section (III)(C).

housing units (**Deficiency DCS-20<sup>10</sup>**). **This is a repeat deficiency.**

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

ODO reviewed the facility's annual inspection and found the facility did not have an inspection by an independent, external source in the past year. Specifically, the independent external inspector conducted the last inspection on January 20, 2021 (**Deficiency FS-416<sup>11</sup>**).

ODO inspected the facility's FS storage and found the facility did not store food products sufficiently far from walls to facilitate pest-control measures. Specifically, ODO found the facility stored food products 6 inches from the floor and directly against walls which did not facilitate pest-control in the FS department freezer, dry storeroom, nor milk cooler (**Deficiency FS-435<sup>12</sup>**).

ODO inspected FS storage and found the facility did not store food items at least 2 inches from the walls. Specifically, ODO found the facility stored food items directly against the wall (**Deficiency FS-436<sup>13</sup>**).

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

ODO interviewed a detainee, facility and ERO staff, reviewed facility policy, and found the facility did not permit detainees to change their religious designation after selecting one during intake (**Deficiency RP-7<sup>14</sup>**).

### **VISITATION (V)**

ODO toured facility housing units and found the facility did not post visitation rules and hours inside the housing units (**Deficiency V-3<sup>15</sup>**).

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<sup>10</sup> "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>11</sup> "An independent, external source shall conduct annual inspections to ensure that the food service facilities and equipment meet governmental health and safety codes." *See* ICE NDS 2000, Standard, Food Service, Section (III)(H)(13)(a).

<sup>12</sup> "The following procedures apply when receiving or storing food: ...

d. Store all products at least six inches from the floor and sufficiently far from walls to facilitate pest-control measures. A painted line may guide pallet placement."

*See* ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(d).

<sup>13</sup> "The following procedures apply when receiving or storing food: ...

e. Store food items at least two inches from the walls "

*See* ICE NDS 2000, Standard, Food Service, Section (III)(J)(3)(e).

<sup>14</sup> "A detainee may request to change this designation at any time, and the change will be effected in a timely fashion."

*See* ICE NDS 2000, Standard, Religious Practices, Section (III)(C).

<sup>15</sup> "The facility shall provide written notification of visitation rules and hours in the detainee handbook, or equivalent, given each detainee upon admittance. The facility shall also post these rules and hours where detainees can easily see them." *See* ICE NDS 2000, Standard, Visitation, Section (III)(B).

ODO reviewed the facility's detainee handbook and found no notification of the hours for legal visitation (**Deficiency V-56**<sup>16</sup>).

ODO reviewed the facility's written legal visitation procedures and found no provision for the exchange of documents between detainees and legal representatives (**Deficiency V-95**<sup>17</sup>).

ODO reviewed the facility's written legal visitation policy and found no visitation hours, nor procedures for legal assistants working under the supervision of an attorney, nor materials provided to detainees by legal representatives (**Deficiency V-117**<sup>18</sup>).

## **SECURITY AND CONTROL**

### **DISCIPLINARY POLICY (DP)**

ODO reviewed the facility's DP documentation, interviewed ERO Saint Paul staff, and found ERO Saint Paul did not approve the facility's incident-report forms (**Deficiency DP-13**<sup>19</sup>).

ODO reviewed the facility's DP documentation, interviewed facility staff, and found the facility did not advise detainees of their right to remain silent at any stage of the disciplinary process (**Deficiency DP-30**<sup>20</sup>).

### **ENVIRONMENTAL HEALTH AND SAFETY (EHS)**

ODO reviewed eight fire drills conducted during the inspection period and found in eight out of eight drills, no timed emergency-key drills (**Deficiency EHS-69**<sup>21</sup>). **This is a repeat deficiency.**

ODO toured the facility, observed four cells located in the health services unit used for suicide watch, and found the facility did not maintain environmental health conditions at a level that met recognized standards of hygiene. Specifically, ODO observed each cell used a small drain/grate, in lieu of a toilet, located in the center of the cell floor, with an external flush valve outside the

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<sup>16</sup> "The facility shall provide notification of the rules and hours for legal visitation, as specified in Section III.B., above." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(2).

<sup>17</sup> "The facility's written legal visitation procedures must provide for the exchange of documents between detainee and legal representative (or legal assistant) even when contact visitation rooms are unavailable." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(10).

