



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

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**Office of Detention Oversight  
Follow-Up Compliance Inspection**

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

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

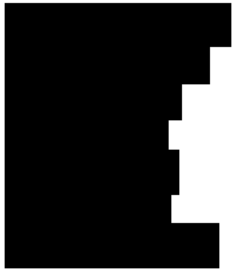
**August 30-September 1, 2022**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**PORT ISABEL SERVICE PROCESSING CENTER**  
Los Fresnos, Texas

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## **FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS**



Team Lead	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 a follow-up compliance inspection of the Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, from August 30 to September 1, 2022.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of PISPC from March 1 to 3, 2022. The facility opened in 1977 and is owned and operated by ICE. 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 in San Antonio (ERO San Antonio). As of August 2021, PISPC houses detainees under the oversight of ERO’s Field Office Director in Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

ERO has assigned an assistant officer-in-charge (AOIC), a detention services manager, supervisory detention and deportation officers, and deportation officers to the facility. An AOIC handles daily facility operations and manages █████ support personnel. Support and Training Services, LLC 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 July 2019 and the American Correction 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 <sup>2</sup>	█████
Average ICE Population <sup>3</sup>	█████
Adult Male Population (as of August 30, 2022)	█████
Adult Female Population (as of August 30, 2022)	█████

During its last 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).

<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 August 29, 2022.

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

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts oversight inspections of ICE detention facilities with an average daily population of 10 or more detainees, and where detainees are housed for longer than 72 hours, to assess compliance with ICE National Detention Standards. These inspections focus solely on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all ICE ERO detention facilities, which ODO inspected earlier in the FY.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found non-compliant during both inspections are annotated as "Repeat Deficiencies" in this report.

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

PBNDs 2011 (Revised 2016) Standards Inspected <sup>4,5</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Emergency Plans	0
Environmental Health and Safety	9
<b>Sub-Total</b>	<b>9</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 4 - Care</b>	
Food Service	1
Hunger Strikes	0
Medical Care	0
Medical Care (Women)	0
Significant Self-harm and Suicide Prevention and Intervention	0
<b>Sub-Total</b>	<b>1</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 7 - Administration and Management</b>	
Detention Files	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>10</b>

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

<sup>5</sup> Beginning in FY 2022, ODO instituted a process of rotating all standards on a 3-year basis. As a result, some standard components may not be present in all standards.

## DETAINEE RELATIONS

ODO interviewed 25 detainees, who each voluntarily agreed to participate. One detainee expressed thoughts of self-harm and ODO immediately referred the detainee to the facility's mental health staff for evaluation. Most detainees reported satisfaction with facility services except for the concerns listed below.

*Medical Care:* One detainee stated his need of a tooth filling, but medical staff informed him of the requirement for 1 year in ERO/ICE custody to qualify for dental care.

- Action Taken: ODO interviewed the facility's dental hygienist, reviewed the detainee's dental record, and found on August 10, 2022, the detainee submitted a sick call request for tooth pain and requested a tooth extraction. Medical staff evaluated the detainee, noted no swelling nor infection, prescribed ibuprofen (400 mg) and salt mouth rinses, and advised the detainee to return if pain persisted. On August 12, 2022, the detainee submitted a sick call request for tooth pain but did not respond when called by medical staff for evaluation. On August 13, 2022, the detainee submitted another sick call request for tooth pain, and medical staff prescribed ibuprofen (200 mg) and contacted the facility dentist. On August 17, 2022, the facility dental hygienist took dental X-rays, evaluated the detainee, and prescribed ibuprofen (600 mg) as needed. Additionally, the facility dentist reviewed the X-rays, noted moderate decay in the affected tooth, and recommended extraction. The detainee verbalized understanding and agreed to the extraction. On August 19, 2022, dental staff scheduled an appointment in September with the facility oral surgeon. At ODO's request, the dental hygienist reminded the detainee of his September dental appointment. The detainee stated he no longer felt any pain, chose to wait until release from PISPC to seek dental care, and signed a refusal of dental services form.

*Medical Care:* One detainee stated the facility took too long to provide dental care for his cracked tooth.

- Action Taken: ODO interviewed the facility's dental hygienist, reviewed the detainee's dental record, and found on August 23, 2022, the detainee submitted a sick call request for tooth pain, but the medical staff did not find any redness, swelling, nor draining while examining the detainee. On August 25, 2022, medical staff took dental X-rays, evaluated the detainee and prescribed ibuprofen (600 mg) as needed. Additionally, the facility dentist reviewed the X-rays, noted significant decay in the affected tooth, and recommended extracting it. The detainee agreed to the extraction, and medical staff scheduled his next dental appointment for October. At the request of ODO, the dental hygienist contacted the detainee and reminded him of his October dental appointment, and the detainee acknowledged understanding.

