

DETAINEE DEATH REVIEW – Jose Leonardo LEMUS-Rajo

JICMS # 201606268

SYNOPSIS

On April 28, 2016, Jose Leonardo LEMUS-Rajo (LEMUS), who was a twenty-three-year-old citizen and national of El Salvador, died while in the custody of U.S. Immigration and Customs Enforcement (ICE), at the Kendall Regional Medical Center (KRMC) in Miami, Florida (FL). An autopsy completed by the Miami-Dade County Medical Examiner found LEMUS' cause of death to be acute alcohol withdrawal syndrome due to chronic ethanolism.¹

LEMUS was detained at the Krome North Service Processing Center (KNSPC) in Miami, FL, at the time of his death. KNSPC is owned by ICE and managed by the ICE Enforcement and Removal Operations (ERO) Miami Field Office and is required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011. At the time of LEMUS' death, KNSPC housed approximately 611 male detainees of all classification levels for periods in excess of 72 hours. Contract security services at KNSPC are provided by Akima Global Services (AGS) and AKAL Security. Medical care at KNSPC is provided by ICE Health Service Corps (IHSC) and supported by InGenesis Medical Staffing (InGenesis) and STG International (STG).²

DETAILS OF REVIEW

From May 17 to 18, 2016, ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) staff visited KNSPC and, with the assistance of contract subject matter experts (SME) in correctional healthcare and security, reviewed the circumstances of LEMUS' 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 LEMUS, in addition to conducting in-person interviews of individuals employed by KNSPC, InGenesis, STG, and ICE ERO.

During the review, the ODO review team took note of any deficiencies observed in the detention standards as they relate to the care and custody of the deceased detainee and documented those deficiencies herein for informational purposes only. Their inclusion in the report should not be construed in any way as indicating the deficiency contributed to the death of the detainee. ODO determined the following timeline of events, from the time of LEMUS' apprehension by ICE, through his detention at KNSPC, and eventual death at KRMC.

IMMIGRATION HISTORY

On or about October 5, 2007, LEMUS, a juvenile, entered the United States near Nogales, Arizona, without admission or parole.³

¹ Alcoholism

² STG International is a subcontractor of InGenesis Medical Staffing.

³ See Record of Deportable/Inadmissible Alien, Form I-213, dated August 28, 2010.

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On August 27, 2010, LEMUS, still a juvenile, was encountered by the Florida Highway Patrol (FHP) at a Driving Under the Influence (DUI) checkpoint in Fort Lauderdale, FL. LEMUS, who was driving without a valid driver's license, admitted to the FHP officer that he was in the United States illegally, and his only form of identification was a passport from El Salvador. The FHP contacted U.S. Border Patrol (USBP), and on August 28, 2010, a USBP agent arrested LEMUS and charged him with being in the United States in violation of section 212(a)(6)(i) of the Immigration and Nationality Act, as amended. That same day, LEMUS was served with a Notice to Appear⁴ and was transferred by ERO to the Open Arms Juvenile Facility in Miami, FL, per the direction of the U.S Department of Health and Human Services, Office of Refugee Resettlement (ORR).⁵

On September 5, 2010, LEMUS absconded from the Open Arms Juvenile Facility to stay with a relative in Oakland Park, FL.⁶

On September 7, 2010, an occupant of LEMUS' relative's residence contacted ICE ERO Fugitive Operations Group (FUGOPS) Miami to report LEMUS' location. ICE ERO arrested LEMUS at the residence that same day and processed him at the Homeland Security Investigations (HSI) Special Agent in Charge (SAC) Office, Miami, FL.⁷

On September 8, 2010, LEMUS was transferred to ICE ERO San Antonio and placed at International Educational Services, Inc., a secure juvenile facility in Los Fresnos, Texas (TX).⁸

On October 31, 2010, ORR released LEMUS to the care of his cousin in Oakland Park, FL.⁹

On June 7, 2011, an Immigration Judge in Miami ordered LEMUS removed to El Salvador in absentia.¹⁰ The ERO Miami Field Office issued a warrant for LEMUS' removal that same day.¹¹

CRIMINAL HISTORY

On January 28, 2011, LEMUS was arrested by the Broward County Sheriff's Office and charged with possession of a controlled substance. On October 14, 2011, adjudication was withheld by the Broward County Court, and the charge was dropped.¹²

⁴ See Notice to Appear, Bond and Custody Sheet, Form I-265, August 28, 2010.

⁵ See Id.

⁶ See Record of Deportable/Inadmissible Alien, Form I-213, September 7, 2010.

⁷ See Id.

⁸ See ICE Enforcement and Removal Module (EARM) Detention Details, September 8, 2010.

⁹ See EARM Case Comments, November 8, 2010.

¹⁰ See United States Department of Justice, Executive Office for Immigration Review, Immigration Court, Miami, Florida, decision, June 7, 2011.

¹¹ See Warrant of Removal/Deportation, Form I-205, June 7, 2011.

¹² See National Crime Information Center (NCIC) Criminal History Record.

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On September 21, 2014, LEMUS was arrested by the Davie Police Department, Davie, FL, and charged with aggravated assault with a deadly weapon. On December 18, 2014, the charges were dropped.¹³

On December 1, 2015, LEMUS was arrested by the Broward County Sheriff's Office, and charged with petit theft in the second degree. On December 21, 2015, he was convicted by the 17th Circuit Court Fort Lauderdale and sentenced to 20 days confinement.¹⁴

On January 7, 2016, LEMUS was convicted of criminal mischief by the Broward County Circuit Court, and sentenced to six months' probation.¹⁵ On April 25, 2016, LEMUS was encountered and arrested by ICE ERO Miami at the Florida Department of Corrections Probation and Parole, Broward West Office, Fort Lauderdale, FL.¹⁶

NARRATIVE

On April 25, 2016, at 5:30 p.m., LEMUS arrived at KNSPC.¹⁷ He was classified using the ICE Risk Classification Assessment (RCA) and was assigned a high security classification rating based on the severity of the charge and/or conviction associated with the ICE encounter, the detainee's most serious conviction, additional prior convictions, supervision history (including prior escapes), and the detainee's history of arrests. The classification rating was approved by an AGS supervisor.¹⁸

As a part of ordinary book-in procedures, IHSC Commander (CDR) [redacted] Registered Nurse (RN), conducted a medical pre-screening on LEMUS at 5:41 p.m. CDR [redacted] documented LEMUS denied health problems, had no medications in his possession, and was normal in appearance and behavior, with normal breathing, an alert state of consciousness, and with no restrictions or difficulties in movement.¹⁹

At 5:58 p.m., CDR [redacted] conducted LEMUS' medical intake screening.²⁰ CDR [redacted] documented LEMUS' primary language was Spanish, and the encounter was conducted in Spanish, in which CDR [redacted] is fluent. CDR [redacted] documented LEMUS was alert and oriented, and his vital signs were all within normal limits. LEMUS denied any pain, allergies, or past treatment by a doctor for any medical conditions, dental issues, vision, or hearing problems. LEMUS' mental health assessment was normal.

During the intake screening, LEMUS reported he had an "alcohol problem" and that he consumed "17 beers and hard liquor every day for the past year." He stated he most recently

¹³ See Id.

¹⁴ See Broward County Sheriff's Office Booking Report, December 2, 2015.

