Detainee Death Review of Marjorie Annmarie BELL
JICMS Number 201404156

SYNOPSIS

Forty-eight year old ICE detainee Marjorie Annmarie BELL, a citizen and national of Jamaica, died on February 13, 2014, at Sharp Chula Vista Medical Center, Chula Vista, California. The County of San Diego, Office of the Medical Examiner, determined BELL's cause of death to be sudden cardiac death, acute coronary syndrome, and multivessel coronary artery disease due to arteriosclerotic vascular disease.

DETAILS OF REVIEW

BELL was in ICE custody at the San Diego Contract Detention Facility (SDCDF) at the time of her death. SDCDF opened and began housing detainees from the former U.S. Immigration and Naturalization Service and inmates from the U.S. Marshals Service in September 1998. SDCDF is owned by the County of San Diego and is operated by Corrections Corporation of America (CCA). ICE contracts with CCA to house ICE detainees. SDCDF houses male and female ICE detainees of all classification levels for periods exceeding 72 hours. ICE Health Service Corps (IHSC) provides medical care at SDCDF and contracts with STG International (STG) to supplement their medical staffing. SDCDF was required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2008 at the time of BELL's death.

From April 7 to 11, 2014, Management and Program Analyst [redacted], and Inspections and Compliance Specialists [redacted] and [redacted] all assigned to the ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), visited SDCDF to examine the circumstances of BELL's death. Registered Nurse (RN) [redacted] a subject matter expert (SME) in correctional health care, and [redacted], an SME in correctional security, assisted ODO with the death review. RN [redacted] and SME [redacted] 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. ODO interviewed individuals employed by CCA at SDCDF, as well as employees of IHSC, STG, and the ICE Office of Enforcement and Removal Operations (ERO). ODO also reviewed immigration, medical, and detention records pertaining to BELL.

During this review, ODO staff 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 information purposes only. Their inclusion in the report should not be construed in any way as indicating a deficiency contributed to the death of the detainee.

ODO determined the following timeline of events, from the time of BELL's apprehension through her detention at SDCDF.

On December 24, 2013, Marjorie Annmarie BELL attempted to enter the United States from Mexico, on foot, at the San Ysidro Port of Entry, carrying a counterfeit Canadian passport. BELL reported to the Customs and Border Protection Officer (CBPO) she first encountered that she did not feel well.[1] BELL declined medical attention and was held for further processing,[2] during which time she was asked extensive medical questions and disclosed having diabetes.[3]

CBP advised that aliens who disclose medical conditions during processing are examined by an onsite emergency medical technician (EMT) and transported to the hospital if they need care. Two on-call nurses are also located onsite and assist in medically clearing an alien before transfer to ICE.[4]

On December 25, 2013, CBP officers transported BELL to the Sharp Chula Vista Medical Center (SCVMC) where she was admitted.[5] She reported to hospital staff that she had a history of heart disease, and that she had at least three stents[6] previously placed in her heart. SCVMC treated BELL by placing one additional stent.

CBP interviewed BELL on December 28, 2013, after she returned from the hospital. BELL admitted entering the U.S. illegally, and she requested political asylum, citing fear of violence against gay people in Jamaica.[7] BELL was given information[8] about the asylum process, and she was advised she would be held for ICE.

On January 2, 2014, BELL was transferred to ICE custody and transported to SDCDF.[9] She first underwent a preliminary medical screening[10] at 10:20 a.m., during which she reported a history of diabetes, high blood pressure and a previous heart attack. At 12:03 p.m., BELL was booked into SDCDF.[11]

At 12:32 p.m.,[12] RN Ednacot conducted a full medical and mental health screening for BELL.[13] BELL reported to RN [redacted] that she had a urinary tract infection and had actually suffered

---

[1] ODO interview of CBPO [redacted], April 11, 2014.
[2] "Other Officer Report" by CBPO [redacted] December 24, 2013.
[3] Form 826.
[4] ODO interview of CBPO [redacted] at the San Ysidro POE, April 11, 2014.
[5] BELL's medical record from SCVMC shows that she was admitted on December 25, 2013, and discharged on December 27, 2013. The record does not document the time of her admission.
[6] Exhibit 1: Creative Corrections Report, page 9. Placement of a stent involves the "use of a balloon-tipped catheter to enlarge a narrowed coronary artery."
[7] I-213 dated December 28, 2013.
[8] Information about Credible Fear Interview Form M-444, December 28, 2013.
[9] Record of Person(s) and Property Transferred Form I-216 documents BELL's transfer to SDCDF on January 2, 2014.
[10] Intake Medical Prescreening.
[11] Booking record.
[12] BELL's pre-screening form was signed by RN [redacted] at 12:32 p.m. During her interview with ODO on April 8, 2014, RN [redacted] stated she signed the pre-screening at the time she initiated the full intake screening.

three previous heart attacks, in addition to having diabetes and high blood pressure. She stated that after each heart attack, a stent was placed in her heart, in addition to the one that was placed after CBP officers took her to the hospital on December 25, 2013. BELL was determined to be obese for her height of five feet six inches and weight of 221 pounds, but her vital signs were within normal limits.[14] She was found to be taking medications for diabetes, hypertension, and heart disease.[15] A chest X-ray taken during intake screening showed BELL was negative for tuberculosis, but had an enlarged heart. RN [redacted] assessed BELL as having an abnormal medical screening, but her symptoms were deemed "non-urgent."[16]

BELL was medically cleared for custody and flagged to be seen by a physician once she was fully processed into SDCDF. SDCDF Clinical Director, IHSC [redacted], signed BELL's chest X-ray[17] and approved a 2,500 calorie-per-day diabetic diet for BELL.[18] [redacted] did not order BELL's weight to be monitored.[19]

After her intake medical and mental health screening, BELL continued to be processed into SDCDF by Officer [redacted]

On January 2, 2014, BELL was placed in general population housing unit D[20] after she was processed into SDCDF.

