SYNOPSIS

On March 17, 2016, Thongchay SAENGSIRI (SAENGSIRI), who was a sixty-five-year-old citizen and national of Laos, died while in the custody of U.S. Immigration and Customs Enforcement (ICE) at LaSalle General Hospital, Jena, Louisiana. The Louisiana Forensic Center, LLC, in Youngsville, LA, documented the cause of SAENGSIRI's death as hypertensive atherosclerotic cardiovascular disease[1] with emphysema[2] and obesity.

SAENGSIRI was detained at the LaSalle Detention Facility (LDF), Jena, Louisiana, from December 23, 2014 to March 17, 2016. LDF is owned and operated by the GEO Group, Inc. (GEO), under an Inter-Governmental Service Agreement (IGSA), which requires the facility to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011. At the time of SAENGSIRI's death, LDF housed approximately 863 male and 213 female detainees of all classification levels for periods in excess of 72 hours. Medical care at LDF is provided by ICE Health Service Corps (IHSC), supported by contractor InGenesis Medical Staffing (InGenesis), and sub-contractor STG International, Incorporated (STG).

DETAILS OF REVIEW

From April 12 to 14, 2016, ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO) staff visited LDF and, with the assistance of contract subject matter experts (SME) in both correctional healthcare and security, reviewed the circumstances of SAENGSIRI'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 SAENGSIRI, in addition to conducting in-person interviews of individuals employed by LDF, and ICE Enforcement and Removal Operations (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 SAENGSIRI's apprehension by ICE, through his detention at LDF, and eventual death at LaSalle General Hospital.

IMMIGRATION AND DETENTION HISTORY

SAENGSIRI was admitted to the United States on September 3, 1986, as a refugee and adjusted to Lawful Permanent Resident (LPR) status September 6, 1988.[3] On December 18, 2014, ERO New Orleans encountered SAENGSIRI while incarcerated at the Draper County Sheriff's Department in Elmore, Alabama, for his conviction of Possession of a Controlled Substance. Although he was sentenced to serve three years of incarceration, on the same date, the Sheriff's Department released SAENGSIRI to the custody of ERO New Orleans. ERO New Orleans served SAENGSIRI a Notice to Appear, charging him as removable under section 237(a)(2)(A)(iii) of the Immigration and Nationality Act, as an alien convicted of an aggravated felony. SAENGSIRI was transferred to the Delkab County Detention Center in Fort Payne, Alabama, on December 19, 2014 and was booked into LDF on December 23, 2014.

[1] Hypertensive atherosclerotic cardiovascular disease refers generally to heart disease.
[2] Emphysema refers to a group of lung diseases that block airflow and make it difficult to breathe.
[3] *See* Form I-181, Memorandum of Creation of Record of Lawful Permanent Residence, dated September 6, 1988.

CRIMINAL HISTORY

On November 10, 2014, SAENGSIRI was convicted by the District Court of Mobile County, for Possession of a Controlled Substance. SAENGSIRI also had historical convictions for Marijuana Possession (2014); Drug Possession (2011); Fraud - Illegal Use Credit Cards (2011); Marijuana Possession (2010); Possession of Narcotic Equipment; Receiving Stolen Vehicle (1998) and Assault (1993).[4]

NARRATIVE

SAENGSIRI was admitted to LDF on December 23, 2014.[5] He was appropriately classified as high custody based on the severity of his charges, his most serious conviction, and his prior convictions.[6] ODO notes SAENGSIRI's initial classification rating was not approved by a supervisor as required by the ICE PBNDS 2011. During his detention at LDF, SAENGSIRI was required to undergo classification reassessments at 60 to 90 day intervals. All required classification reassessments were conducted; however, in five instances, a supervisor did not review and approve the reassessment. Those instances include December 23, 2014, March 23, 2015, July 15, 2015, November 12, 2015, and March 16, 2016.

During the 15 months SAENGSIRI was held at LDF, from December 23, 2014, to March 17, 2016, he filed no grievances and had no disciplinary violations. The only medical concerns reported and identified during intake and his initial physical examination related to a car accident four years earlier. SAENGSIRI stated he had abdominal pain associated with exploratory surgery following the car accident, and ongoing back pain.

SAENGSIRI's medical record reflects he was seen by medical personnel 45 times over the course of his detention at LDF, including 15 encounters with nurse practitioners (NP). SAENGSIRI was seen for a variety of complaints including significant dental issues, upper respiratory symptoms, a facial cyst, rash, stomach discomfort, joint pain, anemia,[7] constipation, dizziness, edema, and shortness of breath. He was also seen by outside providers for a gastrointestinal consultation and colonoscopy. SAENGSIRI's weight was documented during 22 of his 45 medical encounters. The instances in which his weight was documented demonstrate his weight was unstable early in his detention. The most significant variance was between May 18 and June 8, 2015. Specifically, from May 18 to June 3, 2015, SAENGSIRI lost 19 lbs. Then, from June 5 to 8, 2015, SAENGSIRI gained 16 lbs. As noted by Creative Corrections, this significant fluctuation was likely related to SAENGSIRI being placed on a soft diet on May 29, 2015, for dental issues. SAENGSIRI's weight remained relatively stable for the remainder of his detention.

Described below are SAENGSIRI's most significant medical encounters while detained at LDF, as well as those tying to the findings of non-compliance and areas of note detailed at the end of this report. A detailed accounting of each medical encounter for the duration of SAENGSIRI's detention at LDF can be found in the Creative Corrections Security and Medical Compliance Review, exhibited.[8]

- **On December 23, 2014**, SAENGSIRI was transferred from DeKalb County Detention Center to LDF. Upon arrival at LDF, a medical pre-screening was completed by STG Registered Nurse (RN [redacted] during which SAENGSIRI denied having pain, significant medical

[4] *See* Form I-213, Record of Deportable/Inadmissible Alien, dated December 18, 2014.
[5] *See* Booking Form, dated December 23, 2014.
[6] See Exhibit 1: ICE Custody Classification Worksheet, dated December 23, 2014.
[7] Anemia is a condition in which there is reduced delivery of oxygen to the tissues and is due to low iron. Iron is also necessary to maintain healthy cells, skin, hair, and nails.
[8] *See* Exhibit 2: Creative Corrections Security and Medical Compliance Analysis.

problems, or current medications.[9] A Medical Summary of Federal Prisoner/Alien in Transit form, which accompanied SAENGSIRI, documented a chest x-ray taken on December 22, 2014, to screen for tuberculosis (TB) was negative.[10]

- **On December 24, 2014,** SAENGSIRI completed his medical intake screening with STG Licensed Practical Nurse (LPN [redacted] who documented SAENGSIRI spoke English with no barriers to communication. SAENGSIRI's vital signs were taken and were within normal[11] limits except for a low blood pressure.[12] SAENGSIRI denied prior alcohol or drug use but stated he was a former smoker, smoking one and a half packs of cigarettes per day. SAENGSIRI reported having cold symptoms, chronic back pain, and a history of abdominal surgery. SAENGSIRI stated that he was allergic to a muscle relaxer but he did not remember the name of the medication. He answered no to all other intake questions and confirmed he was taking no medication.[13] SAENGSIRI signed consent forms for medical, dental, and mental health services.[14] The intake screening form was reviewed and signed by RN [redacted] on December 27, 2014.[15]

- **On December 30, 2014,** SAENGSIRI was evaluated by STG RN [redacted] for complaints of stomach pain and burning. SAENGSIRI reported a history of stomach ulcers for three to four years. SAENGSIRI stated he took medication for the ulcers but did not remember the name of the medication.[16] SAENGSIRI's vital signs were taken and were within normal limits except for a slightly elevated blood pressure.[17] In accordance with IHSC Nursing Guidelines for heartburn and mild epigastric pain, STG RN [redacted] gave SAENGSIRI Mylanta and issued Maalox chewable tablets,[18] to be taken four times per day for 30 days.[19] STG RN [redacted] referred SAENGSIRI to a Nurse Practitioner (NP) for assessment of his stomach pain.