<sup>18</sup> "The site-specific policy shall specify visitation hours, procedures and standards, including, but not limited to, telephone inquiries; dress code; legal assistants working under the supervision of an attorney; pre-representational meetings; Form G-28 requirements; identification and search of legal representatives; identification of visitors; materials provided to detainees by legal representatives; confidential group legal meetings; and detainee sign-up." *See* ICE NDS 2000, Standard, Visitation, Section (III)(I)(16).

<sup>19</sup> "INS approval is required for the incident-report forms used in CDFs and IGSA facilities." *See* ICE NDS 2000, Standard, Disciplinary Policy, Section (III)(B).

<sup>20</sup> "They shall also ensure that the detainee is afforded all the rights listed under "Detainee Rights in UDC Proceedings," below." *See* ICE NDS 2000, Standard, Disciplinary Policy, Section (III)(C).

<sup>21</sup> "Emergency-key drills will be included in each fire drill and timed." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(L)(4)(c).

reach of an occupant. Additionally, all four cells did not contain a sink, paper towels, nor toilet paper (**Deficiency EHS-127<sup>22</sup>**). **This is a repeat deficiency.**

ODO toured the facility and found the facility did not install OSHA-approved eyewash stations in designated areas (areas of the facility of possible but preventable injury due to the exposure to corrosive chemicals or possible contamination from blood-borne pathogens). Specifically, the facility did not install eyewash stations in the FS department nor in the health services area (**Deficiency EHS-195<sup>23</sup>**). **This is a repeat deficiency.**

## **HOLD ROOMS IN DETENTION FACILITIES (HRDF)**

ODO interviewed a facility corrections officer and found officers did not refrain from carrying OC spray into hold rooms. ODO did not observe this practice during the inspection and cited this as an **Area of Concern**.

## **KEY AND LOCK CONTROL (SECURITY, ACCOUNTABILITY, AND MAINTENANCE) (KLC)**

ODO reviewed the facility's policies and post orders and found no written position description for the key control officer to include duties, responsibilities, and chain of command (**Deficiency KLC-3<sup>24</sup>**).

ODO interviewed the facility's key control officer and found no record of successfully completing an approved locksmith-training program (**Deficiency KLC-12<sup>25</sup>**).

## **TOOL CONTROL (TC)**

ODO reviewed the facility's tool control and found no tool classification system (**Deficiency TC-14<sup>26</sup>**).

ODO reviewed the facility's tool control policy and found no written procedures for marking tools and making them readily identifiable (**Deficiency TC-26<sup>27</sup>**).

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<sup>22</sup> "Environmental health conditions will be maintained at a level that meets recognized standards of hygiene." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(R)(1).

<sup>23</sup> "OSHA-approved eyewash stations will be installed in designated areas throughout the facility." *See* ICE NDS 2000, Standard, Environmental Health and Safety, Section (III)(T)(2).

<sup>24</sup> "The Security Officer shall have a written position description that includes duties, responsibilities, and chain of command." *See* ICE NDS 2000, Standard, Key and Lock Control (Security, Accountability, and Maintenance), Section (III)(A)(1).

<sup>25</sup> "All security officers shall successfully complete an approved locksmith-training program." *See* ICE NDS 2000, Standard, Key and Lock Control (Security, Accountability, and Maintenance), Section (III)(A)(2).

<sup>26</sup> "The facility shall develop and implement a tool classification system." *See* ICE NDS 2000, Standard, Tool Control, Section (III)(C).

<sup>27</sup> "The OIC will establish written procedures for marking tools, making them readily identifiable." *See* ICE NDS 2000, Standard, Tool Control, Section (III)(D).

ODO reviewed the facility's tool-storage system and found no operational accountability of the facility's tools. Specifically, facility staff did not store tools in a manner to maintain constant accountability of a tool via an operational scanner (the facility's scanner was broken) to check them in and out nor other method of accountability (**Deficiency TC-31**<sup>28</sup>).

ODO reviewed the facility's tool control and found no storage system of commonly used, mounted tools, that ensures constant visibility over them, such as a shadow board or other method of accountability in the facility's tool room (**Deficiency TC-32**<sup>29</sup>).