*Medical Care:* One detainee stated his request to see a mental health provider because of his suicidal thoughts.

- Action Taken: ODO immediately contacted the facility's health services administrator

who in turn contacted the facility mental health provider. On August 30, 2022, the mental health provider assessed the detainee, found him to suffer from mild forms of anxiety and depression, and prescribed a 24-hour trial of Hydroxyzine (25 mg) to determine tolerance. During the assessment, the detainee denied suicidal ideations, homicidal ideations, and auditory/visual hallucinations. On September 1, 2022, the mental health care provider evaluated the detainee, and the detainee reported an improvement in mood, a decrease in anxiety and sleep disturbance, and no side effects. The detainee requested to continue the current treatment plan, and the mental health care provider prescribed Hydroxyzine (25 mg) as needed. The detainee acknowledged understanding.

## **FOLLOW-UP COMPLIANCE INSPECTION FINDINGS**

### **SAFETY**

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

ODO interviewed the safety manager, toured all areas of the facility, and found the AOIC did not ensure staff and detainees maintain a high standard of facility sanitation. Specifically, in housing units A1, B1, C3, and D1, ODO observed stained and discolored tiles on cinder block wall partitions separating the shower and toilet areas (**Deficiency EHS-11**<sup>6</sup>).

ODO interviewed the safety manager and found facility maintenance staff did not conduct monthly fire and safety inspections. Specifically, ODO found no fire and safety inspections since March 2022 (**Deficiency EHS-102**<sup>7</sup>).

Additionally, ODO found:

- No facility-conducted fire drills since March 2022 and, therefore, no documented quarterly drill in all facility locations (**Deficiency EHS-107**<sup>8</sup>);
- No facility-conducted fire drills in housing units, medical clinics, and other areas occupied or staffed during non-working hours (**Deficiency EHS-108**<sup>9</sup>);
- No evacuation of detainees during fire drills (**Deficiency EHS-109**<sup>10</sup>);

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<sup>6</sup> “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).

<sup>7</sup> “Facility maintenance (safety) staff shall conduct monthly inspections.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(2)(b).

<sup>8</sup> “Fire drills shall be conducted and documented at least quarterly in all facility locations including administrative areas.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4).

<sup>9</sup> “Fire drills in housing units, medical clinics and other areas occupied or staffed during non-working hours shall be timed so that employees on each shift participate in an annual drill.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(a).

<sup>10</sup> “Detainees shall be evacuated during fire drills, except:

- 1) in areas where security would be jeopardized;
- 2) in medical areas where patient health could be jeopardized; or
- 3) in individual cases when the evacuation of patients or detainees is logistically not feasible.”

See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(b)(1-3).



- No staff-simulated drills in areas where the facility did not evacuate detainees (**Deficiency EHS-110<sup>11</sup>**);
- No timed emergency key drills (**Deficiency EHS-111<sup>12</sup>**);
- No drawing of emergency keys during fire drills to unlock at least one set of emergency exit doors not in daily use (**Deficiency EHS-112<sup>13</sup>**); and
- No emphasis on safe and orderly evacuation rather than speed (**Deficiency EHS-113<sup>14</sup>**).

## CARE

### FOOD SERVICE (FS)

ODO interviewed the 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 annunciator panel (**Deficiency FS-408<sup>15</sup>**). **This is a repeat deficiency.**

## CONCLUSION

During this inspection, ODO assessed the facility’s compliance with 18 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 16 of those standards. ODO found 10 deficiencies in the remaining 2 standards. ODO recommends ERO Harlingen work with the facility to resolve any deficiencies that remain outstanding in accordance with contractual obligations. ODO has not received the UCAP for ODO’s last inspection of PISPC in March 2022.

<b>Compliance Inspection Results Compared</b>	<b>First FY 2022 (PBNDS 2011) (Revised 2016)</b>	<b>Second FY 2022 (PBNDS 2011) (Revised 2016)</b>
Standards Reviewed	24	18
Deficient Standards	6	2
Overall Number of Deficiencies	12	10
Repeat Deficiencies	2	1
Areas Of Concern	1	0
Corrective Actions	2	0
Facility Rating	Superior	N/A

<sup>11</sup> “Staff shall simulate drills in areas where detainees are not evacuated.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(b)(3).

<sup>12</sup> “Emergency-key drills shall be included in each fire drill, and timed.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>13</sup> “Emergency keys shall be drawn and used by the appropriate staff to unlock one set of emergency exit doors not in daily use.” See ICE PBNDS 2011(Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>14</sup> “However, when conducting fire drills, emphasis shall be placed on safe and orderly evacuation rather than speed.” See ICE PBNDS 2011 (Revised 2016), Standard, Environmental Health and Safety, Section (V)(C)(4)(c).

<sup>15</sup> “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).