

# DETAINEE DEATH REVIEW – Santo CARELA

## JICMS #201609553

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### SYNOPSIS

On July 28, 2016, Santo CARELA, who was a sixty-year-old citizen and national of the Dominican Republic, died while in the custody of U.S. Immigration and Customs Enforcement (ICE), at the Orange Regional Medical Center (ORMC) in Middletown, New York (NY). The Certificate of Death issued by the NY State Department of Health documented the cause of CARELA's death as hypertensive and atherosclerotic<sup>1</sup> cardiovascular disease.<sup>2</sup>

CARELA was detained at the Hudson County Correctional Center (HCCC) in Kearny, New Jersey (NJ) from June 29, 2016 through July 25, 2016.<sup>3</sup> HCCC is owned and operated by the Hudson County Department of Corrections, under a U.S. Marshals Service (USMS) Inter-Governmental Agreement (IGA), which requires the facility to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2008. At the time of CARELA's detention, HCCC housed approximately 462 male and female immigration detainees of all classification levels for periods in excess of 72 hours. Medical care at HCCC is provided by Hudson County and supported by contractor Center for Family Guidance (CFG).

ERO transferred CARELA to the Orange County Jail (OCJ) in Goshen, NY, on July 25, 2016, and he remained there until the time of his death on July 28, 2016. OCJ is owned and operated by Orange County under an Intergovernmental Service Agreement (IGSA), which requires the facility to comply with the ICE National Detention Standards (NDS) 2000. At the time of CARELA's death, OCJ housed approximately 189 male and female immigration detainees of all classification levels for periods in excess of 72 hours. Medical care at OCJ is provided by contractor Correct Care Solutions (CCS).

### DETAILS OF REVIEW

From September 19 to 22, 2016, staff from ICE's Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) visited HCCC (September 19-20, 2016) and OCJ (September 21-22, 2016) and, with the assistance of contract subject matter experts (SME) in correctional healthcare and security, reviewed the circumstances of CARELA's death. ODO's contract SMEs are employed by Creative Corrections, a national management and consulting firm contracted by ICE to provide subject matter expertise in detention management and compliance with detention standards, including health care and security. As part of its review, ODO reviewed immigration, medical and detention records pertaining to CARELA, in addition to conducting in-person interviews of individuals employed by HCCC, OCJ, and the ICE Office of Enforcement and Removal Operations (ERO).

During the review, the ODO review team took note of any deficiencies observed in the facilities' compliance with the requirements of the relevant detention standards as they relate to the care

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<sup>1</sup> Hypertensive and atherosclerotic cardiovascular disease is a heart condition caused by decreased blood flow due to the buildup of fats, cholesterol and other substances on the artery walls.

<sup>2</sup> Orange County, New York refused to provide ICE with the requested autopsy report, citing legal concerns.

<sup>3</sup> Although this facility is also often referred to as the Hudson County Correctional Facility and Hudson County Jail, for purposes of this report, we use Hudson County Correctional Center.

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and custody of the deceased detainee and documented those deficiencies in this report 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. ODO determined the following timeline of events, from the time of CARELA's apprehension by ICE, through his detention at both HCCC and OCJ, and his eventual death at ORMC.

#### IMMIGRATION AND CRIMINAL HISTORY

On September 26, 1996, the former U.S. Immigration and Naturalization Service (INS) admitted CARELA to the United States at New York, NY, as a Lawful Permanent Resident (LPR).<sup>4</sup> On December 4, 1997, CARELA was convicted of Conspiracy to Possess with Intent to Distribute Cocaine by the U.S. District Court for the Southern District of Florida and sentenced to 46 months incarceration.<sup>5</sup> He was booked into the custody of U.S. Bureau of Prisons (BOP) at the Federal Correctional Institution (FCI), in Ray Brook, NY.<sup>6</sup>

On August 15, 2000, INS Albany, NY, encountered CARELA at FCI Ray Brook and served CARELA with a Form I-862, Notice to Appear, charging him with removability pursuant to sections 237 (a)(2)(A)(iii) and 237 (a)(2)(B)(i) of the Immigration and Nationality Act (INA), as an alien convicted of an aggravated felony relating to the illicit trafficking of a controlled substance and the violation of any law or regulation relating to a controlled substance.<sup>7</sup> On September 27, 2000, BOP transferred custody of CARELA to ICE, and the detainee was booked into the Clinton County Jail in Plattsburgh, NY.<sup>8</sup> On October 12, 2000, an Immigration Judge ordered CARELA removed from the United States,<sup>9</sup> and ERO Buffalo removed CARELA to the Dominican Republic on October 31, 2000.<sup>10</sup>

CARELA unlawfully reentered the United States at an unknown place and time in 2006.<sup>11</sup>

On December 1, 2009, he was arrested by the Wilmington Police Department (WPD), Wilmington, Delaware (DE), for the offense of Assault 1<sup>st</sup> Degree.<sup>12</sup> On an unknown date, WPD released CARELA from custody, pending a jury trial at the New Castle Superior Court, New Castle, DE, for his Assault 1<sup>st</sup> Degree charge.<sup>13</sup> On June 21, 2011, CARELA was arrested by the U.S. Marshals Service (USMS) in Newark, DE and taken into USMS custody on an outstanding warrant for failure to appear for his trial for the 2009 Assault 1<sup>st</sup> Degree charge.<sup>14</sup> ICE was informed of CARELA's arrest by the USMS and directed that he be referred to the U.S.

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<sup>4</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated July 26, 2000.

<sup>5</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated June 29, 2016.

<sup>6</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated July 26, 2000.

<sup>7</sup> See Form I-862, Notice to Appear, dated September 15, 2000.

<sup>8</sup> See ICE ENFORCE Alien Detention Module (EADM) Detention Details, book in date September 27, 2000.

<sup>9</sup> See Order of Immigration Judge, Batavia, NY, dated October 12, 2000.

<sup>10</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated May 9, 2013.

<sup>11</sup> See Form I-871, Notice of Intent/Decision to Reinstate Prior Order, dated June 21, 2012.

<sup>12</sup> See Federal Bureau of Investigation (FBI), Criminal Justice Information Services Division, Criminal History Report.

<sup>13</sup> Neither the reason for CARELA's release pending trial, nor his trial date, were documented in his Alien file.

<sup>14</sup> CARELA's detention location while in USMS custody was not documented in his Alien file.

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Attorney's Office (USAO) for the District of Delaware for violation of 8 U.S.C. §1326(b), Reentry after Removal Subsequent to a Conviction of an Aggravated Felony.<sup>15</sup>

On September 8, 2011, CARELA was convicted of Assault 1<sup>st</sup> Degree by the Superior Court of the State of Delaware in and for New Castle County and sentenced to 8 years of incarceration.<sup>16</sup> On June 21, 2012, CARELA was charged in U.S. District Court for the District of Delaware with violating 8 U.S.C. §1326(b).<sup>17</sup>

On June 23, 2012, ICE lodged an immigration detainer on CARELA with the USMS in Wilmington, Delaware.<sup>18</sup> On May 8, 2013, CARELA was convicted of illegal reentry after deportation by the U.S. District Court for the District of Delaware, sentenced to time served, remanded to the custody of USMS, and placed by USMS at the Federal Detention Center (FDC) in Philadelphia, Pennsylvania (PA).<sup>19</sup> On May 14, 2013, USMS turned over custody of CARELA to ICE, and the detainee was placed at the York County Prison in York, PA, pending his removal to the Dominican Republic.

On June 4, 2013, CARELA was deported to the Dominican Republic under a reinstated Final Order of Removal.<sup>20</sup>

CARELA again unlawfully reentered the United States at an unknown place and time,<sup>21</sup> and on June 29, 2016, attempted to board an outbound flight from the John F. Kennedy (JFK) International Airport in New York, NY, to the Dominican Republic. He was intercepted by U.S. Customs and Border Protection (CBP) as a possible aggravated felon reentry and taken into CBP custody. On that same date, CBP transferred CARELA to the custody of ERO NY for presentation to the Southern District of NY for prosecution for violation of 8 U.S.C. §1326(b)(2), pending the reinstatement of his prior order of removal.<sup>22</sup>

On June 29, 2016, ERO transported CARELA to the Varick Street Special Processing Center (VSSPC) where he was medically cleared for detention and transported and booked into ICE custody at HCCC. On July 25, 2016, CARELA was transported and booked into OCJ.

### **NARRATIVE**

#### Varick Street Special Processing Center

**On June 29, 2016**, upon apprehending CARELA, CBP notified the New York City Joint Criminal Alien Removal Task Force (JCART) of his arrest, and ICE Deportation Officer (DO)

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<sup>15</sup> See Treasury Enforcement Communications System (TECS) II Report, June 21, 2011.

<sup>16</sup> See Superior Court of the State of Delaware in and for New Castle County Sentence Order, dated September 8, 2011. The location where CARELA served his sentence is not documented in his Alien file.

<sup>17</sup> See TECS II Report, June 21, 2012.

<sup>18</sup> See Significant Incident Report, July 29, 2016.

<sup>19</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated June 29, 2016.

<sup>20</sup> See ICE EADM, Detention Details, release date June 4, 2013.

<sup>21</sup> See Form I-871, Notice of Intent/Decision to Reinstate Prior Order, dated June 29, 2016.

<sup>22</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated June 29, 2016.