¹⁵ See Broward County Circuit Court Disposition Order, January 6, 2016.

¹⁶ See Id.

¹⁷ See Order to Detain or Release Alien, Form I-203, April 25, 2016.

¹⁸ See Risk Classification Assessment Summary, April 25, 2016.

¹⁹ See Medical Pre-Screening by CDR [redacted] April 25, 2016.

²⁰ See Exhibit 1: Medical Intake Screening by CDR [redacted] April 25, 2016.

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consumed alcohol that morning.²¹ LEMUS reported a history of syncope,²² and stated he was experiencing tremors at the time of the screening.²³ LEMUS denied usage of drugs. He also denied receiving any prior treatment for alcohol or experiencing alcohol withdrawal in the past. CDR [] documented he did not observe tremors, agitation, excessive sweating, bizarre or unusual behavior, or disorientation during the encounter.

During his interview with ODO, CDR [] stated LEMUS never mentioned he was experiencing symptoms of alcohol withdrawal during the intake screening.²⁴ CDR [] also stated because he observed only a “fine” tremor in LEMUS, and no other symptoms indicative of withdrawal, he attributed the detainee’s reported tremors to anxiety related to entering ICE detention. ODO notes CDR [] documented contradictory information in the Social History section of the medical intake screening form; specifically, that LEMUS responded “Yes” when asked if he was having withdrawal symptoms, citing the tremors as the symptom. ODO notes the detainee’s handwritten signature on the IHSC Medical Consent Form, obtained during the encounter, appears shaky.²⁵ At the conclusion of the encounter, CDR [] provided patient information to LEMUS and instructed the detainee to request sick call if his symptoms worsened. LEMUS underwent a chest x-ray to screen for tuberculosis (TB), and in accordance with standing protocol, was placed in a holding cell in the receiving area pending TB clearance.

CDR [] documented he called STG staff physician Dr. [] at 6:59 p.m., approximately one hour after completing LEMUS’ intake screening, to obtain orders for LEMUS’ care.²⁶ CDR [] stated during his interview that based solely on LEMUS’ history of excessive drinking, not on any symptoms noted during the intake screening, he recommended to Dr. [] that the detainee be housed in the medical housing unit (MHU) for observation.²⁷ As discussed above, CDR [] stated he did not believe the detainee was experiencing alcohol withdrawal. However, it is noted that CDR [] documented alcohol withdrawal as the reason for the telephone call. Dr. [] stated to the review team that CDR [] voiced concern about LEMUS’ significant history of alcohol abuse, but consistent with CDR [] statement, did not report observing withdrawal symptoms during the call.²⁸

Based on the description presented by CDR [] Dr. [] ordered LEMUS be placed in the medical housing unit (MHU) and started on thiamine,²⁹ folic acid,³⁰ and MVI (Multi-Vitamin

²¹ ODO notes that during a later part of the medical intake screening, LEMUS reported his last alcoholic beverage was consumed a few days prior.

²² Temporary loss of consciousness caused by fall in blood pressure.

²³ Unintentional trembling or shaking movements in one or more parts of the body.

²⁴ ODO interview with CDR [] May 25, 2016. CDR [] was interviewed by telephone.

²⁵ See IHSC Form 793, April 25, 2016.

²⁶ See Exhibit 2: Telephone Encounter by CD [] April 25, 2016.

²⁷ ODO interview with CDR [] May 25, 2016.

²⁸ ODO interview with Dr. [] May 17, 2016.

²⁹ A type of B vitamin. According to the National Institute of Alcohol Abuse and Alcoholism, and as verified by Dr. [] during her interview with ODO, a deficiency in the essential nutrient thiamine, resulting from chronic alcohol consumption, is one factor underlying alcohol-induced brain damage and chronic brain disorders.

³⁰ A type of B vitamin that helps the body to produce and maintain new cells.

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Injectable).³¹ Dr. [redacted] also ordered one milligram of Ativan³² every four to six hours, as needed, for agitation. Dr. [redacted] directed that a Clinical Institute Withdrawal Assessment³³ (CIWA) be completed for LEMUS, and if the CIWA score was greater than ten, the detainee be sent to the emergency room for evaluation, and a provider be notified.

At approximately 10:00 p.m., LEMUS was still in a holding cell in the receiving area, when Officer [redacted] assumed her post as the intake officer. During her interview with ODO, Officer [redacted] stated LEMUS was sleeping when she arrived, and made no requests or complaints.³⁴

At 10:50 p.m., more than five hours after LEMUS' arrival to KNSPC, notification of LEMUS' TB clearance was sent to the facility.³⁵ During his interview, CDR [redacted] stated chest x-ray results are typically received within two hours of transmission, although the contract with the radiology company (DIANA Associates Teleradiology) allows up to four hours. LEMUS' medical record does not document the time the x-ray was transmitted to DIANA Associates for interpretation.

LEMUS was cleared to depart the intake area at 11:05 p.m.,³⁶ he arrived at the MHU at 11:25 p.m., and was immediately placed in a room designated "Medical Ward 1296."³⁷ As noted by Creative Corrections, Medical Ward 1296 is located directly across from the MHU nurses' station and has four hospital beds, a stainless steel sink and toilet combination separated from the bed area by a half-wall, and a single spigot shower area. There is one large viewing window in the upper portion of the door, and two large viewing windows to the immediate right of the door. Video surveillance footage from [redacted] shows that when LEMUS first entered the ward, he walked with a normal gait. ODO notes camera distance precludes identification of any observable withdrawal symptoms.

At 11:33 p.m., STG RNs [redacted] and [redacted] entered Medical Ward 1296.³⁸ During his interview with ODO, RN [redacted] stated when he arrived on duty that night, CDR [redacted] informed him LEMUS was having withdrawal symptoms and that Dr. [redacted] provided orders to complete a CIWA and to send LEMUS to the hospital if he scored above ten, as well as to give the detainee Ativan, as needed.³⁹ As noted previously, CDR [redacted] stated to the review team that he observed no symptoms of withdrawal.

³¹ See Exhibit 2. Dr. [redacted] stated during her interview that the order for MVI was an error, as she intended for the multi-vitamin to be orally administered. CDR [redacted] stated during his interview that despite documenting and reading back the order for MVI to Dr. [redacted] the pharmacy stocks only the oral form of multi-vitamins; therefore, he knew it was not to be administered in injectable form.

³² A drug used to treat anxiety disorders or anxiety associated with depression.

³³ A standardized ten question test which assigns scores to symptoms in order to determine the level of withdrawal and recommended treatment.

³⁴ ODO interview with Officer [redacted] May 18, 2016.

³⁵ See University of Maryland Radiology Chest X-Ray TB Screening Report, April 25, 2016.

³⁶ See Medical Intake logbook, April 25, 2016.

³⁷ See MIU logbook, April 25, 2016.

³⁸ See video surveillance footage, April 25, 2016.

³⁹ ODO interview with RN [redacted] May 17, 2016.

