



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
Unannounced Compliance Inspection
2023-004-078**

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

**Port Isabel Service Processing Center
Los Fresnos, Texas**

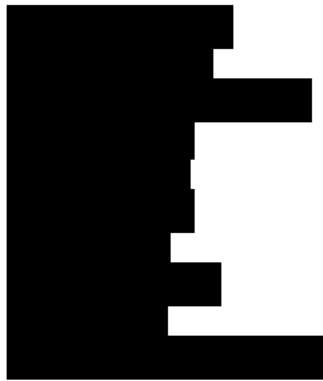
April 4-6, 2023

UNANNOUNCED COMPLIANCE INSPECTION
of the
PORT ISABEL SERVICE PROCESSING CENTER
Los Fresnos, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
UNANNOUNCED COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
UNANNOUNCED COMPLIANCE INSPECTION FINDINGS.....	8
SAFETY.....	8
ENVIRONMENTAL HEALTH AND SAFETY	8
SECURITY	8
HOLD ROOMS IN DETENTION FACILITIES	8
TOOL CONTROL	8
USE OF FORCE AND RESTRAINTS	8
ORDER	9
DISCIPLINARY SYSTEM.....	9
CARE	9
FOOD SERVICE	9
MEDICAL CARE.....	9
ACTIVITIES	10
RECREATION	10
VISITATION.....	11
CONCLUSION	11

COMPLIANCE INSPECTION TEAM MEMBERS



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

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 Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, from April 4 to 6, 2023.¹ The facility opened in 1977 and is owned by ICE and operated by AKIMA. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PISPC in 2003 under the oversight of ERO’s Field Office Director (FOD) in San Antonio (ERO San Antonio). As of August 2021, PISPC houses detainees under the oversight of ERO’s FOD in Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has deportation officers, supervisory detention and deportation officers, and a detention service manager assigned full-time to the facility, Monday through Friday, from 8:00 a.m. to 4:30 p.m. A PISPC administrator handles daily facility operations and manages ██████ personnel. AKIMA provides food services, STG International 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 September 2022 and the American Correctional Association in June 2021. In July 2021, PISPC 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 ²	██████
Average ICE Population ³	██████
Adult Male Population (as of April 4, 2023)	██████
Adult Female Population (as of April 4, 2023)	██████

During its last full inspection, in Fiscal Year (FY) 2022, ODO found 12 deficiencies in the following areas: Admission and Release (2); Custody Classification System (1); Detention Files (2); Environmental Health and Safety (3); Food Service (3); and Medical Care (1).

¹ This facility holds male and female detainees with low and medium-low security classification levels for periods greater than 72 hours.

² Data Source: ERO Facility List as of April 3, 2023.

³ *Ibid.*

UNANNOUNCED COMPLIANCE INSPECTION PROCESS

ODO conducts oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE national detention standards (NDS). These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being.⁴

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as “deficiencies.” ODO 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.

In FY 2022, ODO began conducting special reviews of under 72-hour ICE detention facilities with an ADP of 1 or more detainees and over 72-hour ICE detention facilities with an ADP of 1-to-9 detainees. Additionally, ODO began conducting 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; however, for facilities that are not contractually obligated to an ICE NDS, those ratings will be for ERO’s informational purposes. ODO will conduct a complete review of several core standards, in accordance with the facility’s contractually required ICE NDS, which include but are not limited to Medical Care/Health Care, Medical Care (Women)/Health Care (Females), Suicide Prevention and Intervention, Hunger Strikes, Food Service, Environmental Health and Safety, Special Management Units (SMU) or Hold Rooms if the facility does not have an SMU, Use of Force and Restraints/Use of Physical Control Measures and Restraints, and Sexual Abuse and Assault Prevention and Intervention.

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.