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[redacted] reported to the JFK airport upon notification by JCART.<sup>23</sup> During his interview with ODO, DO [redacted] stated when he first encountered CARELA at the airport, the detainee was sitting in a wheelchair and told DO [redacted] that his right leg did not work.<sup>24</sup> DO [redacted] stated CARELA required assistance getting out of the wheelchair but could stand on his own. DO [redacted] also stated CARELA spoke English.<sup>25</sup> DO [redacted] transported CARELA to the Beekman Hospital<sup>26</sup> in Manhattan where his medical condition was assessed and the hospital cleared him for detention.<sup>27</sup>

At 5:14 p.m., CARELA was transported to VSSPC, where he received both a pre-screening and an intake screening by a Registered Nurse (RN).<sup>28</sup> The RN documented CARELA spoke English and complained of constant leg pain at a level seven on a scale of zero to ten,<sup>29</sup> which persisted for a period of one to two months. His vital signs were within normal limits.<sup>30</sup> Upon completion of a chest x-ray, CARELA was found to be negative for tuberculosis (TB).<sup>31</sup> IHSC cleared CARELA for transfer to HCCC. The RN noted on CARELA's transfer summary that he complained of left leg pain.<sup>32</sup> Prior to CARELA's transfer to HCCC, DO [redacted] appropriately classified CARELA as a high-level detainee using the ICE Risk Classification Assessment (RCA) form.<sup>33</sup>

#### Hudson County Correctional Center (June 29, 2016 to July 25, 2016)

**On June 29, 2016,** CARELA arrived at HCCC. At 8:35 p.m., CARELA received an intake risk assessment by an officer (name unknown).<sup>34</sup> During the assessment, CARELA stated he had

<sup>23</sup> See Form I-213, Record of Deportable/Inadmissible Alien, dated June 29, 2016.

<sup>24</sup> ODO interview with Deportation Officer [redacted] September 19, 2016.

<sup>25</sup> As noted in FN 42, ODO received conflicting statements throughout its review regarding CARELA's proficiency in English. The detainee's level of English proficiency cannot be definitively ascertained, but the consistent use of language interpretation services by both OCJ and ORMC staff indicates the detainee required interpretation assistance.

<sup>26</sup> ODO notes the IHSC 24-Hour Report of Death states the correct name of the hospital is "New York Presbyterian, Lower Manhattan Hospital."

<sup>27</sup> See New York Presbyterian Lower Manhattan Medical Screening Exam, dated June 29, 2016. See also Form I-213, Record of Deportable/Inadmissible Alien, dated June 29, 2016 and ODO's interview with Deportation Officer [redacted] September 19, 2016).

<sup>28</sup> See IHSC 24 Hour Report of Death, dated August 1, 2016. The RN's name was unavailable.

<sup>29</sup> The zero to ten scale is a standardized method of determining patient pain presence and severity, allowing practitioners to determine the need for and the effectiveness of pain treatment. Zero indicates no pain, while a level ten indicates the worst pain one has ever experienced.

<sup>30</sup> 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.

<sup>31</sup> See US Telradiology Findings Report, dated June 29, 2016.

<sup>32</sup> See IHSC 24-Hour Report of Death, dated August 1, 2016; ODO notes the report of left leg pain is inconsistent with the majority of records and interview accounts with ERO, IICCC, and OCJ staff which state CARELA reported pain in his right leg, rather than his left.

<sup>33</sup> See ICE Risk Classification Assessment Summary, dated June 29, 2016.

<sup>34</sup> The Intake Risk Assessment is a standard set of seven questions relating to medical, mental health, and security, asked by the intake officer. See New Jersey County Correction Information System Intake Risk Assessment, dated June 29, 2016. ODO also notes HCCC's admission records for CARELA do not document the detainee's time of arrival, nor do they note if he arrived in a wheelchair or with a cane.

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current medical problems and was taking prescribed medications.<sup>35</sup> No further details were documented on the risk assessment. HCCC staff reviewed the RCA rating, used it to classify CARELA as a high level detainee, and obtained supervisory approval for that rating.<sup>36</sup> ODO notes that although HCCC's classification form recorded CARELA's primary language as Spanish, the property receipt and an identification bracelet form signed by CARELA during intake were printed in English.<sup>37</sup>

At 11:45 p.m., RN [REDACTED] performed CARELA's medical intake screening using HCCC's telephonic language interpretation service<sup>38</sup> and documented the following:<sup>39</sup>

- CARELA complained of weakness in his right leg, resulting in an unsteady gait that necessitates use of a cane to walk.<sup>40</sup> He attributed this issue to an old cut on his foot, but no further information related to the injury was documented.
- CARELA's heart rate was borderline abnormal at 100,<sup>41</sup> and his blood pressure was abnormally high at 135/88. All other vital signs were within normal limits.
- CARELA reported pain, but the location and severity of the pain were not documented. RN [REDACTED] did not document whether any pain medication was offered.

At 11:55 p.m., CARELA also received a mental health screening and assessment by RN [REDACTED] who found the detainee was not presently at risk for suicide or mental illness.<sup>42</sup>

After completing both the medical intake and mental health screenings, RN [REDACTED] directed that CARELA be placed in the infirmary based on his slight instability and need for a cane, and

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<sup>35</sup> ODO notes the intake assessment is the only record showing CARELA reported taking medications at the time of intake.

<sup>36</sup> See ICE Detainee Classification System – Primary Assessment Form, dated June 29, 2016.

<sup>37</sup> See Hudson County Correction Center Property Receipt, not dated; see also Hudson County Department of Corrections Identification Bracelet Form, dated June 29, 2016.

<sup>38</sup> CARELA's medical record documents that telephonic language interpretation was only used on two occasions by HCCC medical staff, i.e. during the medical intake screening and the physical examination. Medical staff interviewed by ODO confirmed interpretation was not used for CARELA and reported that although the detainee spoke limited English, his language proficiency was adequate to complete medical encounters. This assertion was contradicted by security and medical staff interviewed by ODO at OCJ, who reported CARELA spoke very little English and required interpretation assistance.

<sup>39</sup> See Exhibit 2: Hudson County Correctional Center Medical History and Screening form by RN [REDACTED] [REDACTED] dated June 29, 2016; See Hudson County Correctional Center Physical Assessment form, dated June 29, 2016.

<sup>40</sup> HCCC's housing assignment record for CARELA notes the detainee required a wheelchair, while the medical intake screening documents his need for a cane but does not reference a wheelchair. ODO was unable to verify if ERO transported CARELA with a wheelchair or if he was provided one at HCCC. Additionally, CARELA's record contains no documentation regarding if or when a cane was provided to the detainee, or by whom. Although RN [REDACTED] did not document whether she reviewed the VSSPC Medical Transfer Summary during CARELA's intake screening, the transfer summary does not reference the detainee's need for a cane or other assistance walking either.

<sup>41</sup> According to the American Heart Association, a normal heart rate is 60 to 100. A higher heart rate means the heart muscle has to work harder to maintain body functions. The recommendation by the American Heart Association for a healthy blood pressure is less than 120/80. A blood pressure higher than 120/80 but less than 139/89 is categorized as pre-hypertension, and 140/90 or higher is classified as hypertension.

<sup>42</sup> See Exhibit 4: HCCC Intake Mental Health Screening and Assessment Form, dated June 29, 2016.

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referred him for sick call evaluation.<sup>43</sup> Detainees housed in the infirmary are permitted to leave their cells for one hour each day, typically between 2:00 and 3:00 p.m. During that hour, detainees may shower, make telephone calls, access the kiosk, and visit with other detainees. ODO reviewed the unit logs and confirmed CARELA was released for one hour per day.<sup>44</sup>

During her interview with ODO, Health Services Administrator (HSA) [REDACTED] stated providers make infirmary rounds once per day, and nursing rounds are conducted a minimum of two times per shift.<sup>45</sup> Nursing rounds include a head-to-toe assessment and obtaining and reviewing vital signs for changes.<sup>46</sup> As detailed in the narrative below, the nursing rounds performed during the day shift were generally complete, including vital signs, observations, and current plan of care. Because day shift nursing rounds were routinely followed by provider rounds, any abnormal findings were reviewed and acknowledged by a provider within a few hours. Nursing rounds conducted during the evening and night shifts were basic and observational, with little or no subjective data recorded.<sup>47</sup> Additionally, ODO learned through interviews of medical staff and review of CARELA's record that refusal forms were not generated for any instance in which CARELA refused to have his vital signs checked, though he regularly refused to have his vital signs checked during evening and night nursing rounds, as well as several daytime nursing and provider rounds.

**On June 30, 2016**, at 3:05 a.m., Nurse Practitioner (NP) [REDACTED] signed CARELA's medical intake screening form and performed his initial health appraisal using HCCC's language interpretation service, during which she documented the following:<sup>48</sup>

- CARELA's heart rate was borderline abnormal at 100, and his blood pressure was abnormally high at 135/88. All other vital signs were within normal limits.
- CARELA reported progressive instability when walking and with general mobility, with increased difficulty walking over the past seven weeks, but did not complain of pain.
- CARELA reported a sensation of pelvic weakness and difficulty voluntarily moving his right leg. He stated prior to his detention he was entirely dependent on his wife and daughter for mobility assistance.
- CARELA reported involuntary muscle twitching, including finger and toe spasms.
- CARELA reported his primary care physician, a neurologist, and two specialists (unknown disciplines) evaluated him prior to detention, and that he underwent a magnetic

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<sup>43</sup> See CFG's HCCC Priority Case form, dated June 29, 2016. HCCC showed the ODO team a vacant cell in the infirmary during the review, and ODO found it to be in poor sanitary condition. The cell was dirty with built up grime and dirt on the floor and walls. The unit's shower stall was also in very poor condition. ODO observed rust along the ceiling of the stall, and soap and scum build-up on the floor and walls. A handle from the shower appeared to have been broken off, leaving a partial piece remaining.

<sup>44</sup> See Medical Housing Unit logbook, dated July 14, 2016 through July 25, 2016.

<sup>45</sup> ODO interview with Health Services Administrator [REDACTED] September 19, 2016.

<sup>46</sup> ODO interview with Health Services Administrator [REDACTED] September 19, 2016.

<sup>47</sup> See HCCC Interdisciplinary Progress Notes, dated June 30, 2016 through July 24, 2016.

<sup>48</sup> See Exhibit 2: Hudson County Correctional Center Medical History and Screening form by RN [REDACTED] [REDACTED] dated June 29, 2016; See HCCC Interdisciplinary Progress Notes, dated June 30, 2016; ODO interview with Nurse Practitioner [REDACTED] September 20, 2016.

