

DETAINEE DEATH REVIEW – Juan Luis BOCH-Paniagua

JICMS #201607438

SYNOPSIS

On June 2, 2016, Juan Luis BOCH-Paniagua,¹ a thirty-six year old citizen and national of Guatemala, died while in the custody of Immigration and Customs Enforcement (ICE) at the Ochsner Medical Center in Jefferson, Louisiana (LA). The LaSalle Parish Coroner's Office documented BOCH's cause of death as upper gastrointestinal hemorrhage² due to cirrhosis³ with contribution of emphysema⁴ and disseminated tuberculosis⁵ (treated), and his manner of death as natural.

BOCH was detained from November 10, 2015 to April 1, 2016, at the Dodge County Detention Facility (DCDF), Juneau, Wisconsin, which is operated by the Dodge County Sheriff's Office (DCSO). ICE began housing detainees at DCDF in 2007, pursuant to the terms of an Intergovernmental Service Agreement (IGSA) and as a rider on an existing detention contract the United States Marshal's Service (USMS) has with DCDF. DCDF currently houses both male and female detainees of all classification levels for periods in excess of 72 hours. Medical care at DCDF is provided by Correct Care Solutions (CCS). DCDF is required to comply with the ICE National Detention Standards (NDS) 2000.

BOCH was subsequently transferred to the LaSalle Detention Facility (LDF), in Jena, Louisiana (LA), on April 4, 2016, where he remained until his death. LDF is owned and operated by the GEO Group (GEO). LDF opened in September 2007, under contract with U.S. Immigration and Customs Enforcement (ICE) as an Inter-Governmental Service Agreement (IGSA) and houses male and female detainees of all classification levels for periods exceeding 72 hours. LDF is accredited by the American Correctional Association (ACA), and medical care is provided by ICE Health Service Corps (IHSC). IHSC also contracts with InGenesis Arora (InGenesis) to supplement their medical staffing at LDF. LDF was required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011 at the time of BOCH's death.

DETAILS OF REVIEW

From July 26 to 28, 2016, ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) staff visited LDF to review the circumstances of BOCH's death. ODO was assisted in its review of both DCDF and LDF by subject matter experts (SME) in correctional health care and security for the purpose of reviewing the circumstances surrounding BOCH's death. ODO's contract SMEs are employed by Creative Corrections, a national consulting firm contracted by ICE to provide subject matter expertise in detention management and compliance with detention standards, including health care and security.

On September 14 and 15, 2016, the review team visited DCDF to review BOCH's medical care while detained at that facility. As part of this process, ODO reviewed immigration, medical and detention records pertaining to BOCH and interviewed individuals employed by DCDF and LDF. ODO determined the following timeline of events, from the time of BOCH's admission to DCDF, through his detention at both DCDF and LDF, up to and including his eventual death while in custody. The ODO review team took note of any deficiencies observed in the facilities' compliance with the requisite set of detention

¹ Juan Luis BOCH-Paniagua used the alias name William Misael Gomez-Paredes while in custody at both Dodge County Jail and LaSalle Detention Facility.

² Upper GI hemorrhage refers to upper gastrointestinal bleeding in the upper gastrointestinal tract.

³ Cirrhosis is an abnormal liver condition referring to irreversible scarring of the liver.

⁴ Emphysema is a condition in which the air sacs of the lungs are damaged and enlarged, causing breathlessness.

⁵ Tuberculosis is a contagious mycobacterial infection in which mycobacteria have spread from the lungs to other parts of the body through the blood or lymph system.

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standards as they relate to the care and custody of BOCH and documented those deficiencies herein for informational purposes only. Their inclusion in the report should not be construed in any way as indicating the deficiency contributed to the death of the detainee. Though events are reported chronologically, the narrative of this report is divided into two parts representing the two facilities where BOCH was detained. Conclusions relevant to each facility are reported after the corresponding narrative portion.

IMMIGRATION AND DETENTION HISTORY

On an unknown date, BOCH entered the United States without admission or parole.

On August 25, 2009, U.S. Border Patrol (USBP) in Tucson, AZ arrested BOCH and served him a Notice and Order of Expedited Removal charging him as inadmissible, as an immigrant without an immigrant visa, pursuant to section 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA).⁶

On August 29, 2009, USBP transferred BOCH to ERO Phoenix for removal. On September 7, 2009, ERO Phoenix removed BOCH to Guatemala.

On an unknown date, BOCH reentered the United States without admission or parole.⁷

On October 29, 2015, ERO Chicago arrested BOCH at Allen County Sheriff's Office and reinstated his prior order of removal.⁸ BOCH claimed fear of returning to Guatemala. That same day, BOCH was booked into ICE custody at the Clay County Justice Center (CCJC), in Brazil, Indiana.

On November 10, 2015, BOCH was transferred to the DCDF from the CCJC.

On November 18, 2015, ERO Chicago referred BOCH's case for a reasonable fear interview.⁹

On December 11, 2015, an asylum officer found BOCH established a reasonable fear and referred his case to an Immigration Judge (IJ) for withholding-only proceedings.

On March 14, 2016, an IJ denied BOCH's request for withholding of removal.¹⁰

On April 1, 2016, ERO Chicago transferred BOCH to the Alexandria Staging Facility in Alexandria, LA, in preparation for his removal to Guatemala.

On April 4, 2016, ERO New Orleans transferred BOCH to the LDF.

CRIMINAL HISTORY

On September 27, 2015, BOCH was arrested by the Allen County Sheriff's Department, Fort Wayne, Indiana, for driving under the influence (DUI), unsafe lane movement, and operating a vehicle without a license. On October 30, 2015, BOCH was convicted of DUI and operating a vehicle without a license. He was subsequently sentenced to 40 days incarceration.

⁶ See Form I-867A, Record of Sworn Statement in Proceedings dated August 27, 2009.

⁷ See Form I-205, Warrant of Removal/Deportation dated November 17, 2015.

⁸ See Form I-871, Notice of Intent/Decision to Reinstate Prior Order dated October 29, 2015.

⁹ See Form I-589, Application for Asylum and for Withholding of Removal.

¹⁰ See Order of Immigration Judge Carlos Cuevas dated March 14, 2016.

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ICE records indicate BOCH had an outstanding warrant for murder/homicide but did not specify in what region or district the warrant was issued.¹¹

NARRATIVE SUMMARY OF EVENTS¹²

Dodge County Jail (November 10, 2015 to April 1, 2016)

On October 29, 2015, ICE Enforcement and Removal Operations (ERO), Chicago, Illinois (IL), arrested BOCH and temporarily booked him into the Clay County Justice Center (CCJC) where he received an initial medical intake screening,¹³ which was performed by Registered Nurse (RN) [REDACTED]. The intake screening reflected BOCH appeared to be in normal health with no apparent abnormalities and recommended that he be housed in general population. BOCH also received a tuberculosis (TB) screening, which was negative for any evidence of active disease.¹⁴

On November 10, 2015, BOCH was transferred to DCDF.¹⁵ ERO personnel at the facility completed a Risk Classification Assessment (RCA) on October 29, 2015, which appropriately classified BOCH as medium high custody.¹⁶

BOCH was booked into DCDF by Officer [REDACTED]¹⁷ received an ICE detainee handbook¹⁸ and received a subsequent intake health screening by Officer [REDACTED] who completed an intake medical questionnaire.²⁰ Officer [REDACTED] noted BOCH was allergic to acetaminophen²¹ and BOCH did not suffer from any current known medical conditions. Licensed Practical Nurse (LPN) [REDACTED] reviewed the intake screening form completed by Officer [REDACTED] added an additional note that BOCH claimed to have an allergy to ibuprofen, and signed it.

During his interview, Officer [REDACTED] stated that he only speaks English and that he did not utilize a language line service to communicate with BOCH.²² Officer [REDACTED] did not recall receiving any training on how to conduct intake evaluations of incoming detainees.

During her interview, LPN [REDACTED] stated she is not bilingual and indicated that language services are not used to communicate with detainees unless they do not speak any English at all.²³ LPN [REDACTED] also

¹¹ See Form I-203, dated November 10, 2015.

¹² This narrative is intended to serve as a summary of BOCH's significant medical encounters during his detention. For a more detailed account, see Exhibit 17. Additionally, because of inconsistent time stamping in the electronic medical record in use at LDF, the exact timing of those medical encounters and medical updates could not be consistently determined. ODO approximated the timing of encounters and updates as accurately as possible throughout the narrative.

¹³ See Exhibit 1: Intake screening completed by RN [REDACTED] and dated October 29, 2015.

¹⁴ See Exhibit 2: Tuberculosis screening form signed by Dr. [REDACTED] on October 30, 2015.

¹⁵ See Order to Detain dated November 10, 2015.

¹⁶ See Risk Classification Assessment detailed summary dated October 29, 2015. BOCH received a medium/high classification rating due to his prior illegal entry in the United States and pending warrant for homicide in foreign country.

¹⁷ See Dodge County Sheriff's Office Booking Card Form dated November 10, 2015, and electronically signed by Officer [REDACTED]

¹⁸ See ICE Detainee Handbook receipt signed by BOCH on November 10, 2015.

¹⁹ During her interview with ODO on September 14, 2016, RN [REDACTED] stated all intake screenings of new detainees are conducted by officers who are trained in conducting medical and mental health assessments. Upon completion of the intake screening, a nurse responds to the booking area, reviews the intake assessment, takes vital signs and asks the detainee about possible health complications.

²⁰ See Exhibit 3: DCDF Intake Medical Questionnaire completed by Officer [REDACTED] and dated November 10, 2015. Translation services were not utilized despite BOCH's limited English proficiency. Use of proper language protocol was inconsistent throughout BOCH's detention at DCDF.

²¹ Acetaminophen is a commonly used pain reliever and fever reducer.

²² ODO interview of Officer [REDACTED] September 14, 2016.

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stated that when a detainee discloses he/she is allergic to a certain type of medication, an allergy label is placed in the detainee's file.

On November 12, 2015, BOCH received a new classification rating of low and was moved to Pod H housing unit.²⁴

On November 23, 2015, RN [] conducted a health screening of BOCH.²⁵ RN [] documented telephonic interpretation was used during the encounter. On the health screening form, RN [] documented BOCH was allergic to Ibuprofen, that he was suffering from some gastrointestinal conditions, and was experiencing occasional heart pain. BOCH disclosed he had smoked approximately one pack of cigarettes per day during the last 20 years and that he rarely consumed alcohol. BOCH also reported he had a history of head trauma citing that he had been hit in the head in 2006. RN [] physical examination of BOCH revealed he had dry cracked feet and she provided him with Minerin cream²⁶ prescribed by Dr. [] BOCH's vital signs were within normal limits.²⁷ The health screening form was signed by Dr. [] on November 27, 2015.

On December 2, 2015, BOCH submitted a resident request while utilizing the facility kiosk system and reported he was experiencing pain next to his liver.²⁸

On December 4, 2015, BOCH submitted a Resident Request Report complaining that he had pain in his left kidney and that his head was hurting.²⁹

On December 5, 2015, BOCH was seen by RN []³⁰ Use of a telephonic interpreter was not documented. RN [] noted that BOCH assessed his own pain level as a six out of ten on a scale of one to ten with ten being the most severe pain. She also noted BOCH had a good appetite but was suffering from diarrhea four times per day. Vitals signs were taken and all were found to be within normal limits. RN [] noted she told BOCH to increase his water intake and that BOCH understood her orders. RN [] telephonically contacted Dr. [] and advised him of BOCH's condition. Based upon the described symptoms, Dr. [] prescribed Loperamide³¹ to treat BOCH's diarrhea symptoms.

On December 13, 2015, BOCH submitted a Resident Request Report asking for "more clim" for his feet.³² An additional entry on the Resident Request Report states BOCH was seen on December 16, 2015, regarding his request.

On January 9, 2016, BOCH submitted a Resident Request Report via the facility kiosk stating "I niht see the Dr. because I have paint end my heed tanks."³³ BOCH was seen on the same day by LPN []

²³ ODO interview of LPN [] September 14, 2016.

²⁴ A copy of the new classification sheet was not contained in the detention file, but a copy was provided to ODO during the review. The form does not indicate the reasons for downgrading BOCH's classification.

²⁵ See Exhibit 4: Correctional Healthcare Company health screening form signed by RN [] on November 23, 2015.

²⁶ See Providers orders documenting prescription of Minerin Cream (used for treatment of dry skin) prescribed by Dr. [] and dated November 23, 2015.