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At approximately 11:45 p.m., RN [] took LEMUS' vital signs which were within normal limits, except for an elevated blood pressure⁴⁰ of 149/91.⁴¹ RN [] then completed an electronic CIWA which, based on LEMUS' exhibiting severe tremors, moderate agitation, moderate anxiety, and moderately severe hallucinations, resulted in a score of 19. RN [] completed a second, paper-based, version of the CIWA to validate the score from the electronic CIWA. The second CIWA also produced a score of 19.⁴²

Pursuant to Dr. []'s order, RN [] initiated arrangements to transport LEMUS to the hospital.⁴³ ODO notes LEMUS' medical record contains no documentation that the vitamins ordered by Dr. [] were given, or that a provider was notified the detainee was sent to the hospital. During his interview, RN [] stated he was aware of the orders for completion of the CIWA and administration of Ativan as needed but was not aware of the order for vitamins and never administered the vitamins to LEMUS.⁴⁴ CDR [] informed the review team that because Dr. [] did not order the vitamins and Ativan be administered to LEMUS "stat" (immediately), he decided not to administer either until LEMUS was cleared for TB and moved to the MHU. Because his shift ended when LEMUS was finally moved to the MHU, CDR [] also never administered the vitamins or Ativan to the detainee.

ODO notes that during the five and a quarter hours LEMUS remained in the intake holding cell pending TB clearance, his alcohol withdrawal symptoms progressed rapidly. As noted, CDR [] stated that although LEMUS reported having tremors, CDR [] observed no symptoms he considered indicative of withdrawal when he conducted LEMUS' intake screening at 5:58 p.m.; however, by the time RN [] conducted the CIWA at 11:45 p.m., LEMUS was experiencing severe tremors, moderate agitation, moderate anxiety, and moderately severe hallucinations. As these symptoms developed, LEMUS was not medically monitored.⁴⁵

During her interview with ODO, Dr. [] stated she did not order an immediate CIWA when she spoke with CDR [] at 6:50 p.m. because CDR [] did not report any visible symptoms of withdrawal. Dr. [] stated that although not documented in the medical record, it was her intention to have a CIWA completed once LEMUS was transferred from intake to the MHU. Dr. [] stated she expected LEMUS to be moved to the MHU more quickly, and acknowledged that more timely completion of the CIWA would have been prudent. During

⁴⁰ Normal blood pressure is considered 90 to 120 over 60 to 80.

⁴¹ See Exhibit 3: Progress Note by RN [] April 26, 2016. ODO notes that although the progress note is dated April 26, 2016, the CIWA and vital signs are both recorded as occurring the night of April 25, 2016, and the progress note was electronically signed at 11:59 p.m.

⁴² See Exhibit 4: U.S. Department of Justice, Federal Bureau of Prisons, Alcohol Withdrawal Assessment and Treatment Flowsheet, April 25, 2016.

⁴³ See Exhibit 3.

⁴⁴ ODO interview with RN [] May 17, 2016.

⁴⁵ As noted by Creative Corrections, per NCCIC's "New Guidelines for Addressing the Significant Care Gap in Alcohol Withdrawal Treatment in Correctional Settings," posted January 2014, a formal alcohol withdrawal assessment, using a standardized instrument such as the CIWA, should be administered for all individuals who screen positive for withdrawal symptoms at the time of intake. This guideline goes on to state this serves as a baseline to determine time frames for follow-up CIWA testing and treatment needs. It is further noted that according to the IHSC training plan, "Medical Management of Alcohol Withdrawal", dated August 2015, a baseline CIWA should be completed with vital signs immediately and repeated at a minimum of every four hours thereafter.

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her interview with ODO, Captain (CP) [redacted] Health Services Administrator (HSA), stated a provider order is not necessary for a CIWA to be completed; nurses may conduct a baseline CIWA if their observations lead them to believe a detainee may be experiencing withdrawal.⁴⁶

Dr. [redacted] stated that she intended the thiamine, folic acid, and multi-vitamin be administered to LEMUS immediately following her order, while the detainee was still in intake. Dr. [redacted] was unaware LEMUS never received any of the ordered vitamins until she was informed by the ODO review team. She stated she likely was not specific and accurate in her verbal order to CDR [redacted]. Although CDR [redacted] stated during his interview that he repeated the order back to Dr. [redacted] it is not documented in the record that he repeated the order.⁴⁷ Dr. [redacted] commented that on occasion, vitamins and medications used for withdrawal are not available in the night cabinet and cannot be administered until obtained from the pharmacy the following day. Accessibility to the vitamins and medications in the night cabinet on the night of April 25, 2016, could not be determined during the site visit. Creative Corrections notes that ensuring timely supplementation of vitamins to counteract the effects of malnutrition common in alcoholism can help prevent severe withdrawal symptoms. LEMUS was not given vitamins at any time while at KNSPC.

On April 26, 2016, at approximately 12:30 a.m., LEMUS was escorted out of the MHU by [redacted] officers.⁴⁸ The escort occurred without incident, and the detainee did not require assistance walking.⁴⁹ In an addendum to his April 25, 2016 progress note, RN [redacted] documented that LEMUS left the MHU for transport to KRMC at 12:30.⁵⁰ An entry in the facility transport log shows LEMUS was transported via facility van which departed KNSPC for KRMC at 12:50 a.m.⁵¹ As noted previously, a provider was not notified when the detainee was taken to the hospital. As a result, a provider was not involved in the decision to send LEMUS to KRMC by facility vehicle. Although RN [redacted] stated during his interview that he consulted with other nurses on shift, and the consensus was that LEMUS was stable enough to be transported by facility vehicle, HSA [redacted] stated during her interview that RN [redacted] should have notified a provider per Dr. [redacted] order, because based on the rapid progression of withdrawal symptoms noted by the RNs conducting the CIWA, LEMUS should have been transported via ambulance.⁵² That said, HSA [redacted] also indicated that nurses are authorized to direct the mode of transportation without provider involvement,⁵³ and during her interview, Dr. [redacted] acknowledged she did not specify the mode of transport in her verbal order to CDR [redacted].

⁴⁶ ODO interview with HSA [redacted] May 17, 2016.

⁴⁷ Creative Corrections notes that it is established medical practice for the recipient of a provider's verbal order to read the order back to the provider to ensure accuracy.

⁴⁸ See MIU logbook, April 26, 2016. See also, video surveillance footage, April 26, 2016.

⁴⁹ See video surveillance footage, April 26, 2016.

⁵⁰ See Exhibit 3.

⁵¹ See KNSPC transport log, April 26, 2016.

⁵² ODO interview with Dr. [redacted] May 17, 2016.

⁵³ ODO interview with HSA [redacted] May 17, 2016.