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resonance imaging (MRI) scan,<sup>49</sup> a computerized tomography (CT) scan,<sup>50</sup> and an electromyogram (EMG),<sup>51</sup> but no abnormalities were found.<sup>52</sup>

- CARELA claimed to have lost over 30 pounds during the previous month and stated all his symptoms started with a right leg limp.
- CARELA denied a family history of neuromuscular degenerative disease,<sup>53</sup> drug use, or bowel and bladder dysfunction, and admitted to occasional alcohol consumption. He reported a tetanus vaccine was administered three weeks prior to his intake at HCCC for a laceration he sustained in a fall.

NP [ ] ordered CARELA be admitted to the infirmary,<sup>54</sup> and that he be scheduled for a follow-up evaluation with the physician.<sup>55</sup> NP [ ] authorized a cane and a wheelchair for CARELA, noted he should receive a regular diet, and ordered his vital signs be taken at least once during every shift.<sup>56</sup> NP [ ] documented CARELA had impaired mobility and that the condition was of unknown etiology<sup>57</sup> and lengthy duration, with progressive deterioration.<sup>58</sup>

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<sup>49</sup> An MRI is a test that used a magnetic field and pulses of radio wave energy to make pictures of organs and structures inside the body.

<sup>50</sup> A CT scan that combines a series of x-ray images taken from different angles and uses computer processing to create cross-sectional images, or slices of the bones, blood vessels, and soft tissues inside the body.

<sup>51</sup> An EMG is a diagnostic procedure that assesses the health of muscles and the nerve cells that controls them.

<sup>52</sup> During her interview with ODO, NP [ ] stated because CARELA could not recall the name or address of his outside physician, he agreed to ask his wife for the information and provide it to HCCC medical staff. HCCC intended to request CARELA's outside medical records once that information was available and to incorporate his prior diagnoses into an appropriate treatment plan. Although an authorization for release of information form was initiated on this date, it was not signed, presumably because the name and location of the private provider was not available at the time.

<sup>53</sup> The broad reference to a neuromuscular degenerative disease encompasses many diseases and ailments that impair the functioning of the muscles.

<sup>54</sup> See HCCC Medical Department Memorandum to the Department of Classification, dated June 30, 2016. CARELA remained housed in the infirmary until his transfer to OCJ. During her interview with ODO, HSA [ ] stated CARELA was assigned to the infirmary upon intake because of his mobility limitation and use of a cane. Because medical devices such as canes, crutches, and wheelchairs are not permitted in HCCC's general population housing units, any detainee requiring such a device must be housed in the infirmary. HSA [ ] and CFG Corporate Medical Director Dr. [ ] both stated during their interviews that there was no clinical determination for close medical supervision and observation due to CARELA's medical condition. However, Creative Corrections advises that the subsequent provider encounters strongly suggest CARELA's condition may have required close medical monitoring.

<sup>55</sup> See HCCC Interdisciplinary Progress Notes, dated June 30, 2016.

<sup>56</sup> ODO interview with Nurse Practitioner [ ] September 20, 2016.

<sup>57</sup> Etiology is a medical term referring to the cause, set of causes, or manner of causation of a disease or condition.

<sup>58</sup> See HCCC Interdisciplinary Progress Notes, dated June 30, 2016. ODO notes NP [ ] did not add gait and mobility instability related to progressive right leg weakness on her list of health problems for CARELA. During his interview with ODO, Dr. [ ] the HCCC staff physician, stated he did not believe CARELA's medical condition met the criteria for a chronic problem, and therefore the progressive right leg weakness and gait and mobility instability did not necessitate inclusion on the problem list. A problem list facilitates continuity of patient care by providing a comprehensive and accessible list of patient problems in one place. Problem lists within health records may contain illnesses, injuries, and other affecting the health of the patient and are used to communicate the patient's issues throughout his/her entire healthcare continuum.

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At 3:45 a.m., CARELA was admitted to the infirmary.<sup>59</sup> The care plan from NP [ ] included an order that he be observed for falls and any changes in condition. ODO notes that because nursing staff are not present in the infirmary unit except during rounds, continuous observation for falls was not possible.

At 12:35 p.m., CARELA was seen by Dr. [ ] in response to NP [ ] referral.<sup>60</sup> CARELA complained only of weakness in his right leg. CARELA's vital signs were within normal limits.<sup>61</sup> Dr. Ittoop ordered continued monitoring for clinical changes.<sup>62</sup> During his interview with ODO, Dr. [ ] stated CARELA spoke English during all encounters.<sup>63</sup> RN [ ] was present during Dr. [ ] rounds and confirmed the encounters were conducted in English.<sup>64</sup> During her interview with ODO, RN [ ] stated she attempted to help to communicate with CARELA when he could not understand Dr. [ ] heavy dialect.<sup>65</sup> RN [ ] also stated she speaks limited Spanish and described CARELA's English language proficiency as limited and basic.<sup>66</sup> ODO notes telephonic language interpretation assistance was not used for any provider or nursing rounds once CARELA completed his intake at HCCC.

At 10:30 p.m., RN [ ] conducted a nursing round and noted CARELA's vital signs were within normal limits with the exception of an abnormally elevated blood pressure of 157/91.<sup>67</sup> CARELA's medical record does not document that a cardiac assessment<sup>68</sup> was performed or that CARELA's blood pressure was rechecked during any of three subsequent rounds made by RN [ ] during her shift.

**On July 1, 2016,** at 11:55 a.m., Dr. [ ] conducted the daily provider round.<sup>69</sup> CARELA's vital signs were again within normal limits with the exception of an elevated blood pressure of 140/80. Dr. [ ] noted CARELA was not taking any medication and had no new complaints. The medical record contains no documentation that a hands-on physical assessment was conducted, or any notations regarding the detainee's consecutive daily hypertensive readings. Dr. [ ] ordered continued monitoring of CARELA's clinical status.<sup>70</sup>

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<sup>59</sup> See HCCC Interdisciplinary Progress Notes, dated June 30, 2016.

<sup>60</sup> See HCCC Interdisciplinary Progress Notes, dated June 30, 2016.

<sup>61</sup> See HCCC Interdisciplinary Progress Notes, dated June 30, 2016.

<sup>62</sup> See HCCC Interdisciplinary Progress Notes, dated June 30, 2016.

<sup>63</sup> ODO interview with Dr. [ ] September 19, 2016.

<sup>64</sup> ODO interview with RN [ ] September 20, 2016.

<sup>65</sup> ODO interview with RN [ ] September 20, 2016.

<sup>66</sup> ODO interview with RN [ ] September 20, 2016.

<sup>67</sup> See HCCC Interdisciplinary Progress Notes, dated June 30, 2016.

<sup>68</sup> Although HCCC did not provide ODO with any nursing protocols or guidelines pertaining to the treatment of high blood pressure, the American Heart Association (AHA) advises that patients with recognized hypertension should be evaluated for cardiac-related symptoms and be administered an electrocardiogram (EKG) to determine baseline cardiac function.

<sup>69</sup> See HCCC Interdisciplinary Progress Notes, dated July 1, 2016.

<sup>70</sup> See HCCC Interdisciplinary Progress Notes, dated July 1, 2016.



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At 3:00 p.m., RN [ ] conducted a nursing round and recorded CARELA's blood pressure and pulse rate as abnormally high at 140/98 and 102, respectively.<sup>71</sup> Other vital signs were within normal limits. Neither a recheck of the abnormal vital signs nor a cardiac assessment was performed.

At 10:00 p.m., RN [ ] noted CARELA refused to allow his vital signs to be taken during a nursing round, and that he complained of back pain. RN [ ] did not document CARELA's pain level or whether pain medication was offered to the detainee.<sup>72</sup>

**On July 2, 2016**, at 8:00 a.m., NP [ ] documented she conducted a provider round during which CARELA's blood pressure was mildly elevated at 130/80, and all other vital signs were within normal limits.<sup>73</sup> During her assessment of CARELA's body systems, NP [ ] found CARELA had impaired mobility, but that his lungs, cardiovascular system, abdomen, extremities, head, eyes, ears, nose, and throat were normal. NP [ ] ordered continuation of both safety precautions and the detainee's current treatment plan.

At 2:30 p.m., RN [ ] documented that during her nursing round, CARELA was out of his cell making telephone calls and using a wheelchair for ambulation.<sup>74</sup> RN [ ] documented CARELA's vital signs were within normal limits, with the exception of an abnormally high blood pressure of 163/92. According to Creative Corrections, this blood pressure reading, in conjunction with previous elevated readings, indicated the detainee suffered from a hypertensive condition. ODO notes the detainee's medical record contains no documentation that a cardiac assessment was performed or that a provider was notified. Additionally, the record contains no evidence RN [ ] rechecked CARELA's blood pressure or other vital signs during any of the three subsequent rounds during her shift.

The medical record documents CARELA refused to have his vital signs taken during the night nursing rounds.

**On July 3, 2016**, at 6:35 a.m., NP [ ] conducted a daily provider round during which CARELA's vital signs were taken and were within normal limits.<sup>75</sup> CARELA did not voice any new complaints, and his body systems assessment was normal. NP [ ] noted no changes to the detainee's current treatment plan.

The medical record documents CARELA refused to have his vital signs taken during the evening and night rounds.

**On July 4, 2016**, at 8:15 a.m., CARELA was seen by NP [ ]<sup>76</sup> CARELA's vital signs were within normal limits, with the exception of an elevated blood pressure of 150/81, and his

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<sup>71</sup> See HCCC Interdisciplinary Progress Notes, dated July 1, 2016.

<sup>72</sup> See HCCC Interdisciplinary Progress Notes, dated July 1, 2016.

<sup>73</sup> See HCCC Infirmary Medical Rounds Admission MD/NP Note, dated July 2, 2016.

<sup>74</sup> See HCCC Interdisciplinary Progress Notes, dated July 2, 2016.

<sup>75</sup> See HCCC Infirmary Medical Rounds Admission MD/NP Note, dated July 3, 2016.