On January 3, 2014, at 6:45 p.m., BELL underwent a Complex Physical Examination,[21] which was conducted 32 hours after intake. This time period exceeded the 24-hour requirement called for by IHSC directive.[22] During BELL's physical examination, NP [redacted] documented BELL had diabetes; hypertension; hyperlipidemia; a history of myocardial infarctions and of having stents placed in her heart, a stroke on January 5, 2012, an acidic stomach, and chronic allergies.[23] NP [redacted] documented BELL's vital signs were within normal limits, with the exception of a body mass index of 35.02.[24] Creative Corrections noted[25] BELL's blood glucose was 181,

---

[13] Intake medical screening.
[14] Exhibit 1, page 5.
[15] During her interview, RN [redacted] stated that she verified each prescription with the dispensing pharmacy.
[16] BELL was considered "non-urgent" because she was medically stable. During his interview with ODO on April 8, 2014, [redacted] stated non-urgent but abnormal medical screenings receive a physical examination within 24 hours of admission to the facility, and urgent medical screenings receive an immediate physical examination.
[17] Chest X-ray.
[18] Medical progress note by [redacted], January 2, 2014.
[19] Exhibit 1, page 5. Creative Corrections also notes that Nurse Practitioner (NP) [redacted] stated during his interview with ODO on April 9, 2014, that because BELL was not compliant with her diabetic diet, it would have been too "time consuming to be checking on her diet compliance."
[20] Housing history report.
[21] Complex Physical Examination, January 2, 2014.
[22] IHSC Directive 03-07.
[23] Exhibit 1, page 7.
[24] Id.
[25] Id.

which is considered high. Creative Corrections also noted[26] that during review of BELL's systems, NP [redacted] found trace pitting edema[27] in both lower calf muscles. NP [redacted] documented that he continued BELL on all of her current medications except senna.[28] NP [redacted] noted BELL's treatment plan would include continuation of her 2,500 calorie diabetic diet, and treatment for acid reflux. NP [redacted] also documented that labs would be ordered after BELL's hospital records were reviewed, and he noted that the records were not available at the time of her physical examination. Creative Corrections noted[29] that the medical record does not contain an authorization to release medical records signed by the detainee, nor does it document when the SCVMC records were requested. NP [redacted] ordered BELL to be seen again in two weeks.

On January 9, 2014, BELL was seen in her housing unit by STG RN [redacted] for chest pain.[30] RN [redacted] documented that BELL said she did not need medical assistance because she had taken nitroglycerin tablets and would feel better in a few minutes. RN [redacted] noted that BELL was in "no acute distress," and her vital signs were normal aside from elevated blood pressure.

On January 13, 2014, BELL was seen by NP [redacted] in the medical unit for an urgent care encounter to treat her lower extremity edema.[31] NP [redacted] found BELL's vital signs were within normal limits, and that there were no remarkable examination findings with the exception of trace pitting edema in the lower calves.[32] NP [redacted] noted BELL's hospital records were still unavailable. NP [redacted] indicated BELL's diabetes was under control,[33] but her evening blood sugar levels were running in the 200s. NP [redacted] treatment plan for BELL included changing the type of insulin she was receiving for her Type II diabetes, adding potassium supplements, increasing her diuretic,[34] ordering a series of laboratory tests for the following morning, and ordering a follow-up medical visit for the following week.

On January 14, 2014, at approximately 8:00 a.m.,[35] BELL was seen by RN [redacted], because she felt weak and had chest discomfort.[36] RN [redacted] found BELL to have a high blood

[26] Id.
[27] "Edema" refers to swelling. Finding trace pitting edema refers to the application of pressure to a swollen area, the lower calf in BELL's case, which causes an indentation in the skin that persists for a short time after the pressure is released.
[28] Senna is a non-prescription laxative, often sold in the form of an herbal supplement.
[29] Exhibit 1, page 8.
[30] Medical progress note by RN [redacted], January 9, 2014. See also, Exhibit 1, page 8.
[31] Medical note by NP [redacted] January 13, 2014. See also, Exhibit 1, page 8.
[32] Exhibit 1, page 8.
[33] Id.
[34] Diuretics, also referred to as "water pills," are used to promote urine production, as well as treat conditions including high blood pressure, glaucoma, and edema.
[35] Medical staff interviewed by ODO stated that the "eClinicalWorks" software used for medical record keeping at SDCDF does not record "time of appointment," and that the best notation for estimating appointment time is the

pressure reading of 152/101 and a blood glucose level at 353.[37] RN [redacted] placed BELL in the medical housing unit (MHU) where she could be observed until she was assessed by a provider.

Later that afternoon, at approximately 3:14 p.m., NP [redacted] met with BELL in the MHU[38] and documented that she reported having episodes of chest pain for the previous three to four years, and that the episodes occurred more frequently since she was treated at the SCVMC on December 25, 2013. NP [redacted] documented that BELL used nitroglycerin tablets to relieve her chest pain, and that her blood sugars were not well controlled. NP [redacted] noted that BELL's treatment plan included administration of 24-hour extended release Isosorbide Mononitrate[39] daily in the morning, no change to her diabetes medications, and refilling her nitroglycerin tablets that same day. NP [redacted] noted[40] after reviewing BELL's hospital records, that despite her improved condition after the cardiac catheterization, she still had significant coronary artery disease and would need to demonstrate her medical compliance and make improvements in diet and exercise to avoid further complications. NP [redacted] also noted the cardiologist who treated BELL in the hospital advised she should continue taking aspirin and Brilinta,[41] and receive aggressive medical therapy.[42] NP [redacted] noted that he emphasized the importance of medication and diet compliance to BELL. Creative Corrections noted[43] NP [redacted] did not take BELL's vital signs or weight during this visit, and did not notify a physician after either of his visits with BELL, despite the significant findings and placement in the medical housing unit for observation.

BELL returned to general population housing unit D after her assessment by NP [redacted] in the MHU.

On January 17, 2014, BELL had a chronic care appointment with NP [redacted].[44] NP [redacted] noted that BELL reported improvement since starting new medication, and that she needed less

---

time the progress note (or other medical record) was electronically signed. BELL's January 14, 2014 progress note was signed by RN [redacted] 8:03AM.
[36] Medical progress note by RN [redacted] January 14, 2014.
[37] Id.
[38] Medical progress note by NP [redacted] January 14, 2014. See also, Exhibit 1, page 9.
[39] Exhibit 1, page 10, describes Isosorbide Mononitrate CR Tablet Extended Release as similar to a "long acting nitroglycerin to prevent chest pain."
[40] Medical progress note by NP [redacted] January 14, 2014.
[41] Exhibit 1, page 9. Aspirin is used for the prevention of heart attack and stroke, and Brilinta is an anti-platelet drug used for the prevention of stroke, heart attack and other blood vessel problems.
[42] Id. Creative Corrections noted that during her physical examination on January 3, 2014, and subsequent medical appointments prior to January 14, 2014, SDCDF did not diagnose BELL with coronary artery disease, and did not document her diabetes as uncontrolled.
[43] Id., page 10.
[44] Medical Progress note by NP [redacted], January 17, 2014.

nitroglycerin tablets to relieve her pain. NP [redacted] also noted that lab tests would be completed in one month, and BELL would receive a follow-up appointment in three months.

