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 hemorrhage[2] due to cirrhosis[3] with contribution of emphysema[4] and disseminated tuberculosis[5] (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-Panigua 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.

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.

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 EVENTS[12]

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 handbook[18] and received a subsequent intake health screening by Officer [redacted] who completed an intake medical questionnaire.[20] Officer [redacted] noted BOCH was allergic to acetaminophen[21] 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.

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 [redacted] conducted a health screening of BOCH.[25] RN [redacted] documented telephonic interpretation was used during the encounter. On the health screening form, RN [redacted] 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 [redacted] physical examination of BOCH revealed he had dry cracked feet and she provided him with Minerin cream[26] prescribed by Dr. [redacted] BOCH's vital signs were within normal limits.[27] The health screening form was signed by Dr. [redacted] 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 [redacted][30] Use of a telephonic interpreter was not documented. RN [redacted] notated 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 [redacted] noted she told BOCH to increase his water intake and that BOCH understood her orders. RN [redacted] telephonically contacted Dr. [redacted] and advised him of BOCH's condition. Based upon the described symptoms, Dr [redacted] prescribed Loperamide[31] 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 [redacted]

---

[23] ODO interview of LPN [redacted] 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 [redacted] on November 23, 2015.
[26] *See* Providers orders documenting prescription of Minerin Cream (used for treatment of dry skin) prescribed by Dr [redacted] 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 [redacted] 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.

who used telephonic interpretation assistance during the encounter.[34] LPN [redacted] 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 [redacted] 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 [redacted] was telephonically contacted regarding the encounter and prescribed 25 milligrams (mg) of Topamax[35] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] noted BOCH's pupils were reactive to light and there was no blurred vision. LPN [redacted] did not document use of interpretation assistance. LPN [redacted] noted she unsuccessfully attempted to contact Dr. [redacted] 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 [redacted] noted she made oncoming day shift nurses aware of the situation so they could continue attempting to reach Dr. [redacted] and administer another prescription for alternative pain medication.

At 6:50 a.m., LPN [redacted] documented[38] she used the interpreter line to communicate with the detainee for the purpose of clarifying his allergies. BOCH informed her that a "Dr. in Guatamala" told him not to take acetaminophen. LPN [redacted] 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 [redacted] was telephonically contacted regarding BOCH's condition, and he prescribed 7.5 mg of Meloxicam[39] as a pain reliever.[40] LPN [redacted] administered the medication as directed and noted that at 8:30 a.m. BOCH reported his pain had subsided. LPN [redacted] 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 [redacted] 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 [redacted] on January 10, 2016 at 12:08 a.m.
[37] *See* Exhibit 6: Progress note entry made by LPN [redacted] on January 10, 2016 at 1:40 a.m.
[38] *See* Progress note entry made by LPN [redacted] on January 10, 2016 at 6:50 a.m. (LPN [redacted] 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.

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, 2016[45] 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 notated 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.

fissure[49] was located near his gluteal area. As a result of his findings Dr. [redacted] prescribed an antibiotic ointment for the fissure and ibuprofen to address BOCH's pain complaints.[50]

On February 22, 2016, LPN [redacted] 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 [redacted] noted BOCH was tender to the touch, she did not observe any type of bruising, redness, or swelling. LPN [redacted] advised BOCH to stop exercising until his symptoms were better but also encouraged him to continue light non-stressful exercise. LPN [redacted] 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 [redacted] 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 [redacted] stated LPN [redacted] 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 Report[54] 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 [redacted] examined BOCH and documented she used telephonic interpretation assistance during the encounter.[55] LPN [redacted] 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 [redacted] referred BOCH to [redacted] to address his frequent headaches. ODO notes LPN [redacted] did not address BOCH's previous complaint of a poking sensation in his heart.

On March 3, 2016, Dr. [redacted] 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. [redacted] and dated February 4, 2016.
[51] *See* Nursing Documentation Pathway for Musculoskeletal issues completed by LPN [redacted] 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 [redacted] on September 15, 2016.
[53] *See* Nursing Documentation Pathway regarding neurological impairment completed by LPN [redacted] (Note: the form is incorrectly dated February 14, 2016 by LPN [redacted])
[54] *See* Resident Request Report dated submitted by BOCH on February 25, 2016.
[55] *See* Exhibit 7: Nursing Pathway addressing headaches completed by LPN [redacted] on March 1, 2016.
[56] *See* Physicians Orders notated by Dr. [redacted] on March 3, 2016.

from his left side, and again commented about his ongoing issues of dry feet and blood in his stools. Dr. [redacted] ttributed the blood in the stools to suspected internal hemorrhoids, and attributed BOCH's frequent headaches to tension related issues. Dr. [redacted] overall objective assessment was that all of BOCH's complaints were normal. D[redacted] 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 "specialy in the night with headeach" and requested to have his blood pressure checked.[58]

On March 11, 2016, BOCH was examined by LPN [redacted] who documented use of a language line interpreter during the examination.[59] LPN [redacted] 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 [redacted] 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 [redacted] 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 [redacted] notated 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 [redacted] on March 11, 2016.
[60] *See* Progress note completed by LPN [redacted] 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 [redacted] on March 25, 2016.
[63] *See* EARM Case Comments and Detention History for BOCH.
[64] *See* Health Transfer Summary signed by LPN [redacted] 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.