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LEMUS arrived at the KRMC Emergency Room (ER) at 1:11 a.m. and was assessed at approximately 1:22 a.m.⁵⁴ The KRMC record documents LEMUS denied abdominal pain, chest pain, confusion, depression, diarrhea, gastrointestinal bleeding, head injury, headache, nausea, palpitations,⁵⁵ rapid breathing, shortness of breath, sweating, or vomiting. During his mental health assessment, LEMUS denied both auditory and visual hallucinations, homicidal ideation, feelings of hostility, insomnia, stress, suicidal ideation, or inability to control his actions and behaviors. LEMUS' complaints included chills, tremors, dizziness, and anxiety; he also reported a prior history of occasional use of cocaine and Xanax,⁵⁶ and stated he last consumed alcohol one day before his hospitalization. A notation by the ER physician indicates LEMUS exhibited agitation and tremors during the assessment. LEMUS' respirations and pulse oxygen⁵⁷ were within normal limits. However, his temperature, pulse, and blood pressure were all slightly elevated. Documented laboratory results and subsequent ultrasound⁵⁸ show LEMUS had significantly elevated liver enzymes, suggestive of liver disease. His chest x-ray and electrocardiogram⁵⁹ (EKG) were within normal limits. The Emergency Room (ER) physician noted LEMUS' primary condition was alcohol withdrawal, and secondary conditions were agitation, benzodiazepine⁶⁰ abuse, and cocaine abuse.⁶¹ At 2:25 a.m., KRMC staff administered 2 mg of Ativan by injection and administered 1 mg of Folic acid and 100 mg of thiamine orally.⁶²

The following summary of events from LEMUS' admission to KRMC on April 26, 2016, to his death on April 28, 2016 is based on interviews of officers who were assigned to LEMUS' hospital security detail,⁶³ and their entries in the "hospital 1" logbook,⁶⁴ information documented in e-mail updates prepared by Dr. [REDACTED] and information included in the KRMC record. It is noted the KNSPC medical record includes only one entry after LEMUS was transferred to the hospital: an April 28, 2016 administrative note by Assistant HSA LDCR [REDACTED] documenting she was notified by an ICE Assistant Field Office Director (AFOD) that LEMUS died that evening at 7:15 p.m.⁶⁶

⁵⁴ See Exhibit 5: KRMC Emergency Provider Report, April 26, 2016.

⁵⁵ An abnormal heartbeat, characterized by simultaneous awareness of one's own pulse and discomfort, often accompanied by dizziness or difficulty breathing.

⁵⁶ A controlled drug prescribed to treat anxiety and panic disorder.

⁵⁷ The amount of oxygen in blood. Normal oxygen saturation levels in humans is 95-100 percent.

⁵⁸ A type of imaging that uses high-frequency sound waves to look at organs and structures inside the body.

⁵⁹ A test that checks for problems with the electrical activity of the heart.

⁶⁰ A class of drugs primarily used to treat anxiety.

⁶¹ Although blood and urine toxicology screens were ordered, LEMUS' hospital record indicates they were not completed because they were cancelled following his death.

⁶² See KRMC record, April 26, 2016.

⁶³ The officers work 12 hour shifts: 6:00 a.m. to 6:00 p.m. (day shift), and 6:00 p.m. to 6:00 a.m. (night shift).

⁶⁴ The logbook used by officers to note all events, in sequential order, that occurred during their shift at the hospital. The numbering of the logbook refers to the detainee to which the officers are assigned.

⁶⁵ IISA [REDACTED] provided ODO copies of e-mail correspondence spanning April 26 to 28, 2016, wherein Dr. [REDACTED] who was responsible for obtaining updates on all patients admitted to the hospital, notified Assistant IISA [REDACTED] of what she learned on each patient, including LEMUS. Although the e-mails do not name the hospital personnel who provided each update, Dr. [REDACTED] stated her communications regarding LEMUS were with KRMC attending physician, Dr. [REDACTED]. She also stated that following LEMUS' death, KNSPC procedures were changed to require that hospital updates be incorporated into detainee medical records.

⁶⁶ See Exhibit 6: Administration note by HSA [REDACTED] April 28, 2016.

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On April 26, 2016, at 5:35 a.m., LEMUS was admitted to KRMC as an in-patient under the care of Dr. [REDACTED] MD, and underwent a comprehensive examination. At 10:10 a.m., an intravenous (IV) line was placed in LEMUS' right arm to administer fluids containing multi-vitamins, thiamine, and folic acid. LEMUS also received a benzodiazepine for his acute alcohol withdrawal seizures through the IV line. In an e-mail timed 11:47 a.m., April 26, 2016, Dr. Caraballo informed Assistant HSA [REDACTED] that KRMC admitted LEMUS that morning with symptoms of alcohol withdrawal, and that the detainee was stable, though "very symptomatic."⁶⁷

As documented in the hospital 1 logbook, LEMUS was moved from the emergency room area to the Special Care Unit (SCU) at 3:35 p.m.⁶⁸ No significant events were logged by officers during the remainder of the day.

On April 27, 2016, AGS Officers [REDACTED] and [REDACTED] were assigned to the day shift. The officers informed ODO during their interviews that LEMUS was restrained to the hospital bed with one leg cuff around his ankle and the adjoining cuff secured to the bed rail throughout the day.⁶⁹ This method of restraint is consistent with guidance in KNSPC's Hospital Detail Post Order. Officer [REDACTED] stated that early during the shift, LEMUS complained he had not slept the previous night. Officer [REDACTED] reported this to a nurse, and the nurse then gave LEMUS medication.⁷⁰ ODO notes the KRMC record does not include any pharmacy records; therefore, the reported administration of medication could not be verified. However, the record includes an April 26, 2016 electronic physician order for 650 mg of Tylenol to be given for pain, and documents that an unspecified pain medication was given to LEMUS at 5:27 a.m. for upper right arm pain.⁷¹ The medication Officer [REDACTED] observed being administered is presumed to be Tylenol.

The officers stated that during their shift, LEMUS ate his meals, watched television, and tried to sleep. In an e-mail timed 2:10 p.m., Dr. [REDACTED] wrote that LEMUS' symptoms were improving, and he could potentially be discharged the following day.⁷²

At approximately 3:30 p.m., LEMUS indicated that the area near the IV line in his right arm was painful and then pulled the IV line out of his arm.⁷³ As documented in the KRMC record, a nurse inserted a new IV line in LEMUS' left upper arm, and notified Dr. [REDACTED] of the incident via telephone. LEMUS removed the new IV line from his left arm approximately two hours later, at 5:30 p.m.⁷⁴ The nurse reinserted the IV line into LEMUS' right wrist and administered 0.2 mg of Lorazepam (Ativan) through the IV line to help control the detainee's agitation.⁷⁵ Officers [REDACTED] and [REDACTED] documented that they notified AGS Lieutenant [REDACTED]

⁶⁷ See Assistant HSA [REDACTED] e-mail, April 26, 2015, 11:47 a.m.

⁶⁸ See Hospital logbook, April 26, 2016.

⁶⁹ ODO interviews with Officer [REDACTED] (May 18, 2016) and Officer Mejia (May 19, 2016).

⁷⁰ See ODO interview with Officer [REDACTED] (May 19, 2016).

⁷¹ See KRMC record, April 27, 2016.

⁷² See Assistant HSA [REDACTED] e-mail, April 27, 2016, 2:10 p.m.

⁷³ See KRMC record, April 27, 2016; ODO interviews with Officer [REDACTED] (May 18, 2016) and Officer [REDACTED] (May 19, 2016).

⁷⁴ See Hospital 1 logbook, April 27, 2016.

⁷⁵ See KRMC record, April 27, 2016

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[redacted] that LEMUS removed his IV line a second time.⁷⁶ It is noted this is the first of six documented occasions where officers at the hospital notified their supervisors at KNSPC of significant events concerning LEMUS.