On January 20, 2014, BELL was notified she would be transferred to the Northwest Detention Center in Tacoma, Washington.[45] SDCDF began processing BELL out of the facility that same day, but her transfer was canceled before she was moved.[46] ODO questioned personnel in the local ERO office as to why BELL's transfer was canceled, but ERO personnel were unable to provide a reason.

On January 25, 2014, BELL was seen by STG RN [redacted] for her afternoon insulin and blood sugar check, and for complaints of chest pain.[47] RN [redacted] documented that BELL sat in a wheelchair during the visit with her head hanging down, was crying, and she said she was very worried about her health because it was getting worse, and that her pain was very bad. RN [redacted] noted she encouraged BELL to take deep breaths, and to think positive thoughts, including thoughts about her great vital signs. RN [redacted]g noted that BELL then said she had horrible pain in her back and chest, and that she could not take the pain anymore because it was so bad. RN [redacted] noted that BELL asked for more keep-on-person (KOP) nitroglycerin tablets. RN [redacted] noted that BELL's treatment during this visit included encouraging her to use deep breathing techniques and positive thinking to relieve anxiety. Additionally, RN [redacted] documented that she counseled BELL on the importance of being proactive in her care, that crying was a healthy way to let go of sadness, but that it was important to be proactive. RN [redacted] noted that BELL ended the medical visit by asking for a different pain medication that would better address her back and chest pain, as well as more KOP nitroglycerin tablets. RN [redacted] noted BELL denied thoughts of hurting herself or others, and returned to her housing unit after the visit. Creative Corrections noted[48] that RN [redacted] did not determine the duration of the chest pain, nor did she question detainee BELL for more specific information regarding her nitroglycerin use.

RN [redacted] a psychiatric RN by training, stated to ODO[49] that BELL's complaints on January 25, 2014, were common for BELL, and that her problems and complaints were ongoing. RN [redacted] said that at least 50 percent of the time while she was in medical, BELL complained she did not feel well, was tired, and needed more nitroglycerin tablets. Creative Corrections noted[50] that when asked about chest pain guidelines, RN [redacted] said she did not know whether they existed, but that she believed chest pain guidelines would require calling the

[45] Transfer Notification, January 20, 2014. The reason provided for her transfer was "bed space transfer."
[46] BELL's I-382 shows a transfer from SDCDF to Northwest Detention Center on January 20, 2014, but the form also contains the notation "cancel."
[47] Medical progress note by RN [redacted], January 25, 2014.
[48] Exhibit 1, page 12.
[49] ODO interview of RN [redacted], April 9, 2014.
[50] Exhibit 1, page 12.

provider if the detainee was dizzy, perspiring, or short of breath. RN [redacted] said BELL did not exhibit any of those symptoms on January 25, 2014, and her vital signs were within normal limits.

IHSC Assistant Health Services Administrator (AHSA) Commander [redacted] stated[51] SDCDF has RN guidelines for chest pain.[52] Creative Corrections noted[53] the chest pain guidelines do not address the differences in cardiac pain in women versus men.

On January 26, 2014, from approximately 5:45 a.m. to about 7:00 a.m., IHSC RN [redacted] tended to BELL before she was transported to the SCVMC emergency room. The following chronology documents[54] the progression of her symptoms prior to her transport to the hospital:

- At 5:45 a.m., RN [redacted] conducted an urgent care appointment for BELL after she complained of chest pain during a routine blood sugar check. RN [redacted] noted that BELL complained of flat pain on her lower left chest that traveled to her left underarm and caused numbness in her left arm. BELL rated her pain level at a ten out of ten on a pain scale, and stated she had experienced the pain periodically for the previous seven to ten days. BELL complained her pain was worse when she could not urinate, that she had not urinated since 5:00 p.m. the previous day, and that she needed a water pill in order to urinate. RN [redacted] noted that BELL denied any discomfort aside from chest pain, and that she took a nitroglycerin tablet.

- At approximately 5:50 a.m., BELL's chest pain level was at zero. RN [redacted] noted BELL's vital signs were normal, and that she was placed on oxygen.

- At approximately 6:00 a.m., BELL's chest pain level was at four. RN [redacted] gave BELL a second nitroglycerin tablet and aspirin.

- At approximately 6:10 a.m., BELL's chest pain was at zero, and RN [redacted] consulted with IHSC Physician Assistant (PA) [redacted] by telephone. PA [redacted] issued a telephone order to perform an EKG and report back with the results. RN [redacted] advised ODO[55] that he was unaware of the RN guidelines for chest pain, but that he knew to call the on-call provider. Creative Corrections noted[56] that the RN guidelines

[51] ODO interview of [redacted], April 9, 2014.
[52] Exhibit 2: SDCDF's local RN Guidelines for Chest Pain.
[53] Exhibit 1, page 12.
[54] Medical progress note by RN [redacted] January 26, 2014.
[55] ODO interview of RN [redacted] April 9, 2014.
[56] Exhibit 1, page 13. Specifically, Creative Corrections points out that BELL had been experiencing chest pain for more than five minutes, and she was over 30 years old with four cardiac risk factors (high blood pressure, diabetes, high cholesterol, and obesity).

for chest pain indicated that BELL's symptoms and conditions warranted an immediate call to 911.

- At approximately 6:15 a.m., RN [redacted] reported to PA [redacted] that BELL's EKG results[57] came back abnormal. PA [redacted] then instructed RN [redacted] to send BELL to the hospital via ambulance.

- At approximately 6:45 a.m., BELL's chest pain was at a level eight, and she had left arm numbness. RN [redacted] gave BELL a third nitroglycerin tablet. EMS was called at 6:45 a.m.[58] Although the times documented by RN [redacted] indicate 30 minutes elapsed between PA [redacted] order to call 911 and the actual call to 911, the EKG and EMS reports reflect six minutes elapsed between completion of the EKG and the call to 911.

- At approximately 6:50 a.m., fire department paramedics and emergency medical technicians (EMT) arrived at SDCDF and stabilized BELL.

- At 7:25 a.m., an ambulance arrived at SDCDF and departed with BELL, en route to SCVMC, at 7:52 a.m.

- At 8:11 a.m., BELL arrived at SCVMC where she was admitted and kept overnight.

BELL's housing history report reflects that she returned to SDCDF from SCVMC on January 27, 2014.[59] Creative Corrections noted[60] BELL was given insulin upon her return, but she was not given any of the other medications she was receiving prior to her hospitalization.