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 custody[67] by Case Manager 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 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 notated 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 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 completed and signed an ICE Form I-203 for the detainee.[71] During her interview, Officer 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 also informed ODO that although she was the assigned intake officer, Officer who was also working in the intake area, conducted BOCH's intake processing.[72]

During intake, Officer 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 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 conducted BOCH's medical intake screening during which she used the telephonic interpretation service.[77] RN received the chest x-ray result from the Alexandria Staging Facility, showing BOCH had possible TB, in advance of the intake screening.[78] RN 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 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 on April 4, 2016. During her interview with ODO, Case Manager 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 Manger 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 July 29, 2016.
[71] *See* ICE Form 203, Order to Detain or Release, completed and signed by Officer on April 4, 2016.
[72] ODO interview of Officer on July 28, 2016.
[73] *See* PREA Risk Assessment Form completed by Officer on April 4, 2016.
[74] *See* LDF orientation form in English/Spanish language signed by BOCH and initialed by Officer on April 4, 2016.
[75] *See* LDF property receipt form signed by BOCH and initialed by Officer on April 4, 2016.
[76] ODO interview with Officer July 28, 2016.
[77] *See* Exhibit 9: Medical intake screening completed by RN on April 4, 2016. The intake form erroneously documented RN was fluent in Spanish.
[78] See Exhibit 10: Chest x-ray TB screening report for BOCH on April 4, 2016.

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] notated 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.

BOCH was monitored in the ER for the first two days of his stay.[87] During that time, sputum[88] samples were taken to rule out TB, and antibiotics were administered intravenously.[89]

On April 7, 2016, RN [redacted] 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 cavitary lesion.[92] BOCH was placed on a heart monitor and found to have a normal heart rate and rhythm. A screening for sepsis[93] 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 Test[96] with indeterminate results,[97] and a lumbar puncture.[98] On April 11, 2016, RIPE therapy[99] was also initiated.[100]

On April 15, 2016, Dr. [redacted] 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. [redacted] 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 bronchoscopy[103] 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 [redacted] 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 [redacted] on April 6, 2016.
[90] *See* Hospital update notes created by RN [redacted] 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 cavitary 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 [redacted] dated April 8, 2016.
[95] *See* Hospital update notes created by RN [redacted] 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 [redacted] on April 12, 2016.
[98] *See* Hospital update notes created by RN [redacted] 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 [redacted] on April 12, 2016.
[101] *See* Provider notes completed by Dr [redacted] 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.

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 Toradol[108] 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 decortication[112] 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.

In a consult summary dated April 28, 2016, Dr [redacted] said she spoke with Dr. [redacted] 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 [redacted] 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 [redacted] concurred with Dr. [redacted] 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 smear[116] results were available.

As documented by Dr [redacted] following his conversation with Dr. [redacted] 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 spirometer[118] to promote better airflow and increase his ability to expel sputum.

At approximately 5:13 p.m., RN [redacted] encountered BOCH during nursing rounds without the use of an interpreter.[119] RN [redacted] 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 [redacted] 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 [redacted] 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 [redacted] documented BOCH was alert, but pale, and ill-appearing.

At approximately 3:45 p.m., NP [redacted] documented an encounter with BOCH during nursing rounds in MHU during which she used a telephonic interpreter.[121] NP [redacted] 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 [redacted] noted BOCH appeared to have no acute distress, was well developed, and well nourished.

At approximately 9:13 p.m., RN [redacted] 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 [redacted] order, RN [redacted] attempted to

---

[113] *See* Infectious disease consult summary created by Dr [redacted] on April 28, 2016.
[114] As noted, Ethambutol is part of the four drug (RIPE) treatment for TB.
[115] Dr [redacted] order directed nursed 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 [redacted] on April 28, 2016.
[120] *See* Nurse Progress note created by RN [redacted] on April 29, 2016. ODO notes RN [redacted] progress note documents BOCH spoked English well.
[121] *See* Exhibit 13: Provider note created by NP [redacted] 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 [redacted] on April 29, 2016.

obtain a sputum sample, but BOCH was unable to produce one. RN [redacted] 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 [redacted] encountered BOCH during nursing rounds in MHU without the use of an interpreter.[123] During the encounter, RN [redacted] 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 [redacted] encountered BOCH during rounds in MHU.[124] NP [redacted] 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 [redacted] described BOCH as gaunt and noted he moved very slowly.

At approximately 10:30 a.m., RN [redacted] encountered BOCH during nursing rounds in MHU without the use of an interpreter.[126] RN [redacted] 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 [redacted]'s notes regarding this encounter described BOCH as "alert, well hydrated, in no distress." RN [redacted] advised BOCH to do mild exercise in an effort to increase his heart rate.

On May 1, 2016, at 4:47 a.m., RN [redacted] encountered BOCH during nursing rounds in the MHU without the use of an interpreter.[127] RN [redacted] 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.[129] BOCH was encouraged to recreate outside. Vital signs were not taken during this encounter.