<sup>76</sup> See HCCC Infirmary Medical Rounds Admission MD/NP Note, dated July 4, 2016.

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body systems assessment was normal, with the exception of decreased strength in the low back and both legs.

The medical record documents CARELA refused to allow his vital signs to be read during the evening and night shift.<sup>77</sup>

**On July 5, 2016**, at 11:55 a.m., CARELA was seen by Dr. [REDACTED]<sup>78</sup> During this encounter, Dr. [REDACTED] noted CARELA was mostly bed ridden and complained of weakness in his left leg. ODO notes all other documentation in the HCCC medical record recorded weakness in the right leg, rather than the left. The detainee's vital signs were within normal limits, with the exception of a mildly elevated blood pressure of 130/90. Dr. [REDACTED] ordered continued clinical monitoring of CARELA.

The medical record documents CARELA refused to allow his vital signs to be read during the evening and night shifts.

**On July 6, 2016**, at 9:45 a.m., CARELA was seen by Dr. [REDACTED] During this encounter, Dr. [REDACTED] noted CARELA complained of back pain and right leg weakness. Dr. [REDACTED] did not complete a pain assessment to determine the location and level of pain. CARELA's vital signs were within normal limits, with the exception of a slightly elevated blood pressure of 130/80. Dr. [REDACTED] ordered blood tests, including a complete blood count, liver function tests, and rheumatoid arthritis tests. He prescribed Tylenol 500 milligrams (mg)<sup>80</sup> twice daily for fourteen days, as needed, for pain. ODO notes the initial dose was not administered until the following day.<sup>81</sup>

The medical record documents CARELA refused to allow his vital signs to be read during the evening and night shifts.

**On July 7, 2016**, at 7:00 a.m., RN [REDACTED] documented that she completed and faxed an authorization for release of information to the Westchester clinic,<sup>82</sup> where CARELA previously received care,<sup>83</sup> after receiving the name of the clinic from CARELA's wife. During her interview with ODO, RN [REDACTED] stated CARELA disclosed he used an alias' name and date of birth at the Westchester clinic, and that she documented the alias information on the authorization form.<sup>84</sup> RN [REDACTED] also documented CARELA's vital signs were within normal limits, with the exception of a slightly elevated blood pressure of 130/80.<sup>85</sup>

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<sup>77</sup> See HCCC Infirmary Vital Sign Monitoring Form for the month of July, 2016.

<sup>78</sup> See HCCC Interdisciplinary Progress Notes, dated July 5, 2016.

<sup>79</sup> See HCCC Interdisciplinary Progress Notes, dated July 6, 2016.

<sup>80</sup> Tylenol 500 milligrams is the over-the-counter strength dose.

<sup>81</sup> See HCCC Medication Administration Record for Santo CARELA.

<sup>82</sup> See CFG Release of Information Authorization form, dated July 7, 2016, which was initiated on June 30, 2017, at the time of CARELA's intake; *see also* ODO interview with RN [REDACTED] September 20, 2016.

<sup>83</sup> See HCCC Interdisciplinary Progress Notes, dated July 7, 2016.

<sup>84</sup> ODO interview with RN [REDACTED] September 20, 2016.

<sup>85</sup> See HCCC Interdisciplinary Progress Notes, dated July 7, 2016.

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At 11:00 a.m., Dr. [ ] documented he conducted a daily assessment of CARELA and noted the detainee complained of ongoing right leg weakness and pain.<sup>86</sup> Dr. [ ] ordered an x-ray of CARELA's lumbar spine, the x-ray was completed that same day, and the results of the x-ray were normal.<sup>87</sup>

**On July 8, 2016**, at 11:50 a.m., Dr. [ ] evaluated CARELA and documented the detainee was mostly bedridden, complained of low back pain, and had difficulty standing or walking.<sup>88</sup> His documented diagnosis was muscle wasting<sup>89</sup> of the right lower extremity. ODO notes Dr. [ ]'s documentation does not indicate he conducted a hands-on physical assessment. Dr. [ ] also documented another effort was made to request CARELA's outside medical records; however, the only authorization for release of information contained in CARELA's record was RN [ ] July 7, 2016 transmission. Dr. [ ] documented CARELA's vital signs were within normal limits, with the exception of a slightly elevated blood pressure of 130/80.

At 2:30 p.m., RN [ ] noted CARELA was fully oriented, verbally responsive, and clear in his speech during a nursing round.<sup>90</sup> CARELA denied shortness of breath, displayed no acute distress, and was sitting in his chair talking on the telephone at the time of the encounter.

The medical record documents CARELA refused to allow his vital signs to be read during the evening and night shifts.

**On July 9, 2016**, at 7:30 a.m., CARELA was seen by NP [ ] but refused to have his vital signs read.<sup>91</sup> NP [ ] conducted a physical assessment and documented CARELA had right leg weakness, low back tenderness, and limited mobility. NP [ ] ordered both CARELA's safety precautions and current treatment be continued.

The medical record documents CARELA refused to allow his vital signs to be read during the evening and night shifts.

**On July 10, 2016**, at 6:35 a.m., NP [ ] encountered CARELA and documented his vital signs were within normal limits, with the exception of a slightly elevated blood pressure of 137/89.<sup>92</sup> NP [ ] documented CARELA had weakness of the right leg, and low back tenderness. NP [ ] made no change to CARELA's treatment plan.

**On July 11, 2016**, at 11:40 a.m., Dr. [ ] evaluated CARELA and documented the detainee was mostly bed ridden due to pain and weakness in his right leg, but was in no acute distress.<sup>93</sup> During the encounter, Dr. [ ] noted the request for medical records from the Westchester

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<sup>86</sup> See HCCC Interdisciplinary Progress Notes, dated July 7, 2016.

<sup>87</sup> ODO notes although Dr. [ ] signed off on the x-ray results on July 7, 2016, he did not document the results in CARELA's record until July 13, 2016.

<sup>88</sup> See HCCC Interdisciplinary Progress Notes, dated July 8, 2016.

<sup>89</sup> Muscle wasting refers to decreased muscle mass and often results from the lack of physical activity.

<sup>90</sup> See HCCC Interdisciplinary Progress Notes, dated July 8, 2016.

<sup>91</sup> See HCCC Infirmary Medical Rounds Admission MD/NP Note, dated July 9, 2016.

<sup>92</sup> See HCCC Infirmary Medical Rounds Admission MD/NP Note, dated July 10, 2016.

<sup>93</sup> See HCCC Interdisciplinary Progress Notes, dated July 11, 2016.

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Clinic, and the laboratory studies ordered on July 6, 2016, were both still pending. Dr. [ ] documented CARELA's vital signs were all within normal limits, but did not document CARELA's pain level.

The medical record documents CARELA refused to allow his vital signs to be read during the remaining shifts on July 11, 2016.

**On July 12, 2016**, at 7:00 a.m., RN [ ] encountered CARELA and documented the detainee was fully oriented with clear and appropriate speech, and that his vital signs were all within normal limits.<sup>94</sup> RN [ ] noted CARELA experienced limited range of motion of his right leg and was using crutches to assist him in moving around, rather than his cane or wheelchair which were both available.<sup>95</sup> RN [ ] noted CARELA's heart rate and rhythm were normal, and his respirations were regular. RN [ ] documented the detainee was under continued monitoring for changes in physical and mental status.

A provider assessment was not conducted on this date.

**On July 13, 2016**, at 10:55 a.m., Dr. [ ] evaluated CARELA and documented the detainee was mostly bedridden, complained of weakness in his right leg, and refused to have his vital signs read.<sup>96</sup> Dr. [ ] noted the results from CARELA's lumbar spine x-ray were normal with no evidence of a fracture or dislocation. Dr. [ ] also noted that although laboratory studies were ordered for CARELA on July 6, 2016, they were not yet completed because CARELA refused to allow his blood to be drawn. ODO notes CARELA's medical record contains one signed refusal for laboratory studies dated July 13, 2016 but was unable to determine whether July 13, 2016, was HCCF's first attempt to obtain a blood sample, or if CARELA refused undocumented attempts between July 6 and July 13, 2016.

The medical record documents that CARELA refused to allow his vital signs to be read during subsequent shifts on July 13, 2016.

**On July 14, 2016**, at 7:00 a.m., CARELA agreed to have his blood draw for the laboratory studies ordered July 6, 2016.<sup>97</sup> ODO notes the results were not received prior to CARELA's transfer from HCCC to OCJ on July 25, 2016, and the medical record contains no documentation D [ ] or another provider inquired about the status of the pending results prior to his transfer.

At 11:45 a.m., Dr. [ ] encountered CARELA and noted the detainee complained of weakness in his right thigh and calf which caused him to fall to the right side.<sup>98</sup> Dr. [ ] documented CARELA's vital signs were within normal limits, with the exception of a slightly elevated blood

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<sup>94</sup> See HCCC Interdisciplinary Progress Notes, dated July 12, 2016.

<sup>95</sup> CARELA's medical record did not document any authorization for, or issuance of, crutches.

<sup>96</sup> See HCCC Interdisciplinary Progress Notes, dated July 13, 2016.

<sup>97</sup> See HCCC Interdisciplinary Progress Notes, dated July 14, 2016.

<sup>98</sup> See HCCC Interdisciplinary Progress Notes, dated July 14, 2016.

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pressure of 130/80. Although Dr. [ ] documented assessment findings including gait<sup>99</sup> abnormality due to weakness in the right leg, and atrophying<sup>100</sup> of muscles with unclear etiology, the medical record contains no evidence he contained a physical assessment. Although no related documentation could be found by ODO, Dr. [ ] again noted in the records that HCCF made several unsuccessful attempts to obtain CARELA's records from the Westchester Clinic; ODO notes that the only documented attempt was RN [ ] July 7, 2017 request.

The medical record documents CARELA refused to allow his vital signs to be read during the evening and night shifts.

**On July 15, 2016**, at 12:30 p.m., Dr. [ ] evaluated CARELA and documented the detainee's vital signs were within normal limits, with the exception of a borderline elevated pulse rate of 100.<sup>101</sup> Dr. [ ] noted he had not yet obtained CARELA's records from the Westchester Clinic.