At 6:00 p.m., Officers [redacted] and [redacted] were relieved by AGS Officer [redacted] and AKAL Officer [redacted]. It is noted Officer [redacted] worked only four hours of the shift and was relieved by AGS Officer [redacted] at 10:00 p.m. Officer [redacted] stated during his interview that when they arrived on shift, he and Officer [redacted] were informed LEMUS was going through withdrawal and had earlier pulled out his IV.⁷⁸ Officer [redacted] stated that he observed the detainee was somewhat “jumpy” but otherwise cooperative, and the four hours he spent on shift were uneventful.⁷⁹ Both officers confirmed the detainee continued to be restrained with one cuff on his ankle and the other fastened to the rail at the foot of the bed. According to Office [redacted] LEMUS was talkative at the beginning of the shift, and spoke enough English that they could understand one another.⁸⁰ She commented that although LEMUS was sporadically calm and conversational, he became increasingly agitated during the night. As documented in the hospital 1 logbook, at 11:15 p.m., LEMUS again removed his IV line.⁸¹ A nurse’s note documents that after LEMUS’ removed his IV line, he refused to allow nurses to reinsert another. Officer [redacted] and [redacted] both stated during their interviews that LEMUS was agitated and complained about the IV immediately prior to pulling it out.⁸² According to the hospital 1 logbook, AKAL Lieutenant [redacted] was notified of the incident by Officers [redacted] and [redacted]. It is noted this is the second of six documented events at the hospital about which security supervisors at KNSPC were notified.

On April 28, 2016, at 4:00 a.m., Officer [redacted] logged that LEMUS asked several times to be removed from his restraints so that he could leave with his sister, and stated “she is coming to get me.”⁸³ During their interviews, both Officers [redacted] and [redacted] discussed LEMUS’ increasing agitation throughout the second part of the night. At one point, LEMUS refused to allow the officers to put his leg restraint back on after he used the restroom, and demanded a change of clothes before returning to his bed. After changing into a clean hospital gown, LEMUS calmed enough to allow reapplication of the leg restraint. Both officers stated he quickly became agitated again, pleaded with them to remove the restraint, and repeatedly tried to break free of it by pulling his ankle against the cuff. Officer [redacted] noted LEMUS did not sleep at all, talked loudly in both English and Spanish, and was disruptive. The officers stated a nurse came to say LEMUS needed to calm because he was disturbing other patients. At one point, during the early morning hours,⁸⁴ AKAL Officer [redacted] who was posted at the hospital with another detainee, assisted in communicating with LEMUS in Spanish. LEMUS told Office [redacted] that he needed to leave with his brother and sister who were waiting outside, spoke of having two

⁷⁶ See Hospital 1 logbook, April 27, 2016.

⁷⁷ See Hospital 1 logbook, April 27, 2016.

⁷⁸ ODO interview with Officer [redacted] May 19, 2016.

⁷⁹ Id.

⁸⁰ ODO interview with Officer [redacted] May 19, 2016.

⁸¹ See Hospital 1 logbook, April 27, 2016.

⁸² ODO interview with Officer [redacted] May 19, 2016; and, Officer [redacted] May 19, 2016.

⁸³ See Hospital 1 logbook, April 28, 2016.

⁸⁴ This interaction was not logged and the exact timing is unknown.

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children, and stated “things” were crawling on him and on his bed. During his interview with ODO, Officer [] stated he remembered LEMUS was “disoriented, jittery, thirsty, and very wired” during their conversation. Officer [] stated he encouraged LEMUS to relax and comply with officers and medical staff.⁸⁵

A 4:30 a.m. entry in the logbook shows that a nurse requested LEMUS be sedated because he was disturbing other patients.⁸⁶ Officer [] stated during her interview that the nurse indicated she would ask the attending physician for a sedative for LEMUS, but the medication was not administered before Officer [] shift ended.

At 5:12 a.m., Officer [] notified his supervisor, Lieutenant [] that LEMUS removed his IV line three times during the night,⁸⁷ and that medical staff advised it would not be replaced. This was the third of six notifications to supervisors concerning significant events at the hospital. In an e-mail dated April 28, 2016, Lieutenant [] notified AKAL Captain [] with copy to several other lieutenants and Supervisory Deportation and Detention Officer (SDDO) [] that LEMUS had repeatedly removed his IV line, and it would not be replaced per the KRMC medical staff.⁸⁸ During his interview, Officer [] stated that he also informed Lieutenant [] that LEMUS would be seen by a doctor for possible clearance to return to the facility.⁸⁹ Lieutenant [] stated during her interview that she briefed Lieutenant [] who relieved her for 6:00 a.m. to 6:00 p.m. shift, on LEMUS’ status.⁹⁰

At 6:00 a.m. on April 28, 2016, AGS Officers [] and [] reported to KRMC to relieve Officers [] and []. When interviewed, both Officer [] and [] stated that while walking towards LEMUS’ room at the start of their shift, they heard the detainee ask to be removed from his restraint.⁹² When they entered the room, they observed LEMUS standing next to the bed on his unrestrained leg, attempting to get out of the restraint by pulling hard against the leg cuff. They observed LEMUS’ restrained ankle had abrasions and cuts from the leg cuff rubbing against his skin. Both Officers [] and [] stated they were briefed by Officers [] and [] that LEMUS did not sleep during the night and resisted having his restraint reapplied after using the restroom.

According to Officer [] at approximately 6:50 a.m., a nurse entered LEMUS’ room and asked for assistance in restraining the detainee so that she could administer an injection in the detainee’s buttocks.⁹³ The corresponding entry to the hospital record documents LEMUS was given an injection of Haldol⁹⁴ 2mg, per Dr. [] order, for his agitation.⁹⁵

⁸⁵ ODO interview with Officer [] May 19, 2016.

⁸⁶ See Id.

⁸⁷ The hospital 1 logbook only documents two of the three referenced times LEMUS removed his IV.

⁸⁸ See Lieutenant [] e-mail, April 28, 2016, 12:13 a.m.

⁸⁹ ODO interview with Officer [] May 19, 2016.

⁹⁰ ODO interview with Lieutenant [], May 17, 2016.

⁹¹ See Exhibit 7: Hospital 1 logbook, April 28, 2016.

⁹² ODO interviews with Officer [] May 18, 2016 and Officer [] May 17, 2016.

⁹³ ODO interview with Officer [] May 17, 2016.

⁹⁴ An antipsychotic, sedating drug.

⁹⁵ See KRMC record, April 27, 2016.

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As documented by the officers, at 7:10 a.m., LEMUS removed the bed's foot rail.⁹⁶ Officer [] stated during his interview that LEMUS successfully pulled the foot rail away from the bed during his struggle to get out of the leg restraint, and the rail had to be taken from LEMUS.⁹⁷ The hospital 1 logbook shows that leg restraints were reapplied to LEMUS at 9:30 a.m. and specifically notes the detainee was "combative and irate."⁹⁸ Officer [] explained that because he and Officer [] were concerned LEMUS might get the leg restraint off and attempt to escape, they attached the restraint to a more secure part of the bed.

At 10:10 a.m., a KRMC nurse entered LEMUS' room to insert an IV line.⁹⁹ Both Officers [] and [] stated LEMUS adamantly told the nurse "no IV" several times, and the IV line was not inserted.¹⁰⁰ The KRMC record accordingly documents that a nurse attempted to insert an IV, LEMUS refused, and that the detainee was "non-compliant with treatment."¹⁰¹

Officers [] stated LEMUS' agitated state escalated as their shift progressed. A 12:40 p.m. logbook entry documents Office [] spoke with Captain [] regarding LEMUS' attempts to remove his restraints, and Captain [] granted permission to place LEMUS in hand restraints for security and to keep the detainee from harming himself.¹⁰² Lieutenant [] Officer [] immediate supervisor who routed the request to Captain [] confirmed he received the call and referred it to the Captain.¹⁰³ This is the fourth occasion a KNSPC supervisor was notified of events at the hospital.