²⁷ Normal temperature is 98.6; normal range for pulse is 60 to 100 beats per minute; normal range for respirations is 12 to 20 breaths per minute; and, normal blood pressure is 120/80, with 90/60 to 139/89 considered within normal range.

²⁸ See Dodge County Resident Request Report submitted by BOCH dated December 2, 2015.

²⁹ See Dodge County Resident Request Report submitted by BOCH dated December 5, 2015.

³⁰ See Exhibit 5: Nursing Documentation Pathway for abdominal pain signed by RN [] on December 5, 2015. There are no indications that language services were utilized during this encounter.

³¹ See Providers orders form dated December 5, 2015.

³² See Resident Request Report sent by BOCH on December 13, 2015.

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who used telephonic interpretation assistance during the encounter.³⁴ LPN [] documented BOCH was “unable to explain” his symptoms but that he had been suffering from a headache for a few days. BOCH informed her that if pressure is applied to his left eye “it gets better.” LPN [] also noted that BOCH had vomited the prior day and was currently having trouble sleeping. Vital signs were taken and all were found to be within normal limits. Dr. [] was telephonically contacted regarding the encounter and prescribed 25 milligrams (mg) of Topamax³⁵ as a pain reliever. Additionally, he ordered BOCH to be placed on medical observation with 30 minute bed checks to monitor any adverse reactions he may have to the prescribed medication.

During her interview, LPN [] stated when a detainee is placed on medical observation, officers are required to conduct bed checks every 30 minutes, and nurses encounter detainees at least once per shift.

On January 10, 2016, LPN [] encountered BOCH during nursing rounds at 12:08 a.m. She documented the use of another detainee to assist with interpretation.³⁶ She noted that BOCH expressed to her that the prescribed medication was helping him feel better, that he was resting comfortably, and that he now rated his pain as a level four out of ten.

At 1:40 a.m. LPN [] made an additional entry documenting she had received a phone call from a medical unit officer who communicated to her that BOCH’s headache had returned and was more painful than before.³⁷ During her assessment of BOCH, he expressed to her that his pain was now at a level ten out of ten and primarily hurt behind his left eye and left side of his head. Vital signs were recorded as within normal limits. LPN [] noted BOCH’s pupils were reactive to light and there was no blurred vision. LPN [] did not document use of interpretation assistance. LPN [] noted she unsuccessfully attempted to contact Dr. [] to provide an update on BOCH’s symptoms. She made two additional attempts and left voicemails after each call, with the final one at 6:00 a.m. LPN [] noted she made oncoming day shift nurses aware of the situation so they could continue attempting to reach Dr. [] and administer another prescription for alternative pain medication.

At 6:50 a.m., LPN [] documented³⁸ she used the interpreter line to communicate with the detainee for the purpose of clarifying his allergies. BOCH informed her that a “Dr. in Guatemala” told him not to take acetaminophen. LPN [] documented this information, in addition to noting that BOCH complained of headaches on the left side of his head, blurred vision, and photosensitivity. BOCH’s vital signs were all within normal limits and he did not appear to be in any distress. Dr. [] was telephonically contacted regarding BOCH’s condition, and he prescribed 7.5 mg of Meloxicam³⁹ as a pain reliever.⁴⁰ LPN [] administered the medication as directed and noted that at 8:30 a.m. BOCH reported his pain had subsided. LPN [] noted BOCH’s condition would continue to be monitored.

³³ See Resident Request Report submitted by BOCH on January 9, 2016.

³⁴ See Nursing Documentation Pathway completed by LPN [] on January 9, 2016.

³⁵ Topamax is a medication used to prevent and control seizures (epilepsy) and prevent migraine headaches. It is known to have many adverse side effects.

³⁶ See Progress note entry made by LPN [] on January 10, 2016 at 12:08 a.m.

³⁷ See Exhibit 6: Progress note entry made by LPN [] on January 10, 2016 at 1:40 a.m.

³⁸ See Progress note entry made by LPN [] on January 10, 2016 at 6:50 a.m. (LPN [] was not available for interview at the time of ODO’s review).

³⁹ Meloxicam is a non-steroidal anti-inflammatory drug that works by reducing hormones that cause inflammation and pain in the body.

⁴⁰ See Medication administration record dated January 10, 2016 signed by Dr. Fatoki.

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At 4:20 p.m. LPN [] documented she checked on BOCH and took his vital signs, and all were within normal limits.⁴¹ LPN [] documented that BOCH stated to her “pill last night no good, today good.” BOCH indicated a “thumbs up” when LPN [] pointed to his forehead and noted he appeared to be smiling and cooperative.

On January 11, 2016, at 12:20 a.m., LPN [] documented an encounter with BOCH during her nursing rounds.⁴² LPN [] did not use telephonic interpretation assistance. She noted she observed BOCH was smiling and cooperative, and vital signs were taken and were within normal limits. When LPN [] gestured toward BOCH’s head, he responded by giving her a “thumbs up”. LPN [] documented that BOCH understood simple English words.

At 8:10 a.m. LPN [] encountered BOCH during her nursing rounds.⁴³ Use of interpretation assistance was not documented. Vital signs were taken and were all found to be within normal limits. She observed BOCH give a “thumbs up” when asked about how he was feeling, and based upon her observations, she decided to remove him from his physician ordered medical observation status. BOCH was subsequently removed from Pod A (medical) and transferred to Pod D (general population) at 10:35 a.m. and remained in this housing unit until his transfer from DCDF. During her interview, LPN [] stated she would never knowingly remove a detainee from physician ordered medical status without first consulting with the physician and was unable to explain why she removed BOCH from medical observation status.⁴⁴

On January 17, 2016, BOCH applied for a position in the DCDF kitchen. BOCH received medical clearance and approval to work as a food service worker at DCDF on January 29, 2016⁴⁵ and was ultimately hired as a kitchen worker on February 11, 2016.

On January 31, 2016, BOCH submitted a Resident Request Report via the kiosk stating “I would like to know if I can have cream for my feet please.”⁴⁶

On February 2, 2016, BOCH was seen by RN [] in response to his resident request dated two days earlier.⁴⁷ RN [] did not document use of interpretation assistance. RN [] noted BOCH was seen for skin problems and had dry skin on his heels. She took his vital signs, and all were found to be within normal limits. During the visit, BOCH also disclosed he was experiencing an itching sensation around his genital area. RN [] accordingly placed BOCH on the physician’s sick call list.

On February 3, 2016, Dr. Fatoki saw BOCH, and a telephonic interpreter was used.⁴⁸ During the medical exam, BOCH informed Dr. [] that he was experiencing itching and bleeding of the rectum. BOCH also disclosed that pain radiated from his testicles, thigh, and rectal area when he sat down for long periods of time. Nothing noteworthy was detected from the testicular examination; however, a small

⁴¹ See Progress note entry made by LPN [] on January 10, 2016.

⁴² See Progress note entry made by LPN [] January 11, 2016.

⁴³ See Exhibit 6: Progress note entry made by LPN [] on January 11, 2016.

⁴⁴ ODO interview of LPN [] on September 14, 2016. ODO notes that RN [] as well as all LPNs interviewed stated nurses may initiate medical observation, and may discontinue the medical observation as long as it was not ordered by a physician. Any physician ordered medical observation status requires physician authorization before it can be discontinued.

⁴⁵ See Correct Care Solutions Medical Clearance Form for Inmate Workers dated January 29, 2016.

⁴⁶ See Resident Request Report dated January 31, 2016.

⁴⁷ See Nursing Documentation Pathway Skin Problems completed by RN [] and dated February 2, 2016.

⁴⁸ See Progress notes dated February 3, 2016, documenting physician encounter.

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fissure⁴⁹ was located near his gluteal area. As a result of his findings Dr. [] prescribed an antibiotic ointment for the fissure and ibuprofen to address BOCH's pain complaints.⁵⁰

On February 22, 2016, LPN [] examined BOCH, took his vital signs and, with the exception of a slightly high blood pressure reading of 132/90, all were found to be within normal limits.⁵¹ BOCH complained of left hip and side pain and expressed he may have pulled a muscle while exercising. BOCH described the pain was a level three out of ten, occurring sharp and often, but also expressed that the pain subsided when he walked around. Although LPN [] noted BOCH was tender to the touch, she did not observe any type of bruising, redness, or swelling. LPN [] advised BOCH to stop exercising until his symptoms were better but also encouraged him to continue light non-stressful exercise. LPN [] noted BOCH acknowledged an understanding of her instructions. Following the examination, BOCH was provided with acetaminophen twice daily for two days for pain management.

On February 24, 2016, LPN [] encountered BOCH in the housing unit after she received a phone call from the unit officer who stated BOCH needed to be seen.⁵² During her interview, LPN [] stated LPN [] utilized another detainee as an interpreter during the encounter. BOCH complained of a headache over his eyes and he rated his pain level as a six out of ten. Vital signs were taken and were all found to be within normal limits.⁵³ BOCH was offered Tylenol for his headache but refused it, and no follow up examinations were scheduled.

On February 25, 2016, BOCH submitted a Resident Request Report⁵⁴ stating he wanted to see a doctor and have his blood tested to check his sugar and cholesterol levels. BOCH also complained of frequent headaches and expressed that he occasionally experiences pain on half of his face. BOCH also stated he felt a poking sensation in his heart. There is no documented response in BOCH's medical file showing this request was addressed.

On March 1, 2016, LPN [] examined BOCH and documented she used telephonic interpretation assistance during the encounter.⁵⁵ LPN [] noted BOCH was suffering from headaches for ten days, that the headaches occurred both morning and night, that there was pressure behind his eye socket, and that his current pain rating was a level three out of ten, but was sometimes as high as eight out of ten. Vital signs were checked and were all found to be within normal limits. BOCH's blood sugar was tested and was also within normal range. An eye examination revealed BOCH had healthy eyesight. LPN [] referred BOCH to [] to address his frequent headaches. ODO notes LPN [] did not address BOCH's previous complaint of a poking sensation in his heart.

On March 3, 2016, Dr. [] examined BOCH with the use of an interpreter.⁵⁶ Vital signs were checked, and all were found to be within normal limits. During the examination, BOCH complained of headaches on the left side of his head that occur morning and night and have approximate two day duration. He indicated he could find temporary relief from the headaches by manually applying pressure to his head. BOCH also disclosed he experienced shortness of breath when reclining or when turning

⁴⁹ A fissure is a small tear in the lining of the anus.

⁵⁰ See Medication Administration Record and physician's orders signed by Dr. [] and dated February 4, 2016.

⁵¹ See Nursing Documentation Pathway for Musculoskeletal issues completed by LPN [] dated February 22, 2016. ODO notes BOCH's medical record does not contain an associated sick call request for this encounter.

⁵² ODO interview of LPN [] on September 15, 2016.

⁵³ See Nursing Documentation Pathway regarding neurological impairment completed by LPN [] Note: the form is incorrectly dated February 14, 2016 by LPN []

⁵⁴ See Resident Request Report dated submitted by BOCH on February 25, 2016.

⁵⁵ See Exhibit 7: Nursing Pathway addressing headaches completed by LPN [] on March 1, 2016.

⁵⁶ See Physicians Orders notated by Dr. [] on March 3, 2016.

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from his left side, and again commented about his ongoing issues of dry feet and blood in his stools. Dr. [] attributed the blood in the stools to suspected internal hemorrhoids, and attributed BOCH's frequent headaches to tension related issues. Dr. [] overall objective assessment was that all of BOCH's complaints were normal. Dr. [] prescribed acetaminophen twice daily for two weeks to address headache pain, antifungal cream was provided to address his dry cracked feet, and Colace, a stool softener, was provided to address rectal bleeding issues.⁵⁷

On March 8, 2016, BOCH submitted a Resident Request Report stating that he was having trouble breathing "specially in the night with headache" and requested to have his blood pressure checked.⁵⁸

On March 11, 2016, BOCH was examined by LPN [] who documented use of a language line interpreter during the examination.⁵⁹ LPN [] documented that BOCH had been suffering from headaches for approximately two months and that he currently rated his headache pain as a level two out of ten. Vital signs were taken and all were within normal limits. In her progress notes, LPN [] documented BOCH inquired about getting Tylenol and was advised that he was only allowed to have it twice daily as prescribed. She noted BOCH verbalized understanding.⁶⁰

On March 21, 2016, BOCH submitted a Resident Request Report indicating his currently prescribed medication was not providing relief of his headache pain and inquired about the possibility of obtaining a stronger dosage or different medication.⁶¹

On March 25, 2016, RN [] examined BOCH and documented she used a telephonic interpreter during the encounter.⁶² BOCH complained of abdominal pain during bowel movements and stated that blood was present in his stools. RN [] noted BOCH suffered from hemorrhoids and anal fissures. She took his vital signs and all were within normal limits. At the conclusion of the examination, BOCH was provided with dietary and nutritional counseling, which he verbally acknowledged understanding.