The medical record documents CARELA refused to allow his vital signs to be read during the evening and night shifts.

**On July 16, 2016**, at 7:00 a.m., CARELA's vital signs were read and recorded by RN [ ] as within normal limits with the exception of an abnormally rapid heart rate and mildly elevated blood pressure of 108 and 130/80, respectively.<sup>102</sup>

At 8:30 a.m., CARELA was seen by NP [ ]<sup>103</sup> CARELA made no complaints and refused to have his vital signs read. NP [ ] checked CARELA's body systems and found low back tenderness and weakness and decreased range of motion of the right leg.<sup>104</sup> NP [ ] ordered continuation of safety precautions and the current care plan, and ordered a follow-up evaluation with an orthopedic physician.<sup>105</sup>

At 3:00 p.m., CARELA's vital signs were taken and were within normal limits, with the exception of an abnormally elevated pulse and blood pressure of 104 and 150/80, respectively.<sup>106</sup>

The medical record documents CARELA refused to allow his vital signs to be read during the night shift.

**On July 17, 2016**, at 8:20 a.m., CARELA was seen by NP [ ] and refused to allow her to take his vital signs.<sup>107</sup> NP [ ] made no changes to CARELA's care plan.

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<sup>99</sup> The term "gait" refers to one's manner of walking.

<sup>100</sup> Atrophying refers to the decrease of muscle effectiveness.

<sup>101</sup> See HCCC Interdisciplinary Progress Notes, dated July 15, 2016.

<sup>102</sup> See HCCC Interdisciplinary Progress Notes, dated July 16, 2016.

<sup>103</sup> See HCCC Infirmary Medical Rounds Admission MD/NP Note, dated July 16, 2016.

<sup>104</sup> Lumbar radiculopathy refers to a compressed or pinched nerve.

<sup>105</sup> During her interview with ODO, IISA [ ] stated CFG contracts with orthopedic physician, Dr. [ ] who provides services at the facility once per week. Dr. [ ] was unavailable for interview during ODO's review.

<sup>106</sup> See HCCC Infirmary Vital Sign Monitoring Form for the month of July, 2016.

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The medical record contains no documentation an attempt was made to take CARELA's vital signs during the evening shift, but documents the detainee refused to provide vital signs during the night shift.

**On July 18, 2016**, at 11:52 a.m., Dr. [ ] evaluated CARELA and documented his vital signs were within normal limits, with the exception of an abnormally high blood pressure of 140/100.<sup>108</sup> During the encounter, CARELA complained of severe constipation for the past seven days. Dr. [ ] noted CARELA was unable to stand or ambulate as a result of "muscle wasting" of his right leg, and tended to fall to the right side when standing. Dr. [ ] ordered CARELA be seen by the orthopedic specialist and ordered the medications Colace and Sennato treat CARELA's constipation.<sup>109</sup> Creative Corrections advises the complaint of constipation lasting seven days is significant, and notes the detainee's medical record contains no documentation of a follow-up evaluation to determine the effectiveness of the prescribed medication.

The medical record contains no documentation of an attempt during the evening shift to read CARELA's vital signs but documents the detainee refused to provide vital signs during the night shift.

**On July 19, 2016**, at 7:00 a.m., CARELA was seen by RN [ ]<sup>110</sup> His vital signs were within normal limits with the exception of an abnormally elevated blood pressure of 140/100. RN [ ] documented CARELA had no new complaints, and his mobility was unimproved.

At 3:00 p.m., CARELA was seen by RN [ ] who documented the detainee was alert and oriented, showed no signs of acute distress, and walked unsteadily around the clinic's day room using a cane.<sup>111</sup> CARELA's vital signs were within normal limits, with the exception of a slightly elevated blood pressure of 130/80. ODO notes neither RN [ ] or RN [ ] followed up with CARELA regarding his complaint of constipation the previous day.

On this date (time unknown), CFG contract orthopedic specialist, Dr. [ ] assessed CARELA and documented the following:<sup>112</sup>

- CARELA had declined strength in both lower extremities and was unable to transfer himself from his wheelchair to the examination table.
- CARELA's range of motion was within normal limits, his knee extension in both legs was limited, and his sensation was diminished in the right leg.
- Disc herniation, spinal tumor, and neuromuscular degenerative disease should be ruled out as possible causes of CARELA's condition. Creative Corrections notes that although

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<sup>107</sup> See IICCC Infirmary Medical Rounds Admission MD/NP Note, dated July 17, 2016.

<sup>108</sup> See IICCC Interdisciplinary Progress Notes, dated July 18, 2016.

<sup>109</sup> Colace and Senna are laxatives designed to provide relief from occasional constipation. See HCCC Medication Administration Record for Santo Carela; See also IICCC Interdisciplinary Progress Notes, dated July 18, 2016.

<sup>110</sup> See IICCC Interdisciplinary Progress Notes, dated July 19, 2016.

<sup>111</sup> See *Id.*

<sup>112</sup> *Id.*

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Dr. [ ] was not specific, his notation appears to direct diagnostic testing for these three conditions. During her interview, HSA [ ] stated authorizations for both neurology and urology consults were in process at the time of CARELA's transfer to OCJ; however, the medical record does not contain any notations regarding authorization requests, nor does it contain any IHSC Medical Payment Authorization Request (MedPAR) forms.

**On July 20, 2016**, at 7:00 a.m., CARELA was seen by RN [ ]<sup>113</sup> RN [ ] documented CARELA had difficulty walking but had no new symptoms or complaints. She documented his breathing was regular and unlabored. CARELA's vital signs were within normal limits, with the exception of a slightly elevated blood pressure of 130/80.

At 12:30 p.m., CARELA was seen by Dr. [ ] and complained of weakness in both lower extremities.<sup>114</sup> Dr. [ ] documented CARELA was able to stand and take a few steps with the use of his cane. Dr. [ ] ordered continued monitoring of CARELA.

CARELA's vital signs were read during the evening shift, and were found to be within normal limits with the exception of a slightly elevated blood pressure of 139/90.<sup>115</sup> CARELA refused to provide vital signs during the night shift.

**On July 21, 2016**, at 12:45 p.m., CARELA was seen by Dr. [ ] and complained he was unable to stand or walk.<sup>116</sup> Dr. [ ] documented that he was still waiting to receive records from the Westchester Clinic. CARELA refused to provide vital signs during this visit and all subsequent nursing encounters for this date.

**On July 22, 2016**, at 12:53 p.m., CARELA was seen by Dr. [ ] and complained of weakness in both legs which impeded his ability to walk.<sup>117</sup> CARELA's vital signs were all within normal limits.

At 3:00 p.m., CARELA's vital signs were read again and were found to be within normal limits, with the exception of an abnormally elevated pulse rate of 110 and significantly elevated blood pressure of 160/90.

The medical record documents CARELA refused to provide vital signs during the night shift.

**On July 23, 2016**, at 8:15 a.m., CARELA was seen by NP [ ] who documented the detainee had no new complaints.<sup>118</sup> CARELA's vital signs were within normal limits, with the exception of a mildly elevated blood pressure of 136/80. NP Johnson made no changes to CARELA's care plan.

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<sup>113</sup> See HCCC Interdisciplinary Progress Notes, dated July 16, 2016.

<sup>114</sup> *Id.*

<sup>115</sup> See HCCC Infirmary Vital Sign Monitoring Form for the month of July, 2016.

<sup>116</sup> See HCCC Interdisciplinary Progress Notes, dated July 21, 2016.

<sup>117</sup> See HCCC Interdisciplinary Progress Notes, dated July 22, 2016.

<sup>118</sup> See HCCC Interdisciplinary Progress Notes, dated July 23, 2016.

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At 3:00 p.m., CARELA's vital signs were read and found to be within normal limits, with the exception of an abnormally elevated blood pressure of 140/86. CARELA refused to provide vital signs during the night shift.

**On July 24, 2016**, at 2:00 p.m., CARELA was seen by NP [redacted] who noted the detainee complained of pain and tenderness in his lower back, as well as right leg weakness.<sup>119</sup> Neither CARELA's pain level, nor a specific description of his pain, was documented, and the NP's notation does not indicate he was offered any pain medication. NP [redacted] documented CARELA refused to provide vital signs during the encounter. NP [redacted] documented CARELA suffered from impaired mobility and lumbar radiculopathy and made no changes to his care plan.

At 3:00 p.m., CARELA was seen by RN [redacted] during a nursing round.<sup>120</sup> RN [redacted] documented CARELA's vital signs were within normal limits, with the exception of an elevated blood pressure of 140/90, and the detainee had no new complaints. ODO notes this was the last entry of recorded vital signs in the HCCC medical record.<sup>121</sup>

**On July 25, 2016**, at 2:50 a.m., CARELA was escorted from HCCC's infirmary to the intake and release area in preparation for his scheduled transfer to OCJ.<sup>122</sup> RN [redacted] completed a Medical Transfer Summary which documented CARELA was cleared for TB via chest x-ray on June 29, 2016 and listed the detainee's current medical problems as impaired mobility with the need for a cane or wheelchair.<sup>123</sup> The summary also noted CARELA's prescriptions for Colace and Senna for treatment of constipation. CARELA exchanged his facility-issued clothing for his personal clothing to wear during transport and completed a Money Release Form which authorized the release of \$207 in funds to his wife.<sup>124</sup> Prior to booking out of HCCC, CARELA's record and identification were verified by both the Records Supervisor and the Intake Supervisor.<sup>125</sup>

At an undetermined time,<sup>126</sup> ICE transferred CARELA from HCCC to VSSPC where he received a medical screening and clearance for housing at OCJ.<sup>127</sup> At 9:27 a.m., RN [redacted] conducted CARELA's medical intake screening at VSSPC, and documented the following:<sup>128</sup>

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<sup>119</sup> See HCCC Interdisciplinary Progress Notes, dated July 24, 2016.