- **On January 3, 2015,** STG Nurse Practitioner (NP) [redacted] reviewed the December 30, 2014 referral prior to conducting SAENGSIRI's initial history and physical examination. SAENGSIRI's vital signs were taken and were within normal limits, except for an elevated blood pressure.[20] SAENGSIRI reported ongoing abdominal pain since undergoing abdominal surgery following a motor vehicle accident four years prior. He also reported having a colonoscopy,[21] an esophagogastroduodenoscopy (EGD),[22] and a stomach x-ray about three months earlier, and

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[9] *See* Medical Pre-Screening Form by LPN [redacted] dated December 23, 2014.
[10] *See* Id.
[11] Normal temperature is 98.6; normal range for pulse (heart rate) is 60 to 100 beats per minute; and normal range for respirations 12 to 20 breaths per minute. Normal blood pressure is 120/80, with 90/60 to 139/89 considered within the normal range.
[12] SAENGSIRI's Blood Pressure was 104/70.
[13] *See* Exhibit 3: Medical intake screening by LPN [redacted] dated December 24, 2014.
[14] *See* ICE Health Services Corps Medical Consent Form by LPN [redacted] dated December 23, 2014.
[15] *See* Exhibit 3. Although not required by the ICE PBNDS 2011, it is LDF's standard practice that an RN review and sign any intake screening completed by an LPN.
[16] SAENGSIRI did not report a history of ulcers during his intake screening.
[17] SAENGSIRI's Blood Pressure was 142/86.
[18] Mylanta and Maalox are antacids to relieve heartburn, acid indigestion, upset stomach and bloating caused by gas.
[19] *See* Medical Provider Progress Note by RN [redacted] dated December 30, 2014.
[20] SAENGSIRI's Blood Pressure was 140/80.
[21] A colonoscopy is a procedure to evaluate/view the inside of the large intestine using a flexible tube with a camera and light.
[22] An EGD is a procedure to evaluate/view the esophagus, stomach, and duodenum (first part of the small bowel) using a flexible tube with a camera and light. Ulcers are identified by way of EGD.

indicated his results for each were normal.[23] NP [redacted] prescribed Mylanta and instructed SAENGSIRI to return to sick call if his stomach pain worsened or became constant.[24]

NP [redacted] completed SAENGSIRI's initial dental screening during the physical examination and documented the detainee denied having any significant dental problems or dental prosthesis. NP [redacted] did not document whether she looked in SAENGSIRI's mouth to determine how many teeth he had; however, based on documentation of subsequent dental encounters, it appears he had nine at the time of his initial dental screening.[25]

At approximately 10:30 p.m., SAENGSIRI's housing unit officer (name unknown) called the medical unit and reported to IHSC RN [redacted] that SAENGSIRI complained of bad stomach pain for the past four days.[26] Per RN [redacted] direction, SAENGSIRI was escorted to the medical unit in a wheelchair by an officer.[27] SAENGSIRI informed her that his pain was level eight out of ten.[28] During RN [redacted] assessment, he began to moan and hold his epigastrium area.[29] SAENGSIRI also reported he was unable to eat due to his abdominal pain. RN [redacted] took the detainee's vital signs and documented they were within normal limits except for an elevated blood pressure.[30] RN [redacted] called the on-call provider, NP [redacted], after completing the assessment, to receive orders for SAENGSIRI's treatment. NP [redacted] provided a telephone order for an injection of Phenergan[31] and Mylanta by mouth. As noted by RN [redacted] by 11:10 p.m. that night, SAENGSIRI stated he felt much better and was returned to his housing unit.[32]

- **On February 19, 2015**, NP [redacted] evaluated SAENGSIRI for a ruptured cyst that he was seen and treated for on February 8, and February 11, 2015. NP [redacted] instructed SAENGSIRI to wash his hands frequently to prevent spread of infection and to return for follow-up in one week.[33] NP [redacted] took SAENGSIRI's vital signs which were all within normal limits, and ordered Cephalexin[34] for another seven days. ODO notes the medical record does not reflect a follow-up appointment was conducted per NP [redacted] order.

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[23] Despite SAENGSIRI's reported current and ongoing abdominal pain, history of ulcers and abdominal surgery, as well as what would be recurrent gastrointestinal complaints during his detention, his medical record does not reflect LDF ever requested SAENGSIRI's past medical records.

[24] *See* Exhibit 4: Physical Examination by STG NP [redacted] dated January 3, 2015.

[25] Although, SAENGSIRI denied having any significant dental problems during his initial dental screening, while at LDF he was seen by dental personnel approximately 20 times. SAENGSIRI was seen for a variety of complaints, including throbbing dental pain, gum pain, dental x-rays, broken painful teeth, trauma to gums, difficulty chewing, dentures, tooth fragments, decay, loose teeth, and tooth extraction. SAENGSIRI eventually had all of his remaining teeth extracted, including three teeth on February 4, 2015, two teeth on May 5, 2015, one tooth on October 2, 2015, and three teeth on February 8, 2016. All dental encounters are detailed in Creative Corrections Security and Medical Compliance Review.

[26] ODO interview with RN [redacted], April 12, 2016.

[27] *See* Medical Provider Progress Note by RN [redacted] dated January 3, 2015.

[28] The detainee was asked to evaluate his level of pain according to a standardized pain scale which is used to measure a patient's self-report of pain, on a scale of zero to ten, with zero being the lowest and ten the highest.

[29] The epigastrum is the upper and middle region of the abdomen.

[30] SAENGSIRI's blood pressure was 161/103.

[31] Phenergan is an injection to relieve nausea and vomiting.

[32] *See* Medical Provider Progress Note by RN [redacted] dated January 3, 2015.

[33] *See* Exhibit 5: Medical Provider Progress Note by NP [redacted] dated February 19, 2015.

[34] Cephalexin is an antibiotic used to treat bacterial infections.

- **On May 18, 2015,** SAENGSIRI was seen by STG RN [redacted] at approximately 7:02 a.m. for complaints of edema[35] in both lower legs and occasional shortness of breath.[36] During the evaluation, SAENGSIRI reported he had a rash on both hands, but stated he did not have any associated pain. SAENGSIRI's vital signs were taken and were within normal limits, with the exception of slightly elevated respirations.[37] RN [redacted] documented the detainee's oxygen saturation as 94 percent,[38] and his weight as 180 pounds[39]. STG RN [redacted] referred SAENGSIRI to a provider for evaluation that morning, and at approximately 9:56 a.m., he was seen by STG NP [redacted]

  During the evaluation with NP [redacted] SAENGSIRI denied any history of heart disease or hypertension but stated he was a former smoker.[40] For the first time, SAENGSIRI noted that he was experiencing swelling in his legs, which began approximately one month prior. He also reported experiencing shortness of breath at night and with exercise, and having an occasional non-productive cough.[41] NP [redacted] documented that SAENGSIRI complained of orthopnea[42] but denied heart palpitations,[43] dizziness, or fainting episodes. SAENGSIRI's vital signs were taken and were within normal limits with the exception of a slightly elevated temperature.

  NP [redacted] documented SAENGSIRI was alert, well hydrated, and in no distress. He had scaly, raised, red lesions on both hands, no heart murmurs, regular heart rate and rhythm; rales[44] at the base of both posterior lungs; normal bowel sounds; soft, non-tender, non-distended abdomen; normal gait; good strength and equal bilateral full range of motion; two-plus pitting edema[45] of lower extremities; and was oriented and cooperative with the exam. SAENGSIRI was assessed as having dyspnea[46] and acute respiratory abnormalities. SAENGSIRI was given Furosemide for a three day period,[47] an electrocardiogram (EKG),[48] and Ketoconazole cream[49] for the rash on his hands.[50]

  During her interview with ODO, NP [redacted] stated she was concerned about possible congestive heart failure (CHF) due to fluid retention.[51] She discussed sending SAENGSIRI to the hospital with another provider, but they decided instead to order the diuretic Furosemide for three days. NP [redacted] could not recall the name of the provider with whom she consulted. She documented SAENGSIRI should be scheduled for a follow-up appointment in two to three days, as she was

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[35] Edema refers to swelling that occurs as a result of fluid retention.
[36] *See* Exhibit 6: Medical Provider Progress Note by NP [redacted] dated May 18, 2015.
[37] SAENGSIRI's respirations were measured at 24 breaths per minute. Normal respirations are generally considered to be between 12 and 16 breaths per minute.
[38] Oxygen saturation refers the amount of oxygen in the blood. Normal oxygen saturation is 95 to 100 percent.
[39] ODO notes the detainee gained 13 pounds since the date of his admission. ODO notes that fluid retention present with edema can cause weight gain.
[40] *See* Medical Provider Progress Note by NP [redacted] dated May 18, 2015.
[41] A non-productive cough is one in which no mucus is expelled from the lungs.
[42] Orthopnea refers to discomfort in breathing brought on or aggravated by lying flat.
[43] Heart palpitations are sounds made heart muscle contraction and the closure of the heart valves during the cardiac cycle.
[44] Rales are crackling sounds heard within the lung when using a stethoscope.
[45] Edema refers to an excessive amount of watery fluid that retains an indentation made by pressure.
[46] Dyspnea refers to shortness of breath.
[47] Furosemide is a diuretic used to reduce fluid retention.
[48] An EKG is a record of the heart's electrical impulses that can identify problems with heart rate and rhythm.
[49] Ketoconazole cream is a topical antifungal.
[50] *See* Medical Provider Progress Note by NP [redacted] dated May 18, 2015.
[51] ODO interview with NP [redacted] April 13, 2016.

concerned the Furosemide might result in a drop in SAENGSIRI's blood pressure.[52] NP stated she did not initiate scheduling of the follow-up appointment in the electronic medical record system, and instead noted it on her calendar.

