

SYNOPSIS

On March 17, 2016, Thongchay SAENGSI RI (SAENGSI RI), 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 SAENGSI RI's death as hypertensive atherosclerotic cardiovascular disease¹ with emphysema² and obesity.

SAENGSI RI 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 SAENGSI RI'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 SAENGSI RI'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 SAENGSI RI, 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 SAENGSI RI's apprehension by ICE, through his detention at LDF, and eventual death at LaSalle General Hospital.

IMMIGRATION AND DETENTION HISTORY

SAENGSI RI 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 SAENGSI RI 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 SAENGSI RI to the custody of ERO New Orleans. ERO New Orleans served SAENGSI RI 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. SAENGSI RI 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, SAENGSI RI was convicted by the District Court of Mobile County, for Possession of a Controlled Substance. SAENGSI RI 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

SAENGSI RI 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 SAENGSI RI's initial classification rating was not approved by a supervisor as required by the ICE PBNDS 2011. During his detention at LDF, SAENGSI RI 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 SAENGSI RI 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. SAENGSI RI stated he had abdominal pain associated with exploratory surgery following the car accident, and ongoing back pain.

SAENGSI RI'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). SAENGSI RI 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. SAENGSI RI'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, SAENGSI RI lost 19 lbs. Then, from June 5 to 8, 2015, SAENGSI RI gained 16 lbs. As noted by Creative Corrections, this significant fluctuation was likely related to SAENGSI RI being placed on a soft diet on May 29, 2015, for dental issues. SAENGSI RI's weight remained relatively stable for the remainder of his detention.

Described below are SAENGSI RI'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 SAENGSI RI's detention at LDF can be found in the Creative Corrections Security and Medical Compliance Review, exhibited.⁸

- **On December 23, 2014**, SAENGSI RI 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 SAENGSI RI 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 SAENGSI RI, documented a chest x-ray taken on December 22, 2014, to screen for tuberculosis (TB) was negative.¹⁰

- **On December 24, 2014**, SAENGSI RI completed his medical intake screening with STG Licensed Practical Nurse (LPN [redacted]) who documented SAENGSI RI spoke English with no barriers to communication. SAENGSI RI's vital signs were taken and were within normal¹¹ limits except for a low blood pressure.¹² SAENGSI RI denied prior alcohol or drug use but stated he was a former smoker, smoking one and a half packs of cigarettes per day. SAENGSI RI reported having cold symptoms, chronic back pain, and a history of abdominal surgery. SAENGSI RI 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 SAENGSI RI 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**, SAENGSI RI was evaluated by STG RN [redacted] for complaints of stomach pain and burning. SAENGSI RI reported a history of stomach ulcers for three to four years. SAENGSI RI stated he took medication for the ulcers but did not remember the name of the medication.¹⁶ SAENGSI RI'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 SAENGSI RI Mylanta and issued Maalox chewable tablets,¹⁸ to be taken four times per day for 30 days.¹⁹ STG RN [redacted] referred SAENGSI RI 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 SAENGSI RI's initial history and physical examination. SAENGSI RI's vital signs were taken and were within normal limits, except for an elevated blood pressure.²⁰ SAENGSI RI 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

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 SAENGSI RI'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 PBND 2011, it is LDF's standard practice that an RN review and sign any intake screening completed by an LPN.

¹⁶ SAENGSI RI did not report a history of ulcers during his intake screening.