On January 28, 2014, BELL was seen by IHSC RN [redacted].[61] RN [redacted] noted BELL's vital signs were stable, that she was alert and denied pain, and that she walked without complications. RN [redacted] consulted with PA [redacted] via telephone, and PA [redacted] ordered that BELL be kept in the MHU for 23-hour observation and receive a follow-up appointment the following day.

On January 29, 2014, BELL was seen by NP [redacted] and denied chest pain but reported feeling weak all over.[62] Creative Corrections noted[63] that BELL's Hospital Discharge Summary[64] stated treatment of her congestive heart failure should be done, and that she should maximize medical

[57] EKG Report. Although RN [redacted]s documented times indicate the EKG was performed between 6:10AM and 6:15AM, the EKG report documents the EKG was completed at 6:39AM.
[58] American Medical Response report, January 26, 2014.
[59] Housing history report.
[60] Exhibit 1, page 13.
[61] Medical progress note by RN [redacted], January 28, 2014.
[62] Medical progress note by NP [redacted] January 29, 2014.
[63] Exhibit 1, page 14.
[64] Hospital Discharge Summary.

therapy, but that NP [redacted] assessment did not include congestive heart failure. Creative Corrections also noted[65] NP [redacted] treatment included an order of three nitroglycerin tablets per day.

RN [redacted] advised ODO[66] he remembered a correctional officer stating BELL was "taking nitro like candy." NP [redacted] stated[67] he conferred with the Clinical Director, [redacted], and the pharmacist, and all three agreed BELL was using more nitroglycerin tablets than needed. NP [redacted] stated overuse of nitroglycerin could result in a harmful blood pressure drop. Creative Corrections noted[68] that although NP [redacted] s note states that BELL was not to have any KOP nitroglycerin tablets, her Medication Administration Records (MARs)[69] document she was given three nitroglycerin tabs per day to keep and use as necessary.

NP [redacted] determined BELL should remain in the MHU, have her vital signs taken daily, and ordered that staff report any increase in her chest pain or shortness of breath to the provider. NP [redacted] also ordered that BELL receive provider visits once a week.[70]

On January 29, 2014, BELL was interviewed by an asylum officer and was found to have credible fear of persecution or torture in her home country.[71]

On January 31, 2014, at 12:10 a.m., BELL complained of chest pain during RN [redacted] rounds in the MHU.[72] RN [redacted] noted that BELL was tearful and said she was in a lot of pain. Creative Corrections noted[73] RN [redacted] did not ask BELL about the duration of the pain or if she had taken any nitroglycerin tablets, nor did she address BELL's complaint of fluid retention and lung pain. RN [redacted] contacted the on-call provider, PA [redacted], who ordered hypertension medication and aspirin, and directed BELL be seen by a provider that morning.[74] Creative Corrections noted[75] that BELL did not receive a follow-up evaluation by a provider as directed by PA [redacted]

On February 1, 2014, at 4:22 p.m., RN [redacted] noted[76] that BELL was moved to a different cell within the MHU for closer observation from the nursing station. RN [redacted] noted that at the

[65] Exhibit 1, page 14.
[66] ODO interview of RN [redacted] April 10, 2014.
[67] ODO interview of NP [redacted], April 9, 2014.
[68] Exhibit 1, page 14.
[69] MARs from January 29, 2014, to February 13, 2014.
[70] Medical progress note by NP [redacted], January 29, 2014.
[71] Determination/Credible Fear Worksheet Form I-879, January 29, 2014.
[72] Medical progress note by RN [redacted], January 31, 2014.
[73] Exhibit 1, page 15.
[74] Progress note by RN [redacted] January 31, 2014.
[75] Exhibit 1, page 15.
[76] Medical progress note by RN [redacted] February 1, 2014.

start of her shift, BELL made vague complaints of generalized pain, but that she denied all complaints of pain after moving to the new cell.

On February 2, 2014, at 2:44 a.m., RN [redacted] saw BELL after the medical officer reported she was complaining of chest pain.[77] During the visit, BELL said she could not lie down because it caused her to become short of breath, and that she was unable to sleep.[78] RN [redacted] documented[79] that BELL's vitals were stable and that he did not notice any shortness of breath. Creative Corrections noted[80] that RN [redacted] did not document whether BELL was standing or lying down when he observed that she was not short of breath. RN [redacted] stated[81] he believed the medical unit had chest pain guidelines, but that he did not receive training on it. RN [redacted] described his interactions with BELL as a "learning experience."

BELL was seen by medical staff two additional times on February 2, 2014. RN [redacted] saw BELL at approximately 11:51 a.m. and noted[82] that BELL was somewhat difficult, complained she was cold, and stated she had moderate upper body and shoulder pain. RN [redacted] administered ibuprofen, and documented BELL did not have any cardiac complaints. RN [redacted] also noted BELL was unhappy about being moved to her new cell in the MHU, because she did not like being watched. RN [redacted] saw BELL at approximately 9:21 p.m. and documented[83] that she complained of being cold, and that she had minor upper body pain. BELL requested and was given ibuprofen. Creative Corrections noted[84] that RN [redacted] did not take BELL's vital signs. RN [redacted] advised ODO[85] that he did not take BELL's vital signs, because BELL only complained of upper body pain.

On February 3, 2014, at 11:31 a.m., RN [redacted] documented[86] that BELL had no complaints of chest pain or shortness of breath. She also asked to be moved back to general population because she was too cold in the MHU cell and did not have television access. RN [redacted] noted that NP [redacted] was notified of BELL's request to be moved, and that a provider would see her that same day. Creative Corrections noted[87] that BELL was not seen by a provider until the following day.

---

[77] Medical progress note by RN [redacted], February 2, 2014.
[78] During an interview on April 8, 2014, Officer [redacted], who frequently worked as the Medical Officer when BELL was housed in MHU, stated BELL frequently had difficulty sleeping because of her pain, and often tried to sleep standing up.
[79] Medical progress note by RN [redacted] February 2, 2014.
[80] Exhibit 1, page 15.
[81] ODO interview of RN [redacted] April 10, 2014.
[82] Medical progress note by RN [redacted], February 2, 2014.
[83] Medical progress note by RN [redacted] February 2, 2014.
[84] Exhibit 1, page 15.
[85] ODO interview of RN [redacted], April 10, 2014.
[86] Medical progress note by RN [redacted] February 3, 2014.
[87] Exhibit 1, page 16.

On the evening of February 4, 2014, NP [redacted] noted[88] that BELL reported feeling good in the morning and during the day, but that she experienced acid reflux and chest pressure/pain during the night. BELL also stated she used nitroglycerin most nights. Creative Corrections noted[89] NP [redacted] assessment of BELL was consistent with prior assessments. NP [redacted] directed that BELL continue to be housed in the MHU, that her nitroglycerin tablets be refilled as needed, and that BELL would be seen again by a provider in one week.