NP informed reviewers that on May 21, 2015, three days later, she called SAENGSIRI's housing unit and asked an officer to have SAENGSIRI brought to medical for the follow up appointment, but the officer reported SAENGSIRI refused and stated he was feeling better. ODO notes no refusal form was obtained. According to NP although required by the ICE PBNDS 2011, at the time of SAENGSIRI's detention, nurses did not consistently require detainees to sign a refusal form upon refusal of a medical appointment.[53] Subsequent to his death, all medical staff received instruction on both the requirements of the ICE PBNDS 2011, and IHSC Directive 02-08, dated March 25, 2016, which requires nurses, medical providers, behavioral health providers and dentists to ensure an IHSC Refusal Form (IHSC Form 820) is completed in its entirety each time a detainee refuses treatment. The IHSC Refusal Form requires the signature of the detainee, the health care provider obtaining the refusal, and a witness from the medical or security staff.[54]

SAENGSIRI's May 18, 2015 EKG was performed by STG RN The EKG report documented that SAENGSIRI had an artificial pacemaker and that the EKG could not interpret the detainee's heart rate and rhythm because of the artificial pacemaker. ODO notes SAENGSIRI's medical record contains no documentation he had an artificial pacemaker, and an autopsy completed after SAENGSIRI's death confirms he did not have an artificial pacemaker.[55] NP and RN both stated EKG reports are sent to the ordering provider for review and signature, and are then scanned into the electronic medical record for interpretation and final disposition by ISHC physician Dr. ODO notes NP signed the EKG report, but Dr. did not. ODO was unable to verify whether nursing staff ever scanned the report into SAENGSIRI's medical record for Dr review. As noted by Creative Corrections, because the EKG report documented SAENGSIRI had an artificial pacemaker, which was previously undisclosed by the detainee and undetected by medical staff, and because NP was aware the EKG machine periodically malfunctioned, a follow-up EKG was in order to ensure accurate results. During her interview with ODO, NP stated she did not reorder the EKG because she was waiting for Dr. to review the report before doing so. ODO notes that no follow up action was taken on the EKG, despite NP stated concern about the possibility of CHF.[57]

- **On June 3, 2015,** SAENGSIRI requested a different diet and a refill of Ketoconazole cream. STG NP evaluated SAENGSIRI and noted he was previously evaluated for

[52] The follow up appointment was not documented in the medical record.
[53] ISHC Directive 02-08, dated March 25, 2016, states that the nurse, medical provider, behavioral health provider or dentist must ensure the IHSC Refusal Form (IHSC Form 820) is completed in its entirety each time the detainee refuses treatment. The IHSC Refusal Form requires the signature of the detainee, the health care provider obtaining the refusal, and a health or custody witness.
[54] ODO Interview with NP dated April 13, 2016.
[55] NP stated LDF had problems with their EKG machine at the time SAENGSIRI's EKG, and that she had other detainees with inaccurate EKG reports. NP stated the problem with the EKG was resolved at the time of ODO onsite review.
[56] At the time of SAENGSIRI's detention, Dr was acting as LDF's Clinical Director, providing services on site one week per month. SAENGSIRI's EKG report erroneously referenced a pacemaker, there was no interpretation because measurements could not be calculated, NP signed the report without reordering the EKG.
[57] ODO Interview with NP April 13, 2016.

bilateral lower leg edema, resulting in the order for a diuretic. SAENGSIRI stated he no longer had any swelling in his legs but the rash on his hands remained, and he needed more cream. He also requested a special diet consisting of chicken, fish, and extra protein, or a regular menu tray as he reported he could not eat the diet food.[58] SAENGSIRI's vital signs were taken and were within normal limits except his weight was 161 pounds, 19 pounds less than the recorded weight of 180 pounds on May 18, 2015. SAENGSIRI's medical record does not address his 19 pound weight loss since May 18, 2015, the date on which he was last seen and a diuretic was ordered for a period of three days to address edema.[59] NP [redacted] determined that SAENGSIRI's lower extremity edema was resolved, but a fungal rash was still evident on his hands.[60]

- **On June 17, 2015,** SAENGSIRI was seen by NP [redacted] based on a referral from STG RN [redacted] (first name unknown). SAENGSIRI stated he could only eat small portions, and that he needed a diet with high protein and no beans or carrots because he cannot eat those foods.[61] ODO notes NP [redacted] again did not document that a soft diet that was ordered for SAENGSIRI by a dentist on May 29, 2015 or that she provided SAENGSIRI any patient education regarding a soft diet. SAENGSIRI's vital signs were taken and were within normal limits, except for low blood pressure.[62] SAENGSIRI's physical examination findings were normal, with abdomen soft, non-tender, non-distended, and normal bowel sounds. SAENGSIRI was given a prescription for Mylanta. NP [redacted] directed nursing staff to recheck SAENGSIRI's blood pressure with a manual cuff to compare results with the reading of the electronic vital sign monitor before releasing him from the medical unit. There is no documentation indicating the blood pressure was retaken before the SAENGSIRI left the medical unit.[63]

- **On August 17, 2015,** SAENGSIRI was seen by RN [redacted] for complaints of allergy symptoms, including rhinorrhea[64] and sneezing. SAENGSIRI's vital signs were taken and were within normal limits, except his blood pressure was low.[65] Although SAENGSIRI's blood pressure was low, RN [redacted] documented SAENGSIRI denied experiencing any dizziness or weakness, both of which are symptoms of hypotension.[66] RN [redacted] stated during her interview that standard practice is that hypotensive detainees are referred to the NP the same day for further evaluation.[67] ODO notes SAENGSIRI was not referred but was instead advised to exercise regularly, monitor his diet, and use portion control with meals. He was also instructed to increase his fluid intake and to change positions slowly to prevent a sudden drop in blood pressure. In accordance with

[58] Due to ongoing dental issues, SAENGSIRI was placed on a soft diet six days earlier on May 29, 2015. The medical record contains no documentation NP [redacted] reviewed SAENGSIRI's dental encounters, noted the soft diet ordered by the dentist on May 29, 2015, or discussed the ordered diet with the detainee to determine a diet better suited to his needs.
[59] Diuretics may result in significant water-weight loss.
[60] *See* Medical Provider Progress Note by N [redacted] dated June 03, 2015.
[61] As noted in the Creative Corrections Security and Medical Compliance Review, SAENGSIRI had significant dental problems and eventually had all remaining teeth extracted while at LDF. Medical staff interviewed by ODO speculated that SAENGSIRI's dietary requests were motivated by his desire to have foods that were easy to chew.
[62] SAENGSIRI's Blood Pressure was 88/62.
[63] *See* Exhibit 7: Medical Provider Progress Note by NP [redacted] dated June 17, 2015.
[64] Rhinorrhea is discharge from nose.
[65] SAENGSIRI's Blood Pressure was 90/59.
[66] *See* Medical Provider Progress Note by RN [redacted] dated August 17, 2015. Hypotension refers to low blood pressure, which is any reading below 90/60.
[67] ODO interview with RN [redacted] dated April 13, 2016.