<sup>120</sup> *Id.*

<sup>121</sup> See HCCC Infirmary Vital Sign Monitoring Form for the month of July, 2016.

<sup>122</sup> See HCCC Interdisciplinary Progress Notes, dated July 25, 2016.

<sup>123</sup> See Exhibit 5: Medical Summary of Federal Prisoner/Alien in Transit Form, dated July 25, 2016.

<sup>124</sup> See HCCC Money Release Form for Federal and INS Inmates, dated July 25, 2016.

<sup>125</sup> See HCCC Division of Records, Inmate Discharge Verification Form, not dated. ODO notes that although both supervisors reviewed his record, the date and time sections of CARELA's discharge form were not completed, and the signature and date sections of his property receipt form were not completed.

<sup>126</sup> CARELA's time of departure from HCCC was not documented in his records.

<sup>127</sup> See IHSC 24-Hour Report of Death, dated August 1, 2016.

<sup>128</sup> See IHSC electronic medical record provider appointment, dated July 25, 2016. Time stamps in the IHSC electronic medical record are Mountain Standard Time. Time adjusted to Eastern Standard Time.



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- CARELA arrived at VSSPC in a wheelchair and complained of moderate to severe pain in his lower back which he rated a level nine out of ten. CARELA described the pain as constant, frequent, persistent, and as having associated symptoms of shortness of breath and weakness.
- CARELA's vital signs were within normal limits, with the exception of an abnormally elevated pulse of 110, and a significantly elevated blood pressure of 165/101 (right arm) and 154/115 (left arm). CARELA denied chest pain, headache, and dizziness, symptoms which Creative Corrections notes are sometimes associated with abnormally high pulse and blood pressure.
- CARELA was administered a dose of Clonidine to lower his blood pressure and Motrin for pain relief, as ordered by Dr. [REDACTED]
- CARELA was medically cleared for travel per Dr. [REDACTED] who recommended CARELA receive a more in-depth medical assessment by OCJ.

CARELA's time of departure from VSSPC is undetermined.

#### Orange County Jail (July 25, 2016 to July 28, 2016)

**On July 25, 2016**, at 1:43 p.m., CARELA was booked into OCJ by Officer [REDACTED]<sup>129</sup> Officer [REDACTED] recorded CARELA's known medical condition as partial paralysis.<sup>130</sup> CARELA's personal property, consisting of one blue shirt, one pair of blue jeans, and one pair of white sneakers, was inventoried and receipted.<sup>131</sup> Although an officer signed the receipt, the detainee signature section was not completed. During his interview with ODO, Officer [REDACTED] stated CARELA spoke very limited English, so he used Google Translate to aid him in completing the booking process and stated he was confident it provided the interpretation assistance necessary.<sup>132</sup> OCJ's Inmate Commitment Summary Report listed Spanish as CARELA's native language, but the section inquiring whether the detainee speaks English was not completed.<sup>133</sup> Officer [REDACTED] also stated CARELA arrived in a wheelchair and was able to stand up with assistance. A classification officer confirmed ERO's custody level determination of high.<sup>134</sup> A sexual violence and risk assessment was performed, and no concerns were noted.<sup>135</sup>

At 2:37 p.m., CARELA's medical intake screening was conducted by RN [REDACTED] who documented she conducted the screening in Spanish.<sup>136</sup> ODO notes although OCJ's medical record contained the intake screening form from VSSPC, the Medical Transfer Summary form from HCCC was not found. During her interview with ODO, RN [REDACTED]

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<sup>129</sup> See OCJ's Inmate Commitment Summary Report, dated July 25, 2016.

<sup>130</sup> See OCJ's Booking Observation Report, dated July 25, 2016.

<sup>131</sup> See Orange County Jail Inmate Property Receipt, dated July 25, 2016.

<sup>132</sup> ODO interview with Correctional Officer Jesse Weed, September 21, 2016.

<sup>133</sup> See OCJ's Inmate Commitment Summary Report, dated July 25, 2016.

<sup>134</sup> See OJC's Classification Main Composite and Summary of Criminal History Form, dated July 26, 2016.

<sup>135</sup> See OJC's Sexual Violence/Risk Assessment Screening Form, dated July 25, 2016.

<sup>136</sup> See Exhibit 7: CCS Receiving Screening Form, dated July 25, 2016.

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stated CARELA was sitting in a wheelchair when she encountered him in the intake area.<sup>137</sup> CARELA's vital signs were within normal limits with the exception of an abnormally elevated heart rate of 109.<sup>138</sup> RN [ ] documented CARELA had partial paralysis of the right leg and required the use of a wheelchair.<sup>139</sup> CARELA denied any additional medical problems and rated his leg pain at a level nine out of ten.<sup>140</sup> During her interview with ODO, RN [ ] acknowledged that despite his reported pain level, she did not offer CARELA any pain medication.<sup>141</sup> A chronic care referral form was completed for hypertension and lower extremity weakness, and CARELA was scheduled to be seen by a physician the following day.<sup>142</sup> At 2:56 p.m., RN [ ] completed a memorandum to security staff requesting CARELA be housed in the medical housing unit (MHU) and be permitted to use a wheelchair pending his evaluation by the physician.<sup>143</sup>

At 3:12 p.m., Officer [ ] completed a suicide risk screening for CARELA, and no risks were identified.<sup>144</sup>

At 4:18 p.m., CARELA was admitted to the MHU and placed in cell 20.<sup>145</sup>

**On July 26, 2016**, at 9:45 a.m., the assigned MHU officer [ ] conducted a security round.<sup>146</sup> At 9:47 a.m., Sergeant [ ] arrived in the MHU to conduct her required round as the assigned supervisor for the unit.<sup>147</sup> During the round, Sergeant [ ] found CARELA sitting on the floor of his cell next to his wheelchair. She instructed Officer [ ] to open the door, and she entered the cell.<sup>148</sup> During her interview with ODO, Sergeant [ ] stated CARELA appeared coherent and alert and gestured to his wheelchair and bed, which Sergeant [ ] interpreted to mean that he fell to the floor when trying to move between the wheelchair and bed.<sup>149</sup> Sergeant [ ] requested officer assistance via radio and instructed Officer [ ] to call medical for the assistance of an RN.<sup>150</sup> Officer [ ] and RN [ ] responded to the scene. CARELA was assessed by RN [ ] assisted into the wheelchair by the officers, and escorted to the main medical unit for evaluation by Dr. [ ].<sup>151</sup>

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<sup>137</sup> ODO interview with Registered Nurse Adrienne Cupertino, September 21, 2016. CCS Attorney [ ] was telephonically present during the interview.

<sup>138</sup> See Exhibit 7: CCS Receiving Screening Form, dated July 25, 2016.

<sup>139</sup> See OCJ's Intake – Immediate Screening Form, dated July 25, 2016.

<sup>140</sup> See Exhibit 7: CCS Receiving Screening Form, dated July 25, 2016.

<sup>141</sup> ODO interview with Registered Nurse [ ] September 21, 2016. CCS Attorney [ ] was telephonically present during the interview.

<sup>142</sup> See CCS Chronic Care Referral Form, dated July 25, 2016.

<sup>143</sup> See OCJ memo, dated July 25, 2016.

<sup>144</sup> See OJC's Suicide Screening Questionnaire, dated July 25, 2016.

<sup>145</sup> See Medical Housing Unit 1 logbook, July 25, 2016.

<sup>146</sup> *Id.*

<sup>147</sup> See ODO interview with Registered Nurse [ ] September 21, 2016.

<sup>148</sup> See Sergeant [ ] Officer's Report, dated July 26, 2016.

<sup>149</sup> *Id.*

<sup>150</sup> See ODO interview with Registered Nurse [ ] September 21, 2016.

<sup>151</sup> *Id.*

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At 10:02 a.m., CARELA arrived in the main medical clinic,<sup>152</sup> and at 10:05 a.m., RN [ ] completed an urgent medical assessment.<sup>153</sup>

At 11:30 a.m., Dr. [ ] evaluated CARELA using telephonic language interpretation and documented the following:<sup>154</sup>

- CARELA reported no known past medical problems, other than a past hemorrhoid surgery.
- CARELA reported persisting weakness in his right leg, lasting in duration for six to eight weeks, and progressing until he was no longer able to stand.
- CARELA claimed a weight loss of more than 15 pounds.
- CARELA appeared weak and dyspneic.<sup>155</sup>
- CARELA's vital signs were abnormal: he had an elevated pulse of 100, elevated respirations of 24 breaths per minute, a slightly elevated blood pressure of 132/92, and abnormally low pulse oxygen of 93 percent.
- CARELA's pupils were normally reactive to light, his lungs were clear, his heart sounds and rhythm were normal, and his abdomen was soft.

Dr. [ ] documented clinical impressions of CARELA included right leg weakness due to a possible cerebral vascular accident<sup>156</sup> or a spinal lesion, and shortness of breath.

During his telephonic interview with ODO, Dr. [ ] stated that before encountering CARELA, he was informed the detainee was in a wheelchair and had a history of falling.<sup>157</sup> Dr. [ ] stated he used the telephonic language interpretation service to conduct the assessment because CARELA spoke very little English. Dr. [ ] added that other than a family history of multiple sclerosis,<sup>158</sup> CARELA described himself as in good overall health, and denied chest pain and a history of hypertension.

Based upon CARELA's symptoms, Dr. [ ] decided to send the detainee to ORMC for further evaluation. A physician's order signed at 11:45 a.m., directs that CARELA be transported to ORMC for immediate assessment of right leg weakness and shortness of breath.<sup>159</sup> During his interview with ODO, Dr. [ ] stated because CARELA was stable, and his symptoms did not indicate urgency, he determined that transport to the hospital by facility vehicle versus ambulance was appropriate.

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<sup>152</sup> See ODO interview with Registered Nurse [ ] September 21, 2016.

<sup>153</sup> See Urgent Medical Assessment Form, dated July 26, 2016.

<sup>154</sup> See CCS Progress Note, dated July 26, 2016.