On February 5, 2014, RN [redacted] documented[90] that at approximately 4:10 a.m., an officer found BELL screaming inside of her cell and was directed by IHSC RN [redacted] who was also present, to escort BELL to the clinic. While being escorted to the clinic, BELL reportedly[91] asked the officer for a grievance form and wanted to know RN [redacted] name. ODO was unable to locate the grievance form or anyone who recalled BELL asking for one. RN [redacted] stated[92] BELL was not easy to work with and was sometimes demanding. RN [redacted] noted[93] that BELL complained of chest pain and requested nitroglycerin that morning, because she had run out. Creative Corrections noted[94] it is unclear why BELL ran out of nitroglycerin tablets since NP [redacted] had directed that detainee BELL be given a refill of nitroglycerin tablets as needed, prior to this 4:10 a.m. encounter. Creative Corrections also noted[95] that because BELL's nitroglycerin was ordered as a KOP medication, her MARs did not consistently document when the detainee was given her three tablets each day, per the January 29, 2014, order. During the 4:10 a.m. encounter, RN [redacted] gave BELL a nitroglycerin tablet to take immediately, and documented BELL felt much better after taking the pill.

On February 5, 2014, at approximately 5:40 p.m., NP [redacted] visited BELL after a nurse reported BELL was crying and asking to have her nitroglycerin tablets on her person in case she experienced chest pain during the night. NP [redacted] documented[96] that BELL was not crying when he saw her, but stated she might be depressed. NP [redacted] offered to refer BELL to mental health, and she agreed. NP [redacted] also told BELL she could keep three nitroglycerin pills on her person, but only to use them if absolutely necessary, and to inform medical staff when she had used them. NP [redacted] documented BELL agreed with his directions.

On February 6, 2014, BELL was seen at approximately 11:25 a.m., showed normal vital signs, and stated she took one nitroglycerin pill the night before.[97] BELL was seen again at

[88] Medical progress note by NP [redacted] February 4, 2014.
[89] Exhibit 1, page 16.
[90] Medical progress note by RN [redacted], February 5, 2014.
[91] Id.
[92] ODO interview of RN [redacted], April 10, 2014.
[93] Medical progress note by RN [redacted] February 5, 2014.
[94] Exhibit 1, page 16.
[95] Id.
[96] Medical progress note by NP [redacted], February 5, 2014.
[97] Medical progress note by RN [redacted], February 6, 2014.

approximately 8:00 p.m., and did not make any medical complaints, but asked for ibuprofen for generalized pain.[98]

On February 7, 2014, BELL refused medication for elevated cholesterol, because it caused her to have upper body pain.[99] BELL signed a refusal form and was educated on the risks and benefits of taking the medication as prescribed.

On February 8, 2014, BELL was seen by RN [redacted] at approximately 2:38 a.m., had normal vital signs and was stable.[100] BELL was seen again at approximately 2:57 p.m. by STG RN [redacted], and stated her chest area still felt a little bit uncomfortable, but she did not think it was heart pain.[101]

BELL also received an initial psychological evaluation on February 8, 2014, by contract Clinical Psychologist [redacted].[102] [redacted] documented that BELL was referred for a psychological evaluation by medical staff due to overusing nitroglycerin, behavioral issues, and anxiety. Dr. [redacted] also noted that BELL reported multiple medical complaints and stated that she was dissatisfied with the medical care she was receiving in the facility. Specifically, BELL stated medical staff did not listen to her, and that she was unable to take care of herself the way she wanted to. BELL also stated her cell in the MHU felt like a death trap, and that she wanted to return to general population. [redacted] noted that BELL denied any history of mental health issues or treatment. [redacted] noted that BELL reported difficulty falling or staying asleep, frequent crying, low energy levels, mood swings, trauma history, and nightmares or night terrors. She documented that BELL was cooperative and attentive, but also irritable and sometimes tearful. [redacted] assessed BELL as experiencing adjustment disorder with mixed anxiety and depressed mood. [redacted] treatment plan for BELL included psychological services, and additional assessment for possible need for psychotropic medication. ODO notes that BELL received this psychiatric evaluation in response to NP [redacted] February 5, 2014, referral, not in response to her affirmative answers to questions in the Sexual Abuse Screening Tool (SAST).[103]

On February 9, 2014, BELL was seen at approximately 1:27 a.m. by RN [redacted] who documented[104] BELL denied chest pain and shortness of breath. RN [redacted] also noted that BELL was given three nitroglycerin tablets after midnight to keep on her person. BELL was seen again at approximately 7:17 p.m. by RN [redacted] who noted that BELL stated she did not have pain during

[98] Medical progress note by RN [redacted], February 6, 2014.
[99] Medical progress note by RN [redacted], February 7, 2014.
[100] Medical progress note by RN [redacted] February 8, 2014.
[101] Medical progress note by RN [redacted], February 8, 2014.
[102] Exhibit 3: Psychiatric Evaluation, February 8, 2014.
[103] Discussion of BELL's SAST is found under the Investigative Findings section of this report.
[104] Medical progress note by RN [redacted] February 9, 2014.

the day, but experienced a lot of pain at night, resulting in difficulty sleeping.[105] RN [redacted] also noted that BELL complained she had experienced menstrual bleeding for 17 days, and that her water pills were not working, because she was having difficulty urinating.

On February 10, 2014, the following events occurred:

- At approximately1:51 p.m., NP [redacted] evaluated BELL and noted[106] she had multiple complaints, including buzzing in her right ear for more than one week, constipation, general fatigue and weakness, menstrual bleeding lasting 17 days and lower extremity edema. BELL reported her chest pain and shortness of breath were better, but she still occasionally used her nitroglycerin. NP [redacted] noted that BELL would be seen by Dr. [redacted]

- At approximately 1:57 p.m., Dr. [redacted] valuated BELL to discuss relocation to general population. [redacted] t documented[107] that BELL was stable in the MHU when she was given three nitroglycerin tablets each night to use as needed. Creative Corrections noted[108] that Dr. [redacted] s examination notes reflect an essentially negative examination, or one in which there were no abnormal findings. During his interview with ODO, Dr. [redacted] acknowledged BELL's hemoglobin level, as documented in his February 10, 2014, progress notes, was within the range calling for transfusion. Dr. [redacted] stated he offered BELL a transfusion, and she refused. Creative Corrections noted that BELL's refusal was not documented in the progress note and the record did not include a signed refusal form.[109] In his assessment, Dr. [redacted] authorized BELL to return to general population, directed that she be given a low bunk/low tier, and ordered a follow up appointment for February 11, 2014, to assess her level of stability in general population. Dr. [redacted] stated to ODO[110] that he consulted with NP [redacted] to discuss whether BELL was stable enough to return to general population. He also stated that at the time of BELL's detention, he needed bed space in the MHU, and picked the "low hanging fruit"[111] to be moved out of the MHU to open up beds. NP [redacted] stated[112] he was not informed BELL was being moved out of the MHU, and that Dr. [redacted] made the decision to return BELL to general population independently.