On April 1, 2016, at approximately 6:22 a.m., BOCH was transferred to the Broadview Staging Area, Broadview, Illinois, in preparation for his transfer to the Alexandria Staging Facility, Alexandria, LA, where he was to be held until his scheduled removal to Guatemala on April 8, 2016.⁶³

At approximately 10:09 a.m. on April 1, 2016, BOCH was transferred to the Alexandria Staging Facility.⁶⁴ On April 4, 2016, while still at ASF, BOCH received a chest x-ray as part of the medical clearance process prior to his removal.⁶⁵ The result of the x-ray revealed BOCH had symptoms of a respiratory/TB condition, and as a result, respiratory and TB precautions were implemented, and BOCH was transferred to LDF to receive appropriate care.

⁵⁷ See Medication Administration Record dated March 3, 2016.

⁵⁸ See Resident Request Report submitted by BOCH dated March 8, 2016.

⁵⁹ See Nursing Documentation Pathway addressing headaches completed by LPN [] on March 11, 2016.

⁶⁰ See Progress note completed by LPN [] on March 11, 2016.

⁶¹ See Resident Request Report completed by BOCH and dated March 21, 2016.

⁶² See Nursing Documentation Pathway for gastrointestinal complaint completed by RN [] on March 25, 2016.

⁶³ See EARM Case Comments and Detention History for BOCH.

⁶⁴ See Health Transfer Summary signed by LPN [] and dated April 1, 2016. See also, EARM case comments.

⁶⁵ As noted by Creative Corrections, BOCH's most recent chest x-ray was completed at the CCJC on October 29, 2015, approximately five months earlier.

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LaSalle Detention Facility (April 4, 2016 to June 1, 2016)

On April 4, 2016, BOCH was transferred from the Alexandria Staging Facility to LDF.⁶⁶ Prior to his arrival at LDF, BOCH was appropriately classified as medium high custody⁶⁷ by Case Manager [REDACTED] using the ICE Custody Classification Worksheet.⁶⁸ Upon review of the worksheet, ODO observed that BOCH's classification rating was not reviewed or approved by a supervisor, as required by both the ICE PBNDS 2011 and LDF policy.⁶⁹ Additionally, although Case Manager [REDACTED] did not personally interview BOCH during completion of the worksheet, she noted on the form that the language used during the classification interview was English/Spanish. Finally, Case Manager [REDACTED] noted that BOCH had no special vulnerabilities; however, the special vulnerabilities section of the worksheet requires the staff completing it to "inquire, observe, and review all documentation." During her interview, Case Manager [REDACTED] acknowledged that it was inappropriate to document BOCH had no special vulnerabilities since she did not assess or interact with him in person and stated she should have let other intake staff complete that portion of the assessment.⁷⁰

During BOCH's admission, the assigned intake officer, [REDACTED] completed and signed an ICE Form I-203 for the detainee.⁷¹ During her interview, Officer [REDACTED] stated she completed the form because BOCH was transferred without one and no ICE personnel were onsite at the time of his arrival to complete one for him. Officer [REDACTED] also informed ODO that although she was the assigned intake officer, Officer [REDACTED] who was also working in the intake area, conducted BOCH's intake processing.⁷²

During intake, Officer [REDACTED] completed a Prison Rape Elimination Act (PREA) form,⁷³ an LDF orientation form,⁷⁴ and a property receipt form.⁷⁵ ODO notes BOCH's primary language was not documented on his admission forms. During her interview, Officer [REDACTED] stated she did not recall BOCH's level of English proficiency but stated when she needs interpretation assistance she typically uses another detainee because she was not aware that a telephonic language interpretation service is available to LDF staff.⁷⁶

Once his intake processing was complete, RN [REDACTED] conducted BOCH's medical intake screening during which she used the telephonic interpretation service.⁷⁷ RN [REDACTED] received the chest x-ray result from the Alexandria Staging Facility, showing BOCH had possible TB, in advance of the intake screening.⁷⁸ RN [REDACTED] noted the result of the chest x-ray on the intake summary and also

⁶⁶ See ICE Form 203, Record of Persons Transferred, signed by [REDACTED] on April 4, 2016.

⁶⁷ BOCH's classification level was erroneously documented as high in his Alien Booking Record.

⁶⁸ See ICE Custody Classification Worksheet signed by [REDACTED] on April 4, 2016. During her interview with ODO, Case Manager [REDACTED] stated it is standard practice to classify detainees prior to their arrival using information provided by ICE.

⁶⁹ See ICE PBNDS 2011, Custody Classification System; and, LDF Policy and Procedure 12.1.4, Detainee Classification. During her interview, Case Manager [REDACTED] erroneously stated that supervisory approval of a classification rating is only necessary when the staff member completing the worksheet recommends overriding the classification rating dictated by the numeric score on the worksheet.

⁷⁰ ODO interview with Case Manager [REDACTED] July 29, 2016.

⁷¹ See ICE Form 203, Order to Detain or Release, completed and signed by Officer [REDACTED] on April 4, 2016.

⁷² ODO interview of Officer [REDACTED] on July 28, 2016.

⁷³ See PREA Risk Assessment Form completed by Officer [REDACTED] on April 4, 2016.

⁷⁴ See LDF orientation form in English/Spanish language signed by BOCH and initialed by Office [REDACTED] on April 4, 2016.

⁷⁵ See LDF property receipt form signed by BOCH and initialed by Office [REDACTED] on April 4, 2016.

⁷⁶ ODO interview with Officer [REDACTED] July 28, 2016.

⁷⁷ See Exhibit 9: Medical intake screening completed by RN [REDACTED] on April 4, 2016. The intake form erroneously documented RN [REDACTED] was fluent in Spanish.

⁷⁸ See Exhibit 10: Chest x-ray TB screening report for BOCH on April 4, 2016.

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documented that BOCH denied ever having TB in the past and or previously experienced symptoms indicative of TB.

BOCH's vital signs were taken and were within normal limits with exception of slightly elevated temperature and pulse. BOCH reported having headache pain at a level three out of ten. BOCH disclosed he smoked one to five cigarettes per day for the past 12 years, but denied any past alcohol or drug use. BOCH's current documented medications were ibuprofen, Azithromycin,⁷⁹ and Docusate Sodium for treatment of constipation.

At the conclusion of the medical intake screening, BOCH was referred to Nurse Practitioner (NP) [REDACTED] who conducted a follow-up examination at approximately 7:47 p.m.⁸⁰ As noted by Creative Corrections, although NP [REDACTED] did not document use of the telephonic interpretation service during this encounter, the specificity of her encounter note suggests she used the service. During the examination, BOCH's vital signs were taken and found to be within normal limits with the exception of slightly elevated temperature and pulse. NP [REDACTED] also noted the x-ray report provided by Alexandria Staging Facility specifically stated "left lower lung consolidation"⁸¹ with moderate left sided effusion."⁸² During the examination, BOCH once again denied ever having or been exposed to TB and denied drug usage.

NP [REDACTED] documented that a review of BOCH's systems revealed he was suffering from diminished visual acuity, occasional constipation, and headaches. All other system reviews were documented as normal. NP Simmons documented in her physical examination assessment that BOCH had "nonspecific abnormal findings of the lungs." NP [REDACTED] noted that BOCH's general appearance was that he was well developed, well nourished, and did not display any acute distress. During her interview by ODO, NP [REDACTED] stated BOCH's symptoms presented more to her as pneumonia than TB.⁸³

At the conclusion of her assessment of BOCH, NP [REDACTED] informed [REDACTED] Acting Clinical Director at LDF,⁸⁴ of her findings. Dr. Quinones ordered that BOCH be transported by ambulance to Cabrini Hospital,⁸⁵ located in Alexandria, LA, in order to rule out the possibility of pneumonia with effusion versus TB.

At approximately 9:06 p.m., an ambulance arrived at LDF to pick up BOCH. The ambulance departed LDF with BOCH at 9:32 p.m.⁸⁶ and arrived at Cabrini at 10:34 p.m. BOCH was seen by an Emergency Room (ER) physician at 1:09 a.m. on April 5, 2016 and was admitted to the hospital shortly thereafter. He remained in the hospital until April 27, 2016. Due to lack of bed space in Cabrini's isolation rooms,

⁷⁹ Azithromycin is an antibiotic.

⁸⁰ See Exhibit 11: Provider appointment electronically signed by NP [REDACTED] on April 4, 2016

⁸¹ Consolidation indicates the left lower lung tissue was filled with fluid, marked by swelling or hardening of normally soft, compressible tissue.

⁸² Effusion refers to the escape of fluid from the lung tissue.

⁸³ ODO interview of NP [REDACTED] on July 26, 2016.

⁸⁴ At the time of ODO's review, IHSC physicians Captain [REDACTED] MD, Clinical Director for the Krome North Service Processing Center, Miami, Florida, and Captain [REDACTED] MD, Clinical Director for the Houston Contract Detention Facility, Houston, Texas, were sharing Clinical Director responsibilities at LDF.

⁸⁵ Cabrini Hospital is not the hospital within closest proximity to LDF; however, it was chosen because it offers a higher level of care than the closest hospital, which is LaSalle General Hospital.

⁸⁶ See Central control logs documenting arrival and departure of ambulance at LDF on April 4, 2016.

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BOCH was monitored in the ER for the first two days of his stay.⁸⁷ During that time, sputum⁸⁸ samples were taken to rule out TB, and antibiotics were administered intravenously.⁸⁹

On April 7, 2016, RN [] documented that Cabrini Hospital staff reported BOCH was suffering from a fever of 103 degrees and a rapid pulse of 130.⁹⁰ Additionally, a computerized tomography (CT)⁹¹ scan was conducted at the hospital and revealed a cavitory lesion.⁹² BOCH was placed on a heart monitor and found to have a normal heart rate and rhythm. A screening for sepsis⁹³ was ordered, and blood was drawn for lab tests. Later that day, BOCH was transferred to an isolation room.

From April 7 to 11, 2016, BOCH received numerous treatments and diagnostic procedures to include a CT scan of his head,⁹⁴ thoracentesis,⁹⁵ a Quantiferon Gold Test⁹⁶ with indeterminate results,⁹⁷ and a lumbar puncture.⁹⁸ On April 11, 2016, RIPE therapy⁹⁹ was also initiated.¹⁰⁰

On April 15, 2016, Dr. [] documented that BOCH had a consultation with a specialist (name unknown) on April 12, 2016, to determine whether or not he in fact had TB.¹⁰¹ Dr. [] noted that the specialist described BOCH as a 36 year old Hispanic male who was not fluent in the English language and required an interpreter. After reviewing all of BOCH's symptoms and history, the specialist determined BOCH suffered from left upper lobe cavity infiltration, large left lung effusion, and indicated BOCH was suffering from tobacco poisoning due to his smoking habit. The specialist advised that BOCH be evaluated for possible TB, fungal infection, and pneumonia. The specialist reported that a CT scan completed on April 8, 2016, revealed no evidence of an acute intracranial process.¹⁰²

On April 19, 2016, BOCH underwent a bronchoscopy¹⁰³ and was subsequently admitted to the hospital's intensive care unit and placed in isolation.¹⁰⁴ Hospital updates documented by LDF staff over the following seven days show BOCH remained in isolation where he demonstrated some improvement.

⁸⁷ See Hospital update notes created by RN [] on April 6, 2016.

⁸⁸ Sputum is a mixture of saliva and mucus coughed up from the respiratory tract.

⁸⁹ See Hospital update notes created by RN [] on April 6, 2016.

⁹⁰ See Hospital update notes created by RN [] dated April 7, 2016.

⁹¹ A CT scan takes x-ray images from different angles to produce cross-sectional images of specific areas, appearing as virtual slices.

⁹² A cavitory lesion is a gas-filled area of the lung in the center of an area of consolidation.

⁹³ Sepsis refers to a potentially life-threatening complication of an infection, which occurs when chemicals released into the bloodstream to fight the infection trigger inflammatory responses throughout the body. The inflammation can trigger a cascade of changes, capable of damaging multiple organ systems.