IHSC Nursing Guidelines for allergies, SAENGSIRI was prescribed Chlorpheniramine maleate[68] 4 mg tablet by mouth every four to six hours as needed to relieve his symptoms.[69]

- **On October 29, 2015,** SAENGSIRI was seen by NP [redacted] pursuant to a referral made by RN [redacted] on October 22, 2015.[70] SAENGSIRI stated he had constant mild to moderate pain in his shoulder, and the medicine he was previously provided did not help. SAENGSIRI's vital signs were taken and were within normal limits except for a low blood pressure.[71] NP [redacted] conducted a physical examination and found that SAENGSIRI had a limited range of motion in both shoulders but no tenderness to palpitation and no swelling. NP [redacted] prescribed Acetaminophen, ordered SAENGSIRI's blood to be drawn on November 4, 2015 for laboratory tests, and a follow-up appointment was scheduled for two weeks later. ODO notes the blood draw for the tests was completed on November 5, 2015.[72]

- **On November 8, 2015,** SAENGSIRI's blood tests were reviewed by NP [redacted] SAENGSIRI's results included low hemoglobin,[73] low hematocrit,[74] high glucose,[75] lymphocytes,[76] high creatinine,[77] high LDL cholesterol,[78] and high triglycerides.[79] SAENGSIRI was prescribed Ferrous Sulfate[80] for anemia and provided education addressing diet, exercise, and the need to lose weight. Due to SAENGSIRI's high glucose levels, NP [redacted] ordered finger sticks[81] for three days to monitor his blood glucose levels.[82] NP [redacted] also wrote an order to repeat the comprehensive metabolic panel and to conduct an anemia panel on December 4, 2015.[83]

- **On November 19, 2015,** SAENGSIRI was seen at sick call by IHSC RN [redacted] and stated he wanted to return the Meloxicam[84] he was prescribed on November 16, 2015, for continuing pain in his right shoulder, stiffness and pain in his joints, and leg cramps. SAENGSIRI complained that his chest hurt each time he took the medication. SAENGSIRI was referred to an NP and provided education addressing hydration, adequate rest, daily exercise, and

[68] An antihistamine used to relieve allergy symptoms. *See* Medical Provider Progress Note by RN [redacted] dated August 17, 2015.
[69] *See* Medical Provider Progress Note by RN [redacted] dated April 13, 2015.
[70] At the time of the referral, RN [redacted] was evaluating SAENGSIRI on October 22, 2015, for a complaint of constipation. During the evaluation, SAENGSIRI complained of continued bilateral shoulder pain for which he was previously seen on September 21, and 28, 2015. During the two evaluations in September, SAENGSIRI also complained of pain in his joints and knees, and was treated with Ibuprofen and Gabapentin, a nonsteroidal anti-inflammatory drug (NSAID) used to reduce fever and treat pain or inflammation.
[71] SAENGSIRI's Blood Pressure was 92/58.
[72] *See* Medical Provider Progress Note by NP [redacted] dated October 29, 2015.
[73] 10.7 grams per deciliter (g/dL); normal is 12.6 to 17.7 g/DL.
[74] 35.8 percent; normal is 37.5 to 51 percent.
[75] 135 mg/dL; normal is 65 to 99 mg/dL H.
[76] 3.8; normal is 0.7 to 3.1 – x10E3/uL H.
[77] 1.30 mg/dL; normal is 0.76 to 1.27 –mg/dL H.
[78] 126 mg/dL; normal is 0 to 99 mg/dL H.
[79] 239 mg/dL, normal is 0 to 149 mg/dL H.
[80] Ferrous sulfate is an iron supplement.
[81] A finger stick is a procedure in which a finger is pricked with a lancet to obtain a small quantity of capillary blood for testing.
[82] As documented in the medical record, the finger sticks were conducted as ordered. SAENGSIRI's blood glucose levels were slightly above normal on November 10, 2015, and within normal limits on November 11 and 12, 2015.
[83] *See* Medical Provider Progress Note by NP [redacted] dated November 8, 2015. The December 4, 2015 blood draw was completed as ordered.
[84] Meloxicam is a nonsteroidal anti-inflammatory used to treat inflammation.

the importance of eating three balanced meals each day.[85] Six days later, on November 25, 2015,[86] SAENGSIRI's prescription for Meloxicam was reviewed by NP [redacted] and changed to Naproxen.[87] ODO notes that despite the described symptoms attributed to the medications, the NP did not evaluate the detainee in person and did not schedule a follow-up appointment.

- **On November 25, 2015**, SAENGSIRI was seen at sick call by RN [redacted] for a headache. SAENGSIRI stated he became dizzy, fell and hit his head two weeks prior, but did not tell anyone. SAENGSIRI's vital signs were taken and were within normal limits.[88] RN [redacted] referred the detainee to an NP and instructed him to return to sick call if his symptoms worsened before being seen by an NP. As noted by Creative Corrections, dizziness is a symptom of hypotension, and during five of seven encounters[89] starting on June 17, 2105, SAENGSIRI's blood pressure was found to be moderately low. As noted, on June 17, 2015, SAENGSIRI's blood pressure was low enough to be considered hypotensive.

- **On December 1, 2015,** SAENGSIRI was evaluated by NP [redacted] pursuant to RN [redacted] referral. SAENGSIRI also received his annual physical on this date. SAENGSIRI stated the dizziness, headache, and pain in his shoulders/arms had improved. He denied any drug or alcohol use and admitted to being a former smoker, stating he smoked one pack of cigarettes per day for 45 years. SAENGSIRI's vital signs were taken and were within normal limits. SAENGSIRI's heart had a regular rate and rhythm, his lungs were clear with no wheezes or rales, and his abdomen was not distended or tender to touch with normal bowel sounds. His current medications were reviewed and a prescription was written for Ranitidine HCL.[90] The NP documented SAENGSIRI suffered from epigastric/abdominal pain and unspecified anemia, and his current plan of care was to be continued. Based on the detainee's recurrent heartburn and stomach pain, NP [redacted] requested he receive an offsite gastroenterology consultation.[91] The annual physical examination was completed, reviewed, and signed by a physician that same day. Blood was drawn for another comprehensive metabolic panel, and an anemia profile was conducted on December 4, 2015.[92] On December 8, 2015, the blood test results were reviewed and SAENGSIRI had a low iron saturation level of four percent as a result of the continued anemia. NP [redacted] wrote on the lab test result form that the detainee's iron supplement (ferrous sulfate) was to be increased from daily to twice a day. It is noted there is no corresponding Progress Note or order changing the ferrous sulfate dose to twice a day, nor was it listed on the Medication Administration Record because it is a Keep-on-Person medication.

- **On December 28, 2015,** SAENGSIRI was seen by an offsite gastroenterologist for persistent epigastric pain and for scheduling of an age-related colonoscopy. Upon his return to LDF, SAENGSIRI was seen by RN [redacted] and medically cleared to return to his housing unit.[93] The following day, NP [redacted] reviewed the gastroenterologist's recommendations and changed

[85] *See* Medical Provider Progress Note by RN [redacted] dated November 19, 2015.
[86] *See* Medical Provider Progress Note by NP [redacted] dated November 25, 2015.
[87] Naproxen is a non-steroidal anti-inflammatory used to treat pain and inflammation.
[88] *See* Medical Provider Progress Note by RN [redacted] dated November 25, 2015.
[89] The five dates on which SAENGSIRI's blood pressure was determined to be low to normal are June 17, 2015, August 17, 2015, September 2, 2015, October 29, 2015, and November 16, 2015.
[90] Ranitidine HCL is an antacid with the brand name Zantac.
[91] Per the IHSC Treatment, Authorization & Consultation form, the request for consult was approved on December 14, 2015.
[92] *See* Exhibit 8: Annual Physical Examination by NP [redacted] dated December 1, 2015.
[93] *See* Medical Provider Progress Note by RN [redacted] dated December 28, 2015.

SAENGSIRI's medications accordingly. Specifically, Omeprazole[94] and Polyethylene Glycol powder[95] were prescribed, and Naproxen was discontinued. The gastroenterologist recommended that SAENGSIRI have a colonoscopy and an EGD, and NP [redacted] documented SAENGSIRI would be scheduled for both procedures.[96]

- **January 9, 2016**, SAENGSIRI was seen by RN [redacted] with complaints of light dizziness upon waking but denied dizziness at the time of the appointment. SAENGSIRI stated his symptoms were aggravated by sudden position changes. RN [redacted] documented the detainee's vital signs were normal. RN [redacted] advised SAENGSIRI to stay hydrated and return to medical if his symptoms changed. RN [redacted] did not refer SAENGSIRI to a provider.

- **On January 29, 2016,** SAENGSIRI's blood was drawn by RN [redacted] for a complete blood count and comprehensive metabolic panel, and an EKG was performed, in advance of SAENGSIRI's appointment for an offsite EGD and colonoscopy scheduled for February 3, 2016.[97] The results of the EKG were abnormal with an unconfirmed inferior infarction[98] as well as other rhythmic abnormalities. Although the EKG was scanned into the electronic medical record and was signed by Dr [redacted] no follow-up was taken on the abnormal results.[99] During his interview with ODO, Dr. [redacted] stated he did not review the EKG report closely before signing it because it was done solely for purpose of the colonoscopy and was not part of SAENGSIRI's overall medical treatment.