Captain [] confirmed during her interview that she took a call from Officer [] who asked for authorization to place the detainee in hand restraints.¹⁰⁴ She recalled Officer [] reported LEMUS was acting "strange" and pulled out his IV line during the night. Captain [] instructed Officer [] to find out if the hospital had soft restraints but also approved use of hard restraints. Captain [] did not ask Officer [] to report back on whether the hospital had soft restraints and did not follow up with the officer or Lieutenant [] Captain [] stated she was not overly concerned with LEMUS' behavior because she knew the detainee was going through withdrawal. She stated that when she does have concerns regarding hospitalized detainees, she reports those concerns to an ICE Supervisory Detention and Deportation Officer (SDDO) versus KNSPC medical staff. It is noted that despite her inclusion on the distribution of Lieutenant []'s e-mail message, Captain [] stated she did not know that during the previous 19 hours LEMUS became increasingly difficult to control, and harmed himself in continual attempts to get out of restraints. Captain [] stated officers are trained to notify supervisors of unusual circumstances like that of LEMUS and to write an incident report. It is noted that although the officers assigned to LEMUS at the hospital did not

⁹⁶ See Exhibit 7. It is noted the logbook shows "detainee removed headrest from bed," and Officer [] clarified during his interview that LEMUS actually removed the foot rail.

⁹⁷ ODO interview with Officer [] May 17, 2016.

⁹⁸ See Id.

⁹⁹ See Id.

¹⁰⁰ ODO interviews with Officer [] May 18, 2016; and, Officer [] May 17, 2016.

¹⁰¹ See KRMC record, April 27, 2016.

¹⁰² See Exhibit 7.

¹⁰³ ODO interview with Lieutenant [], May 18, 2016.

¹⁰⁴ ODO interview with Captain [] May 18, 2016.

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prepare incident reports, they did notify five KNSPC supervisors of LEMUS behavior, including Captain [REDACTED]

Officers [REDACTED] stated that they inquired about the availability of soft restraints with hospital staff and were informed the hospital did not have any.¹⁰⁵ The officers stated this information was not communicated to Lieutenant [REDACTED] or Captain [REDACTED] nor was it documented in the logbook.

A logbook entry shows hand restraints were applied to LEMUS at 12:55 p.m.¹⁰⁶ Both Officer [REDACTED] and Officer [REDACTED] stated a hand restraint was placed on LEMUS' left wrist, and the adjoining restraint was attached to the upper portion of the bed frame.¹⁰⁷ Officer [REDACTED] stated that once the hand restraint was in place, the detainee immediately attempted to extract his hand from the cuff which resulted in a bleeding laceration.

In an e-mail timed 1:06 p.m., Dr. [REDACTED] informed Assistant HSA [REDACTED] that although LEMUS was agitated during the night, he was stable, and the hospital had no discharge plans yet for him.¹⁰⁸ Dr. [REDACTED] stated during her interview that she was unaware of the events at the hospital described by officers because the attending physician did not report them to her.¹⁰⁹

As documented in the hospital 1 logbook, at 2:38 p.m., an additional hand restraint was applied to LEMUS to “keep the detainee from harming himself.”¹¹⁰ Officers [REDACTED] and [REDACTED] stated during their interview that LEMUS' grew increasingly agitated and combative during their shift, and caused significant abrasions and bleeding to his wrists and ankles from pulling hard against both the hand and leg restraints.¹¹¹ Officers [REDACTED] stated they elected to put the second hand restraint on the detainee's right hand, which they attached to the upper portion of the bed frame, in an effort to minimize LEMUS' self-injury. The officers also stated that at one point during their shift they moved the leg restraint from LEMUS' left ankle to his right ankle because the skin on his right leg was “raw” from his repeated attempts to pull his leg from the restraint.¹¹² It is noted the KRMC record does not document any injuries to LEMUS' ankles or wrists, or any treatment thereof.

During his interview, Officer [REDACTED] described the shift as one of his worst experiences as a correctional officer.¹¹³ He stated that he and Officer [REDACTED] did what they could to calm LEMUS, but were unsuccessful. Both officers stated that KRMC medical staff administered multiple shots of a medication to LEMUS, which they believed to be a sedative, but none of the

¹⁰⁵ ODO interviews with Officer [REDACTED] May 17, 2016; and, Officer [REDACTED] May 18, 2016.

¹⁰⁶ See Exhibit 7.

¹⁰⁷ ODO interviews with Officer [REDACTED], May 17, 2016; and, Officer [REDACTED] May 18, 2016.

¹⁰⁸ See e-mail from Dr. [REDACTED] to Assistant HSA [REDACTED] April 28, 2016, 1:06 p.m.

¹⁰⁹ ODO interview with Dr. [REDACTED] May 18, 2016.

¹¹⁰ See Exhibit 7.

¹¹¹ ODO interviews with Officer [REDACTED] May 17, 2016; and, Officer [REDACTED] May 18, 2016.

¹¹² It is noted this detail was not documented in the hospital 1 logbook.

¹¹³ ODO interview with Officer [REDACTED] May 18, 2016.

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injections had any effect on the detainee.¹¹⁴ The officers stated LEMUS spoke in both English and Spanish during their shift and appeared to talk to people who were not in the room. Officer [] stated the detainee continually called out a word in Spanish and whistled, and that a nurse told him LEMUS was saying he wanted to go home. The KRMC record documents that Dr. [] visited LEMUS at 2:45 p.m. and noted the detainee was “mentally confused” and agitated and ordered a psychiatric consult.¹¹⁵ It is noted this was the only physician round documented in LEMUS’ KRMC record.

According to the hospital 1 logbook, LEMUS refused all three meals during the 6:00 a.m. to 6:00 p.m. shift.¹¹⁶ It is noted the officers did not make a report to their supervisor at the conclusion of the shift concerning events that occurred during the shift.

At 6:00 p.m., AGS Officers [] assumed watch of LEMUS.¹¹⁷ During his interview, Officer [] reported that as soon as he arrived on the floor where LEMUS was located, he heard the detainee talking loudly and angrily.¹¹⁸ Officer [] stated that when he entered LEMUS’ room, the detainee was extremely agitated, screaming, pulling at his restraints, “foaming at the mouth,” and appeared to be hallucinating. Officer [] stated both LEMUS’ wrists were in restraints and attached to the upper portion of the bed, and his right ankle was cuffed to the lower portion of the bed. Officer [] observed that both of LEMUS’ wrists and ankles had abrasions and were bleeding.

As documented in the hospital 1 logbook, at 6:09 p.m., the officers notified their lieutenant at KNSPC that LEMUS had cuts to both wrists and ankles from pulling on his restraints.¹¹⁹ Officer [] stated during their interviews that upon seeing the detainee’s injuries and level of agitation, and noting he was restrained by both wrists and one ankle, they believed a lieutenant must be notified.¹²⁰ According to Officer [] he called Lieutenant [] who said he was aware of the situation. During his interview with ODO, Lieutenant [] confirmed Officer [] called, and that he informed the Officer that Lieutenant [] already briefed him that LEMUS was restrained and attempted to get out of his bed earlier in the day.¹²¹ Lieutenant [] also stated that he received Lieutenant [] e-mail concerning LEMUS’ attempts to remove his IV line. It is noted that the call to Lieutenant [] was the last of six notifications to KNSPC supervisors concerning events at the hospital.