⁹⁴ See Hospital update notes created by RN [] dated April 8, 2016.

⁹⁵ See Hospital update notes created by RN [] dated April 9, 2016. Thoracentesis is a procedure in which a needle is inserted through the chest wall to remove fluid from the space between the lungs and chest wall, for diagnostic purposes.

⁹⁶ A Quantiferon Gold TB test is an optional form of testing to detect TB infection, either latent or active, providing rapidly attainable results.

⁹⁷ See Hospital update notes created by RN [] on April 12, 2016.

⁹⁸ See Hospital update notes created by RN [] on April 9, 2016. A lumbar puncture refers to the insertion of a needle between two vertebrae in the low back to remove a sample of cerebrospinal fluid for diagnosis of various conditions.

⁹⁹ RIPE is an acronym denoting the medications of Rifampin, Isoniazid, Pyrazinamide, and Ethambutol, which are used for TB treatment. This four-drug regimen is intended to treat TB in a manner which discourages drug resistance and the resulting development of the deadly form of drug-resistant TB.

¹⁰⁰ See Hospital update notes created by RN [] on April 12, 2016.

¹⁰¹ See Provider notes completed by Dr. [] on April 15, 2016.

¹⁰² Acute intracranial process is a term used to describe abnormal findings from a brain imaging study, such as a CT scan, that would be expected to cause new symptoms. The absence of acute intracranial process indicates the CT scan did not produce any findings that would explain new symptoms.

¹⁰³ Bronchoscopy is a procedure which allows examination of the airway structures through a thin viewing instrument called a bronchoscope.

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On April 27, 2016, BOCH was discharged from Cabrini Hospital, transported back to LDF, and admitted to the LDF Medical Housing Unit (MHU) at approximately 8:36 p.m.¹⁰⁵ BOCH's hospital discharge summary documented a diagnosis of presumptive pulmonary TB.¹⁰⁶ Instructions for post-hospital treatment included placement of BOCH in isolation and treatment for TB.

Upon his return to LDF, BOCH was placed in respiratory isolation cell #1 in the MHU, and evaluated by RN [REDACTED] at approximately 9:25 p.m. RN [REDACTED] documented BOCH's vital signs were taken and all were within normal limits.¹⁰⁷ BOCH rated his post operational pain level as an eight out of ten. A physical examination revealed BOCH's lungs appeared to be clear with diminished breath sounds on his left side. RN [REDACTED] contacted NP [REDACTED] who gave orders that Cabrini Hospital's plan of care for BOCH be implemented, and also that BOCH receive Toradol¹⁰⁸ via intramuscular injection for pain control. RN [REDACTED] scheduled BOCH for a provider evaluation the following morning.

On April 28, 2016, at approximately 5:31 a.m., BOCH was seen by RN [REDACTED] during nursing rounds without use of an interpreter.¹⁰⁹ BOCH's vitals were taken and all were found to be within normal limits. BOCH reported that he was experiencing only slight pain and refused to take his pain medications.

At approximately 12:18 p.m., BOCH was seen by RN [REDACTED] again without the use of an interpreter. RN [REDACTED] documented BOCH reported his pain scale as a seven out of ten and specified his pain was radiating from left side and mid-upper back.¹¹⁰ With the exception of an elevated pulse of 102, all of BOCH's vital signs were found to be within normal limits.

That afternoon, at approximately 2:59 p.m., Dr. [REDACTED] documented he conducted an evaluation of BOCH during which he communicated with the detainee in Spanish.¹¹¹ Dr. [REDACTED] noted that during BOCH's hospitalization, it was determined that he had a cavitary lesion, and a decortication¹¹² was performed in his left lung with chest tube placement. Dr. [REDACTED] noted BOCH was subsequently placed in Intensive Care Unit (ICU) for a few days pending the removal of his chest tube, and once it was removed, he was placed in respiratory isolation. During Dr. [REDACTED] evaluation, BOCH's vital signs were taken and all were found to be within normal limits. BOCH reported feeling much better but stated he still had pain radiating from his surgical area. Dr. [REDACTED] documented BOCH remained on RIPE therapy following his discharge from the hospital.

¹⁰⁴ See Progress note created by RN [REDACTED] on April 19, 2016.

¹⁰⁵ See Provider notes created by RN [REDACTED] on April 27, 2016.

¹⁰⁶ See Telephone encounter created by RN [REDACTED] on April 27, 2016. ODO notes a definitive diagnosis of active TB was not made by LDF or Cabrini Hospital during the time BOCH was detained. Numerous diagnostic tests were conducted by Cabrini Hospital during his stay from April 4-27, 2016, all discussed in Exhibit 17, but because the results were inconsistent, only a "presumptive" diagnosis was made.

¹⁰⁷ See Progress note created by RN [REDACTED] on April 27, 2016.

¹⁰⁸ Toradol is a nonsteroidal anti-inflammatory drug used to reduce pain.

¹⁰⁹ See Exhibit 12: Progress note created by RN [REDACTED] on April 28, 2016. RN [REDACTED] documented that an interpreter was not available during time of visit. Lack of use of an interpreter while providing medical care for BOCH at LDF was an ongoing issue discovered by ODO. It was routinely documented in progress notes that an interpreter was not used either because BOCH was fluent in English or an interpreter was not available at time of visit.

¹¹⁰ See Progress note created by RN [REDACTED] on April 28, 2016.

¹¹¹ See Provider notes created by Dr. [REDACTED] on April 28, 2016.

¹¹² Decortication refers to the removal of the outer layer from a structure, in this case, the lung.

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In a consult summary dated April 28, 2016, Dr. [] said she spoke with Dr. [] via telephone at approximately 4:00 p.m.¹¹³ She noted that she ordered continuation of BOCH's RIPE therapy, as well as an Ishihara/Snellen eye chart test to establish a baseline, with repeat testing every month as long as BOCH was on the medication Ethambutol.¹¹⁴ Dr. [] also ordered complete blood count and liver function tests be conducted monthly, as well as a follow-up chest x-ray for comparison with the one taken on April 4, 2016. Dr. [] concurred with Dr. [] plan to obtain three normal sputum samples before discontinuation of respiratory isolation,¹¹⁵ since at the time active pulmonary tuberculosis was still in question, and requested to be advised when BOCH's acid-fast bacilli smear¹¹⁶ results were available.

As documented by Dr. [] following his conversation with Dr. [] BOCH remained in observation for his suspected TB diagnosis and continued to receive RIPE therapy treatment. Pain medications were administered as needed,¹¹⁷ and BOCH used an incentive spirometer¹¹⁸ to promote better airflow and increase his ability to expel sputum.

At approximately 5:13 p.m., RN [] encountered BOCH during nursing rounds without the use of an interpreter.¹¹⁹ RN [] performed a general examination and documented BOCH did not exhibit any acute distress. The detainee's vital signs were taken, and all were within normal limits.

On April 29, 2016, at approximately 11:02 a.m., RN [] encountered BOCH during nursing rounds without the use of an interpreter.¹²⁰ During the encounter, vital signs were taken and all were within normal limits. BOCH communicated to RN [] that his pain level was seven out of ten and that the pain was located on his left side and mid-upper back. In her examination notes, RN [] documented BOCH was alert, but pale, and ill-appearing.

At approximately 3:45 p.m., NP [] documented an encounter with BOCH during nursing rounds in MHU during which she used a telephonic interpreter.¹²¹ NP [] noted BOCH was still on RIPE therapy, but was otherwise doing well except for exacerbated pain whenever he walked, coughed, or laid on his side. BOCH rated his pain level as a three out of ten. RN [] noted BOCH appeared to have no acute distress, was well developed, and well nourished.

At approximately 9:13 p.m., RN [] encountered BOCH during nursing rounds in the MHU without the use of an interpreter.¹²² During the encounter, BOCH's appearance was described as normal, alert, well hydrated, and in no distress. In accordance with Dr. [] order, RN [] attempted to

¹¹³ See Infectious disease consult summary created by Dr. [] on April 28, 2016.

¹¹⁴ As noted, Ethambutol is part of the four drug (RIPE) treatment for TB.

¹¹⁵ Dr. [] order directed nurse to obtain three sputum samples per day, one in the early morning and the other two at eight hour intervals. Once three negative smears were obtained, respiratory precautions could be discontinued after a minimum of five days of RIPE therapy.

¹¹⁶ An acid-fast bacilli smear test is a laboratory test performed on a sample of bodily fluid or tissue, including sputum, which shows the presence of a bacterial infection, including tuberculosis.

¹¹⁷ Tylenol with codeine was ordered on an as needed basis for pain greater than level seven.

¹¹⁸ An incentive spirometer is a medical breathing device used to help a patient take deep breaths, open the airways, expand the lungs, and prevent fluid or mucus from building up in the lungs, which in turn allows better coughing and dislodging of mucous to produce sputum samples.

¹¹⁹ See Progress note created by [] on April 28, 2016.

¹²⁰ See Nurse Progress note created by RN [] on April 29, 2016. ODO notes RN [] progress note documents BOCH spoke English well.

¹²¹ See Exhibit 13: Provider note created by NP [] on April 29, 2016. NP Thomas initially documented BOCH's pain level as three out of ten but in vitals section of notes documented pain as four out of ten. Inconsistency in rating of pain level on progress notes appeared to be an ongoing issue discovered by ODO.

¹²² See Progress notes created by RN [] on April 29, 2016.

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obtain a sputum sample, but BOCH was unable to produce one. RN [] encouraged BOCH to use his incentive spirometer ten times per hour while awake to encourage sputum production. BOCH reported his pain level as two out of ten. Vital signs were taken and all were within normal limits.

On April 30, 2016, at approximately 3:10 a.m., RN [] encountered BOCH during nursing rounds in MHU without the use of an interpreter.¹²³ During the encounter, RN [] encouraged BOCH to use his incentive spirometer at the rate of ten breaths per hour while awake. Vital signs were taken and all were within normal limits. BOCH reported his pain level was zero out of ten.

At approximately 10:14 a.m., NP [] encountered BOCH during rounds in MHU.¹²⁴ NP [] did not document whether she used an interpreter during the encounter, but during her interview with ODO, she stated that she uses the telephonic interpretation service whenever necessary, and believes she forgot to document usage on this occasion.¹²⁵ Vital signs were taken and with the exception of a slower than normal pulse of 50, and a low blood pressure reading of 98/57, all were within normal limits. During the evaluation, BOCH expressed he was unable to cough up phlegm. BOCH denied chest pain, shortness of breath, blood in his sputum, wheezing, night sweats, constipation, nausea, vomiting, abdominal cramping, and dark urine. BOCH reported pain at his surgery incision site and rated his pain level at five out of ten. NP [] described BOCH as gaunt and noted he moved very slowly.

At approximately 10:30 a.m., RN [] encountered BOCH during nursing rounds in MHU without the use of an interpreter.¹²⁶ RN [] noted medications were administered to BOCH for pain control and that she would continue to try and obtain a sputum sample. Vital signs were taken and were within normal limits with the exception of a low pulse of 50, and blood pressure of 98/57. BOCH again rated his pain level as a five out of ten. RN []'s notes regarding this encounter described BOCH as "alert, well hydrated, in no distress." RN [] advised BOCH to do mild exercise in an effort to increase his heart rate.

On May 1, 2016, at 4:47 a.m., RN [] encountered BOCH during nursing rounds in the MHU without the use of an interpreter.¹²⁷ RN [] documented BOCH spoke English fluently. BOCH expressed a pain level of five out of ten at his incision site and was provided Tylenol with codeine.¹²⁸ BOCH was encouraged to recreate outside. Vital signs were not taken during this encounter.

At approximately 6:15 a.m., NP [] evaluated BOCH in MHU with the assistance of a telephonic interpreter.¹³⁰ During the encounter, vital signs were taken and all were within normal limits. BOCH assessed his pain at a level five out of ten. BOCH reported he was unable to produce sputum samples, and NP [] encouraged him to use his incentive spirometer. BOCH denied any shortness of breath or chest pain but indicated he felt an occasional poking sensation near his heart on the left side of his chest.

¹²³ See Progress notes created by RN [] on April 30, 2016.

¹²⁴ See Progress notes created by NP [] on April 30, 2016.

¹²⁵ ODO interview of NP [] July 27, 2016.

¹²⁶ See Exhibit 14: Progress note created by RN [] on April 30, 2016. General appearance notes contradict progress notes entered by NP [] 10 minutes prior. Inconsistencies and contradictions related to BOCH's appearance description on progress notes were an ongoing issue noted by ODO.