At approximately 6:15 a.m., NP [redacted] 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 [redacted] 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 [redacted] on April 30, 2016.
[124] *See* Progress notes created by NP [redacted] on April 30, 2016.
[125] ODO interview of NP [redacted] July 27, 2016.
[126] *See* Exhibit 14: Progress note created by RN [redacted] on April 30, 2016. General appearance notes contradict progress notes entered by NP [redacted] 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 [redacted] on May 1, 2016. Vital signs should be documented during each encounter.
[128] RN [redacted] 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 [redacted] ordered Tylenol with codeine on an as needed basis for pain greater than a level seven.
[130] *See* provider note created by NP [redacted] on May 1, 2016.

On May 2, 2016, at approximately 5:24 a.m., NP [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] did not report the low blood pressure reading to a provider. Both Dr. [redacted] and Dr. [redacted] stated during their interviews that RN [redacted] 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 [redacted] encountered BOCH during rounds without the use of an interpreter.[134] RN [redacted] 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 [redacted] 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 [redacted] 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 [redacted] documented that BOCH was alert, pale, ill-appearing, and was tolerating the use of his incentive spirometer.

At approximately 7:31 p.m., RN [redacted] 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 [redacted] 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 [redacted] on May 2, 2016.
[132] As noted by Creative Corrections, the basis for the Cephalexin order is unclear from N[redacted] documentation.
[133] *See* progress note created by RN [redacted] May 2, 2016.
[134] *See* progress note created by RN [redacted] on May 3, 2016.
[135] *See* progress note created by NP [redacted] 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 [redacted] 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 [redacted] on May 3, 2016.

On May 4, 2016, at approximately 8:13 a.m., NP [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] noted BOCH walked down the hallway with assistance, appeared to be moving better, and displayed improved color. RN [redacted] 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 [redacted] encountered BOCH while conducting nursing rounds in MHU without the use of an interpreter.[143] RN [redacted] 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 [redacted] noted that BOCH appeared to have a macular rash[144] on chest, forearm, and abdomen, causing him to complain of itching. Benadryl[145] was administered to the detainee for relief of the itching. RN [redacted] described BOCH as thin, cooperative, pleasant, and in no acute distress.

On May 5, 2016, at approximately 5:26 a.m., RN [redacted] 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 [redacted] encouraged BOCH to attempt walking around with assistance and to continue the use of his incentive spirometer. RN [redacted] 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 [redacted] 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 [redacted] documented BOCH had a macular rash on his chest and back, and

---

[140] *See* provider note created by NP [redacted] on May 4, 2016.
[141] ODO notes NP [redacted] 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 [redacted] 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 [redacted] May 4, 2016.
[143] *See* progress note created by RN [redacted] 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 [redacted] May 5, 2016.
[147] *See* provider note created by NP [redacted] May 5, 2016.

slight redness near his incision site. At the conclusion of her examination, NP [redacted] 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 Officer [redacted] who rode in the ambulance.[149] During her interview, Officer [redacted] 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 [redacted] stated that when they arrived at the hospital, both BOCH and the hospital staff working with him immediately put on protective masks. Officer [redacted] 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 [redacted] 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 [redacted] consulted with Dr [redacted] regarding her concerns about BOCH's fever and complaints of sharp back pain which he reported at a level ten out of ten. NP [redacted] and Dr [redacted] 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 [redacted] 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 [redacted] 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 [redacted] on July 28, 2016.
[151] *See* progress notes generated by RN [redacted] 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 Officer [redacted]
[153] Officer [redacted] again accompanied BOCH in the ambulance. Both BOCH and Officer [redacted] 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 [redacted] May 5, 2016.
[157] *See* MHU logbook, May 6, 2016.
[158] *See* progress note created by RN [redacted] on May 6, 2016.

At approximately 8:05 a.m., NP [redacted] 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 [redacted] consulted with Dr. [redacted] regarding BOCH's rash which was unimproved, and Dr. [redacted] advised her to discontinue the administration of pyrazinamide, one of the four RIPE medications, and to consult with Dr. [redacted] on how to proceed with BOCH's treatment. NP [redacted] also documented that she ordered the antibiotics prescribed by Cabrini Hospital the previous day.

At approximately 10:05 a.m., NP [redacted] consulted Dr. [redacted] via email regarding BOCH.[160] Dr. [redacted] 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. [redacted] recommended complete blood counts, monthly liver function studies, and tests to rule out diabetes. Dr. [redacted] 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. [redacted] advised NP [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] 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 [redacted] gave BOCH medication for treatment of nausea. At the conclusion of the assessment, NP [redacted] made several treatment recommendations based off of NP [redacted] consult with Dr. [redacted] 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 [redacted] 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 [redacted] on May 6, 2016.
[160] *See id.* Although the note is labeled "telephone encounter," NP [redacted] and Dr. [redacted] communication was done via email.
[161] *See* progress notes created by RN [redacted] May 6, 2016.
[162] *See* provider notes created by NP [redacted] n May 7, 2016.
[163] *See* progress notes created by RN [redacted] on May 7, 2016.