¹¹⁴ ODO interviews with Officer [] May 17, 2016; and, Officer [] May 18, 2016. It is noted that in addition to the Haldol, which was administered at approximately 6:50 a.m., LEMUS was also administered Ativan at 1:11 p.m. The record does not indicate whether the Ativan was administered intramuscularly or orally.

¹¹⁵ See KRMC record, April 27, 2016.

¹¹⁶ See Exhibit 7.

¹¹⁷ See Exhibit 7.

¹¹⁸ ODO interview with Officer [] May 19, 2016.

¹¹⁹ See Exhibit 7.

¹²⁰ ODO interviews with Officer [] May 19, 2016; and, Officer [] May 19, 2016.

¹²¹ ODO interview with Lieutenant [] May 19, 2016.

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Officer [] stated during his interview that shortly after assuming the post, he asked a nurse if she could medicate LEMUS to calm him down.¹²² He stated the nurse said LEMUS refused to take any medications and that she already gave him two injections. According to the KRMC record, LEMUS was administered Haldol and Ativan at 6:11 p.m. for his persistent agitation.

At approximately 6:20 p.m., both officers stated they observed LEMUS slide toward the end of the bed with his restrained arms outstretched. Officer [] stated medical staff moved LEMUS back into what they believed to be a more comfortable position, whereupon the detainee appeared to calm and relax.¹²³ A nurse informed Officer [] that LEMUS' apparent relaxation was likely a result of medication administered an hour prior, and that when she saw the detainee calming, she left to retrieve an IV line.

Officers [] stated that after the nurse left to retrieve an IV line, they watched LEMUS urinate in the bed, and his eyes roll back in his head. The officers stated they called the nurse back in who immediately initiated a Code Blue (medical emergency) when she saw LEMUS. A 6:25 p.m. notation in the logbook records that LEMUS stopped breathing and a Code Blue was called by a nurse.¹²⁴ The officers also noted that a lieutenant at KNSPC was notified LEMUS stopped breathing and that medical staff initiated cardiopulmonary resuscitation (CPR). According to the logbook, the KRMC medical team continued resuscitation efforts on LEMUS for 45 minutes, during which the officers called their lieutenant with three updates.¹²⁵ The officers logged that LEMUS was pronounced dead by Dr. [] at 7:15 p.m.¹²⁶ and that they immediately notified the on-duty captain of the detainee's death.

In a late entry to LEMUS' KRMC record concerning the Code Blue, a nurse documented the following: at 6:00 p.m., LEMUS was sitting up in bed with a correctional officer at his side, and was awake and alert; at 6:23 p.m., a correctional officer called for a nurse and reported that LEMUS urinated on himself; upon the nurse's arrival at approximately 6:25 p.m., LEMUS was unresponsive, CPR was initiated and a Code Blue was called; at 7:08 p.m., Dr. [] was advised that LEMUS was unresponsive; and, at 7:25 p.m., Dr. [] pronounced LEMUS dead.¹²⁷

Entries to the hospital I logbook document the arrival and departure of Miami Dade police, crime scene personnel, and ICE officials in the hours following LEMUS' death.¹²⁸ KNSPC Lieutenant [] arrived as well, and as stated by Officer [] authorized his and Officer [] departure.¹²⁹ According to the logbook, Officers [] and [] were off

¹²² ODO interview with Officer [] May 19, 2016.

¹²³ ODO interview with Officer [], May 19, 2016.

¹²⁴ See Exhibit 7.

¹²⁵ See Exhibit 7.

¹²⁶ See Id. It is noted the official time of death documented in the KRMC record and Certificate of Death is 7:25 p.m.

¹²⁷ See KRMC record, April 28, 2016.

¹²⁸ See Id.

¹²⁹ ODO interview with Officer [] May 19, 2016.

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duty at 2:25 a.m. on April 29, 2016, after LEMUS' body was taken to the morgue by a nurse. Both officers completed an incident report regarding LEMUS' death.¹³⁰

Assistant HSA [redacted] who was acting HSA during HSA [redacted] leave, documented she was notified by AFOI [redacted] that LEMUS stopped breathing at 6:46 p.m., CPR was done by KRMC staff, and at 7:15 p.m. on April 28, 2016, LEMUS died.¹³¹ She included in her note that Dr. [redacted] reported the Code Blue for LEMUS ran for approximately 45 minutes before he was pronounced dead by the attending physician, Dr. [redacted]. During her interview, Assistant HSA [redacted] stated she sent an e-mail to HSA [redacted] notifying her of the events leading up to LEMUS' death.

The Miami-Dade County Preliminary Death Investigation Report for the Medical Examiner documents that a toxicology test conducted on LEMUS at the hospital showed no signs of drugs or alcohol in his blood.¹³² The autopsy report completed by the Miami-Dade County Medical Examiner on April 29, 2016 found LEMUS' cause of death was acute alcohol withdrawal syndrome due to chronic ethanolism.¹³³ The autopsy also revealed the presence of hepatomegaly¹³⁴ and hepatic steatosis,¹³⁵ which Creative Corrections notes are conditions common in individuals with chronic alcoholism.

As noted previously, Dr. [redacted] stated she was unaware of the events at the hospital documented in the logbook and reported by officers until she was informed by the ODO reviewers.¹³⁶ HSA [redacted] acknowledged she was unaware as well.¹³⁷ Assistant HSA [redacted] who was not available during the review team's site visit, confirmed during a follow-up telephone interview that she also was not made aware of LEMUS' deteriorating state at the hospital.¹³⁸ It is also noted that neither AFOD [redacted] nor SDDO [redacted] were apprised of the events at the hospital by AKAL or AGS and did not know the extent of the detainee's deterioration until informed by the ODO review team.¹³⁹ Both the AFOD and ADDO expressed concern that they were not notified by the contractor that the situation at KRMC with LEMUS deteriorated so acutely. AFOD [redacted] confirmed contract security supervisors typically do not communicate directly with healthcare staff on the status of hospitalized detainees, but that IHSC has avenues of communication to obtain updates from KRMC staff concerning detainees.

Consistent with the comments of AFOD [redacted] HSA [redacted] stated that security and medical staff do not typically confer on hospitalized detainees, except on transportation

¹³⁰ See Information Report Forms by Officers [redacted] April 28, 2016.

¹³¹ See Exhibit 6: Administration note by Assistant HSA [redacted] April 28, 2016.

¹³² See Miami-Dade County Preliminary Death Investigation Report, April 28, 2016. It is noted the KRMC record documents that a toxicology screening ordered for LEMUS was cancelled upon his death.

¹³³ See Exhibit 8: Miami-Dade County Medical Examiner Department Autopsy Report, April 29, 2016.

¹³⁴ Enlarged liver.

¹³⁵ Fatty liver disease.

¹³⁶ ODO interview with [redacted] May 17, 2016.

¹³⁷ ODO interview with HSA [redacted] May 17, 2016.

¹³⁸ ODO interview with Assistant HSA [redacted] May 25, 2016.

¹³⁹ ODO interview with AFOD [redacted] May 18, 2016; and, SDDO [redacted] May 19, 2016.