<sup>155</sup> Dyspneic is a medical term referring to shortness of breath.

<sup>156</sup> A cerebral vascular accident is the medical term for a stroke.

<sup>157</sup> ODO interview with Dr. [ ] September 22, 2016.

<sup>158</sup> Multiple sclerosis is a disease in which the immune system eats away at the protective covering of the nerves.

<sup>159</sup> See CCS Physician's Order, dated July 26, 2016; See CCS Emergency Room/Inpatient Referral Request, dated July 26, 2016.

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At 12:45 p.m., Officers [ ] and [ ] assisted CARELA into a transport van and departed for ORMC, located approximately two miles from OCJ.<sup>160</sup>

At 12:51 p.m., CARELA arrived at ORMC where he was assessed and admitted.<sup>161</sup>

**On July 27, 2016,** Interim HSA [ ] spoke with an RN at ORMC who informed her CARELA was admitted as a hypertension emergency and was pending further evaluation.<sup>162</sup> The hospital RN also informed Interim HSA [ ] that CARELA's wife reported his past medical history included multiple sclerosis and hypertension. As noted previously, CARELA informed Dr. [ ] of a family history of multiple sclerosis but did not report a history of hypertension. No further hospital updates for this date were documented in the medical record.

The ORMC medical records obtained by OCJ document the following:<sup>163</sup>

- CARELA was admitted to ORMC with a diagnosis of malignant hypertension.<sup>164</sup>
- CARELA did not speak English and required a language line to communicate.
- CARELA complained of shortness of breath and worsening chest pain which he described as sharp, and rated at a level six out of ten. He also reported low back pain, weakness in his legs, and difficulty walking.
- At the time of admission, CARELA's blood pressure was significantly elevated at 187/100.
- An electrocardiogram (EKG)<sup>165</sup> was performed and found sinus tachycardia<sup>166</sup> and incomplete right bundle branch block.<sup>167</sup>
- Laboratory studies revealed abnormal liver function, hyperlipidemia,<sup>168</sup> and diabetes.<sup>169</sup> Rhabdomyolysis,<sup>170</sup> a possible history of multiple sclerosis, and pulmonary embolism<sup>171</sup> were considered possible diagnoses.

Consistent with standard security protocols and in accordance with OCJ policy, CARELA was secured to his hospital bed guardrail by handcuffs applied to his right wrist and by securing his ankles together with leg iron cuffs.<sup>172</sup>

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<sup>160</sup> See OCJ Hospital Log, dated July 26, 2016.

<sup>161</sup> See ORMC electronic hospital encounter records, dated July 26, 2016. The time of CARELA's admission to the hospital is not documented in the hospital record.

<sup>162</sup> See CCS Progress Note, dated July 27, 2016.

<sup>163</sup> See ORMC electronic hospital records, faxed to OCJ July 29, 2016.

<sup>164</sup> Malignant hypertension is an extremely high blood pressure that develops rapidly and causes some type of organ damage.

<sup>165</sup> An EKG is a test that checks for problems with the electrical activity of the heart.

<sup>166</sup> Sinus tachycardia refers to the rapid contraction of the heart, greater than 100 beats per minute.

<sup>167</sup> This refers to a delay of electrical impulses to the right side of the heart.

<sup>168</sup> Hyperlipidemia is a condition in which there are high levels of fat particles (lipids) in the blood.

<sup>169</sup> Diabetes is a group of diseases that result in too much sugar in the blood.

<sup>170</sup> This refers to a breakdown of muscle tissue which releases a damaging protein into the blood.

<sup>171</sup> Pulmonary embolism is a condition in which one or more arteries in the lungs become blocked by a blood clot.

<sup>172</sup> ODO interview with Corrections Officer [ ] September 21, 2016.

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Following CARELA's transport to ORMC, officers made required entries to the hospital logbook at least every 15 minutes, at random intervals.<sup>173</sup> A sergeant reported to ORMC once per shift and reviewed and signed the logbook.<sup>174</sup>

At 10:30 a.m., CARELA provided Officer [redacted] (first name unknown) with a telephone number to contact his wife and niece.<sup>175</sup> CARELA's niece informed Officer [redacted] that CARELA had a history of multiple sclerosis and diabetes and stated CARELA's legs function poorly as a result of these conditions.<sup>176</sup>

At 6:00 p.m., DO [redacted] visited CARELA at ORMC

At 7:00 p.m., Officer [redacted] an employee of OCJ, assumed the hospital post.<sup>177</sup> Officer [redacted] documented that when he arrived on the post, CARELA was attempting to climb out of his bed.<sup>178</sup> During his interview with ODO, Officer [redacted] stated CARELA was fidgety and fluctuated between periods of cooperativeness and uncooperativeness throughout the shift.<sup>179</sup>

At 8:30 p.m., CARELA again attempted to climb out of his bed.<sup>180</sup> Officer [redacted] stated he directed CARELA to lie down, but CARELA refused to comply and fell to the floor. Because CARELA was only restrained to the right guardrail, his left side was free, which allowed him to roll onto his right side, over the right guardrail, and onto the floor. Officer [redacted] alerted nurses who assisted CARELA back into his bed and assessed him. Officer [redacted] then re-restrained CARELA to the bed. According to Officer [redacted] the nurses determined CARELA needed a CT scan to determine whether CARELA suffered any injury to his head during the fall.

At 9:30 p.m., CARELA again attempted to roll himself over the bed's guard rail and onto the floor.<sup>181</sup> He was not successful, but in response to the repeated attempts to get out of bed, Officer [redacted] reconfigured the handcuffs by securing each wrist to a guardrail. Officer [redacted] documented that CARELA responded by continuously slamming his arms against the restraints from 10:00 p.m. until 11:00 p.m.<sup>182</sup>

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<sup>173</sup> Officers worked 12 hour shifts, 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. See OCJ Hospital Log, dated July 26, 2016 through July 28, 2016.

<sup>174</sup> See OCJ Hospital Log, dated July 26, 2016 through July 28, 2016.

<sup>175</sup> See OCJ Hospital Log, dated July 27, 2016.

<sup>176</sup> See OCJ Hospital Log, dated July 27, 2016.

<sup>177</sup> See OCJ Hospital Log, dated July 27, 2016.

<sup>178</sup> *Id.*

<sup>179</sup> ODO interview with Corrections Officer [redacted] September 21, 2016.

<sup>180</sup> See OCJ Hospital Log, dated July 27, 2016.

<sup>181</sup> *Id.*

<sup>182</sup> ODO interview with Corrections Officer [redacted] September 21, 2016.

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#### July 28, 2016, Day of Death

At 3:47 a.m., CARELA was taken from his room for the CT scan but was returned at 4:12 a.m. During his interview with ODO, Officer [ ] stated nurses informed him the CT was not completed because CARELA would not keep his head stationary.<sup>183</sup>

At 7:00 a.m., Officer [ ] assumed the hospital post.<sup>184</sup> During his interview with ODO, Officer [ ] stated he was made aware of CARELA's attempts to get out of bed when he assumed the post. Officer [ ] spoke with CARELA who agreed not to attempt to get out of the bed again, and Officer [ ] removed the handcuffs.<sup>185</sup> Officer [ ] stated hospital staff used a language interpretation service for all interactions with CARELA because the detainee could not speak English.

At 11:00 a.m., Interim HSA [ ] documented that CARELA was evaluated by a neurologist at ORMC in response to CARELA's wife reporting the detainee had multiple sclerosis.<sup>186</sup>

The following timeline of events was recorded in the hospital log for July 28, 2016:<sup>187</sup>

- At 1:42 p.m., CARELA was taken for a CT scan which was completed successfully.
- At 2:30 p.m., CARELA was returned to his hospital room.
- From 2:45 p.m. to 3:30 p.m., CARELA remained in bed.
- At 3:35 p.m., a nurse checked CARELA's vital signs.
- From 3:45 p.m. to 4:30 p.m., CARELA remained in bed.
- At 4:39 p.m., a nurse found CARELA was not breathing and called an emergency.
- At 4:51 p.m., CARELA was pronounced dead by NP [ ]

During his interview with ODO, Officer [ ] stated he believed CARELA was sleeping when the nurse found him not breathing.<sup>188</sup> When the nurse called the emergency, Officer [ ] immediately notified his supervisor, Lieutenant [ ] Officer [ ] also notified Lieutenant [ ] when CARELA was pronounced dead.<sup>189</sup> Interim HSA [ ] documented in CARELA's medical record that she was notified CARELA died as a result of cardiac arrest.<sup>190</sup>

At 5:24 p.m., Sergeant [ ] arrived at ORMC, immediately followed by DO [ ]<sup>191</sup> During his interview with ODO, DO [ ] stated he went to the hospital after Lieutenant Potter notified him CARELA was in cardiac arrest.<sup>192</sup> During his interview with ODO, Officer [ ] stated that he fingerprinted CARELA while Sergeant [ ] took

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<sup>183</sup> ODO interview with Corrections Officer [ ] September 21, 2016.

<sup>184</sup> See OCJ Hospital Log, dated July 28, 2016.

<sup>185</sup> ODO interview with Correctional Officer [ ] September 21, 2016.

<sup>186</sup> See CCS Progress note, dated July 28, 2016.

<sup>187</sup> See OCJ Hospital Log, dated July 28, 2016.

<sup>188</sup> ODO interview with Correctional Officer [ ] September 21, 2016.

<sup>189</sup> ODO interview with Correctional Officer [ ] September 21, 2016.

<sup>190</sup> See CCS Progress note, dated July 28, 2016.

<sup>191</sup> See OCJ Hospital Log, dated July 28, 2016.

<sup>192</sup> ODO interview with Deportation Officer [ ] September 21, 2016.