- **On February 3, 2016,** SAENGSIRI was sent to Riverpark Ambulatory Surgery Center for a colonoscopy and EGD. Upon his return to LDF, an RN took SAENGSIRI's vital signs and documented they were within normal limits. SAENGSIRI had no complaints and was cleared to return to his housing unit. NP [redacted] reviewed the colonoscopy and EGD reports from the Gastroenterology Internal Medicine Riverpark Ambulatory Surgical Center, noting the colonoscopy findings were compatible with gastritis.[100] In addition, during the colonoscopy a biopsy was performed for histology[101] of the stomach, and a bleeding healing ulcer was found in the duodenum.[102]

- **On February 25, 2016,** SAENGSIRI was evaluated during sick call by RN [redacted] for complaints of coughing, shortness of breath, and wheezing. SAENGSIRI stated it was hard to breathe deeply. SAENGSIRI's vital signs were taken and were within normal limits except his respirations which were rapid at 24 per minute. SAENGSIRI was escorted to the medical unit by

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[94] Omeprazole is a proton pump inhibitor used to treat symptoms of gastroesophageal reflux disease (GERD) and other conditions caused by excess stomach acid.
[95] Polyethylene glycol powder is a laxative used for occasional constipation.
[96] Per IHSC Treatment, Authorization & Consultation form, the procedures were approved on January 19, 2016, and scheduled for February 3, 2016.
[97] RN [redacted] entered a note in the electronic medical record on January 7, 2016, requesting provider orders for an EKG, complete blood count, and comprehensive metabolic panel, to be completed and sent to the surgical center in advance of the February 3, 2016 appointment. ODO notes there is no documentation in the medical record that a provider ordered the tests before they were completed, and RN [redacted] note wasn't signed by NP [redacted] until February 1, 2016. During her interview, NP [redacted] indicated she wrote an administrative note ordering the tests but was unable to locate the documentation.
[98] Infarction refers to the death of the heart muscle cells as a result of oxygen abnormalities.
[99] *See* Exhibit 9: Medical Provider Progress Note by RN [redacted] dated January 29, 2016.
[100] Gastritis is inflammation of the lining of the stomach to include symptoms of burning or discomfort.
[101] Histology refers to the microscopic function and structure of tissue.
[102] *See* Medical Provider Progress Note by RN [redacted] dated February 3, 2016.

wheelchair where he was assessed by NP [redacted][103] SAENGSIRI stated he was short of breath and could not breathe when lying flat. NP [redacted] documented SAENGSIRI had scattered wheezing throughout his lungs, rales at the base of both lungs, and inspiratory[104] wheezes which would clear when he coughed. NP [redacted] ordered SAENGSIRI be transferred to the local emergency room (ER) for further evaluation. NP [redacted] stated during her interview she wanted to send SAENGSIRI to get a chest x-ray[105] and any other tests the ER physician may order to rule out chronic obstructive pulmonary disease (COPD) and CHF.

NP [redacted] stated during her interview that she left the examination room to complete documentation necessary to send the SAENGSIRI to the hospital and when she returned, SAENGSIRI reported he was no longer short of breath and that he felt fine. During her interview with ODO, NP [redacted] stated that although she explained the importance of going to the ER to SAENGSIRI, he refused.[106] ODO notes the medical record does not include a refusal form. During her interview, NP [redacted] acknowledged she should have had a refusal form signed.[107] After SAENGSIRI refused transport to the ER, his oxygen saturation was taken and documented at 200 percent with wheezing still present in both lungs.[108] SAENGSIRI was prescribed an albuterol[109] nebulizer breathing treatment. Following the breathing treatment, NP [redacted] documented SAENGSIRI's lungs improved and the detainee was no longer experiencing shortness of breath.[110] She prescribed SAENGSIRI an albuterol sulfate inhaler and Methylprednisolone.[111] SAENGSIRI was scheduled to be reevaluated in one week, though there was no information in the record to indicate that the detainee was informed of that appointment; additionally, ODO notes the medical record contains no documentation showing a reevaluation was completed.[112]

- **On March 16, 2016,** RN [redacted] evaluated SAENGSIRI for complaints of wheezing and difficulty breathing. The detainee stated he got too hot while in the recreation yard and that his allergies were bothering him, but he was not in any pain. SAENGSIRI stated that when he reentered his dorm after recreation, he took two puffs on his inhaler which gave him some relief. RN [redacted] took his vital signs which were within normal limits. RN [redacted] documented she found wheezing noises throughout his lungs. RN [redacted] contacted NP [redacted] by telephone who gave a verbal order for an albuterol nebulizer treatment. RN [redacted] administered the nebulizer treatment which helped to diminish SAENGSIRI's wheezing. After the treatment, SAENGSIRI returned to his dorm.

[103] *See* Exhibit 10: Medical Provider Progress Note by NP [redacted] dated February 25, 2016.
[104] Inspiratory refers to the act of breathing in.
[105] ODO notes that chest x-rays taken at LDF only screen detainees for tuberculosis; all other diagnostic chest x-rays must be done by local medical providers.
[106] ODO Interview with NP [redacted] dated April 12, 2016.
[107] *Id.*
[108] The recorded oxygen saturation level was corrected to 100 percent by NP [redacted] in a late entry dated March 17, 2016.
[109] Albuterol is a medication used to relax small muscles resulting in bronchodilation and vasodilation.
[110] *See* Exhibit 10.
[111] Methylprednisolone is a corticosteroid/anti-inflammatory.
[112] *See* Exhibit 10.

March 17, 2016, Date of Death

- **At approximately 7:02 a.m.,** RN [redacted] entered SAENGSIRI's housing unit for sick call.[113] SAENGSIRI complained of a frequent cough, shortness of breath, wheezing and difficulty breathing when lying down. SAENGSIRI's vital signs were taken and were within normal limits except for an elevated pulse of 111, and elevated respirations of 28. RN [redacted] documented SAENGSIRI appeared ill and fatigued, and he complained of shortness of breath after walking down the hall to sick call. RN [redacted] also documented SAENGSIRI had both inspiratory and expiratory wheezing throughout both lungs and was tachycardic.[114] RN [redacted] made an immediate referral to NP [redacted] via telephone, and NP [redacted] ordered SAENGSIRI be brought to the medical unit.[115]

- **At approximately 7:41 a.m.,** SAENGSIRI was escorted by an officer to the medical unit via wheelchair.[116] SAENGSIRI was logged into the medical unit at 7:43 a.m. by Officer [redacted] who was the medical officer on duty.[117] Officer [redacted] stated during her interview that she observed SAENGSIRI was having trouble breathing and that he was moved immediately into the rear area of the medical unit where he was evaluated by NP [redacted].[118] NP [redacted] documented SAENGSIRI reported he had difficulty breathing for approximately one week and stated he did not tell an officer earlier because he did not want to be a bother. She also documented SAENGSIRI had audible wheezing and shortness of breath when talking, but denied any chest pain or history of cardiac or respiratory problems. SAENGSIRI's vital signs were taken and were within normal limits except for a slightly elevated blood pressure of 130/77. Auscultation of SAENGSIRI's lungs revealed scattered wheezing and diminished breath sounds through both lungs. An albuterol nebulizer treatment was administered to the detainee.[119] During her interview with ODO, NP [redacted] stated that she determined SAENGSIRI needed to go to the ER which she communicated to him, and that he agreed to go.[120]

  While SAENGSIRI received the nebulizer treatment, NP [redacted] prepared the medical documentation necessary to transfer him to the ER, including the referral form, progress note from the current encounter, medical history, and medication list. She noted that because SAENGSIRI stabilized after receiving albuterol treatment she determined he could be transported to the ER by GEO transport vehicle rather than by ambulance.[121]

  ODO interviewed Sergeant [redacted] who stated she was informed by NP [redacted] that SAENGSIRI needed to be transported to the LaSalle General Hospital (LGH).[122] Sergeant [redacted] then assigned Officers [redacted] and [redacted] to the transport. Officer [redacted] retrieved the transport vehicle, and Officer [redacted] retrieved a trip bag.[123]

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[113] *See* LDF HA Dorm Logbook by LDF Officer [redacted] dated March 17, 2016.
[114] Tachycardic refers to a pulse greater than 100 beats per minute.
[115] *See* Medical Provider Progress Note by RN [redacted] dated March 17, 2016.
[116] *See* LDF HA Dorm Logbook by Officer [redacted] dated March 17, 2016.
[117] *See* LDF Medical Logbook by Officer [redacted] dated March 17, 2016.
[118] ODO Interview with Officer [redacted] dated April 14, 2016.
[119] *See* Medical Provider Progress Note by NP [redacted] dated March 17, 2016.
[120] ODO Interview with NP [redacted] dated April 12, 2016.
[121] Id.
[122] ODO Interview with Sergeant [redacted] dated April 14, 2016.
[123] Trip bags are issued to officers transporting detainees and contain post orders, a log book, restraints and a mobile phone. A number of trip bags are stored in Central Control.

