



**U.S. Immigration and Customs Enforcement (ICE)  
Detainee Death Report: HERNANDEZ-Fundora, Alberto**

General Demographic/Background Information

- **Date of Birth:** August 5, 1956
- **Date of Death:** January 27, 2020
- **Age:** 63
- **Gender:** Male
- **Country of Citizenship:** Cuba
- **Marital Status:** Single
- **Children:** N/A

Immigration History

- On May 14, 1980, Mr. HERNANDEZ, entered the United States (U.S.) at Key West, Florida (FL) and was granted parole as a part of what is commonly referred to as the "Mariel boatlift."
- On April 4, 1985, Mr. HERNANDEZ's parole status was revoked due to criminal convictions.
- On May 17, 2000, ICE (then called Immigration and Naturalization Service) encountered Mr. HERNANDEZ at the Federal Correctional Institution in Lompoc, California and served him with a Form I-862, Notice to Appear, charging him as deportable under section 212(a)(2)(A)(i)(II) and 212(a)(2)(A)(i)(I) of the Immigration and Nationality Act.
- On July 19, 2000, an immigration judge ordered Mr. HERNANDEZ removed to Cuba.
- On December 27, 2011, ICE revoked Mr. HERNANDEZ's Order of Supervision (OSUP) and booked him into Essex County Jail. He was again released on OSUP 10 days later.
- On January 2, 2020, Enforcement and Removal Operations (ERO) Miami encountered Mr. HERNANDEZ at the Turner Gilford Knight Correctional Center (TGKCC) in Miami, FL, and served him an Immigration Detainer-Notice of Action, Form I-247A.
- On January 14, 2020, TGKCC released Mr. HERNANDEZ into ERO Miami custody. ERO transferred Mr. HERNANDEZ to Krome North Service Processing Center (KNSPC) in Miami, FL, pending nomination to the Government of Cuba for repatriation.

Criminal History

- Mr. HERNANDEZ has numerous criminal convictions while in the U.S.:
  - October 8, 1982 – Heroin-Sell (NCIC Code 3510)
  - July 26, 1983 – Aggravated Assault-Weapon (1315)
  - September 11, 1993 – Aggravated Assault-Weapon (1315)
  - March 29, 2005 – Disorderly Conduct (5311) and Morals-Decency Crimes (7299)
  - February 23, 2010 – Possession of Weapon (5212)
  - August 31, 2010 – Shoplifting (2303)
  - October 6, 2011 – Shoplifting (2303)
  - December 22, 2011 – Burglary (2299)
  - September 9, 2014 – Drug Trafficking (35AB)
  - May 31, 2016 – Shoplifting (2303)
- On January 3, 2020, a judicial circuit court convicted Mr. HERNANDEZ of petit theft and sentenced him to 15 days of incarceration.



### Medical History

- **On January 14, 2020**, a registered nurse (RN) at KNSPC completed Mr. HERNANDEZ's intake screening. Mr. HERNANDEZ reported having mild fatigue, difficulty breathing with exertion, moderate shortness of breath, bilateral lower extremity edema (a condition characterized by an excess of fluid collected in the cavities or tissues of the body), and bilateral lower extremity weakness. Mr. HERNANDEZ's vital signs were normal, except for his elevated finger stick blood sugar (FSBS) level of 350 milligrams per deciliter (normal range: 70 to 100 mg/dl).
  - Mr. HERNANDEZ's transfer summary listed the following medical conditions: congestive heart failure (CHF), asthma, diabetes, hypertension (HTN), Hepatitis C, dyslipidemia, and chronic kidney disease. The transfer summary also listed his current medications; however, Mr. HERNANDEZ arrived at KNSPC with an inhaler.
  - The intake RN called the on-call advanced practice provider (APP) and received orders to house Mr. HERNANDEZ in the medical housing unit (MHU), to administer regular insulin (four units), and to recheck his FSBS in one hour. The RN scheduled Mr. HERNANDEZ's physical examination for the next day, and cleared him for custody, pending his chest x-ray results.
  - Approximately one hour later, the RN rechecked Mr. HERNANDEZ's FSBS and recorded an elevated FSBS of 457 mg/dl. The RN contacted the on-call provider, who gave a verbal order to administer seven (7) units of regular insulin, which she provided.
- **On January 15, 2020**, an APP completed Mr. HERNANDEZ's physical examination. Mr. HERNANDEZ reported having multiple chronic conditions and special needs to include: HTN, type 2 diabetes, asthma, hyperlipidemia (high blood cholesterol), onychomycosis (nail fungus), poor dental hygiene, pleurectomy (surgical procedure to remove part of the linings that surround the lung), cardiac catheterization, pitting edema, episodes of fecal incontinence, chronic lower extremity weakness, use of a wheelchair, fall precautions, and homelessness. Mr. HERNANDEZ reported a history of smoking one to five cigarettes daily and drinking one to two beers daily. Mr. HERNANDEZ denied having pain or discomfort, shortness of breath, chest pain, dizziness, palpitations, headache, or nausea and vomiting.
  - Mr. HERNANDEZ's vital signs were within normal limits, except for his elevated FSBS of 219 mg/dl.
  - The APP diagnosed Mr. HERNANDEZ with type 2 diabetes, CHF, asthma, HTN, coronary artery disease, mixed hyperlipidemia, fecal urgency, chronic kidney disease, chronic pain, and onychomycosis.
  - Mr. Hernandez's chest x-ray results showed findings consistent with tuberculosis (TB),
  - The APP admitted Mr. HERNANDEZ into KNSPC's MHU respiratory isolation room due to his x-ray results and ordered fall precautions, a wheelchair to assist with ambulation, and baseline laboratory studies.
- **On January 21, 2020**, the APP again evaluated Mr. HERNANDEZ and submitted an infectious disease consultation request, due to Mr. HERNANDEZ's positive chest x ray results.
  - The ICE Health Service Corps' (IHSC) infectious disease consultant recommended to defer ordering anti-TB medications and requested the following: a copy of Mr. HERNANDEZ's previous hospital records; a computed tomography (CT) scan of the chest; a right upper quadrant ultrasound with doppler to assess for any underlying cirrhosis and/or pulmonary HTN (unless done already in the last year); laboratory studies; and routine vaccinations.