¹²⁷ See Exhibit 15: Progress note created by RN [] on May 1, 2016. Vital signs should be documented during each encounter.

¹²⁸ RN [] was not available for interview due to the fact she was no longer employed at LDF when ODO conducted the site visit.

¹²⁹ As noted by Creative Corrections, on April 28, 2016, Dr [] ordered Tylenol with codeine on an as needed basis for pain greater than a level seven.

¹³⁰ See provider note created by NP [] on May 1, 2016.

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On May 2, 2016, at approximately 5:24 a.m., NP [] encountered BOCH while doing rounds in the MHU with the use of a telephonic interpreter.¹³¹ Vital signs were taken and all were within normal limits. BOCH assessed his pain as a level five out of ten. NP [] administered Toradol intramuscularly for pain, and wrote new prescription orders for ibuprofen for pain three times daily for seven days. She also wrote a prescription for the antibiotic Cephalexin twice daily for 14 days.¹³² NP [] also noted that BOCH's incision was tender and swollen, and that the detainee appeared ill, thin, and uncomfortable due to pain.

At approximately 10:38 a.m., RN [] encountered BOCH during nursing rounds in MHU without the use of an interpreter.¹³³ During the encounter, vital signs were taken and all were within normal limits with the exception of a blood pressure reading of 85/39 which Creative Corrections advises is significantly low. ODO notes RN [] did not report the low blood pressure reading to a provider. Both Dr. [] and Dr. [] stated during their interviews that RN [] should have reported BOCH's significantly low blood pressure to a provider, especially considering BOCH's medical condition.

On May 3, 2016, at 2:29 a.m., RN [] encountered BOCH during rounds without the use of an interpreter.¹³⁴ RN [] documented BOCH spoke English fluently. BOCH reported his pain level was zero out of ten, and all of his vital signs were all within normal limits.

At approximately 8:55 a.m., NP [] encountered BOCH during nursing rounds with the use of an interpreter.¹³⁵ BOCH complained of continued pain at his surgery site, and headache pain which he rated at a level seven out of ten. BOCH's vital signs were taken and were within normal limits with the exception of a slight fever of 100.2, and elevated pulse of 125. General examination notes described BOCH as well-developed and nourished.¹³⁶

At approximately 11:01 a.m., RN [] encountered with BOCH during nursing rounds without the use of an interpreter.¹³⁷ Vital signs were taken and were found to be within normal limits with the exception of an elevated pulse of 110. BOCH reported his pain level at zero out of ten.¹³⁸ RN [] documented that BOCH was alert, pale, ill-appearing, and was tolerating the use of his incentive spirometer.

At approximately 7:31 p.m., RN [] encountered BOCH without the use of an interpreter.¹³⁹ BOCH's vital signs were taken and were within normal limits with the exception of a borderline high pulse of 100. BOCH reported his pain level at four out of ten. RN [] noted that BOCH had a feeble limping gait but was well developed and not in acute distress. BOCH reported that he was only consuming small portions of his meals.

¹³¹ See provider note created by NP [] on May 2, 2016.

¹³² As noted by Creative Corrections, the basis for the Cephalexin order is unclear from N [] documentation.

¹³³ See progress note created by RN [] May 2, 2016.

¹³⁴ See progress note created by RN [] on May 3, 2016.

¹³⁵ See progress note created by NP [] on May 3, 2016.

¹³⁶ As noted by Creative Corrections, prior and later documentation describe BOCH as thin and ill appearing. This charting discrepancy appears throughout BOCH's medical record. During interviews with LDF medical staff, including both providers and nurses, ODO learned that the individual entering an encounter note in eClinicalWorks (eCW), the electronic medical records system utilized at LDF, selects from numerous pre-programmed options to describe his or her observations of a patient. ODO was unable to resolve the widely discrepant characterizations of BOCH's appearance entered by nurses in their encounter notes.

¹³⁷ See progress note created by RN [] on May 3, 2016.

¹³⁸ BOCH reported his pain level at seven out of ten less than two hours prior. ODO was unable to resolve the complete absence of pain without medication during this encounter.

¹³⁹ See progress note created by RN [] on May 3, 2016.

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On May 4, 2016, at approximately 8:13 a.m., NP [] documented she conducted a provider assessment of BOCH with the use of an interpreter.¹⁴⁰ BOCH's vital signs were taken and showed the detainee had an elevated pulse of 125, and a fever of 101.3 degrees Fahrenheit. All other vital signs were within normal limits. BOCH reported feeling nauseous at the sight of food, and NP [] noted BOCH spent his days lying in bed and did not want to get up or walk. She also noted concern the detainee may be depressed. BOCH reported his pain level as eight out of ten. NP [] noted she ordered medication to help combat nausea and administered medication to relieve his pain. She also noted BOCH was in no acute distress, well developed, well nourished.¹⁴¹

At approximately 11:58 a.m., RN [] encountered BOCH without the use of an interpreter while conducting nursing rounds.¹⁴² During the encounter, vital signs showed the detainee had an elevated pulse of 104, and a slightly elevated temperature of 99.2. All other vital signs were within normal limits. BOCH reported his pain level as two out of ten. RN [] noted BOCH walked down the hallway with assistance, appeared to be moving better, and displayed improved color. RN [] also noted BOCH was tolerating use of the incentive spirometer. At the conclusion of the progress notes BOCH's general appearance was described as alert, pale, and ill-appearing.

At approximately 8:13 p.m., RN [] encountered BOCH while conducting nursing rounds in MHU without the use of an interpreter.¹⁴³ RN [] documented that an interpreter was not available during her visit, but BOCH was able to speak and understand some English. During the encounter vital signs were within normal limits. BOCH reported his pain level as two out of ten. RN [] noted that BOCH appeared to have a macular rash¹⁴⁴ on chest, forearm, and abdomen, causing him to complain of itching. Benadryl¹⁴⁵ was administered to the detainee for relief of the itching. RN [] described BOCH as thin, cooperative, pleasant, and in no acute distress.

On May 5, 2016, at approximately 5:26 a.m., RN [] encountered BOCH without the use of an interpreter during rounds.¹⁴⁶ She noted that BOCH spoke "some" English. BOCH's vital signs were within normal limits with the exception of an elevated pulse of 121, and a slightly elevated temperature of 99.5. During the encounter, BOCH reported his pain level as two out of ten. RN [] encouraged BOCH to attempt walking around with assistance and to continue the use of his incentive spirometer. RN [] documented BOCH's general appearance as thin, and his demeanor as cooperative, pleasant, and in no acute distress.

At approximately 7:40 a.m., NP [] encountered BOCH with the use of an interpreter while conducting provider rounds.¹⁴⁷ She documented the detainee had a significantly elevated temperature of 103 degrees and an elevated pulse of 155; all other vital signs were within normal limits. BOCH reported that his surgery incision was feeling better but that he was experiencing extreme lower back pain. BOCH stated he rotated in his bed throughout the night in an attempt to find relief, and expressed he was feeling very frustrated and tired. NP [] documented BOCH had a macular rash on his chest and back, and

¹⁴⁰ See provider note created by NP [] on May 4, 2016.

¹⁴¹ ODO notes NP [] also documented BOCH was "medically cleared for custody" in her provider note. During her interview with ODO on July 26, 2016, she stated she erroneously selected this option from a drop-down list in eCW. NP [] stated that the entry did not constitute clearance for general population housing, nor did it lift the medical hold preventing BOCH's release or transfer.

¹⁴² See progress note created by RN [] May 4, 2016.

¹⁴³ See progress note created by RN [] on May 4, 2016.

¹⁴⁴ A macular rash is a type of rash characterized by a flat, red area on the skin that is covered with small confluent bumps.

¹⁴⁵ Benadryl is an antihistamine which is used to treat many allergy symptoms including rashes.

¹⁴⁶ See progress note created by RN [] May 5, 2016.

¹⁴⁷ See provider note created by NP [] May 5, 2016.

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slight redness near his incision site. At the conclusion of her examination, NP [] ordered that BOCH be transferred for emergency room (ER) care.¹⁴⁸

BOCH was transferred from LDF to Cabrini Hospital at approximately 9:10 a.m. and was accompanied by Office [] who rode in the ambulance.¹⁴⁹ During her interview, Officer [] stated she was not aware BOCH was on TB precautions at the time of the transport and that neither she nor BOCH were provided with protective masks to wear.¹⁵⁰ Per LDF's Medical Isolation post order, detainees must wear a mask when leaving their assigned cell or when staff enters, and officers must wear a respirator mask issued by IHSC when entering the ward. Additionally, IHSC Policy 05-11, Tuberculosis Management and Control, requires that an appropriate facemask be worn by persons sharing air space with an infectious patient. Officer [] stated that when they arrived at the hospital, both BOCH and the hospital staff working with him immediately put on protective masks. Officer [] stated that upon her return to LDF later that day, she informed her supervisor of her concern that she was exposed to TB, and her supervisor arranged for her to receive a TB test, the result of which were negative. At approximately 11:10 a.m., RN [] received an update from an RN at the hospital who reported that BOCH was seen by a doctor, had a chest x-ray, and that hospital staff were waiting on lab test results. The hospital diagnosed BOCH with left lower lobe pneumonia and an acute allergic reaction with a rash, provided BOCH with prescriptions for two antibiotics, and reported to LDF that there was no change in BOCH's condition or plan of care since his discharge from the hospital in April.¹⁵¹ BOCH was subsequently discharged from Cabrini Hospital at approximately 2:15 p.m., and transported back to LDF where he was logged back into the MHU at approximately 3:55pm.¹⁵²

Upon BOCH's return to LDF, NP [] consulted with Dr. [] regarding her concerns about BOCH's fever and complaints of sharp back pain which he reported at a level ten out of ten. NP [] and Dr. [] agreed BOCH should be sent to the LaSalle General Hospital (LGH), Jena, LA, and the hospital log shows he left in an ambulance at 4:55 p.m. and arrived at LGH at 4:59 p.m.¹⁵³ LGH performed a chest x-ray and completed blood work,¹⁵⁴ and diagnosed BOCH with an allergic reaction, pleural effusion,¹⁵⁵ and pneumonia.¹⁵⁶

On May 6, 2016, BOCH was released from LGH and transported back to LDF at approximately 4:50 a.m.¹⁵⁷ Upon his return, RN [] evaluated BOCH without the use of an interpreter.¹⁵⁸ She documented BOCH was being treated with an antibiotic ordered by the hospital, that he had a rash covering approximately 75% of his body, and that he complained of severe itching. She also noted BOCH still complained of tenderness near his incision site. The detainee's vital signs were all within normal limits.

¹⁴⁸ ODO's notes that NP [] documented BOCH's general appearance was well developed, and well nourished, and that he was in no acute distress, which are inconsistent with her assessment findings and decision to send the detainee to the ER.

¹⁴⁹ See GEO Incident Intake Report generated May 5, 2016.

¹⁵⁰ ODO interview of Officer [] on July 28, 2016.

¹⁵¹ See progress notes generated by RN [] on May 5, 2016. See also Cabrini Hospital Medical Record dated May 5, 2016. ODO notes BOCH's prior diagnosis of presumptive pulmonary TB by Cabrini Hospital was not referenced in the record provided by Cabrini Hospital for his May 5, 2016 visit.

¹⁵² See hospital log notes dated May 5, 2016 generated by Office []

¹⁵³ Officer [] again accompanied BOCH in the ambulance. Both BOCH and Officer [] wore protective masks during the transport.

¹⁵⁴ See progress note, unattributed, May 5, 2016.

¹⁵⁵ Pleural effusion is a buildup of fluid between the tissues that line the lungs and the chest.

¹⁵⁶ See progress note created by RN [] May 5, 2016.

¹⁵⁷ See MHU logbook, May 6, 2016.

¹⁵⁸ See progress note created by RN [] on May 6, 2016.

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At approximately 8:05 a.m., NP [] encountered BOCH with the use of an interpreter. She documented BOCH reported feeling better, and reported his pain level as zero out of ten but noted he was still uncomfortable from the rash that covered his body.¹⁵⁹ BOCH's vital signs were all within normal limits. NP [] consulted with Dr. [] regarding BOCH's rash which was unimproved, and Dr. [] advised her to discontinue the administration of pyrazinamide, one of the four RIPE medications, and to consult with Dr. [] on how to proceed with BOCH's treatment. NP [] also documented that she ordered the antibiotics prescribed by Cabrini Hospital the previous day.