¹⁷ SAENGSI RI'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 SAENGSI RI'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 [] prescribed Mylanta and instructed SAENGSI RI to return to sick call if his stomach pain worsened or became constant.²⁴

NP [] completed SAENGSI RI's initial dental screening during the physical examination and documented the detainee denied having any significant dental problems or dental prosthesis. NP [] did not document whether she looked in SAENGSI RI'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., SAENGSI RI's housing unit officer (name unknown) called the medical unit and reported to IHSC RN [] that SAENGSI RI complained of bad stomach pain for the past four days.²⁶ Per RN [] direction, SAENGSI RI was escorted to the medical unit in a wheelchair by an officer.²⁷ SAENGSI RI informed her that his pain was level eight out of ten.²⁸ During RN [] assessment, he began to moan and hold his epigastrium area.²⁹ SAENGSI RI also reported he was unable to eat due to his abdominal pain. RN [] took the detainee's vital signs and documented they were within normal limits except for an elevated blood pressure.³⁰ RN [] called the on-call provider, NP [], after completing the assessment, to receive orders for SAENGSI RI's treatment. NP [] provided a telephone order for an injection of Phenergan³¹ and Mylanta by mouth. As noted by RN [] by 11:10 p.m. that night, SAENGSI RI stated he felt much better and was returned to his housing unit.³²

- **On February 19, 2015**, NP [] evaluated SAENGSI RI for a ruptured cyst that he was seen and treated for on February 8, and February 11, 2015. NP [] instructed SAENGSI RI to wash his hands frequently to prevent spread of infection and to return for follow-up in one week.³³ NP [] took SAENGSI RI's vital signs which were all within normal limits, and ordered Cephalexin³⁴ for another seven days. ODO notes the medical record does not reflect a follow-up appointment was conducted per NP [] order.

²³ Despite SAENGSI RI'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 SAENGSI RI's past medical records.

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

²⁵ Although, SAENGSI RI denied having any significant dental problems during his initial dental screening, while at LDF he was seen by dental personnel approximately 20 times. SAENGSI RI 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. SAENGSI RI 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 [] April 12, 2016.

²⁷ See Medical Provider Progress Note by RN [] 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 epigastrium is the upper and middle region of the abdomen.

³⁰ SAENGSI RI's blood pressure was 161/103.

³¹ Phenergan is an injection to relieve nausea and vomiting.

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

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

³⁴ Cephalexin is an antibiotic used to treat bacterial infections.

- **On May 18, 2015**, SAENGSI RI was seen by STG RN [] at approximately 7:02 a.m. for complaints of edema³⁵ in both lower legs and occasional shortness of breath.³⁶ During the evaluation, SAENGSI RI reported he had a rash on both hands, but stated he did not have any associated pain. SAENGSI RI's vital signs were taken and were within normal limits, with the exception of slightly elevated respirations.³⁷ RN [] documented the detainee's oxygen saturation as 94 percent,³⁸ and his weight as 180 pounds³⁹. STG RN [] referred SAENGSI RI to a provider for evaluation that morning, and at approximately 9:56 a.m., he was seen by STG NP []

During the evaluation with NP [] SAENGSI RI denied any history of heart disease or hypertension but stated he was a former smoker.⁴⁰ For the first time, SAENGSI RI 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 [] documented that SAENGSI RI complained of orthopnea⁴² but denied heart palpitations,⁴³ dizziness, or fainting episodes. SAENGSI RI's vital signs were taken and were within normal limits with the exception of a slightly elevated temperature.

NP [] documented SAENGSI RI 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; rales⁴⁴ 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 edema⁴⁵ of lower extremities; and was oriented and cooperative with the exam. SAENGSI RI was assessed as having dyspnea⁴⁶ and acute respiratory abnormalities. SAENGSI RI was given Furosemide for a three day period,⁴⁷ an electrocardiogram (EKG),⁴⁸ and Ketoconazole cream⁴⁹ for the rash on his hands.⁵⁰

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

³⁵ Edema refers to swelling that occurs as a result of fluid retention.

³⁶ See Exhibit 6: Medical Provider Progress Note by NP [] dated May 18, 2015.

³⁷ SAENGSI RI'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 [] 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 [] dated May 18, 2015.