ODO reviewed the facility's tool control procedures and found no mention of security issues of restricted and unrestricted tools as well as procedures for the control of ladders, extension cords, and ropes (**Deficiency TC-87**<sup>30</sup>).

ODO reviewed the facility's tool control procedures and found no mention of documentation and review of lost tools (**Deficiency TC-102**<sup>31</sup>).

ODO reviewed the facility's tool control policy and found no written procedures for the survey and destruction of broken or worn-out tools (**Deficiency TC-112**<sup>32</sup>).

## **USE OF FORCE (UOF)**

ODO interviewed the lieutenant and assistant field office director and found no approval by ERO Saint Paul for available, restraint equipment used by facility staff. Specifically, the facility maintained and included a restraint chair as authorized equipment without prior ERO Saint Paul approval (**Deficiency UOF-43**<sup>33</sup>).

## **HEALTH SERVICES**

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

ODO reviewed ■ health care staff files and found in ■ out of ■ files, no valid professional licensure nor certification. Specifically, one registered nurse's professional licensure expired on

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<sup>28</sup> "The tool-storage system will ensure accountability." See ICE NDS 2000, Standard, Tool Control, Section (III)(E).

<sup>29</sup> "Commonly used, mounted tools shall be stored so that a tool's disappearance would not escape attention." See ICE NDS 2000, Standard, Tool Control, Section (III)(E).

<sup>30</sup> "The procedures shall address the security issues of restricted and unrestricted tools as well as procedures for the control of ladders, extension cords, and ropes." See ICE NDS 2000, Standard, Tool Control, Section (III)(G).

<sup>31</sup> "The OIC shall develop and implement procedures governing lost tools, including:

1. Verbal and written notification to supervisory officials;
2. Handling detainees with prior access to the tool(s) in question;
3. Documentation and review."

See ICE NDS 2000, Standard, Tool Control, Section (III)(H).

<sup>32</sup> "All broken or worn-out tools will be surveyed and destroyed in accordance with the written procedures established by the OIC." See ICE NDS 2000, Standard, Tool Control, Section (III)(I).

<sup>33</sup> "Deviations from the following list of restraint equipment are prohibited: ...

9. Any other INS-approved restraint device."

See ICE NDS 2000, Standard, Use of Force, Section (III)(C)(1-9).

January 15, 2023 (Deficiency MC-18<sup>34</sup>). This is a priority component.

ODO reviewed █ detainee medical records and found in █ out of █ records, no screening of detainees for tuberculosis by purified protein derivative nor chest X-ray upon their arrival (Deficiency MC-24<sup>35</sup>). This is a repeat deficiency and a priority component.

ODO reviewed █ detainee medical records and found in █ out of █ records, a physician, a physician's assistant, or nurse practitioner did not perform initial dental screenings (Deficiency MC-51<sup>36</sup>). This is a repeat deficiency.

ODO reviewed █ detainee medical files and found in █ out of █ files, the facility did not obtain a signed medical general consent form before medical examination or treatment. Specifically, facility medical staff prescribed █ detainees with psychotropic medication without the facility health care provider obtaining signed and dated consent forms (Deficiency MC-101<sup>37</sup>). This is a repeat deficiency and a priority component.

#### TERMINAL ILLNESS, ADVANCE DIRECTIVES AND DEATH (TIADD)

ODO reviewed the facility's do-not-resuscitate orders (DNR) policy and found no HSA approval for a DNR written by a staff physician (Deficiency TIADD-18<sup>38</sup>).

ODO reviewed the facility's DNR policy and found no protection of basic patient rights nor compliance with ICE Health Service Corps (IHSC) standards (Deficiency TIADD-19<sup>39</sup>).

ODO reviewed the facility's DNR policy and found the policy did not state the decision to withhold resuscitative services shall only be considered if the detainee had requested or strongly endorsed the decision (Deficiency TIADD-20<sup>40</sup>).

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<sup>34</sup> "The health care staff will have a valid professional licensure and or certification." See ICE NDS 2000, Standard, Medical Care, Section (III)(C).

<sup>35</sup> "All new arrivals shall receive TB screening by PPD (Mantoux method) or chest X-ray." See ICE NDS 2000, Standard, Medical Care, Section (III)(D).