[105] Medical progress note by RN [redacted] February 9, 2014.
[106] Medical progress note by NP [redacted], February 10, 2014.
[107] Medical progress note by Dr. [redacted] February 10, 2014.
[108] Exhibit 1, page 19.
[109] Id.
[110] ODO interview of Dr [redacted] April 8, 2014.
[111] Dr [redacted] referred to BELL as "low hanging fruit" because she was generally stable, and because she had expressed a desire to move back to general population.
[112] ODO interview of NP [redacted], April 9, 2014.

- At approximately 3:31 p.m., RN [redacted] medically cleared BELL to return to general population.[113] BELL was instructed to immediately notify medical if she experienced shortness of breath, chest pain, or other symptoms of cardiac discomfort. BELL was also given nitroglycerin and ibuprofen to keep on her person. BELL's housing history report reflects she was moved from the medical unit to general population on February 10, 2014.[114]

- At approximately 5:35 p.m., BELL returned to medical and was seen by STG RN [redacted] documented[115] that BELL was brought to medical by a correctional officer who stated BELL was complaining of chest pain. BELL told RN [redacted] that she had experienced chest pain at a level 7/10, which she reported to an officer, and the officer told her she was "playing." BELL indicated to RN [redacted] that her pain level had decreased to a 4/10 and requested to use a wheelchair for medical visits. BELL stated she asked an officer for a wheelchair to get to the medical unit, and the officer said no.[116] A wheelchair was authorized for and provided to BELL after this visit; however, Creative Corrections noted[117] a wheelchair was already authorized for BELL for one year on January 3, 2014.

On February 11, 2014, BELL was seen by Dr [redacted] for anemia. Specifically, BELL complained she had experienced menstrual bleeding for 19 days. Dr. [redacted] consulted with Dr. [redacted] a gynecologist who provides ad hoc gynecological services to SDCDF on a contract basis, and Dr. [redacted] recommended BELL be started on leuprolide IM[118] and continue taking iron supplements. Dr. [redacted] noted that he requested a gynecological referral for BELL within 14 days.

On February 12, 2014, the following events occurred:

- An ICE officer served BELL with a Notice to Appear.[119]

- At approximately 10:40 a.m., Dr [redacted] saw BELL for a follow up appointment and documented that she was doing "ok" but experiencing some fatigue. BELL agreed to be treated with leuprolide, and Dr. [redacted] notes indicate she received her first dose that day.[120]

[113] Medical progress note by RN [redacted], February 10, 2014.
[114] Housing history report.
[115] Medical progress note by RN [redacted], February 10, 2014.
[116] ODO was unable to identify the officer with whom BELL allegedly spoke.
[117] Exhibit 1, page 20.
[118] Leuprolide IM is a manmade hormone to treat uterine bleeding. See Exhibit 1, page 20.
[119] Notice to Appear, February 12, 2014.
[120] Medical progress note by [redacted] February 12, 2014.

- At approximately 11:54 p.m., BELL requested medical attention by contacting a correctional officer on post.[121] The officer contacted medical and was instructed to send BELL to the facility clinic. This officer, [redacted], stated[122] she was assigned to housing unit D control when BELL rang for medical around midnight. Officer [redacted] instructed another officer assigned to housing unit D to find out what BELL needed. Officer [redacted] stated that while she takes all detainee medical calls seriously, she was especially concerned for BELL, whom she knew to have heart problems.

On February 13, 2014, the following events occurred:

- At approximately 12:05 a.m.,[123] Officer [redacted] escorted BELL to medical. Officer [redacted] stated[124] BELL didn't express that her pain level was worse that night, than it normally was.

- At approximately 12:07 a.m.,[125] BELL was seen by RN [redacted] upon arrival in medical. RN [redacted] documented[126] that BELL arrived via wheelchair, complained of generalized pain, and asked for morphine. RN [redacted] documented that BELL did not exhibit obvious signs of discomfort, but complained her pain was persistent and that she needed pain medication. RN [redacted] noted BELL was tearful when she asked for morphine. RN [redacted] acknowledged to ODO[127] that he did not remember BELL asking for morphine prior to February 13, 2014, but he assumed she was "just trying to get her way" that morning. RN [redacted] also stated he did not consider calling a provider, because BELL's condition gradually improved throughout the morning while she was in the clinic. RN [redacted] said he could not keep her in medical observation that morning, because all of the beds were full. RN [redacted] noted that BELL said she took a nitroglycerin tablet before coming to medical, but when offered additional nitroglycerin, she declined and stated she preferred pain medication. RN [redacted] documented that he gave BELL ibuprofen about 20 minutes after she arrived in medical, and that BELL said she did not want to return to general population until she was given more pain medication.

- At approximately 1:00 a.m., RN [redacted] gave BELL a nitroglycerin tablet and documented her vital signs were normal. BELL told [redacted] she wished to stay in the medical unit until she was seen by a provider, but he advised her that a provider would be

[121] Housing unit D control log.
[122] ODO interview of Officer [redacted] April 9, 2014.
[123] The housing unit D post log records Officer [redacted] escorted BELL to medical at 12:05AM on February 13, 2014.
[124] ODO interview of Officer [redacted] April 8, 2014.
[125] The medical unit post log documents BELL arrived to medical at 12:07AM on February 13, 2014.
[126] Medical progress note by RN [redacted] February 13, 2014.
[127] ODO interview of RN [redacted] April 10, 2014.

notified of her condition and that she could return to the clinic if necessary. RN [redacted] noted that BELL's chart would be referred to a provider, and that she would be monitored. RN [redacted] advised ODO that BELL asked to stay in the clinic several times, but eventually agreed to return to her housing unit when she realized RN [redacted] was not going to call a provider. RN [redacted] said he told BELL that once a provider arrived for work that morning, he would "mention" her to the provider, and that she should return to her housing unit because she could always come back to the clinic if her pain returned.