⁵¹ ODO interview with NP [] April 13, 2016.

concerned the Furosemide might result in a drop in SAENGSI RI's blood pressure.⁵² NP [redacted] 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 [redacted] informed reviewers that on May 21, 2015, three days later, she called SAENGSI RI's housing unit and asked an officer to have SAENGSI RI brought to medical for the follow up appointment, but the officer reported SAENGSI RI refused and stated he was feeling better. ODO notes no refusal form was obtained. According to NP [redacted] although required by the ICE PBNDS 2011, at the time of SAENGSI RI'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

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

- **On June 3, 2015**, SAENGSI RI requested a different diet and a refill of Ketoconazole cream. STG NP [redacted] evaluated SAENGSI RI 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 [redacted] dated April 13, 2016.

⁵⁵ NP [redacted] stated LDF had problems with their EKG machine at the time SAENGSI RI's EKG, and that she had other detainees with inaccurate EKG reports. NP [redacted] stated the problem with the EKG was resolved at the time of ODO onsite review.

⁵⁶ At the time of SAENGSI RI's detention, Dr. [redacted] was acting as LDF's Clinical Director, providing services on site one week per month. SAENGSI RI's EKG report erroneously referenced a pacemaker, there was no interpretation because measurements could not be calculated, NP [redacted] signed the report without reordering the EKG.

⁵⁷ ODO Interview with NP [redacted], April 13, 2016.

bilateral lower leg edema, resulting in the order for a diuretic. SAENGSI RI 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 SAENGSI RI'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. SAENGSI RI'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 SAENGSI RI's lower extremity edema was resolved, but a fungal rash was still evident on his hands.⁶⁰

- **On June 17, 2015**, SAENGSI RI was seen by NP [redacted] based on a referral from STG RN [redacted] (first name unknown). SAENGSI RI 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 SAENGSI RI by a dentist on May 29, 2015 or that she provided SAENGSI RI any patient education regarding a soft diet. SAENGSI RI's vital signs were taken and were within normal limits, except for low blood pressure.⁶² SAENGSI RI's physical examination findings were normal, with abdomen soft, non-tender, non-distended, and normal bowel sounds. SAENGSI RI was given a prescription for Mylanta. NP [redacted] directed nursing staff to recheck SAENGSI RI'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 SAENGSI RI left the medical unit.⁶³
- **On August 17, 2015**, SAENGSI RI was seen by RN [redacted] for complaints of allergy symptoms, including rhinorrhea⁶⁴ and sneezing. SAENGSI RI's vital signs were taken and were within normal limits, except his blood pressure was low.⁶⁵ Although SAENGSI RI's blood pressure was low, RN [redacted] documented SAENGSI RI 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 SAENGSI RI 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, SAENGSI RI was placed on a soft diet six days earlier on May 29, 2015. The medical record contains no documentation NP [redacted] reviewed SAENGSI RI'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, SAENGSI RI had significant dental problems and eventually had all remaining teeth extracted while at LDF. Medical staff interviewed by ODO speculated that SAENGSI RI's dietary requests were motivated by his desire to have foods that were easy to chew.

⁶² SAENGSI RI'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 SAENGSI RI'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, SAENGSI RI was prescribed Chlorpheniramine maleate⁶⁸ 4 mg tablet by mouth every four to six hours as needed to relieve his symptoms.⁶⁹