<sup>36</sup> "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).

<sup>37</sup> "The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2000, Standard, Medical Care, Section (III)(L).

<sup>38</sup> "In addition, each facility's DNR policy will comply with the following:

1. A DNR written by a staff physician requires the CD/HSA's approval;"

See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(1).

<sup>39</sup> "In addition, each facility's DNR policy will comply with the following: ...

2. The policy shall protect basic patient rights and otherwise comply with DIHS standards;"

See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(2).

<sup>40</sup> "In addition, each facility's DNR policy will comply with the following: ...

3. The decision to withhold resuscitative services shall be considered only under specified conditions;

a. The detainee has requested or strongly endorsed the decision. If the detainee is unconscious or otherwise unable or incompetent to participate in the decision, staff will attempt to obtain the written concurrence of an immediate family member. The attending physician shall document

ODO reviewed the facility's DNR policy and found the policy did not state the decision to withhold resuscitative services be considered only under the specified conditions of a detainee's terminal illness or terminal injury diagnosis (**Deficiency TIADD-21**<sup>41</sup>).

ODO reviewed the facility's DNR policy and found the policy did not state consideration to withhold resuscitative services if the DNR is associated with assisted suicide, euthanasia, or other measures to hasten death (**Deficiency TIADD-22**<sup>42</sup>).

ODO reviewed the facility's DNR policy and found no mention of to include documentation validating the DNR order in a detainee's medical file (**Deficiency TIADD-23**<sup>43</sup>).

ODO reviewed the facility's DNR policy and found no mention of detainee's medical file having:

- Documentation validating the DNR order;
- Forms and memoranda recording the diagnosis and prognosis;
- Express wishes of the detainee (living will, advance directive, or another signed document);
- Immediate family's wishes;
- Consensual decisions and recommendations of medical professionals, identified by name and title;
- Mental competency (psychiatric evaluation) if detainee concurred in, but did not initiate, the DNR decision; nor
- Informed consent evidenced, among other things, by the legibility of the DNR order, signed by the ordering physician and clinical director (**Deficiency TIADD-24**<sup>44</sup>).

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these efforts in the medical record.”

See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(3)(a).

<sup>41</sup> “In addition, each facility's DNR policy will comply with the following: ...

3. The decision to withhold resuscitative services shall be considered only under specified conditions;
  - b. The detainee is diagnosed with a terminal illness or terminal injury.”

See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(3)(b).

<sup>42</sup> “In addition, each facility's DNR policy will comply with the following: ...

3. The decision to withhold resuscitative services shall be considered only under specified conditions;
  - c. A DNR is consistent with sound medical practice, not in any way associated with assisting suicide, euthanasia, or other such measures to hasten death.”

See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(3)(c).

<sup>43</sup> “In addition, each facility's DNR policy will comply with the following: ...

4. The detainee's medical file shall include documentation validating the DNR order;
  - a. A standard stipulation at the front of the in-patient record, and explicit directions: ‘Do Not Resuscitate’ or ‘DNR.’”

See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(4)(a).

<sup>44</sup> “In addition, each facility's DNR policy will comply with the following: ...

4. The detainee's medical file shall include documentation validating the DNR order;
  - b. Forms and memoranda recording:
    1. Diagnosis and prognosis.
    2. Express wishes of the detainee (living will, advance directive, or other signed document).

ODO reviewed the facility's DNR policy and found the policy did not allow a detainee with a DNR order to receive all therapeutic efforts short of resuscitation (**Deficiency TIADD-25**<sup>45</sup>).

ODO reviewed the facility's DNR policy and found no mention of written procedures for notifying attending medical staff of the DNR order (**Deficiency TIADD-26**<sup>46</sup>).

ODO reviewed the facility's DNR policy and found the policy did not require the medical facility to notify the IHSC medical director and governing body nor ICE general counsel of the name and basic circumstances of any detainee for whom the facility filed a DNR order in the medical record (**Deficiency TIADD-27**<sup>47</sup>).