At approximately 10:05 a.m., NP [] consulted Dr. [] via email regarding BOCH.¹⁶⁰ Dr. [] responded at 5:10 p.m. that same day and recommended the discontinuation of RIPE therapy. She also requested a follow-up evaluation for May 9, 2016, stating BOCH's rash should show improvement by then if the RIPE therapy was the cause. Dr. [] recommended complete blood counts, monthly liver function studies, and tests to rule out diabetes. Dr. [] also noted that if BOCH's fever persisted, he should be readmitted to a hospital to rule out hospital-acquired pneumonia and TB drug resistance. Finally, Dr. [] advised NP [] to find out if Cabrini Hospital obtained three sputum samples from BOCH, since he had yet to produce any samples at LDF. ODO notes BOCH's medical record contains no documentation that LDF medical staff attempted to obtain information regarding sputum samples obtained by Cabrini Hospital.

At approximately 7:41 p.m., RN [] encountered BOCH during nursing rounds without the use of an interpreter.¹⁶¹ BOCH's vital signs were within normal limits with the exception of a low blood pressure reading of 94/50. BOCH complained of lower back pain which he reported as a level seven out of ten. RN [] documented she administered pain medication and that BOCH was able to walk around the MHU with assistance.

On May 7, 2016, at approximately 8:06 a.m., NP [] encountered BOCH with the use of an interpreter while conducting rounds in MHU.¹⁶² During the encounter, vital signs were taken and, with the exception of an elevated pulse of 120, were within normal limits. BOCH complained of back pain and reported his pain level as eight out of ten. BOCH informed NP [] that he felt nauseated and vomited earlier that morning after taking his medications. NP documented his general appearance as alert, pleasant, in no acute distress, ill-appearing, thin, uncomfortable due to pain, cooperative, and nauseated. NP [] gave BOCH medication for treatment of nausea. At the conclusion of the assessment, NP [] made several treatment recommendations based off of NP [] consult with Dr. [] including obtaining sputum cultures from Cabrini Hospital when available, placing the detainee on medical hold with no release or return to general population until his TB treatment was complete, and a repeat chest x-ray on May 16, 2016.

At approximately 9:07 a.m., RN [] encountered BOCH with the use of an interpreter while conducting rounds.¹⁶³ During the encounter, vital signs were taken and with the exception of a rapid pulse of 120, were within normal limits. BOCH complained of aching, intermittent pain, and reported his pain level as eight out of ten. BOCH's general appearance was documented as alert, well hydrated, in no distress.

¹⁵⁹ See provider notes created by NP [] on May 6, 2016.

¹⁶⁰ See *id.* Although the note is labeled "telephone encounter," NP [] and Dr. [] communication was done via email.

¹⁶¹ See progress notes created by RN [] May 6, 2016.

¹⁶² See provider notes created by NP [] on May 7, 2016.

¹⁶³ See progress notes created by RN [] on May 7, 2016.

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At approximately 10:39 p.m., RN [] encountered BOCH with the use of an interpreter during nursing rounds.¹⁶⁴ During the encounter, vital signs were taken and with the exception of a low blood pressure reading of 94/59, were within normal limits. BOCH reported intermittent aching pain which he reported as a level four out of ten. BOCH's general appearance was documented as alert, well hydrated, and in no distress. RN [] instructed BOCH to increase his fluid intake and to change positions slowly.

On May 8, 2016, at approximately 2:08 a.m., RN [] encountered BOCH with the use of an interpreter during a nursing round. She documented BOCH complained he had back pain for the past five days, and reported his pain level at eight out of ten. RN [] did not document any vital signs.

At approximately 7:43 a.m., RN [] encountered BOCH with the use of an interpreter during nursing rounds.¹⁶⁵ During the encounter, BOCH complained of back pain which he again reported at a level eight out of ten. BOCH's vital signs were taken and, with the exception of an elevated pulse of 112, were within normal limits.

At approximately 8:06 a.m., NP [] encountered BOCH with the use of an interpreter during rounds in MHU.¹⁶⁶ During the encounter, BOCH's vital signs were taken and although his temperature and respirations were within normal limits, he had an elevated pulse of 112, and a low blood pressure reading of 98/56. BOCH reported his pain level at zero out of ten. BOCH complained that despite his best efforts to produce sputum, he was unable to do so. BOCH's general appearance was described as alert, well hydrated, and in no distress. BOCH reported he no longer had any itching sensation, and denied any current pain or nausea. NP [] noted in her treatment plan her intention to notify Dr. [] and Dr. [] of BOCH's difficulty in producing sputum.

At 10:04 a.m., Dr. [] responded to NP [] inquiry and advised that controlling BOCH's fever and rash be prioritized over attempts to obtain sputum samples. Dr. [] again recommended LDF attempt to obtain information on sputum samples from Cabrini Hospital.

At approximately 9:20, p.m., RN [] encountered BOCH without the use of an interpreter while conducting rounds.¹⁶⁷ The detainee's vital signs were taken and all were within normal limits. BOCH reported his pain level at zero out of ten. BOCH's general appearance was described as alert, well hydrated, and in no distress.

On May 9, 2016, at approximately 5:11 a.m., NP [] encountered BOCH with the use of an interpreter.¹⁶⁸ BOCH reported he walked and engaged in mild exercise the previous day. He also stated his rash had improved and his itching was mild. BOCH's vital signs were taken and all were within normal limits. BOCH stated he was eating well and reported his pain level at zero out of ten.

At approximately 8:49 a.m., RN [] encountered BOCH without the use of an interpreter during nursing rounds.¹⁶⁹ RN [] documented BOCH was using his incentive spirometer and tolerating it well. BOCH's vital signs were taken and with the exception of an elevated temperature of 99 degrees, and an elevated pulse of 112, were within normal limits. RN [] noted BOCH was unwilling to get out of bed

¹⁶⁴ See progress notes created by RN [] on May 7, 2016.

¹⁶⁵ See progress notes created by RN [] on May 8, 2016.

¹⁶⁶ See provider notes created by NP [] on May 8, 2016.

¹⁶⁷ See progress notes created by RN [] on May 8, 2016.

¹⁶⁸ See provider notes created by NP [] on May 9, 2016.

¹⁶⁹ See progress notes created by RN [] May 9, 2016.

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and attempt to walk due to pain which he reported at level eight out of ten. RN [] documented BOCH's general appearance as alert, pale, and ill-appearing.

At approximately 1:17 p.m., Dr. [] assessed BOCH to address his complaints of body aches, rash, weakness, chest pain, fatigue, and cough.¹⁷⁰ BOCH reported his pain at a level eight out of ten. Dr. [] documented BOCH suffered from a mild fever, headache, itching, nausea, and shortness of breath. Dr. [] noted BOCH's pain was aggravated by physical activity and that the aching sensation was constant. Vital signs were taken and, with the exception of an elevated pulse of 118, all were within normal limits. BOCH complained of chest and abdominal pain. Dr. [] described the detainee's appearance as ill-appearing, uncomfortable due to pain, unkempt, visibly upset, and fatigued. Dr. [] ordered medication including Tramadol and Tylenol codeine to control the detainee's pain.

At 8:21 p.m., RN [] encountered BOCH without the use of an interpreter during nursing rounds.¹⁷¹ BOCH's vital signs were taken and with the exception of an elevated pulse of 116, all were within normal limits. BOCH reported his pain at a level of eight out of ten, and complained of shortness of breath while walking but not while lying down. RN [] noted diminished breath sounds in the detainee's left lung. RN [] administered Tramadol for pain per Dr. [] order.

On May 10, 2016, at approximately 5:36 a.m., RN [] encountered BOCH without the use of an interpreter during nursing rounds.¹⁷² BOCH's vital signs were taken and although his respirations were within normal limits, the detainee had an elevated temperature of 100.2, an elevated pulse of 114, and a low blood pressure of 90/57. BOCH reported his pain level at two out of ten. BOCH denied chest pain and shortness of breath, but expressed he was not feeling well.

At 9:34 a.m., RN [] encountered BOCH without the use of an interpreter during nursing rounds.¹⁷³ The detainee's vital signs were taken and his temperature was significantly elevated at 100.6, his pulse was significantly elevated at 144, his blood pressure was abnormally low at 93/58, and his respirations were within normal limits. RN [] noted BOCH did not complain of chest pain, shortness of breath, weakness, or dizziness.

At 11:58 a.m., NP [] encountered BOCH with the use of an interpreter during rounds.¹⁷⁴ BOCH complained of chills associated with fever and a headache. BOCH's vital signs were taken and his temperature was 103, his pulse was elevated at 114, his blood pressure was abnormally low at 90/57, and his respirations were within normal limits. BOCH reported his pain level at three out of ten. BOCH's general appearance was documented as alert, in no acute distress, elderly, male, ill-appearing, and thin. During the assessment, NP [] consulted with Dr. [] who ordered her to restart BOCH's TB medications.¹⁷⁵ NP [] restarted BOCH on Rifampin accordingly.

¹⁷⁰ See provider notes created by Dr. [] on May 9, 2016.

¹⁷¹ See progress notes created by RN [] on May 9, 2016.

¹⁷² See progress notes created by RN [] May 10, 2016.

¹⁷³ See progress notes created by RN [] May 10, 2016.

¹⁷⁴ See provider notes created by NP [] May 10, 2016.

¹⁷⁵ As noted by Creative Corrections, Dr. [] advised NP [] to restart BOCH's TB medications per Centers for disease Control (CDC) recommendations for treatment of tuberculosis. Per the CDC, if the patient has a "generalized rash, especially if it is associated with fever and/or mucus membrane involvement, all drugs should be stopped immediately. When the rash is substantially improved, the medications can be restarted one by one, at intervals of two to three days. Rifampin should be started first..." because it is the least likely to cause a rash, and the most important of the four RIPE drugs.

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According to the MHU logbook, BOCH was escorted for an offsite medical appointment by Officer [REDACTED] later that day¹⁷⁶ and returned at approximately 4:39 p.m.¹⁷⁷ BOCH's medical record contains a provider note entered the morning of May 10, 2016, documenting that BOCH had an offsite follow-up appointment with a cardiothoracic surgeon at 3:00 p.m. that day, but no additional information concerning the consult was documented. During his interview with ODO,¹⁷⁸ Officer [REDACTED] stated he did not recall transporting BOCH and could not verify whether or not BOCH was wearing a mask during the transport.

RN [REDACTED] documented she encountered BOCH¹⁷⁹ after he returned to LDF from his offsite cardiac evaluation,¹⁸⁰ and noted BOCH's vital signs were all significantly outside normal limits including a temperature of 103, a pulse of 134, respirations at 24, and blood pressure of 86/54. RN [REDACTED] noted BOCH complained of a headache and reported his pain level at seven out of ten.

NP [REDACTED] evaluated BOCH immediately after RN [REDACTED]¹⁸¹. She found the detainee had hypotension, tachycardia,¹⁸² elevated temperature, and possible sepsis. NP Simmons consulted with Dr. [REDACTED] who ordered BOCH be started on intravenous fluids and sent to the LGH ER via ambulance.

At approximately 5:39 p.m., BOCH was transported to LGH via ambulance, and was escorted by Officer [REDACTED]¹⁸³. During her interview with ODO,¹⁸⁴ Officer [REDACTED] stated she remembered escorting BOCH to the LGH, but did not recall whether she or BOCH wore a mask during the transport. The hospital logbook documents BOCH was discharged from LGH at 8:37 p.m., and returned to LDF.

NP [REDACTED] evaluated BOCH at approximately 10:25 p.m., upon his return from LGH.¹⁸⁵ She documented that: the detainee was transported to the LGH ER for bacteremia, hypotension, fever, sepsis, nausea, and vomiting; he was given oral Ibuprofen and an antibiotic at the hospital; and that he was discharged and returned to LDF once his temperature normalized. NP [REDACTED] noted that the medication administered by LGH addressed BOCH's elevated temperature and pulse, but the detainee continued to exhibit signs of hypotension with a blood pressure reading of 82/48. NP [REDACTED] noted BOCH complained of a headache and chills, and described his appearance as very ill with general malaise. NP [REDACTED] consulted with Dr. [REDACTED] who provided an order for BOCH to be transported to Rapides Regional Medical Center (RRMC) in Alexandria, LA. The hospital logbook documents BOCH departed LDF for RRMC at 11:25 p.m.

¹⁷⁶ The MHU logbook time entry for BOCH's departure time is illegible.