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

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

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6,7}	Deficiencies
Part 1 - Safety	
Emergency Plans	0
Environmental Health and Safety	1
Transportation (By Land)	0
Sub-Total	1
Part 2 - Security	
Admission and Release	0
Custody Classification System	0
Contraband	0
Funds and Personal Property	0
Hold Rooms in Detention Facilities	2
Key and Lock Control	0
Sexual Abuse and Assault Prevention and Intervention	0
Special Management Units	0
Tool Control	1
Use of Force and Restraints	1
Sub-Total	4
Part 3 - Order	
Disciplinary System	4
Sub-Total	4
Part 4 - Care	
Food Service	1
Medical Care	4
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
Terminal Illness, Advance Directives and Death	0
Disability Identification, Assessment, and Accommodation	0
Sub-Total	5
Part 5 - Activities	
Correspondence and Other Mail	0

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

⁶ 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.

⁷ ODO reviews a facility's compliance with at least 10 individual standards during each special review or unannounced inspection.

Recreation	1
Visitation	1
Sub-Total	2
Part 6 - Justice	
Detainee Handbook	0
Sub-Total	0
Part 7 - Administration and Management	
Staff Training	0
Sub-Total	0
Total Deficiencies	16

DETAINEE RELATIONS

ODO interviewed 39 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 concern listed below.

Medical Care: One detainee stated he currently has pain in his gallbladder.

- Action Taken:** ODO interviewed the assistant health services administrator, reviewed the detainee’s medical file, and found medical staff evaluated the detainee for abdominal pain on March 25, 2023, and transported him to a local emergency room (ER) for a more comprehensive diagnosis of the detainee’s abdominal pain. On the same day, ER staff examined the detainee, performed an ultrasound, and diagnosed a distended gall bladder with no indication of gall stones. ER staff medicated the detainee orally with Tylenol (975 mg) and Ibuprofen (600 mg) and intravenously with Toradol (30 mg) and Zofan (4 mg). Before discharging the detainee, staff prescribed Ibuprofen (200 mg) at 2 capsules every 6 hours, Tylenol (325 mg) at 2 tablets every 4 hours as needed for 5 days, and Bentyl (20 mg) at 1 tablet, 3 times a day for 7 days. During the ODO interview on April 4, 2023, the detainee complained of gallbladder pain, and ODO referred the detainee to facility medical staff for evaluation. On the same day, facility medical staff evaluated the detainee, ordered a urinalysis and blood work, and prescribed Omeprazole (20 mg) at 1 capsule a day, before meals for 90 days, and Tylenol (325 mg) at 2 tablets, 4 times a day as needed for 30 days. On April 5, 2023, medical staff sent the detainee’s blood and urine samples to the lab for analysis and scheduled a follow up appointment for April 10, 2023. The detainee acknowledged understanding his pain management plan and added he still wants his gall bladder removed.

UNANNOUNCED COMPLIANCE INSPECTION FINDINGS

SAFETY

ENVIRONMENTAL HEALTH AND SAFETY (EHS)

ODO interviewed the PISPC safety manager, toured the facility, and found the facility did not maintain a high standard of sanitation and general cleanliness. Specifically, ODO found in pod 3 of housing unit A, stained and discolored tile on the cinder block wall partition; in pod 1 of housing unit A, peeling paint by six detainee bunk beds along the south wall; and in pod 3 of housing unit C, a corroded metal base on toilet number 3 and hard water stains on the stainless-steel panels around the toilet flush buttons (**Deficiency EHS-11⁸**). **This is a repeat deficiency.**

SECURITY

HOLD ROOMS IN DETENTION FACILITIES (HRDF)

ODO observed 19 detainee hold rooms and found 6 out of 19 rooms (hold rooms 1 and 2 of the processing section and hold rooms 8, 9, 10, and 11 in the staging section) did not have modesty panels for the lavatory/toilet fixtures (**Deficiency HRDF-10⁹**)

ODO observed 19 detainee hold rooms and found 6 out of 19 rooms (hold rooms 1 and 2 of the processing section and hold rooms 8, 9, 10, and 11 in the staging section) did not have floor drains (**Deficiency HRDF-11¹⁰**).

TOOL CONTROL (TC)

ODO reviewed the PISPC tool control policy, interviewed the chief of security, reviewed six department tool lists, and found no alphabetical listing for restricted and non-restricted tools in the medical, lock shop, and recreation departments (**Deficiency TC-35¹¹**).