- **On October 29, 2015**, SAENGSI RI was seen by NP [redacted] pursuant to a referral made by RN [redacted] on October 22, 2015.⁷⁰ SAENGSI RI stated he had constant mild to moderate pain in his shoulder, and the medicine he was previously provided did not help. SAENGSI RI'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 SAENGSI RI had a limited range of motion in both shoulders but no tenderness to palpitation and no swelling. NP [redacted] prescribed Acetaminophen, ordered SAENGSI RI'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**, SAENGSI RI's blood tests were reviewed by NP [redacted]. SAENGSI RI'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 SAENGSI RI was prescribed Ferrous Sulfate⁸⁰ for anemia and provided education addressing diet, exercise, and the need to lose weight. Due to SAENGSI RI's high glucose levels, NP [redacted] ordered finger sticks⁸¹ 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**, SAENGSI RI was seen at sick call by IHSC RN [redacted] and stated he wanted to return the Meloxicam⁸⁴ he was prescribed on November 16, 2015, for continuing pain in his right shoulder, stiffness and pain in his joints, and leg cramps. SAENGSI RI complained that his chest hurt each time he took the medication. SAENGSI RI 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 SAENGSI RI on October 22, 2015, for a complaint of constipation. During the evaluation, SAENGSI RI complained of continued bilateral shoulder pain for which he was previously seen on September 21, and 28, 2015. During the two evaluations in September, SAENGSI RI 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 SAENGSI RI'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. SAENGSI RI'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 SAENGSI RI'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**, SAENGSI RI was seen at sick call by RN [redacted] for a headache. SAENGSI RI stated he became dizzy, fell and hit his head two weeks prior, but did not tell anyone. SAENGSI RI'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 encounters⁸⁹ starting on June 17, 2105, SAENGSI RI's blood pressure was found to be moderately low. As noted, on June 17, 2015, SAENGSI RI's blood pressure was low enough to be considered hypotensive.
- **On December 1, 2015**, SAENGSI RI was evaluated by NP [redacted] pursuant to RN [redacted] referral. SAENGSI RI also received his annual physical on this date. SAENGSI RI 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. SAENGSI RI's vital signs were taken and were within normal limits. SAENGSI RI'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 SAENGSI RI 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 SAENGSI RI had a low iron saturation level of four percent as a result of the continued anemia. N [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**, SAENGSI RI was seen by an offsite gastroenterologist for persistent epigastric pain and for scheduling of an age-related colonoscopy. Upon his return to LDF, SAENGSI RI 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 SAENGSI RI'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 IIISC 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.

SAENGSI RI's medications accordingly. Specifically, Omeprazole⁹⁴ and Polyethylene Glycol powder⁹⁵ were prescribed, and Naproxen was discontinued. The gastroenterologist recommended that SAENGSI RI have a colonoscopy and an EGD, and NP [redacted] documented SAENGSI RI would be scheduled for both procedures.⁹⁶

- **January 9, 2016**, SAENGSI RI was seen by RN [redacted] with complaints of light dizziness upon waking but denied dizziness at the time of the appointment. SAENGSI RI stated his symptoms were aggravated by sudden position changes. RN [redacted] documented the detainee's vital signs were normal. RN [redacted] advised SAENGSI RI to stay hydrated and return to medical if his symptoms changed. RN [redacted] did not refer SAENGSI RI to a provider.
- **On January 29, 2016**, SAENGSI RI's blood was drawn by RN [redacted] for a complete blood count and comprehensive metabolic panel, and an EKG was performed, in advance of SAENGSI RI'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 infarction⁹⁸ 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 SAENGSI RI's overall medical treatment.
- **On February 3, 2016**, SAENGSI RI was sent to Riverpark Ambulatory Surgery Center for a colonoscopy and EGD. Upon his return to LDF, an RN took SAENGSI RI's vital signs and documented they were within normal limits. SAENGSI RI 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 histology¹⁰¹ of the stomach, and a bleeding healing ulcer was found in the duodenum.¹⁰²
- **On February 25, 2016**, SAENGSI RI was evaluated during sick call by RN [redacted] for complaints of coughing, shortness of breath, and wheezing. SAENGSI RI stated it was hard to breathe deeply. SAENGSI RI's vital signs were taken and were within normal limits except his respirations which were rapid at 24 per minute. SAENGSI RI was escorted to the medical unit by