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photographs.<sup>193</sup> At 8:15 p.m., Sergeant [ ] escorted CARELA's body to the hospital's morgue and transferred custody of the detainee's body to the hospital.<sup>194</sup> CARELA's family was notified of his death by the hospital physician.<sup>195</sup> Officer [ ] stated he was debriefed by a Crisis Negotiation Sergeant upon his return to OCJ from the hospital.<sup>196</sup>

#### Post-Death Events

On July 29, 2016, at 10:31 a.m., ICE ERO New York notified the Consulate General of the Dominican Republic of CARELA's death.<sup>197</sup> That same day, a New York State Department of Health Certificate of Death was issued by Medical Examiner [ ] D.O., with a manner and cause of death pending.<sup>198</sup> On March 10, 2017, an amended Certificate of Death was provided to ODO, citing the cause of death as hypertensive and atherosclerotic cardiovascular disease. Orange County declined to provide ICE with the autopsy report, citing legal concerns.

On August 25, 2016, OCJ conducted a post mortem review with both security and medical staff.<sup>199</sup> On August 29, 2016, OCJ Correctional Administrator [ ] completed a written report concluding CARELA had significant medical issues upon arrival at OCJ which were not accurately conveyed on the medical documentation provided to OCJ prior to his arrival.<sup>200</sup> ODO's review of OCJ found no operational concerns regarding staff actions or CARELA's treatment while at the facility.<sup>201</sup>

During the course of ODO's review, no documentation was found relating to the disposition of CARELA's property by OCJ following his death. Upon ODO's inquiry, Sergeant [ ] located CARELA's property in OCJ's property room and arranged to turn it over to ERO for processing.

#### 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, reviewed the medical care CARELA was provided at HCCC and OCJ, as well as any measures to ensure his safety and security while in ICE custody. Upon the conclusion of the review, ODO found deficiencies in HCCC's compliance with the ICE PBNDS 2008 and found OCJ fully compliant with the ICE NDS.<sup>202</sup>

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<sup>193</sup> ODO interview with Correctional Officer [ ] September 21, 2016.

<sup>194</sup> See Sergeant [ ] Officer's Report, dated July 28, 2016.

<sup>195</sup> ODO interview with Deportation Officer [ ] September 21, 2016.

<sup>196</sup> See Lieutenant [ ] Officer's Report, dated July 26, 2016.

<sup>197</sup> See Email from ICE Assistant Field Office Director (AFOD) [ ] to Deputy Field Office Director [ ] dated July 29, 2016.

<sup>198</sup> See Exhibit 8: New York State Certificate of Death

<sup>199</sup> See Exhibit 9: Orange County Sheriff's Office Post-Mortem Review, dated August 29, 2016.

<sup>200</sup> See Orange County Sheriff's Office Post-Mortem Review, dated August 29, 2016.

<sup>201</sup> *Id.*

<sup>202</sup> See Exhibit 6: Creative Corrections Medical Compliance Analysis.

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### CONCLUSIONS

ODO identified deficiencies in HCCC's compliance with the following areas of the ICE PBNDS 2008:

1. **ICE PBNDS 2008, Medical Care, section (V)(T)**, which states, "if the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to convince the detainee to voluntarily accept treatment. Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and the refusal of treatment in the detainee's medical record."

When CARELA was admitted to the infirmary, a provider ordered his vital signs be taken during every shift. Upon review of the medical record, ODO found documentation that CARELA refused to have his vital signs taken during 42 of 74 shifts; however, no refusal forms were generated for any of those instances.

2. **ICE PBNDS 2008, Personal Hygiene, section (V)(C)**, which states, "the facility administrator shall ensure that staff and detainees maintain a high standard of facility sanitation and general cleanliness."

During a tour of the infirmary, ODO noted that sanitation in the dayroom, the cells, and shower area was very poor.

### AREAS OF CONCERN

ODO noted the following areas of concern as they pertain to HCCF's compliance with the expected outcomes described in the ICE PBNDS 2008, Medical Care standard.

1. ICE PBNDS 2008, *Medical Care*, section (II)(2), Expected Outcomes, states, "health care needs will be met in a timely and efficient manner."

Of the 30 blood pressure readings taken on CARELA, only 12 were within normal limits. Nine readings indicated pre-hypertension, and nine were above the hypertension threshold. At no point was CARELA assessed for hypertension; as a result, no medications were dispersed to treat this condition.

Laboratory tests for a diagnostic panel, lipid panel, and rheumatoid arthritis panel were ordered on July 6, 2016; however, the first documented attempt to obtain a blood sample from CARELA was on July 13, 2016, when [REDACTED] wrote that the panels were not done because CARELA refused to have his blood drawn. A refusal form was not signed on this date, and the record contains no documentation of any previous attempts to obtain a blood sample. As documented in the record, CARELA consented to have his blood drawn on July 14, 2016; however, laboratory test results were still pending on July 26, 2016, when he was transferred to OCJ. Although [REDACTED] encountered CARELA on



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multiple occasions following the July 14, 2016 blood draw, he did not document any attempts to follow-up on the status of the lab tests.

During a morning round on July 6, 2016, [ ] prescribed a pain medication for 14 days, as needed, in response to CARELA's complaints of pain. The first dose was not administered until the following day. Further, on three occasions, June 29, July 1, and July 24, 2016, CARELA's complaints of pain were not assessed using the pain level scale, and were not managed with pain medication.

2. ICE PBNDS 2008, *Medical Care*, section (II)(37), Expected Outcomes, states, "non-English speaking detainees and/or detainees who are deaf or hard of hearing will be provided interpretation/translation services or other assistance as needed for medical care activities."

Although medical staff reported CARELA's English language proficiency was limited, they believed it adequate enough to conduct his nursing and provider rounds without the assistance of telephonic language interpretation, and interpretation assistance was used only during the intake screening and initial physical examination. By comparison, both security and medical staff interviewed at OCJ reported CARELA's English was not adequate to communicate with him without the assistance of interpretation assistance.

ODO also noted the following areas of concern as they pertain to documentation, patient encounters at HCCF, and the infirmary's physical layout.

1. CARELA's need for clinical monitoring in the infirmary was reflected in multiple provider notes, and the medical record reflects that while in the infirmary, CARELA received medical attention in the form of provider and nursing rounds consistent with requirements for any admitted patient. However, during her interview with ODO, HSA [ ] stated the basis for CARELA's assignment to the infirmary was his need for a cane or wheelchair, as the devices are considered security risks and not permitted in general housing. Creative Corrections cautions against the practice of placing detainees in the infirmary on medical orders based solely on security policies, and states that if no medical or mental health need for segregation from the general population exists, the requirement to house a detainee in the infirmary is a security matter, and the ICE 2008 PBNDS, Special Management Units, applies.
2. None of [ ] physician rounds included a hands-on physical assessment of CARELA's body systems.
3. The problem list in CARELA's medical record only includes the negative results of his chest x-ray completed at VSSPC. It does not list CARELA's chronic muscle wasting and frequent elevated blood pressure levels.
4. Dr [ ] July 19, 2016 documentation appears to direct diagnostic testing for CARELA. Although the HSA stated authorizations for diagnostic testing were pending

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at the time of CARELA's transfer to OCJ, the medical record contains no documentation any authorizations were requested.

5. Day shift nursing notes were generally complete and included documentation of vital signs, subjective and objective findings, and an updated plan of care. As these assessments were routinely followed up by provider rounds, abnormal findings were reviewed within a few hours. However, although the evening and night shift nurses typically made rounds every two to three hours, they consistently failed to ask CARELA to sign a refusal form when he refused to have his vital signs read, and did not document subjective and objective findings.
6. Although security and medical staff consistently referred to the unit where CARELA was housed as the infirmary, Creative Corrections advised the unit does not meet National Commission on Correctional Health Care (NCCHC) standard J-G-03, which states infirmary patients "are always within sight or hearing of a qualified health care professional." The NCCHC defines an infirmary as "an area within the health unit accommodating patients for a period of 24 hours or more, expressly set up and operated for the purpose of caring for patients who need skilled nursing care but are not in need of hospitalization or placement in a licensed nursing facility and whose care cannot be managed safely in an outpatient setting." Infirmary care is defined as "care provided to patients who have an illness or diagnosis requiring daily monitoring, medication, therapy, or assistance with activities of daily living at a level of skilled nursing intervention." ODO observed HCCC has no medical staff posted within the infirmary to provide sight or sound observation and care. HCCC received NCCHC accreditation in 2013, and reaccreditation in 2016.
7. During a tour of HCCC's infirmary, ODO noted the unit has only one shower, but has capacity to hold 18 detainees and/or inmates at one time. Although the number of detainees and inmates housed in the infirmary at the time of ODO's review did not exceed 12, HCCC has no policy capping the number of inmates and/or detainees housed in the infirmary at one time to 12. ICE PBNDS 2008, Personal Hygiene, section (V)(E), which states, "detainee shall be provided: Operable showers that are thermostatically controlled to temperatures between 100 and 120 degrees Fahrenheit, to ensure safety and promote hygienic practices. ACA Expected Practice 4-ALDF-4B-09 requires a minimum ratio of one shower for every 12 detainees."

ODO found OCJ was fully compliant with the ICE NDS 2000.

ODO noted the following areas of concern pertaining to OCJ's provision of medication and handling of detainee property.

1. Pain medication was not provided to CARELA at the time of intake after he reported his pain was at a level nine of ten.

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2. OCJ's Death in Custody Policy, section (III)(E)(4), states, "in the case of ICE/US Marshal detainees, the deceased's property and money will be turned over to ICE/US Marshal for disposal."

Although CARELA died on July 28, 2016, his personal property was still present at OCJ during ODO's onsite review in September of 2016. ODO notified OCJ and was assured the property would be turned over to ICE immediately for processing.

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**EXHIBITS**

1. Hudson County Correctional Center Property Receipt
2. Hudson County Correctional Center Medical History and Screening form
3. IHSC's Electronic Medical Record Transfer Entry
4. Hudson County Correctional Center Intake Mental Health Screening and Assessment Form
5. Medical Summary of Federal Prisoner/Alien in Transit Form
6. Creative Corrections Security and Medical Compliance Review
7. CCS Receiving Screening Form
8. State of New York Certificate of Death
9. Orange County Sheriff's Office Post-Mortem Review