As noted in the Creative Corrections Security and Medical Compliance Review, because LDF's main internal sallyport typically used for court and medical trips was in use for another transport, Officer [redacted] brought a vehicle to Sallyport Two.[124] There are also [redacted] cameras in the breezeway [redacted] After securing the transport vehicle near the breezeway, Officer [redacted] went to the medical unit to assist with escorting SAENGSIRI to the vehicle.

- **At approximately 8:25 a.m.,** after retrieving the trip bag, Office [redacted] escorted SAENGSIRI to the front area of the medical unit and applied both leg irons and a belly chain with attached handcuffs while she waited for the medical paperwork needed for SAENGSIRI's transport to the hospital.[125]

- **At approximately 8:49 a.m.,** the paperwork was completed and the officers and SAENGSIRI left the medical unit. SAENGSIRI was wheeled through the breezeway at 8:49 a.m. When they entered Sallyport Two, SAENGSIRI stood and entered the back seat of the transport vehicle without assistance.[126] Although SAENGSIRI and both officers were in the vehicle at 8:50, a few seconds after entering the vehicle, Office [redacted] got out to retrieve the detainee's medical transfer paperwork which she inadvertently left on the counter in the medical unit.[127] She returned to the medical unit at 8:51 a.m.[128] Officer [redacted] stated that after Officer [redacted] exited the vehicle to get the paperwork, SAENGSIRI stated that he needed to get out of the vehicle because he couldn't breathe. Officer [redacted] stated he thought SAENGSIRI might be claustrophobic or having a panic attack.[129]

- **At approximately 8:51 a.m.,** Officer [redacted] exited the driver's side of the vehicle, opened the back passenger door, and SAENGSIRI exited the vehicle. As seen in the video surveillance footage, SAENGSIRI was hunched over but walked on his own toward the sallyport gate.[130] Officer [redacted] pressed the intercom button and asked Central Control to send medical staff to the breezeway because SAENGSIRI could not breathe.[131] Officer [redacted] who was assigned to Central Control, stated during her interview with ODO, that when she heard Officer [redacted] on the intercom, she immediately contacted the medical officer by radio and stated medical assistance was needed in the breezeway.[132] ODO notes neither the Central Control logbook nor the medical logbook contain documentation regarding the transmission of this information.

- **At approximately 8:53 a.m.,** the breezeway gate was opened and Officer [redacted] and SAENGSIRI reentered the breezeway. Simultaneously, Office [redacted] returned with the medical transfer paperwork through the gate at the other end of the breezeway, and was told by

[124] Sallyport Two is accessed by an area referred to by LDF staff as the breezeway. The breezeway, which runs perpendicular to the walkway where the medical unit and Central Control are located, is a long corridor with secured gates at the walkway and at the sallyport entrance [redacted] Both gates have intercom buttons. [redacted]

[125] *See* LDF Staff Statement by Office [redacted] dated March 17, 2016.
[126] *See* LDF Video Surveillance Footage, March 17, 2016.
[127] ODO Interview with Office [redacted] dated April 14, 2016.
[128] *Id.*
[129] ODO Interview with Officer [redacted] dated April 14, 2016.
[130] *See* LDF Video Surveillance Footage, March 17, 2016.
[131] ODO Interview with Officer [redacted] dated April 14, 2016.
[132] ODO Interview with Officer [redacted] dated April 14, 2016.

Officer [redacted] that SAENGSIRI was having trouble breathing. Officer [redacted] then entered the Intake Unit, which is accessed through a door in the breezeway, and alerted staff within the Intake Unit to call medical. She also grabbed a chair from the Intake Unit and brought it into the breezeway so SAENGSIRI could sit down.[133]

- **At approximately 8:54 a.m.,** Office [redacted] encountered Mail [redacted] who was passing by the breezeway and asked her to find Sergean [redacted] first name unknown). [redacted] stated during her interview with ODO that she observed SAENGSIRI hunched over. She stated that she quickly found Sergeant [redacted], who was nearby, and informed him that help was needed for a sick detainee in the breezeway. [redacted] also alerted LPN [redacted] who was walking near the breezeway on her way to distribute medications.[134]

- **At approximately 8:55 a.m.,** both Sergeant [redacted] entered the breezeway.[135] During her interview with ODO, LPN [redacted] stated she observed SAENGSIRI grabbing at his shirt and heard him say he could not catch his breath. She removed his shirt and waited with him for additional medical staff to arrive.[136] Sergeant [redacted] directed Officers [redacted] to remove the restraints from SAENGSIRI's waist, and also informed NP [redacted] who was walking toward the breezeway, that a wheelchair was needed. NP [redacted] returned to the medical unit to retrieve a wheelchair.[137]

- **At approximately 8:57 a.m.,** NP [redacted] came back to the breezeway with a wheelchair, four minutes after Officer [redacted] first notified the Control Center via intercom that medical assistance was needed. When NP [redacted] entered the breezeway with the wheelchair, she proceeded to SAENGSIRI and instructed that he be moved from chair to the wheelchair for transport back to the medical unit. While still in the breezeway, NP [redacted] nstructed Sergeant [redacted] to call an ambulance and to alert medical to get a breathing treatment ready.[138] Sergeant [redacted] called Central Control via his radio and directed that 911 be called. He then called the medical officer via radio and told her to relay the direction to have a breathing treatment prepared.[139]

  During her interview with ODO, Officer [redacted] stated she called 911 at 9:03 a.m. and told the dispatcher that an ambulance was needed at LDF because a detainee could not breathe. EMS records reflect that the call was received at 9:05 a.m., and the ambulance was dispatched at 9:08 a.m.[140] During the onsite review, ODO learned an ambulance is usually dispatched from LGH which is only a few miles away from the facility, but at the time of this 911 call, both of LGH's two ambulances were responding to other calls and were not available to respond. As a result, an ambulance was dispatched from Hartner Medical Center in Olla, Louisiana, approximately 15 miles away.

- **At approximately 8:58 a.m.,** Office [redacted] drove the vehicle to the facility armory where he obtained a weapon and a vest and then positioned the vehicle to follow the ambulance.[141] NP

[133] ODO Interview with Officer [redacted], dated April 14, 2016.
[134] ODO Interview with [redacted], dated April 13, 2016.
[135] *See* LDF Video Surveillance Footage, March 17, 2016.
[136] ODO Interview with LPN [redacted] dated April 12, 2016.
[137] ODO Interview with Sergeant [redacted] dated April 14, 2016.
[138] ODO Interview with NP [redacted] dated April 12, 2016.
[139] ODO Interview with Sergeant [redacted] dated April 14, 2016.
[140] *See* EMS Patient Care Report, dated March 17, 2016.
[141] *See* LDF Video Surveillance Footage, March 17, 2016.

[redacted] arrived at the medical unit with SAENGSIRI. The detainee remained in the wheelchair while oxygen was immediately administered by nasal cannula, and an albuterol nebulizer treatment was given by RN [redacted] SAENGSIRI's oxygen saturation was 93 percent prior to the nebulizer treatment and increased to 96 percent following the nebulizer treatment. SAENGSIRI's vital signs were taken several times:

- Initially blood pressure was 182/84, pulse 135 beats per minute.[142]
- At 9:07 a.m. blood pressure 185/70, pulse 128, respirations 36, and oxygen saturation of 98 percent.
- At 9:10 a.m. blood pressure was 164/95, pulse 127, and respirations 34.
- At 9:17 a.m. pulse was 130 and oxygen saturation was 93 percent. STG RN Paul made two attempts to start an intravenous (IV) line, but both attempts were unsuccessful.

- **At approximately 9:20 a.m.**, the ambulance entered Sallyport One, 12 minutes after being dispatched. Sallyport One is LDF's outer sallyport which provides access to the secure perimeter of the facility. The vehicle was quickly searched as required by security protocols and exited Sallyport One, proceeding to Sallyport Three. The ambulance reached the Sallyport Three gate at 9:21 a.m., but because no officers were waiting for the ambulance, the driver thought he was at the wrong gate, and started to pull away.[143] Officer [redacted] who was assigned to the perimeter post, told the EMS responders to return to Sallyport Three. ODO notes this confusion delayed the ambulance entering Sallyport Three by approximately two minutes.[144] They entered the facility at 9:25 a.m., and the medical unit at 9:26 a.m.[145]

- During interviews with ODO, several staff stated they thought it took a long time for the ambulance to arrive. Captain [redacted] stated that while waiting for the ambulance to arrive, she instructed Central Control to make a follow up call to dispatch to inquire as to the estimated time of arrival.[146] ODO notes a total of 23 minutes elapsed from the time of the 911 call until EMS responders were with SAENGSIRI, although 17 of those minutes were spent driving to the facility. The remaining six minutes were expended once the ambulance arrived at LDF, including a quick search of the vehicle at Sallyport One, the two-minute delay caused by confusion at Sallyport Three, removing the stretcher and other medical equipment from the ambulance, and walking through the facility to the medical unit.[147]

- **At approximately 9:22 a.m.,** the oxygen flow was increased, and oxygen saturation and respirations were recorded as 90 percent and 50. NP [redacted] again asked SAENGSIRI if he was having chest pain, and he stated that he did not have chest pain but was having difficulty breathing. RN [redacted] attempted to calm SAENGSIRI who, during the course of the emergency, commented that he thought he was going to die.[148] RN [redacted] reported SAENGSIRI seemed claustrophobic and asked to have the door open and a fan blowing on him. He also asked for water.[149]

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[142] Consistent with standard emergency response protocols, temperature was not taken.
[143] *See* LDF Video Surveillance Footage, March 17, 2016; ODO interview with Officer [redacted] dated April 14, 2016.
[144] *See* Id.
[145] *See* Id.
[146] ODO interview with Captain [redacted] April 12, 2016.
[147] *See* LDF Video Surveillance Footage, March 17, 2016.
[148] ODO Interview with RN [redacted] dated April 13, 2016.
[149] ODO Interview with RN [redacted] ed April 13, 2016.