- At approximately 5:35 a.m., BELL returned to housing unit D from the clinic and was escorted by Officer [redacted][28]

- At approximately 8:00 a.m., during standing count, BELL indicated to Officer [redacted][29] that she was sick and needed to go to medical. Officer [redacted] stated[130] she approached BELL during count, because BELL was standing at her cell door crying and saying she did not feel well. Officer [redacted] said that although movement is not permitted during count, exceptions may be made for medical emergencies, and she considered BELL's condition serious enough to interrupt the count to escort BELL to the medical unit.[131]

- At approximately 8:30 a.m., BELL returned to the medical unit and was seen by Dr. [redacted] at approximately 9:00 a.m. Dr [redacted] documented[132] that BELL reported having pain all over, and that she asked for morphine. He noted that BELL was a high risk patient experiencing acute chest pain, and ordered an injection of Tramadol, which Creative Corrections describes[133] as a synthetic opioid used for moderate to severe pain.

- At approximately 9:20 a.m., Dr [redacted] noted BELL had developed chest pain and nausea and decided to send her to the emergency room. Dr [redacted] instructed the medical officer to call 911 at approximately 9:35 a.m.[134] Creative Corrections highlighted the fact that the apparent 15 minute delay between Dr [redacted] note and notification to the medical officer that 911 be called remains unexplained.

[128] Housing unit D control log.
[129] Office[redacted] relieved Officer [redacted] for the day shift.
[130] ODO interview of Officer [redacted], April 8, 2014.
[131] BELL was logged out of housing unit D at 8:29AM, and logged into the medical unit at 8:30 a.m.
[132] Medical progress note by Dr. [redacted], February 13, 2014.
[133] Exhibit 1, page 23.
[134] Medical log.

- At 9:41 a.m., emergency responders received a call from SDCDF concerning BELL, and emergency medical personnel arrived at BELL's bedside at 9:50 a.m.[135]

- At 10:03 a.m., the ambulance carrying BELL departed SDCDF and arrived at SCVMC at 10:24 a.m.[136]

- SDCDF Officer [redacted], one of the officers assigned to stay with BELL at the hospital, arrived there at 11:36 a.m. Officer [redacted] stated[137] that shortly after he and another SDCDF officer arrived at the hospital, BELL sat up in her bed several times stating she could not breathe and felt like she was drowning. Officer [redacted] described BELL as being in a state of panic, and stated nurses had a difficult time placing an IV in her arm, because she was moving around. Officer [redacted] said that at approximately 11:45 a.m., BELL's heart rate spiked, and medical staff initiated CPR. Officer [redacted] said that although medical staff were able to restore BELL's heartbeat with CPR, she remained unconscious.[138] Officer [redacted] said that BELL's heart rate spiked again at approximately 12:10 p.m., and medical staff administered CPR for approximately 40 minutes. Officer [redacted] said that at approximately 12:15 p.m., medical staff indicated BELL's prognosis did not look good and that her family should be contacted. Officer [redacted] said he called [redacted] at this time to inform her that BELL was receiving CPR but that medical staff did not expect her to survive.

- At 12:37 p.m., Dr. [redacted] SCVMC pronounced BELL dead.[139]

- At 12:45 p.m. Officer [redacted] called [redacted] to report that BELL had expired.[140] [redacted] stated[141] that after he was informed of BELL's death, he immediately notified Assistant Shift Supervisor [redacted] who informed [redacted] informed Supervisory Immigration Enforcement Agent (SIEA) [redacted] of BELL's death by telephone at 12:45 p.m., and other ICE ERO staff were informed via email at 1:00 p.m.[142]

- At 3:04 p.m., Medical Examiner Christopher Burton performed an external examination of BELL's body, and documented her cause of death as sudden cardiac death, acute

[135] American medical response team report.
[136] Id.
[137] ODO interview of Officer [redacted], April 10, 2014.
[138] This is also reported in [redacted] incident statement.
[139] Exhibit 4: County of San Diego, Office of the Medical Examiner, Investigative Report.
[140] Exhibit 5: Incident Report.
[141] ODO interview of [redacted], April 8, 2014.
[142] Exhibit 5.

coronary syndrome, and multivessel coronary artery disease due to arteriosclerotic vascular disease.[143]

On February 14, 2014, at 9:32a.m., Supervisory Detention and Deportation Officer (SDDO) [redacted] contacted the Jamaican Embassy in Washington D.C., and notified Ambassador Stephen Vasciannie of BELL's death[144] SDDO [redacted] provided Ambassador Vasciannie with contact information for BELL's next of kin.

On February 19, 2014, BELL's Certificate of Death was completed by County of San Diego Coroner, Glenn Wagner.[145]

SECURITY AND HEALTHCARE REVIEW

Creative Corrections, a national management and consultant firm contracted by ICE to provide subject matter expertise in detention management including security and healthcare, reviewed the safety and security of BELL while she was detained at SDCDF, as well as the medical care she was provided while housed there. Creative Corrections found SDCDF did not fully comply with the following ICE PBNDS: Emergency Plans, and Sexual Abuse and Assault Prevention and Intervention. The Creative Corrections Security and Healthcare Compliance Analysis is included as an Exhibit to this report.

IMMIGRATION AND DETENTION HISTORY

On May 16, 1995, the former Immigration and Naturalization Service (INS) encountered and arrested BELL at the Miami International Airport, Miami, Florida, where she tried to enter the United States illegally and was found to have drugs on her person.

On August 16, 1995, the 11th Circuit Court of Miami, Florida, convicted BELL for the offense of drug trafficking. BELL was sentenced to 30 months of incarceration.

On June 25, 1996, BELL was transferred to INS custody in Miami, Florida.

On August 26, 1996, BELL was ordered excluded from the United States by an Immigration Judge in Fort Lauderdale, Florida.

On November 22, 1996, BELL was removed to Jamaica by the INS.

On December 24, 2013, BELL applied for admission to the United States from Mexico through the pedestrian lanes of the San Ysidro Port of Entry, San Ysidro, California. BELL presented a

[143] Exhibit 4
[144] February 14, 2014 email communication from SDDO [redacted] documents notification of BELL's death to the Jamaican Embassy.
[145] Exhibit 6: Certificate of Death

counterfeit Canadian passport and claimed to be a Canadian citizen. BELL was taken into CBP custody and placed in a hold room at the San Ysidro Port of Entry.

On December 28, 2013, BELL was interviewed and determined to be inadmissible. During the interview, BELL claimed asylum and was provided with a Form M-444, Information About Credible Fear Interview, which she signed and submitted that same day.

On January 2, 2014, BELL was transferred to the custody of the ICE ERO San Diego Field Office, and was transported to SDCDF where she was detained by ICE ERO until her death.