¹⁷⁷ During his interview with ODO, Dr. [REDACTED] stated that based on the significantly abnormal vital signs documented by NP [REDACTED] at 11:58 a.m. that morning, BOCH should have been sent to the ER and should not have been transported to an offsite medical appointment.

¹⁷⁸ ODO interviewed Officer [REDACTED] on July 28, 2016.

¹⁷⁹ See progress notes created by RN [REDACTED] on May 10, 2016. The time of this encounter could not be determined as the times documented on the progress note do not align with the timing of events documented elsewhere.

¹⁸⁰ ODO notes BOCH's medical record does not document an order for a cardiac consultation. An IHSC Medical Payment Authorization Request (MedPAR) approved on May 4, 2016, notes BOCH was seen by a mid-level provider at LDF who recommended follow up with the surgeon who performed the decontamination of the detainee's left lung for evaluation and treatment. ODO was unable to identify the mid-level provider referenced in the MedPAR, or obtain additional information on the consult. Dr. [REDACTED] noted on May 12, 2016, that the consult did not produce any remarkable findings.

¹⁸¹ See provider notes created by NP [REDACTED] on May 10, 2016. NP [REDACTED] did not document whether she used an interpreter during this encounter; however, the level of detail in her provider notes suggests an interpreter was used.

¹⁸² Tachycardia refers to an abnormally fast heart rate.

¹⁸³ See LDF hospital logbook dated May 10, 2016.

¹⁸⁴ ODO interviewed Officer [REDACTED] July 28, 2016.

¹⁸⁵ See telephone encounter notes provided by NP [REDACTED] on May 12, 2016, regarding the sequence of events on May 10, 2016. These notes were transcribed by RN [REDACTED]

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On May 12, 2016, Dr. [] updated BOCH's medical records with a hospital report.¹⁸⁶ In the report, he documented BOCH's symptoms leading up to his current hospitalization at RRMC, referenced the "uneventful" evaluation by a cardiologist on the afternoon of May 10, 2016, and noted BOCH was sent to RRMC after experiencing a second bout of hypotension upon his return to LDF from LGH.¹⁸⁷ Dr. [] noted that upon arrival to RRMC, BOCH's vital signs remained abnormal with a temperature of 103, a pulse of 118, and blood pressure of 74/34. BOCH's working diagnosis at the time of Dr. [] update included: sepsis, hypotension, presumptive pulmonary tuberculosis, elevated liver function tests, abdominal pain, hyponatremia,¹⁸⁸ hypochloremia,¹⁸⁹ hypocalcemia,¹⁹⁰ and pyuria.¹⁹¹

BOCH's medical record demonstrates LDF nursing staff documented patient care updates from RRMC at least once daily from May 12 to 16, 2016.

On May 16, 2016, Dr. [] entered another hospital report in BOCH's medical record.¹⁹² Dr. [] noted a bone biopsy was performed on May 13, 2016; that BOCH continued to have an elevated temperature and rapid respirations; and, that the detainee was receiving a modified version of TB therapy while ER doctors attempted to identify the cause of his elevated temperature. Dr. [] documented BOCH received treatment focused on addressing sepsis, post-surgical gall bladder removal, fever, anemia, and acute liver failure on May 14, 2016. BOCH's TB therapy was discontinued on May 14, 2016, due to his worsening condition and distressed liver functionality. Dr. [] noted BOCH received a blood transfusion without complication, as well as both antibiotic and pain medication. BOCH was evaluated by a gastroenterologist who advised that BOCH's condition could be due to a number of causes including a drug reaction, or a parasitic disease. The gastroenterologist ordered stool sample collections for detecting parasitic disease. The gastroenterologist also recommended BOCH's liver function studies and mental status be followed closely, and if encephalopathy¹⁹³ developed or liver function deteriorated substantially, transfer to a liver center should be considered. Dr. [] further noted that a subsequent CT scan of BOCH's abdomen revealed multiple severe conditions affecting his liver and lungs, that excess fluid was collecting in his flank and hip region, and he had mildly enlarged lymph nodes in his in abdomen and groin. BOCH reported his pain level was six out of ten, and that the pain was located in the right upper quadrant of the abdomen. BOCH was advised that a transfer to a specialist to address his worsening liver condition was in his best interest; however, BOCH refused to consider the option and expressed his desire to return to Guatemala instead. BOCH was advised that his refusal to see a specialist could result in further health issues including death.

On May 17, 2016, at 11:04 a.m., RN [] documented in a patient status update¹⁹⁴ that BOCH was admitted to the Cabrini Hospital ICU the previous night at 9:45 p.m. BOCH's vital signs were reported as within normal limits, and he was described to RN [] as alert, oriented, and pleasant. RN [] noted a consult was scheduled with the attending physician to address removal of excess fluids around the detainee's abdominal area. BOCH's liver function studies remained abnormally elevated. RN []

¹⁸⁶ See appointment provider notes created by Dr. [] on May 12, 2016.

¹⁸⁷ In a separate memorandum dated May 11, 2016, Dr. [] documented his concern regarding the care provided to BOCH at LGH, and stated the detainee was discharged even though he was septic and hypotensive. Dr. [] noted BOCH was the third case in which a detainee was returned from LGH prematurely.

¹⁸⁸ Hyponatremia refers to a low level of sodium in the blood.

¹⁸⁹ Hypochloremia refers to a low level of chloride in the blood.

¹⁹⁰ Hypocalcemia refers to a low level of calcium in the blood.

¹⁹¹ Pyuria indicates the presence of pus in the urine.

¹⁹² See hospital report created by Dr. [] on May 16, 2016. Refer to Creative Corrections report pages 39 and 40 for specific details.

¹⁹³ Encephalopathy is a term for any diffuse disease of the brain that alters brain function or structure.

¹⁹⁴ See hospital update report created by RN [] on May 17, 2017.

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documented BOCH was accepted for admission to Ochsner Medical Center in Jefferson, LA, but no beds were immediately available.

Dr. [] created his final hospital report for BOCH at approximately 2:22 p.m. Dr. [] noted BOCH's laboratory studies suggested liver failure, and that due to the progressing liver failure, the detainee was likely hepatotoxic¹⁹⁵ to medication. Dr. [] documented RRMC planned to transfer BOCH to Ochsner Medical Center upon receipt of a bed assignment in the hospital.

On May 18, 2016, at 4:30 a.m., RN [] entered a daily hospital update documenting that BOCH was transported by airlift to Ochsner Medical Center and was admitted to the ICU with a diagnoses of septicemia and liver failure.¹⁹⁶

On May 19, 2016, RN [] documented she made two calls to Ochsner Medical Center for updates on BOCH but was unable to receive any information on his condition or care.¹⁹⁷

On May 20, 2016, in an email sent by Ochsner Medical Center to the IHSC Field Medical Coordinator, BOCH's was described as in worsening condition, drowsy, difficult to arouse, and unable to carry on a conversation. His vital signs were all within normal limits.¹⁹⁸ Also noted in the email was that the attending physician at Ochsner Medical Center attempted to obtain BOCH's consent for a liver biopsy, but BOCH refused the procedure.

On May 21, 2016, RN [] documented a call from BOCH's attending physician who stated BOCH's condition had deteriorated substantially, and that he was non-responsive and unable to make decisions regarding his medical care.¹⁹⁹ The attending physician requested to speak with the party responsible for BOCH. RN [] notified Dr. [] who then called Ochsner Medical Center.²⁰⁰

On May 22, 2016, RN [] documented two separate attempts to obtain updates on BOCH's status but was unsuccessful.

On May 23, 2016, at 5:41 a.m., RN [] updated BOCH's medical status after receiving information from Ochsner Medical Center.²⁰¹ RN [] documented BOCH's vital signs were within normal limits, that he was less lethargic, and that preparations were being made for him to receive dialysis²⁰² treatment.

At 10:41 a.m., RN [] updated BOCH's patient status noting BOCH's vitals were within normal limits, but the detainee did not attempt to communicate except when experiencing pain.²⁰³ RN [] also noted BOCH received dialysis treatment that morning.

¹⁹⁵ Hepatotoxicity refers to chemical-driven liver damage.

¹⁹⁶ See telephonic encounter progress notes created by RN [] on May 18, 2016.

¹⁹⁷ See telephonic encounter progress notes created by RN [] on May 19, 2016.

¹⁹⁸ See telephonic encounter progress notes created by RN [] on May 20, 2016. RN [] and the ODO review team that the information contained in his note was gleaned from the referenced email to the IHSC Field Medical Coordinator.

¹⁹⁹ See telephonic encounter provider notes created by []

²⁰⁰ ODO notes Dr. [] did not document his conversation with the Ochsner Medical Center team.

²⁰¹ See telephonic encounter progress notes created by RN [] dated May 23, 2016.

²⁰² Dialysis is treatment that uses a special machine to filter harmful wastes, salt, and excess fluid from the blood when the kidneys do not function properly.

²⁰³ See telephonic encounter progress notes created by RN [] dated May 23, 2016.

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On May 24, 2016, at 5:50 a.m., RN [] entered a hospital update for BOCH documenting that he was kept comfortable, his vital signs were within normal limits, and he was continuing to produce urine.²⁰⁴

At 4:26 p.m., RN [] documented that the attending physicians at Ochsner Medical Center were communicating with BOCH's family regarding continuing treatment.²⁰⁵ Lab tests were completed and BOCH was administered one unit of packed red blood cells as well as one unit of platelets. RN [] noted BOCH was experiencing bleeding at the dialysis site and his blood was not clotting normally. She also noted BOCH was administered Morphine²⁰⁶ for pain, and was no longer communicating verbally. At 9:19 p.m., RN [] documented BOCH received a new diagnosis of DRESS²⁰⁷ Syndrome.²⁰⁸ She noted BOCH continued to exhibit an altered mental status but was responding to painful stimuli. She also noted that no additional Morphine was administered, and that BOCH's blood clotting remained abnormal.

On May 25, 2016, at 5:20 p.m., RN [] documented BOCH remained in an altered mental status but was still responding to painful stimuli.²⁰⁹ She noted a feeding tube would be started the following day.

On May 26, 2016, at 10:00 p.m., RN [] noted a feeding tube was initiated, and that BOCH demonstrated some improvement: he was able to follow commands, was looking around and moving in bed, and attempted verbal communication with Spanish speaking nurse.²¹⁰

On May 27, 2016, at 6:04 a.m., RN [] documented BOCH seemed more alert to commands and did not require dialysis during the past three days.²¹¹ BOCH's tube feeding continued, he was able to produce good urine, and he appeared to be improving. In a second update timed at 10:40 a.m., RN [] noted that although BOCH's lab work still was abnormal and he was not able to communicate verbally, he demonstrated improvement.

On May 28, 2016, at 6:45 a.m., RN [] noted BOCH's feeding tube was removed because he experienced electrolyte replacement issues. BOCH's vital signs were reported as stable, and he was talkative but his speech sounded mumbled.²¹²

On May 29, 2016, at 3:24 a.m., RN [] noted BOCH continued to improve and no longer needed dialysis or intravenous lines. She noted a CT scan of his abdomen was scheduled to determine the cause of abdominal firmness and to rule out an ileus.²¹³ At 10:01 a.m., RN [] noted no significant change to BOCH's condition, and that his lab results, while not worsening, also did not show improvement. RN [] noted the hospital was waiting on physician orders to conduct a CT scan of BOCH's abdomen.²¹⁴

²⁰⁴ See telephonic encounter progress notes created by RN [] dated May 24, 2016.

²⁰⁵ See telephonic encounter progress notes created by RN [] dated May 24, 2016.

²⁰⁶ Morphine is a narcotic pain reliever used to treat moderate to severe pain.

²⁰⁷ DRESS Syndrome is a drug reaction with elevated white blood cells and systemic symptoms.

²⁰⁸ See telephonic encounter progress notes created by RN [] dated May 24, 2016.

²⁰⁹ See telephonic encounter progress notes created by RN [] Ziegler dated May 25, 2016.

²¹⁰ See telephonic encounter progress notes created by RN [] dated May 26, 2016.

²¹¹ See telephonic encounter progress notes created by RN [] dated May 27, 2016.

²¹² See telephonic encounter progress notes created by RN [] on May 28, 2016.

²¹³ Ileus refers to the inability of the intestine to contract normally and move waste out of the body.

²¹⁴ Progress notes created by LDF medical staff do not document whether the CT scan was performed before BOCH's death.