USE OF FORCE AND RESTRAINTS (UOFR)

ODO interviewed the PISPC chief of security, reviewed three use-of-force files, and found in one out of three files, a four-member, after-action review team did not convene 1-day after the incident.

⁸ “The facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness.” See ICE PBNDS 2011(Revised 2016), Standard, Environmental Health and Safety, Section (V)(A)(3).

⁹ “Each hold room shall be equipped with stainless steel, combination lavatory/toilet fixtures with modesty panels, in compliance with the Americans with Disabilities Act of 1990.” See ICE PBNDS 2011(Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(6).

¹⁰ “Each hold room shall have floor drain(s).” See ICE PBNDS 2011 (Revised 2016), Standard, Hold Rooms in Detention Facilities, Section (V)(A)(7).

¹¹ “The facility administrator shall establish a policy document on facility tool use and storage that includes separate, comprehensive, alphabetical lists of both restricted and non-restricted tools.” See ICE PBNDS 2011(Revised 2016), Standard, Tool Control, Section (V)(C).

Specifically, the review team convened on September 8, 2022, when the incident had occurred on September 2, 2022 (**Deficiency UOFR-155**¹²).

ORDER

DISCIPLINARY SYSTEM (DS)

ODO reviewed [REDACTED] disciplined detainee detention files and found in [REDACTED] out of [REDACTED] files, the following deficiencies:

- No copy of the unit disciplinary committee report of findings and action (**Deficiency DS-132**¹³);
- No copy of the notice of institution disciplinary panel (IDP) hearing (**Deficiency DS-133**¹⁴);
- No copy of the detainee rights at the IDP hearing (**Deficiency DS-134**¹⁵); nor
- The original IDP report (**Deficiency DS-135**¹⁶).

CARE

FOOD SERVICE (FS)

ODO interviewed the PISPC safety and food service managers, observed the food service safety equipment, and found the facility did not connect the kitchen fire suppression system to the control room's fire annunciator panel (**Deficiency FS-408**¹⁷). **This is a repeat deficiency.**

ODO interviewed the PISPC food service manager, inspected food preparation equipment, and found the metal brace supporting the water line between two tilt skillets corroded and rusted. ODO noted this as an **Area of Concern**.

MEDICAL CARE (MC)

ODO reviewed the PISPC detainee handbook, the detainee orientation video, toured the facility, and found the facility did not identify the health services administrator to detainees (**Deficiency**

¹² "This four-member after-action review team shall convene on the workday after the incident." *See* ICE PBNDS 2011(Revised 2016), Standard, Use of Force and Restraints, Section (V)(P)(3).

¹³ "UDC Report of Findings and Actions. A copy shall be included in the detainee detention file (guilty finding only)." *See* ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(L)(3).

¹⁴ "Notice of IDP Hearing. A copy shall be included in the detainee detention file." *See* ICE PBNDS 2011(Revised 2016), Standard, Disciplinary System, Section (V)(L)(4).

¹⁵ "Detainee Rights at IDP Hearing. A copy shall be included in the facility detention file." *See* ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(L)(5).

¹⁶ "IDP Report. The original shall be included in the detainee detention file." *See* ICE PBNDS 2011 (Revised 2016), Standard, Disciplinary System, Section (V)(L)(6).

¹⁷ "... The fire-suppression system shall be equipped with a locally audible alarm and connected to the control room's annunciator panel." *See* ICE PBNDS 2011(Revised 2016), Standard, Food Service, Section (V)(J)(12)(f).

MC-12¹⁸).

ODO reviewed the PISPC operating level as of March 30, 2023, and the ICE Health Service Corps Directive 05-06, “Infectious Disease Public Health Actions, ERO Pandemic Response Requirements,” Version 10.0, dated November 1, 2022, observed detainees and facility staff, and found the facility did not comply with current plans implemented by federal, state, nor local authorities addressing specific health issues. Specifically, staff and detainees did not consistently wear well-fitted masks in pod 1 of housing unit A and in the medical screening section while the facility was at level Yellow for COVID-19 operational status (**Deficiency MC-25**¹⁹).