- **At approximately 9:23 a.m.,** SAENGSIRI's blood pressure was 162/93, his pulse was 132, and he was diaphoretic.[150] Although the ambulance had not yet arrived, NP [redacted] called the LGH Emergency Department to notify ER personnel that SAENGSIRI would be arriving, and to provide a verbal report of his condition.[151] SAENGSIRI's vital signs were taken at 9:25 a.m., his blood pressure was 163/44, pulse 151, respirations 52, and oxygen saturation 88 percent.[152] NP [redacted] stated that as the vital signs were reported to her, she asked RN [redacted] to call dispatch to inquire about the location of the ambulance. The call was made but no estimated time of arrival was available. She also stated that on multiple occasions SAENGSIRI denied having chest pain, stating he just could not breathe. NP [redacted] indicated she was not aware SAENGSIRI had a prior abnormal EKG in the medical record.[153]

- **At approximately 9:29 a.m.,** EMS responders assumed responsibility for the care of SAENGSIRI who was awake, alert, and in distress.[154] SAENGSIRI became very short of breath and received two albuterol nebulizer treatments. Electrodes for an EKG were placed on SAENGSIRI's chest and limbs. The EKG detected the detainee had an abnormal cardiac rhythm. SAENGSIRI complained of substernal[155] chest pain, rating his pain as level ten. SAENGSIRI told the responders he could not take aspirin or put nitroglycerin[156] under his tongue (sublingual), so nitroglycerin paste was administered via transdermal patch.[157] [158]

  The EMS responders documented SAENGSIRI exhibited rales and wheezing in both lobes of both lungs. SAENGSIRI was moved onto the EMS stretcher with a non-rebreather mask,[159] oxygen, and EKG electrodes in place.[160]

- **At approximately 9:37 a.m.,** EMS responders transported SAENGSIRI on the stretcher back into Sallyport Three and loaded the stretcher onto the ambulance. Officer [redacted], who was assigned to accompany SAENGSIRI, entered the rear of the ambulance at 9:38 a.m.[161] Officer [redacted] stated during interview that the responders started an IV before leaving the facility.[162] As documented in the EMS report, an intraosseous line[163] was started with normal saline solution and was administered intravenously.[164] At 9:42 a.m., the ambulance moved through the two sallyport gates which were opened to permit an expedited departure.[165] Officer [redacted] stated the ambulance stopped in the parking lot outside the fence at approximately 9:43 a.m. because

[150] Diaphoretic refers to perspiring.
[151] ODO Interview with NP [redacted] dated April 12, 2016.
[152] *See* Medical Provider Progress Note by NP [redacted] dated March 17, 2016.
[153] ODO Interview with NP [redacted] dated April 12, 2016.
[154] *See* EMS Patient Care Report, dated March 17, 2016.
[155] Substernal refers to the area below the sternum, the bone in the center of the chest.
[156] Nitroglycerin is a potent smooth muscle relaxant and vasodilator used to treat angina patients, congestive heart failure, myocardial infarction and control blood pressure.
[157] A transdermal patch is a medicated patch placed on the skin which releases the medication into the body.
[158] As noted by Creative Corrections, SAENGSIRI's statement that he could not take sublingual nitroglycerin suggests he had a cardiac history for which he was previously treated with sublingual nitroglycerin. SAENGSIRI never reported cardiac history to LDF medical staff during his detention.
[159] A non-rebreather mask prevents exhaled air from entering into the oxygen tubing or bag that is to be inhaled.
[160] *See* EMS Patient Care Report, dated March 17, 2016.
[161] *See* LDF Video Surveillance Footage, March 17, 2016.
[162] ODO Interview with Officer [redacted] dated April 13, 2016.
[163] An intraosseous line is a route for delivery of fluid, blood, medication through a needle inserted directly into the bone.
[164] *See* EMS Patient Care Report, dated March 17, 2016.
[165] *See* LDF Video Surveillance Footage, March 17, 2016.

SAENGSIRI was not breathing, and EMS responders intubated the detainee.[166] At 9:48 a.m., the ambulance departed LDF.[167] Officer [redacted] stated that soon after departing LDF, the EMS responder in the back of the ambulance told the driver that SAENGSIRI was coding and the driver activated emergency lights and siren.[168]

- **At approximately 9:51 a.m.,** SAENGSIRI went into cardiac arrest, and CPR was immediately initiated by the EMS responders as they arrived at LGH.[169] LGH nursing staff met the ambulance outside and helped unload SAENGSIRI and place him on a stretcher, and care was transferred to LGH staff.[170] SAENGSIRI was admitted to LGH's Emergency Room at 9:55 a.m. in code blue status.[171] SAENGSIRI was unresponsive with no respirations, and the EKG indicated he had no electrical activity in his heart. Epinephrine[172] was administered intravenously seven times at three to four minute intervals with no response, the last dose given at 10:21 a.m.[173] SAENGSIRI remained unresponsive, pulseless, and his pupils were dilated.[174]

- **At approximately 10:22 a.m.,** SAENGSIRI was pronounced dead by Dr. [redacted] Officers [redacted] were present at the time of death. Officer [redacted] notified LDF Central Control of the death, and Officer [redacted] called Captain [redacted] to notify him of the death. Captain [redacted] instructed the officers to stay with the SAENGSIRI's body until further notice.[176]

- **At approximately 11:05 a.m.,** Assistant Coroner [redacted] reported to the hospital room and removed all tubes and equipment from SAENGSIRI.[177] A chest x-ray was performed as requested by the assistant coroner to verify placement of the endotracheal tube and to detect any underlying conditions. The x-ray report states SAENGSIRI had bilateral opaque areas in his lungs which could be secondary to pneumonia or edema and also evidence of emphysema. Officer [redacted] stated that the Assistant Coroner remarked that SAENGSIRI also had an enlarged heart.[178]

- **At approximately 12:40 p.m.,** Warden D.C. Cole and ICE Assistant Field Office Director [redacted] arrived at LGH and authorized the release of SAENGSIRI's body to Hixson Brothers Funeral Home. LDF Officers [redacted] were instructed to return to the facility.

Autopsy

The preliminary cause of death documented in the LDF medical record is cardiac and respiratory arrest. An autopsy was performed on March 18, 2016 by the Louisiana Forensic Center, LLC. in Youngsville, LA. The autopsy report documents SAENGSIRI's manner of death as natural and states the cause of

[166] Insertion of a tube into the trachea for purposes of anesthesia, airway maintenance, aspiration of secretions, lung ventilation.
[167] *See* LDF Video Surveillance Footage, March 17, 2016.
[168] ODO Interview with Officer [redacted] dated April 13, 2016.
[169] *See* EMS Patient Care Report, dated March 17, 2016.
[170] *See* EMS Patient Care Report, dated March 17, 2016.
[171] Code blue is a hospital code used to indicate a patient needs resuscitation.
[172] Epinephrine is an antiarrhythmic drug used to stabilize and strengthen the heartbeat.
[173] *See* LaSalle General Hospital Emergency Room Record, dated March 17, 2016
[174] *See* Id.
[175] *See* Id.
[176] ODO Interview with Officers [redacted] dated April 13, 2016.
[177] ODO Interview with Officer [redacted] dated April 13, 2016.
[178] ODO Interview with Officer [redacted] dated April 13, 2016.

death was hypertensive atherosclerotic cardiovascular disease with contribution of emphysema (COPD) and obesity. [179]

MEDICAL CARE AND SECURITY REVIEW

Creative Corrections, a national management and consultant firm contracted by ICE to provide subject matter expertise in detention management including medical care and security, reviewed the medical care SAENGSIRI was provided by LDF, as well as his safety and security while detained at the facility. Creative Corrections found deficiencies in ADF's compliance with certain requirements in the Medical Care, and Custody Classification System standards in ICE PBNDS 2011. [180]

FINDINGS

1. ICE PBNDS 2011, Medical Care, Section (V)(U), *Special Needs and Close Medical Supervision*, states, "When a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan, including access to health care and other care and supervision personnel, shall be developed and approved by the appropriate qualified licensed health care provider, in consultation with the patient, with periodic review."