- The IHSC infectious disease consultant also recommended adding Mr. HERNANDEZ to IHSC’s list of detainees with serious illness for additional medical monitoring.
- **On January 22, 2020**, an APP evaluated Mr. HERNANDEZ and documented his history of a right pleurectomy at Jackson Hospital (2019) in Miami, FL, taking TB medication for six months (1986), and 10-year homelessness in Miami, FL.
  - Mr. HERNANDEZ self-reported feeling fine, eating and sleeping well, and having regular bowel movements. He denied having shortness of breath, nausea and vomiting, abdominal pain, fevers, chills, diarrhea, or constipation.
- **On January 23, 2020**, an APP evaluated Mr. HERNANDEZ and noted feces on his bed and on the floor. Mr. HERNANDEZ reported feeling hungry most of the time, fecal incontinence for the past three years (etiology unknown), intermittent diarrhea without blood or mucous, musculoskeletal weakness, leg swelling, foot problems, and shyness regarding his incontinence. He reported eating and sleeping well and denied having chest pain, shortness of breath, nausea or vomiting, fever, chills, abdominal pain, and homicidal or suicidal ideations. The APP referred Mr. HERNANDEZ to the Larkin Community Hospital (LCH) emergency department for further evaluation.
  - At approximately 11:00 a.m., an RN completed Mr. HERNANDEZ’s FSBS (38 mg/dl) and notified the APP that it was low. The APP gave an order to give Mr. HERNANDEZ oral glucose gel and recheck his level in 30 minutes.
  - At approximately 11:50 a.m., the RN documented Mr. HERNANDEZ’s condition as “stable,” and rechecked his FSBS (144 mg/dl).
  - At approximately 12:15 p.m., emergency medical services arrived at KNSPC and transferred Mr. HERNANDEZ to LCH emergency department for further evaluation per the APP’s referral.
- **On January 24, 2020**, LCH’s medical doctor (MD) diagnosed Mr. HERNANDEZ with CHF, a low ejection fraction of 20 – 25 percent (%) (normal range: 55 – 70%), bilateral pleural effusions (excess fluid that accumulates in the pleural cavity, the fluid-filled space that surrounds the lungs), cough, hyperkalemia (increased potassium level), diarrhea, diabetes, HTN, hyperlipidemia, acute kidney injury, and neuropathy. The MD transferred Mr. HERNANDEZ to the intensive care unit (ICU) due to his low ejection fraction results.
  - The MD ordered the following treatment: milrinone drip (medication used for blood pressure support and treatment of heart failure), a low sodium diet, continuation of some of his current medications, and heparin (a blood thinner).
  - Mr. HERNANDEZ denied having fever, chills, nausea and vomiting, headache, chest pain, palpitations, syncope, or urinary symptoms. His vital signs were normal.
  - Mr. HERNANDEZ had two ultrasounds completed:
    - 1) Right upper quadrant: mild abdominal ascites (accumulation of fluid causing abdominal swelling), hepatomegaly (abnormal enlargement of the liver), and cholelithiasis (formation of gallstones).
    - 2) Renal (kidney) and bladder: suggestive of possible renal disease, 1cm right renal cyst, and mild abdominal ascites.
- **On January 25, 2020**, an MD noted Mr. HERNANDEZ experienced worsening respiratory symptoms, requiring his placement on a ventilator, a Foley catheter, and medications to prevent edema. Mr. HERNANDEZ’s chest x-ray showed cardiomegaly (enlarged heart), moderate to severe edema, and bilateral pleural effusions.



- An MD performed Mr. HERNANDEZ's thoracentesis (a procedure in which a needle is inserted into the pleural space between the lungs to remove excess fluid), due to a large pleural effusion.
- **On January 26, 2020**, during medical rounds, Mr. HERNANDEZ reported feeling hungry, but in no acute distress. The MD diagnosed him with hyperkalemia and ordered kayexalate (medication used to lower potassium levels). Mr. HERNANDEZ's chest x-ray showed improvement of his pleural effusions and the MD ordered continued medical care services and no cardiothoracic surgery.
  - Later in the afternoon, Mr. HERNANDEZ complained of blurred vision, became lethargic, and hypotensive (low blood pressure). As a result, the MD discontinued milrinone and added albumin to increase his blood volume.

#### Synopsis of Death

- **On January 27, 2020**, between 4:40 a.m. and 8:23 a.m., Mr. HERNANDEZ experienced eight cardiac arrests. A code blue and advanced cardiac life support measures were initiated each time, with successful resuscitation.
  - During Mr. HERNANDEZ's eighth code, an LCH representative contacted KNSPC's ICE representative to notify Mr. HERNANDEZ's next of kin to make the final treatment decisions for Mr. HERNANDEZ. ICE attempted but could not identify a family member to serve as proxy and LCH's medical personnel made decisions consistent with hospital policies and procedures.
  - At approximately 9:02 a.m., Mr. HERNANDEZ experienced a ninth cardiac arrest. LCH called a code blue, checked Mr. HERNANDEZ's cardiac activity with an echocardiogram, and found no cardiac activity.
  - At approximately 9:32 a.m., an LCH physician pronounced Mr. HERNANDEZ deceased.