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 SAENGSI RI stated he was short of breath and could not breathe when lying flat. NP [redacted] documented SAENGSI RI had scattered wheezing throughout his lungs, rales at the base of both lungs, and inspiratory¹⁰⁴ wheezes which would clear when he coughed. NP [redacted] ordered SAENGSI RI be transferred to the local emergency room (ER) for further evaluation. NP [redacted] stated during her interview she wanted to send SAENGSI RI to get a chest x-ray¹⁰⁵ 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 SAENGSI RI to the hospital and when she returned, SAENGSI RI 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 SAENGSI RI, 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 SAENGSI RI refused transport to the ER, his oxygen saturation was taken and documented at 200 percent with wheezing still present in both lungs.¹⁰⁸ SAENGSI RI was prescribed an albuterol¹⁰⁹ nebulizer breathing treatment. Following the breathing treatment, NP [redacted] documented SAENGSI RI's lungs improved and the detainee was no longer experiencing shortness of breath.¹¹⁰ She prescribed SAENGSI RI an albuterol sulfate inhaler and Methylprednisolone.¹¹¹ SAENGSI RI 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 SAENGSI RI 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. SAENGSI RI 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 SAENGSI RI's wheezing. After the treatment, SAENGSI RI 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 [] entered SAENGSI RI's housing unit for sick call.¹¹³ SAENGSI RI complained of a frequent cough, shortness of breath, wheezing and difficulty breathing when lying down. SAENGSI RI's vital signs were taken and were within normal limits except for an elevated pulse of 111, and elevated respirations of 28. RN [] documented SAENGSI RI appeared ill and *fatigued*, and he complained of shortness of breath after walking down the hall to sick call. RN [] also documented SAENGSI RI had both inspiratory and expiratory wheezing throughout both lungs and was tachycardic.¹¹⁴ RN [] made an immediate referral to NP [] via telephone, and NP [] ordered SAENGSI RI be brought to the medical unit.¹¹⁵
- **At approximately 7:41 a.m.,** SAENGSI RI was escorted by an officer to the medical unit via wheelchair.¹¹⁶ SAENGSI RI was logged into the medical unit at 7:43 a.m. by Officer [] who was the medical officer on duty.¹¹⁷ Officer [] stated during her interview that she observed SAENGSI RI was having trouble breathing and that he was moved immediately into the rear area of the medical unit where he was evaluated by NP [].¹¹⁸ NP [] documented SAENGSI RI 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 SAENGSI RI had audible wheezing and shortness of breath when talking, but denied any chest pain or history of cardiac or respiratory problems. SAENGSI RI's vital signs were taken and were within normal limits except for a slightly elevated blood pressure of 130/77. Auscultation of SAENGSI RI'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 [] stated that she determined SAENGSI RI needed to go to the ER which she communicated to him, and that he agreed to go.¹²⁰

While SAENGSI RI received the nebulizer treatment, NP [] 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 SAENGSI RI 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 [] who stated she was informed by NP [] that SAENGSI RI needed to be transported to the LaSalle General Hospital (LGH).¹²² Sergeant [] then assigned Officers [] and [] to the transport. Officer [] retrieved the transport vehicle, and Officer [] retrieved a trip bag.¹²³

¹¹³ See LDF HA Dorm Logbook by LDF Officer [] dated March 17, 2016.

¹¹⁴ Tachycardic refers to a pulse greater than 100 beats per minute.

¹¹⁵ See Medical Provider Progress Note by RN [] dated March 17, 2016.

¹¹⁶ See LDF HA Dorm Logbook by Officer [] dated March 17, 2016.

¹¹⁷ See LDF Medical Logbook by Officer [] dated March 17, 2016.

¹¹⁸ ODO Interview with Officer [] dated April 14, 2016.

¹¹⁹ See Medical Provider Progress Note by NP [] dated March 17, 2016.

¹²⁰ ODO Interview with NP [] dated April 12, 2016.

¹²¹ Id.

¹²² ODO Interview with Sergeant [] 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 SAENGSIK to the vehicle.