ODO reviewed [REDACTED] health care credential files and found a dental hygienist did not have primary source verification for her license (**Deficiency MC-101**²⁰).

ODO reviewed nine detainee medical records with administered psychotropic medications and found in one out of nine records, no separate, documented informed consent nor a description of the medication’s side effects (**Deficiency MC-241**²¹).

ODO interviewed a PISPC pharmacist, reviewed travel medication package procedures, toured the pharmacy and medication areas, observed prescription medication processing, and found a highly efficient preparation and packaging of prescribed medications for departing detainees. As doses or medications change, the facility updates the travel medication package simultaneously with the new prescription and assures a detainee’s release or transfer with appropriate medications. ODO noted this as a **Best Practice**.

ACTIVITIES

RECREATION (R)

ODO interviewed a PISPC recreation specialist, reviewed the recreation policy, and found the facility did not provide detainees with FM wireless headsets (**Deficiency R-31**²²).

ODO interviewed PISPC recreation specialists, toured the library and general-purpose room, and found PISPC offers a range of educational programs such as a learning zone area within the library,

¹⁸ “The HSA is a physician or health care professional and shall be identified to detainees.” See ICE PBNDs 2011 (Revised 2016), Standard, Medical Care, Section (V)(B).

¹⁹ “Facilities shall comply with current and future plans implemented by federal, state or local authorities addressing specific public health issues including communicable disease reporting requirements.” See ICE PBNDs 2011 (Revised 2016), Standard, Medical Care, Section (V)(C)(1).

²⁰ “All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.” See ICE PBNDs 2011 (Revised 2016), Standard, Medical Care, Section (V)(I).

²¹ “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 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

²² “Detainees shall be provided FM wireless headsets for television viewing, with access to appropriate language stations or choices.” See ICE PBNDs 2011 (Revised 2016), Standard, Recreation, Section (V)(D)(11).

teaching English as a second language; various software training programs such as financial education, spreadsheets, and word programs; and guitar lessons. ODO observed detainees engaged in various activities in the library and full sign-up sheets for offered programs. ODO noted this as a **Best Practice**.

VISITATION (V)

ODO interviewed the PISPC compliance manager, reviewed the general visitor log, and found 71 entries with no departure time in the visitor logs from October 2022 through March 2023 (**Deficiency V-15**²³).

CONCLUSION

During this unannounced inspection, ODO assessed the facility's compliance with 25 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found 16 deficiencies in the remaining 9 standards. Since PISPC's last full inspection in March 2022, the facility's overall compliance with PBNDS 2011 (Revised 2016) has trended down. PISPC went from 6 deficient standards and 12 deficiencies in March 2022 to 9 deficient standards and 16 deficiencies during this most recent full inspection, which includes 2 repeat deficiencies for not maintaining sanitation and general cleanliness to standard and not connecting the kitchen's fire suppression system to the control room's annunciator panel. ODO did not review the Disciplinary System, Hold Rooms in Detention Facilities, Tool Control, nor Visitation standards during the March 2022 inspection as they were not FY 2022 core standards, and these standards accounted for 8 out of 16 deficiencies found during this most recent inspection. ODO received the uniform corrective action plan (UCAP) for ODO's last full inspection of PISPC in March 2022 and the follow-up inspection in September 2022; however, the UCAPs did not resolve all previous deficiencies as there were two identified repeat deficiencies. ODO recommends ERO Harlingen continue to work with the facility to resolve the remaining deficiencies in accordance with contractual obligations.

²³ "Staff shall record in the general visitors' log: ...

4. The date, arrival time and departure time."

See ICE PBNDS 2011 (Revised 2016), Standard, Visitation, Section (V)(D)(4)

Compliance Inspection Results Compared	FY 2022 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2023 Full Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	24	25
Deficient Standards	6	9
Overall Number of Deficiencies	12	16
Priority Component Deficiencies	N/A	0
Repeat Deficiencies	2	2
Areas Of Concern	1	1
Best Practices	0	2
Corrective Actions	1	0
Facility Rating	Superior	Good