    - Despite SAENGSIRI's age, the number and relative frequency of sick call complaints, and encounters with providers, he was never identified as a chronic care patient. [redacted] acting Clinical Director, stated during interview that medical staff should have recognized early on that SAENGSIRI was a chronic care patient and assigned him to one provider. [181]

2. ICE PBNDS 2011, Medical Care, Section (V)(X)(9), *Informed Consent and Involuntary Treatment*, states "Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record. Detainees will be asked to sign a translated form that indicates they have refused treatment."

    - On May 18, 2015 SAENGSIRI was evaluated for pitting edema of bilateral lower extremities. Medication was ordered and NP [redacted] documented that SAENGSIRI was scheduled for follow-up in two to three days. When NP [redacted] tempted to re-evaluate SAENGSIRI on May 22, 2015, he stated he was fine and did not need to be seen. SAENGSIRI did not sign a refusal form.

    - On February 25, 2016, SAENGSIRI refused to be transported to the local hospital for further evaluation. LDF staff did not have him sign a refusal form.

3. ICE PBNDS 2011, Medical Care, *General*, Section (V)(A)(2) and (3), which states, "Every facility directly or contractually provide its detainee population with the following: Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services; Comprehensive, routine and preventive health care, as medically indicated."

    - On February 19, 2015, NP [redacted] valuated SAENGSIRI for a ruptured sebaceous cyst and documented that he should be re-evaluated in seven days. There is no documentation in the medical record indicating SAENGSIRI was re-evaluated.

[179] *See* Exhibit 11: Forensic Pathologist Report, Louisiana Forensic Center, dated April 22, 2017.
[180] *See* Exhibit 2.
[181] ODO Interview with [redacted] dated April 13, 2016.

- On May 18, 2015, SAENGSIRI was evaluated for pitting edema of bilateral lower extremities. NP [redacted] ordered medication and documented that SAENGSIRI should be scheduled for follow-up in two to three days. There is no documentation in the medical record indicating SAENGSIRI was scheduled for a follow-up appointment or that he was evaluated by a provider.

- On May 18, 2015, NP [redacted] ordered an EKG after determining SAENGSIRI had dyspnea and acute respiratory anomalies, and stated during an interview that she was concerned about possible congestive heart failure. The EKG report indicated no assessment could be made because an artificial pacemaker prevented measurement of the detainee's heart rate and rhythm. As noted in the narrative, SAENGSIRI did not have a pacemaker. Although NP [redacted] signed the EKG report, it was not signed by Dr. [redacted] and another EKG was never ordered or completed.

- On June 17, 2015, SAENGSIRI's blood pressure was 88/62 which is considered hypotensive. Nursing staff were instructed to recheck the blood pressure with a manual cuff before releasing SAENGSIRI from the clinic. There is no documentation the blood pressure was retaken before SAENGSIRI left the clinic.

- An EKG taken January 29, 2016 revealed abnormal results with an unconfirmed inferior infarction as well as other rhythmic abnormalities. The test result was not reviewed by the ordering NP, and Dr. [redacted] signed the report without interpreting the findings.

- On February 25, 2016, SAENGSIRI complained of a cough, shortness of breath, and wheezing. NP [redacted] evaluated the detainee and documented the need to re-evaluate him in one week. There is no documentation indicating SAENGSIRI was re-evaluated by a provider.

4. ICE PBNDS 2011, Custody Classification System, Section (V)(A)(4), *Standards*, states, "Each detainee's classification shall be reviewed and approved by a first-line supervisor or classification supervisor."

    - No supervisor approved the classification actions completed on SAENGSIRI on December 23, 2014, March 23, 2015, July 15, 2015, November 12, 2015, and March 16, 2016. The lack of supervisory approval also violates LDF policy and procedure 12.1.4, section (III)(A)(3), which states, "The first-line supervisor will review and approve each detainee's classification."

AREAS OF NOTE

- A review of video surveillance footage, staff written reports, and interviews confirmed security staff responded appropriately to the emergency involving SAENGSIRI by contacting medical staff for assistance, calling 911, and preparing to escort SAENGSIRI to the hospital. All security staff involved filed timely reports regarding their roles in the events of March 17, 2016.

- Abnormal laboratory test results received December 8, 2015 indicated SAENGSIRI continued to be anemic. STG NP made a note to increase SAENGSIRI's ferrous sulfate on the test result form but no order was written in the Progress Note.

- On January 29, 2016, an EKG, complete blood count, and comprehensive metabolic panel were completed in preparation for a colonoscopy and EGD. There is no documentation in the medical record indicating the tests were ordered by a provider prior to being completed.

- SAENGSIRI received two EKGs while detained at LDF on May 18, 2015, and January 29, 2015. The first was conducted in response to respiratory abnormalities, the second, in preparation for a colonoscopy. ODO notes the first EKG did not provide LDF medical staff with any results because the test erroneously identified a pacemaker in the detainee. NP stated that she did not reorder the EKG because she was waiting for Dr to review the report. She also stated that because they had been having problems with the EKG machine, she thought the lack of an interpretation was due to a malfunction. The medical record shows that although NP the provider who ordered the EKG, reviewed the erroneous results and had concerns about the functionality of the EKG machine, she did not take any follow-up action.

  The second EKG, which was performed approximately one and half months prior to SAENGSIRI's death, produced abnormal findings, including an unconfirmed myocardial infarction. ODO notes this second EKG was not signed by NP who ordered it. Instead it was signed by Dr during his interview, Dr. stated he did not look closely at the report before signing it because it was done solely for the purpose of the colonoscopy, and as a result he took no action on the abnormal findings.

- SAENGSIRI was five feet, two and a half inches tall, and upon admission, weighed 167 pounds. Approximately four and a half months later, when first evaluated for complaint of symptoms N recognized were suggestive of possible congestive heart failure, he weighed 180 pounds. A diuretic was ordered for three days and his next recorded weight, 13 days after expiration of the order, was 161. His weight increased by one pound when weighed two days later; however, he gained 13 pounds in the following three days. Thereafter, SAENGSIRI's weight averaged 181 pounds, 14 pounds heavier than at intake. Based on documentation in the medical record, ODO was unable to determine whether providers noted and considered SAENGSIRI's weight fluctuations when treating him. Concerning food intake, the medical record documents a diet for health was ordered and refused. The record also documents that patient education was periodically provided by RNs and providers, including the need to restrict salt, increase exercise, eat more fruits and vegetables, and limit portion size.

  Similarly, there is no documentation that medical providers and the dentist conferred regarding the degree to which SAENGSIRI's dental situation impacted his ability to consume foods supporting a healthy diet. Most importantly, there is no documentation indicating medical providers considered the degree to which fluid retention, an indicator of a possible cardiac problem, may have been a factor in the SAENGSIRI's weight gain. A comprehensive accounting of SAENGSIRI's weight

fluctuation is provided in the Creative Corrections Security and Medical Compliance Review.

- SAENGSIRI reported recurrent gastrointestinal complaints during his detention, and a history of ulcers and abdominal surgery. Although treated for his complaints, a colonoscopy and EGD were not requested for approximately one year following intake. In addition, at no point were past medical records requested to verify that, as he reported during his initial physical examination, a colonoscopy and EGD completed three months prior to admission had normal results.

EXHIBITS

1. ICE Custody Classification Worksheet, dated December 23, 2014.
2. Creative Corrections Security and Medical Compliance Review
3. Medical intake screening by STG LPN [redacted] dated December 24, 2014.
4. Physical examination by STG NP [redacted] dated January 3, 2015.
5. Medical Provider Progress Note by STG NP [redacted] dated February 19, 2015.
6. Medical Provider Progress Note by STG RN [redacted] dated May 18, 2015.
7. Medical Provider Progress Note by STG NP [redacted] dated June 17, 2015.
8. Physical Examination by STG NP [redacted] dated December 1, 2015.
9. Medical Provider Progress Note by STG RN [redacted] dated January 29, 2016.
10. Medical Provider Progress Note by STG NP [redacted] dated February 25, 2016.
11. Forensic Pathologist Report, Louisiana Forensic Center, dated April 22, 2017.