- **At approximately 8:25 a.m.**, after retrieving the trip bag, Officer [redacted] escorted SAENGSIK 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 SAENGSIK’s transport to the hospital.¹²⁵
- **At approximately 8:49 a.m.**, the paperwork was completed and the officers and SAENGSIK left the medical unit. SAENGSIK was wheeled through the breezeway at 8:49 a.m. When they entered Sallyport Two, SAENGSIK stood and entered the back seat of the transport vehicle without assistance.¹²⁶ Although SAENGSIK and both officers were in the vehicle at 8:50, a few seconds after entering the vehicle, Officer [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, SAENGSIK stated that he needed to get out of the vehicle because he couldn’t breathe. Officer [redacted] stated he thought SAENGSIK 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 SAENGSIK exited the vehicle. As seen in the video surveillance footage, SAENGSIK 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 SAENGSIK 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 SAENGSIK reentered the breezeway. Simultaneously, Officer [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 Officer [redacted] dated March 17, 2016.

¹²⁶ See LDF Video Surveillance Footage, March 17, 2016.

¹²⁷ ODO Interview with Officer [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 SAENGSI RI 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 SAENGSI RI 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 Sergeant [redacted] (first name unknown). [redacted] stated during her interview with ODO that she observed SAENGSI RI 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 SAENGSI RI 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 SAENGSI RI'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 SAENGSI RI 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] instructed 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.

arrived at the medical unit with SAENGSI RI. The detainee remained in the wheelchair while oxygen was immediately administered by nasal cannula, and an albuterol nebulizer treatment was given by RN SAENGSI RI's oxygen saturation was 93 percent prior to the nebulizer treatment and increased to 96 percent following the nebulizer treatment. SAENGSI RI'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 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 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 SAENGSI RI, 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 again asked SAENGSI RI if he was having chest pain, and he stated that he did not have chest pain but was having difficulty breathing. RN attempted to calm SAENGSI RI who, during the course of the emergency, commented that he thought he was going to die.¹⁴⁸ RN reported SAENGSI RI seemed claustrophobic and asked to have the door open and a fan blowing on him. He also asked for water.¹⁴⁹

¹⁴² Consistent with standard emergency response protocols, temperature was not taken.

¹⁴³ See LDF Video Surveillance Footage, March 17, 2016; ODO interview with Officer dated April 14, 2016.

¹⁴⁴ See Id.

¹⁴⁵ See Id.

¹⁴⁶ ODO interview with Captain April 12, 2016.

¹⁴⁷ See LDF Video Surveillance Footage, March 17, 2016.

¹⁴⁸ ODO Interview with RN dated April 13, 2016.

¹⁴⁹ ODO Interview with RN ed April 13, 2016.

- **At approximately 9:23 a.m.**, SAENGSI RI's blood pressure was 162/93, his pulse was 132, and he was diaphoretic.¹⁵⁰ Although the ambulance had not yet arrived, NP [] called the LGH Emergency Department to notify ER personnel that SAENGSI RI would be arriving, and to provide a verbal report of his condition.¹⁵¹ SAENGSI RI'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 [] stated that as the vital signs were reported to her, she asked RN [] 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 SAENGSI RI denied having chest pain, stating he just could not breathe. NP [] indicated she was not aware SAENGSI RI had a prior abnormal EKG in the medical record.
- **At approximately 9:29 a.m.**, EMS responders assumed responsibility for the care of SAENGSI RI who was awake, alert, and in distress.¹⁵⁴ SAENGSI RI became very short of breath and received two albuterol nebulizer treatments. Electrodes for an EKG were placed on SAENGSI RI's chest and limbs. The EKG detected the detainee had an abnormal cardiac rhythm. SAENGSI RI complained of substernal¹⁵⁵ chest pain, rating his pain as level ten. SAENGSI RI told the responders he could not take aspirin or put nitroglycerin¹⁵⁶ under his tongue (sublingual), so nitroglycerin paste was administered via transdermal patch.^{157 158}

The EMS responders documented SAENGSI RI exhibited rales and wheezing in both lobes of both lungs. SAENGSI RI 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 SAENGSI RI on the stretcher back into Sallyport Three and loaded the stretcher onto the ambulance. Officer [], who was assigned to accompany SAENGSI RI, entered the rear of the ambulance at 9:38 a.m.¹⁶¹ Officer [] stated during interview that the responders started an IV before leaving the facility.¹⁶² As documented in the EMS report, an intraosseous line¹⁶³ 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 [] 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 [] dated April 12, 2016.