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On May 30, 2016, at 3:03 p.m., RN [] noted BOCH was receiving intravenous fluids with platelets.²¹⁵ BOCH's demeanor was described as alert, his vital signs were reported as stable, but his speech was slurred. RN [] documented BOCH's stomach remained distended.

On May 31, 2016, at 5:33 a.m., RN [] noted BOCH was reported as alert and able to verbally communicate more clearly, and noted BOCH may be transferred to a step down unit.²¹⁶ RN [] documented BOCH was receiving minimal pain medications, though his stomach was still distended. At 9:45 p.m., NP [] noted that paracentesis²¹⁷ was completed and four liters of fluid were removed. BOCH's vital signs were stable, his lab results were pending, and hospital nurses were awaiting orders to transfer the detainee to a step down unit.²¹⁸

On June 1, 2016, at 3:19 p.m., RN [] noted BOCH was transferred out of the ICU to a step-down unit. ODO notes this is the last entry in BOCH's medical record.

On this date, Officers [] provided security at the hospital. During her interview with ODO, Officer [] stated both she and Officer [] wore masks at all times they were assigned to the hospital.²¹⁹ Officer [] stated that after BOCH was transferred to the step-down unit, he received physical therapy and appeared to be fine. She remembered BOCH slept a lot and communicated with hospital staff through an interpreter. She noted he did not seem to speak any English.

Officer [] recalled that BOCH fell asleep watching the television and when a nurse came in to check on him at 5:35 p.m., she was unable to wake him. The nurse called a Code Blue²²⁰ and immediately started cardiopulmonary resuscitation (CPR). As the nurse initiated CPR, Officer [] called their supervisor, Lieutenant [] to report BOCH coded. Officer [] stated additional hospital staff reported to the scene and assisted with CPR, but were unable to revive BOCH. At 6:02 p.m., BOCH was declared dead by Dr. []. Officer [] called Lieutenant [] to report BOCH's death. Lieutenant [] then initiated notifications to his supervisory chain for notification to ERO.

According to the forensic pathologist's report dated July 11, 2016, Dr. [] attributed BOCH's cause of death to "Upper GI hemorrhage due to cirrhosis with contribution of emphysema and disseminated tuberculosis (treated)."²²¹

²¹⁵ See telephonic encounter progress notes created by RN [] dated May 30, 2016.

²¹⁶ See telephonic encounter progress notes created by RN [] dated May 31, 2016.

²¹⁷ Paracentesis is a procedure to take out peritoneal fluid that has collected in the belly.

²¹⁸ Step down units provide an intermediate level of care between the ICU and the general medical-surgical wards.

²¹⁹ ODO interview conducted on July 28, 2016.

²²⁰ A Code Blue is a hospital code used to indicate a patient requiring immediate resuscitation.

²²¹ See Exhibit 16: Forensic pathologist report dated July 11, 2016.

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MEDICAL CARE AND SECURITY REVIEW

Creative Corrections, a national management and consultant firm contracted by ICE to provide subject matter expertise to ODO in detention management, including the provision of medical care and security precautions that were taken at LDF and DCDF, in addition to any measures to ensure his safety and security while in ICE custody. Upon the conclusion of their review, ODO found deficiencies in DCDF's compliance with the following standards of the ICE NDS, and LDF's compliance with the following standards in ICE PBNDS 2011:²²²

CONCLUSIONS

ODO identified a few deficiencies in DCDF's compliance with certain requirements in the Medical Care Standard in the ICE NDS 2000, as noted below:

1. **ICE NDS 2000, Medical Care, section (III)(D)**, which states, "All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function."
 - ODO could not locate any training records or documentation that Officer [REDACTED] was trained in conducting intake screenings for detainees. Additionally, Officer [REDACTED] did not recall receiving any such training.
2. **ICE NDS 2000, Medical Care, section (III)(D)**, which states "If language difficulties prevent the health care provider/officer from sufficiently communicating with the detainee for purposes of completing medical screening, the officer shall obtain translation assistance. Such assistance may be provided by another officer or by a professional service, such as a telephone translation service. In some cases, other detainees may be used for translation assistance if they are proficient and reliable and the detainee being medical screened consents."
 - ODO discovered that despite BOCH's limited English language proficiency, nursing staff did not consistently use the telephonic interpretation service during encounters, but rather used other detainees as translators without any knowledge of their proficiency or BOCH's consent. While he was in medical observation, nursing staff frequently relied on body language and gestures to communicate with BOCH.

Additionally, ODO found LDF deficient in the following areas of the ICE PBNDS 2011:

1. **ICE PBNDS 2011, Medical Care, Section (V)(A)(2), Expected Practices**, which states "every facility shall directly or contractually provide its detainee population with the following: 2) Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services."
 - On May 2, 2016, BOCH's blood pressure was found to be significantly low at 85/39 and the attending RN did not report this condition to a provider. Providers interviewed by ODO stated this was a reportable condition.
 - Nurses did not take vital signs during rounds on May 1, 2, and 7, 2016.

²²² See Exhibit 17: Creative Corrections Medical and Security Compliance Analysis.

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- On May 10, 2016, BOCH was transported by LDF Officers to a cardiology consult despite exhibiting severely abnormal vital signs, which put him at a high risk of a medical emergency during transport to the appointment.
2. **ICE PBNDS 2011, Medical Care, Section (V)(A)(8), Expected Practices**, which states “every facility shall directly or contractually provide its detainee population with the following: 8) Staff or professional language services necessary for detainees with limited English proficiency (LEP) during any medical or mental health appointment, sick call, treatment, or consultation.”
- Between April 27 and May 10, 2016, interpretation services were utilized by nurses only 20 percent of the time when communicating with BOCH. Based upon ODO interviews of medical and security staff, BOCH had limited English proficiency.
3. **ICE PBNDS 2011, Admission and Release, Section (V)(B)(1), Admission Processes**, which states “all facilities shall have in place a written policy and procedure related to the admissions process, which shall include intake and admissions forms and screening forms. Staff members shall be provided with adequate training on the admissions process at the facility.”
- LDF Intake Officer [REDACTED] was unaware of the availability of the language line to provide interpretation services to non-English speaking detainees.
4. **ICE PBNDS 2011, Custody and Classification System, Section (V)(C), Classification Information**, which states, “Classification staff shall utilize translation services when necessary.”
- LDF staff did not use translation services for the classification of BOCH despite clear evidence of his limited English language proficiency.
5. **ICE PBNDS 2011, Custody Classification System, Section (V)(A)(4), Standards**, which states, “Each detainee’s classification shall be reviewed and approved by a first-line supervisor or classification supervisor.”
- A supervisor did not approve the classification completed on BOCH on April 4, 2016. ODO notes the lack of supervisory approval also violates LDF Policy and Procedure 12.1.4, Detainee Classification, section (III)(A)(3), which states, “The first-line supervisor will review and approve each detainee’s classification.”
6. **ICE PBNDS 2011, Environmental Health and Safety, Section (V)(D)(2)(1), Standard Precautions**, which states “Isolation precautions shall be used as necessary if associated conditions, such as infectious diarrhea or tuberculosis, are diagnosed or suspected. Implementation of standard blood and body fluid precautions for all detainees eliminates the need for the use of the isolation category of “blood and body fluid precautions” previously recommended by the Centers for Disease Control for individuals known or suspected to be infected with blood-borne pathogens. Staff shall encourage detainees to wash their hands frequently and to take additional routine precautions to prevent contact with blood or other body fluids.”
- BOCH was permitted outside his cell, in a common hallway and in a transport vehicle without a mask.

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7. **ICE PBNDS 2011, Sexual Assault and Abuse Prevention and Intervention, Section (V)(F)(7), Detainee Notification, Orientation and Instruction**, which states “Detainee notification, orientation and instruction must be in a language or manner that the detainee understands.”
 - BOCH’s Prison Rape Elimination Act (PREA) Risk Assessment Form was completed by an Officer who did not speak Spanish.
8. **ICE PBNDS 2011, Staff Training, Section (V)(B)(2), Initial Orientation**, which states “Each new employee, contractor, and volunteer shall be provided training prior to assuming duties. While tailored specifically for staff, contractors, and volunteers, the orientation programs shall include, at a minimum: 2) cultural language issues, including requirements related to limited English proficient detainees.”
 - Intake staff were unaware of the availability of the language line to assist with interpretation services for detainees with limited English proficiency.
9. **ICE PBNDS 2011, Staff Detainee Communication, Section (V)(B), Written Detainee Requests to Staff**, which states “Ensure that the standard operating procedures include provisions to translate detainee requests and staff responses and otherwise accommodate detainees with special assistance needs based on, for example, disability, illiteracy, or limited use of English. When language services are needed, the facility should use bilingual staff or qualified interpretation and translation services to communicate with limited English proficient detainees.”
 - Qualified interpretation services were not used for the admission, classification and orientation of BOCH.

AREAS OF CONCERN:

ODO noted the following areas of concern as they pertain to documentation and patient encounters with detainees at DCDF:

1. BOCH reported having an allergy to both acetaminophen and ibuprofen. During his detention at DCDF, medical staff administered 17 doses of ibuprofen and 50 doses of acetaminophen. DCDF does not have an established system for documenting the allergy alerts of detainees.
2. On January 10, 2016, LPN [REDACTED] attempted to contact the on-call physician three separate times but was unsuccessful. As a result, BOCH did not receive treatment for a self-described “level 10” headache until four and half hours after reporting it.
3. The problem list in BOCH’s medical record was left blank and contained no entries regarding his frequent medical issues and self-proclaimed allergies.
4. Detainee sick call requests may be submitted through DCDF’s kiosk system which nurses regularly check. Although nurses immediately triage and electronically document receipt of detainee requests submitted via the kiosk system, the outcomes of those sick call requests are not documented in a detainee’s medical record unless or until the detainee is physically seen. As a

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result the medical response to BOCH's sick call requests was inconsistent, with some responded to on the date of submission, and others not receiving a response for three to six days.

5. On January 9, 2016, BOCH was placed on physician ordered medical observation, with 30 minute checks to monitor possible side effects of prescribed medicine. As per DCDF policy, bed checks were conducted by officers every 30 minutes and by nurses once per shift; however, officers are not trained or qualified to medically monitor detainees.
6. LPN [] discontinued BOCH's physician ordered medical observation without first obtaining authorization from the ordering physician to do so.
7. Pain level assessments were not consistently taken with regard to complaints of frequent headache and abdominal complaints.
8. Although BOCH's English language proficiency was limited, the intake officer at DCDF did not use the interpretation service during the admission process, including during completion of medical and mental health screening.

Also, with respect to the events that unfolded while BOCH was in ICE custody at the LDF, although not specifically required within the ICE PBNDS 2011, ODO notes additional concerns related to their management of comprehensive medical documentation:

- The Provider order for placement on respiratory precautions status necessitated that BOCH wear a mask whenever out of his cell, which was not consistently enforced. Additionally, on May 5, 2016, the escorting officer accompanying BOCH in the ambulance when he was taken to the emergency room did not wear a mask, and stated she was unaware that he was on respiratory precautions until they arrived at the hospital.
- Multiple progress notes documented by nurses and providers contained contradictory information and discrepancies, impacting the integrity of the medical record.

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EXHIBIT LIST:

1. Intake screening completed by RN [redacted] and dated October 29, 2015
2. Tuberculosis screening form signed by Dr. [redacted] on October 30, 2015
3. DCDF Intake Medical Questionnaire completed by Officer [redacted] and dated November 10, 2015.
4. Correctional Healthcare Company health screening form signed by RN [redacted] on November 23, 2015
5. Nursing Documentation Pathway for abdominal pain signed by RN [redacted] on December 5, 2015.
6. Progress note entry made by LPN [redacted] on January 10, 2016 at 1:40a.m.
7. Nursing Pathway addressing headaches completed by LPN [redacted] on March 1, 2016.
8. LDF subject profile and property list for BOCH initialed by Officer [redacted]
9. Medical intake screening completed by RN [redacted] on April 4, 2016
10. Chest x-ray TB screening report for BOCH on April 4, 2016
11. Provider appointment electronically signed by NP [redacted] on April 4, 2016
12. Progress note created by RN [redacted] on 4/28/16.
13. Provider note created by NP [redacted] on 4/29/16.
14. Progress note created by RN [redacted] April 30, 2016
15. Progress note created by RN [redacted] on May 1, 2016
16. LaSalle Parish Coroner's Office Forensic Pathologist's Report, July 11, 2016
17. Creative Corrections Medical and Security Compliance Analysis