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matters.¹⁴⁰ HSA [] stated that KNSPC medical staff rely on KRMC staff to provide pertinent information when contacted for daily updates. She did not speculate on what she or Dr. [] may have done had they known of the situation at the hospital. She emphasized that once admitted to KRMC, LEMUS became the hospital's patient, and his care was solely the KRMC's responsibility.

On July 29, 2016, the State of Florida, Bureau of Vital Statistics, issued a Certification of Death for LEMUS which does not record his cause of death.¹⁴¹

HEALTHCARE AND SECURITY REVIEW

ICE contract SMEs from Creative Corrections Creative Corrections found KNSPC was fully compliant with the ICE PBNDS 2011, Medical Care, as well as pertinent safety and security standards. However several observations and concerns were noted during the course of the review. The Creative Corrections Medical and Security Compliance Analysis is included as an Exhibit to this report.¹⁴²

FINDINGS

ODO found KNSPC was fully compliant with the ICE PBNDS 2011.

AREAS OF NOTE

1. KNSPC delayed LEMUS' access to care by failing to conduct a baseline CIWA upon the detainee's acknowledged heavy alcohol use and report of experiencing tremors, maintaining him in the intake area for a protracted period without medical monitoring, and failing to give him vitamins immediately.

- CDR [] reported he observed only a slight tremor when he conducted LEMUS' intake screening at approximately 6:00 p.m. on April 25, 2016. Even though the detainee reported heavy alcohol use and experiencing tremors, CDR [] attributed the tremor he observed to nervousness, not alcohol withdrawal. Creative Corrections notes that nervousness is a symptom of withdrawal.

Roughly five and a half hours after LEMUS' intake screening, and shortly after his transfer to the MHU, RN [] documented on the CIWA that the detainee was experiencing severe tremors, moderate agitation, moderate anxiety, and moderately severe hallucinations. Creative Corrections advises that although neither the delay in receiving TB clearance nor the rapid progression of withdrawal symptoms were foreseen by CDR [] LEMUS' extended housing in intake without medical monitoring was highly risky.

¹⁴⁰ ODO interview with IIS [] May 17, 2016.

¹⁴¹ See Exhibit 9: Certification of Death, July 29, 2016.

¹⁴² See Exhibit 10: Creative Corrections Medical and Security Compliance Analysis.

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- Dr. [] stated that based on information provided to her by CDR [] she did not order completion of the CIWA prior to LEMUS' transfer to the MHU, though she assumed the detainee would be placed in the MHU more quickly. Although CDR [] stated he did not believe LEMUS was going into withdrawal, his call to Dr. [] demonstrates that he recognized the detainee was at risk. It is noted he documented the reason for the call to Dr. [] as alcohol withdrawal. It is also noted that completion of a baseline CIWA at the time of intake screening, without an order, was within CDR [] authority per the HSA.
- In addition to the CIWA, Dr. [] ordered that LEMUS be given vitamins, as well as Ativan, as needed. CDR [] did not document that he read back the verbal order to Dr. [] for verification of accuracy and understanding, although he stated to the review team that he did so.

ODO identified two problems with the verbal order. First, the documented and reportedly verified order was for an injectable multi-vitamin. Dr. [] stated her intent was for the multi-vitamin to be given in oral form, and CDR [] reported he understood that was her intent as the injectable form is not stored in the night cabinet. Second, and more significant, Dr. [] stated she intended for the thiamine, folic acid, and the multi-vitamin to be administered immediately. The recorded and verified verbal order did not document that they be given immediately. As noted by Creative Corrections, prompt administration of the vitamins may have counteracted the effects of malnutrition and slowed or arrested withdrawal progression. LEMUS was not given these vitamins until 3:02 p.m., after his admission to KRMC.¹⁴³

2. Dr. [] ordered that a provider be contacted if the CIWA result necessitated transport to the emergency room. No provider was notified.
3. Although LEMUS' withdrawal symptoms were rapidly progressing, as evidenced by the CIWA score of 19, he was not transported by ambulance and therefore was not under the care of emergency medical technicians during transit.
4. Dr. [] documented daily updates from the hospital via e-mail to Assistant HSA []. The updates, which were not documented in the medical record, consisted of two to three short sentences and did not identify the source of the information. As noted in the narrative, Dr. [] stated hospital updates are now documented in detainees' medical records, and include their source.
5. Until informed by the review team, neither ERO field office personnel nor KNSPC medical staff were aware of the events concerning LEMUS at KRMC. Although SDDO [] was included on the distribution of Lieutenant [] e-mail notifying the Captain

¹⁴³ See Exhibit 5.

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that LEMUS pulled out his IV multiple times, he was not notified of subsequent events. While the medical staff had no responsibility or control over care provided to LEMUS at the hospital, KNSPC maintained direct and on-going responsibility for ensuring security and control while the detainee was there, as well as for the safety of the detainee, hospital personnel, and officers.

- The officers assigned to watch LEMUS at KRMC notified their command staff of events which, on an escalating basis over the course of 25 hours, represented both safety and security risks, particularly to the detainee. It is concluded that in so doing, the officers assigned to guard LEMUS at KRMC acted responsibly. However, there was insufficient follow-up on the part of lieutenants and the captain. Information received from officers was reportedly passed on from lieutenant to lieutenant at shift change, and Lieutenant [] appropriately notified Captain [] other lieutenants, and the SDDO after she was told LEMUS had repeatedly removed his IV. However, no lieutenants followed up with the hospital officers after receiving their verbal reports, including Lieutenant [] who took the call from Officer [] requesting approval to use additional restraints. Captain [] to whom Lieutenant [] forwarded the call, also did not follow up after approving the additional restraints. Nor did she direct that a lieutenant report to the hospital to assess the situation, or notify the SDDO and her own chain of command. As evidenced through the documentation available and information provided during interviews, the officers were essentially left to deal with the situation on their own, without guidance or oversight.
- KNSPC medical staff relied on Dr. [] daily updates regarding LEMUS' status which were reportedly provided by KRMC attending physician Dr. [] []. It is noted that the first update by Dr. [] documented the detainee's admission to the hospital. The second, timed at 2:10 p.m. on April 27, 2016, documented LEMUS' symptoms were improving; less than three hours later, the hospital officers documented LEMUS pulled out his IV. Dr. [] third and final update, timed 1:07 p.m. on April 28, 2016, indicated LEMUS was stable; however, as stated by the hospital officers, LEMUS' level of agitation continually increased during the day. As discussed in the narrative, approximately 30 minutes before Dr. [] sent her e-mail, the officers requested authorization to apply additional restraints to LEMUS, and approximately ten minutes before her e-mail, the first hand restraint was applied. There is no explanation for the contrast between what the officers reported and Dr. [] update that LEMUS was stable.
- Although KNSPC medical staff had no authority or control over the care given to LEMUS by KRMC because he remained in ICE custody, information beyond what was documented in the daily updates should have been sought. Typically, RNs communicate with hospital staff regarding admitted detainees at least once per day and document what they learn with a progress note in the detainee's medical record at the facility. The need to receive substantive updates was

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especially relevant since LEMUS was refusing treatment and sustaining injuries as a result of struggling against the hard restraints. The documented updates were superficial and did not reflect any care, or attempted care, provided to LEMUS.