¹⁵² See Medical Provider Progress Note by NP [] dated March 17, 2016.

¹⁵³ ODO Interview with NP [] 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, SAENGSI RI's statement that he could not take sublingual nitroglycerin suggests he had a cardiac history for which he was previously treated with sublingual nitroglycerin. SAENGSI RI 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 [] 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.

SAENGSI RI 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 SAENGSI RI was coding and the driver activated emergency lights and siren.¹⁶⁸

- **At approximately 9:51 a.m.**, SAENGSI RI 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 SAENGSI RI and place him on a stretcher, and care was transferred to LGH staff.¹⁷⁰ SAENGSI RI was admitted to LGH's Emergency Room at 9:55 a.m. in code blue status.¹⁷¹ SAENGSI RI was unresponsive with no respirations, and the EKG indicated he had no electrical activity in his heart. Epinephrine¹⁷² was administered intravenously seven times at three to four minute intervals with no response, the last dose given at 10:21 a.m.¹⁷³ SAENGSI RI remained unresponsive, pulseless, and his pupils were dilated.¹⁷⁴
- **At approximately 10:22 a.m.**, SAENGSI RI was pronounced dead by Dr. [redacted]. Officers [redacted] [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 SAENGSI RI'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 SAENGSI RI.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 SAENGSI RI 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 SAENGSI RI also had an enlarged heart.¹⁷⁸
- **At approximately 12:40 p.m.**, Warden D.C. Cole and ICE Assistant Field Office Director [redacted] [redacted] arrived at LGH and authorized the release of SAENGSI RI'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 SAENGSI RI'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 SAENGSI RI 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 SAENGSI RI'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 SAENGSI RI 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 SAENGSI RI was evaluated for pitting edema of bilateral lower extremities. Medication was ordered and NP [redacted] documented that SAENGSI RI was scheduled for follow-up in two to three days. When NP [redacted] attempted to re-evaluate SAENGSI RI on May 22, 2015, he stated he was fine and did not need to be seen. SAENGSI RI did not sign a refusal form.
 - On February 25, 2016, SAENGSI RI 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] evaluated SAENGSI RI 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 SAENGSI RI 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, SAENGSI RI was evaluated for pitting edema of bilateral lower extremities. NP [] ordered medication and documented that SAENGSI RI should be scheduled for follow-up in two to three days. There is no documentation in the medical record indicating SAENGSI RI was scheduled for a follow-up appointment or that he was evaluated by a provider.
 - On May 18, 2015, NP [] ordered an EKG after determining SAENGSI RI 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, SAENGSI RI did not have a pacemaker. Although NP [] signed the EKG report, it was not signed by Dr. [] and another EKG was never ordered or completed.
 - On June 17, 2015, SAENGSI RI'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 SAENGSI RI from the clinic. There is no documentation the blood pressure was retaken before SAENGSI RI 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. [] signed the report without interpreting the findings.
 - On February 25, 2016, SAENGSI RI complained of a cough, shortness of breath, and wheezing. NP [] evaluated the detainee and documented the need to re-evaluate him in one week. There is no documentation indicating SAENGSI RI 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 SAENGSI RI 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 SAENGSI RI by contacting medical staff for assistance, calling 911, and preparing to escort SAENGSI RI to the hospital. All security staff involved filed timely reports regarding their roles in the events of March 17, 2016.