## **OTHER STANDARDS REVIEWED**

### **NDS 2019 SEXUAL ABUSE AND ASSAULT PREVENTION AND INTERVENTION (SAAPI)**

ODO interviewed facility staff, reviewed policies, training materials and admission video, and found the following 12 **Areas of Concern**:

- The facility did not have written policy and procedures for notifying ERO Saint Paul.
- The facility did not have written policy and procedures requiring cooperation with all ICE/ERO audits and monitoring of facility compliance with sexual abuse and assault policies and standards.
- ERO Saint Paul did not review nor approve the facility's written policy and procedures. The facility is not in full compliance with the required written policy and procedures.
- Staff training did not cover interviewing sexual abuse and assault victims.
- The facility did not maintain documentation of detainee participation in the orientation sessions.

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3. Immediate family's wishes.

4. Consensual decisions and recommendations of medical professionals, identified by name and title.

5. Mental competency (psychiatric evaluation), if detainee concurred in, but did not initiate, the DNR decision.

6. Informed consent evidenced, among other things, by the legibility of the DNR order, signed by the ordering physician and CD."

*See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(4)(b).*

<sup>45</sup> "In addition, each facility's DNR policy will comply with the following: ...

5. A detainee with a DNR order may receive all therapeutic efforts short of resuscitation;"

*See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(5).*

<sup>46</sup> "In addition, each facility's DNR policy will comply with the following: ...

6. The facility shall follow written procedures for notifying attending medical staff of the DNR order;"

*See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(6).*

<sup>47</sup> "In addition, each facility's DNR policy will comply with the following: ...

7. The medical facility shall notify the DIHS medical director and governing body, and the INS General Counsel, of the name and basic circumstances of any detainee for whom a "Do Not Resuscitate" order has been filed in the medical record."

*See ICE NDS 2000, Standard, Terminal Illness, Advance Directives and Death, Section (III)(C)(7).*

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- The facility did not provide detainees with the name of the program coordinator or designated staff member and information on how to contact him/her.
- The facility did not post the name of the Prevention of Sexual Assault (PSA) Compliance Manager and information about local organizations in English and Spanish.
- The facility did not document notification to ERO Saint Paul.
- The facility did not develop written policy and procedures requiring assessment of the credibility of an alleged victim, suspect, or witness, without regard to the individual's status as detainee, staff, or employee, and without requiring any detainee who alleges sexual abuse and assault to submit to a polygraph.
- The facility did not notify ERO Saint Paul of the results of the investigation and any responsive actions taken.
- The facility did not consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions within the standards.
- The facility did not forward both the report and response to ERO Saint Paul for transmission to the ICE/ERO PSA Coordinator.

## CONCLUSION

During this inspection, ODO assessed the facility's compliance with 23 standards under NDS 2000 and one standard under NDS 2019 found the facility in compliance with 13 of those standards. ODO found 40 deficiencies in the remaining 11 standards. Since PCJ's last full inspection in January 2022, the facility's overall compliance with the ICE NDS 2000 has trended down. PCJ went from 5 deficient standards and 13 deficiencies in January 2022 to 11 deficient standards and 40 deficiencies during this most recent full inspection. ODO did not review the Disciplinary System, Key and Lock Control, Terminal Illness Advanced Directives and Death, Tool Control, and Visitation standards during the January 2022 inspection as they were not FY 2022 core standards, and these standards accounted for 24 out of 40 deficiencies found during this most recent inspection. Of the remaining 16 deficiencies, 9 were repeat deficiencies in the areas of Detainee Classification System (3), Environmental Health (3), and Medical Care (3). Additionally, three out of four Medical Standard deficiencies are priority components. ODO has not received a completed uniform corrective action plan (UCAP) for the full inspection in January 2022 but did receive the UCAP for the follow-up inspection conducted in August 2022. The facility's corrective actions taken after their follow-up inspection in August 2022 were insufficient to prevent future recurrence of those deficiencies, which resulted in nine repeat deficiencies and a downgrade in rating from Good to Acceptable. ODO recommends ERO work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2022 Full Inspection (NDS 2000/NDS 2019)</b>	<b>FY 2023 Full Inspection (NDS 2000/NDS 2019)</b>
Standards Reviewed	21/1	24
Deficient Standards	5	11
Overall Number of Deficiencies	13	40
Repeat Deficiencies	11	9
Priority Component Deficiencies	N/A	3
Areas Of Concern	0	14
Corrective Actions	0	0
Facility Rating	Good	Acceptable