On January 30, 2013, BELL received a Credible Fear Interview from an asylum officer, and was found to have credible fear of persecution or torture. BELL was also served a Notice to Appear by ICE on this date, ordering her to appear for removal proceedings at a "to be set" date and time.

On February 7, 2014, BELL was served with notification that parole was denied based on her previous criminal history.

CRIMINAL HISTORY

According to the National Crime Information Center (NCIC), BELL was assigned an FBI number and a Florida state identification (SID) number. On August 16, 1995, BELL was convicted of trafficking a controlled substance by the 11th Circuit Court of Miami, Florida.

INVESTIGATIVE FINDINGS

Safety and Security

BELL spent approximately 43 days at SDCDF during which time she visited the medical unit frequently and spent several days in medical housing. Both medical and correctional staff described BELL as very sick during interviews with ODO. Review of documentation and interviews with correctional staff demonstrate that correctional officers were responsive to BELL's requests for medical care and were extremely attuned to her condition and needs.

SDCDF called EMS for BELL on both January 26, 2014, and February 13, 2014. Correctional personnel acted appropriately on both occasions, and ODO did not identify any deficiencies with respect to emergency response. However, ODO determined SDCDF did not retain surveillance videos for BELL's housing unit or the medical unit from February 12 and 13, 2014. Creative Corrections noted that surveillance video supplements written reports and supports the integrity

of the investigation.[146] Additionally, SDCDF did not collect incident reports from all staff members who had contact with BELL during the hours leading up to her death.

During the course of the review, ODO identified concerns relating to BELL's intake which are not relevant to her death, but are noteworthy. First, when she was classified, the wrong severity level was applied to her prior conviction;[147] second, SDCDF's facility security threat group assessment for BELL was not completely filled out; and third, BELL's SAST was not provided to appropriate medical and mental health care staff for follow-up. Facility policy does not provide written guidance for the handling of SAST forms, and interviews with staff demonstrated that staff were unfamiliar with any protocol for processing the form. Creative Corrections advised that establishing written procedures and providing training ensures staff are aware of and accountable for fulfillment of their responsibilities, and proper handling of the SAST is critical to ensuring detainees receive necessary follow up.[148]

ODO determined SDCDF did not fully comply with the ICE PBNDS 2008 on Emergency Plans, and Sexual Abuse and Assault Prevention and Intervention.

1. ICE PBNDS 2008, Emergency Plans, section (V)(d)(18)(b), Post Emergency Procedures states, "The post-emergency part of the plan shall include the following action items: b. collecting written reports..."

   The following staff members did not file incident reports following BELL's death: Officer [redacted], who escorted BELL to medical the morning of February 13, 2014; Officers [redacted], who initially accompanied BELL to the hospital on February 13, 2014; and, all medical staff. Creative Corrections noted that obtaining written reports in a timely manner assures all persons involved document events, activities, interactions, and observations, which may have relevance in fact finding.[149] Additionally, transportation officers [redacted], who were with BELL at the hospital at the time of her death, filed identically worded incident reports instead of independent recollections.

2. ICE PBNDS 2008, Emergency Plans, section (V)(D)(18)(h), Post Emergency Procedures states, "The post-emergency part of the plan shall include the following action items: Debriefing of staff involved and follow-up for additional analysis and implications for changes in policy or procedures…"

[146] Exhibit 1, page 26.
[147] Application of the wrong severity level did not affect BELL's overall classification rating.
[148] Exhibit 1, page 27.
[149] Exhibit 1, page 27.

SDCDF did not conduct a debriefing with involved staff members following BELL's death.

3. ICE PBNDS 2008, Sexual Abuse and Assault Prevention and Intervention, section (V)(H) states, "Each new arrival shall be kept separated from the general population until he or she is classified and may be housed accordingly."

   The processing of BELL included the administration of a Sexual Abuse Screening Tool (SAST). ODO determined that during administration of the SAST, BELL answered affirmatively to three questions in Section II of the SAST form. The SAST form contains language below Section II which states, "If the inmate/resident answers "yes" to three (3) or more of the questions above in Section II...immediately refer the inmate/resident to Classification/Unit Staff & Health Services for further evaluation and screening." BELL's detention file did not contain documentation that her SAST form was referred to classification or medical staff for review.

   ODO spoke to intake staff who described that as a matter of practice, SAST forms are placed by intake officers in a folder labeled "Prison Rape Elimination Act (PREA)," located in the intake area. Medical staff working in intake are expected to check the folder at least once per shift and review the SAST forms for any unusual responses.

   Medical staff questioned by ODO stated that upon review, if an SAST form raises concerns, security staff are alerted and the form is placed in the "mental health mailbox" for mental health staff to review; however, one nurse encountered by ODO, who has worked at SDCDF for over two years and frequently works in intake, commented that she had never seen the SAST form and was unaware of how to handle it.

   Creative Corrections noted that although BELL's SAST form was placed in her detention file, there was no documentation of review and follow up by any staff person following its completion.[150] Creative Corrections also noted that based on interviews and a review of facility policies, it is apparent there are no set procedures for processing the SAST forms, and staff responsibilities and accountability have not been established.[151] In BELL's case, her medical record documents that she was medically cleared for housing, without any notation that her SAST form was reviewed by medical or mental health staff. Further, BELL's first assessment by mental health staff did not occur until February 8, 2014, more than 30 days after she was processed into the facility.

[150] Exhibit 1, page 6.
[151] Id.

Creative Corrections advises that although there were no adverse outcomes in detainee BELL's case, the lack of procedures to assure positive screening responses are evaluated by appropriate personnel, negates its purpose, and potentially places detainees at risk.[152]

4. ICE PBNDS 2008, Sexual Abuse and Assault Prevention and Intervention, section (V)(H) states, "Detainees at risk for sexual victimization shall be identified, monitored and counseled. Detainees identified as "high risk" for sexual victimization shall be assessed by a mental health or other qualified health care professional."

   BELL did not receive any evaluation by a mental health care professional for sexual victimization despite documenting on her SAST that she had been approached for sex and threatened with sexual assault while previously incarcerated.

Medical Care

ODO did not find any deficiencies with respect to BELL's medical care at SDCDF. However, as described in Creative Correction's report,[153] several concerns were identified during review of BELL's medical care.

1. The February 4, 2014, order limiting BELL's nitroglycerin tablets was worded in a way that led to confusion regarding whether BELL was to be given three tablets every 24 hours, or have three tablets on her person at all times. As a result, a medical emergency was called for BELL on February 5, 2014, when she ran out of nitroglycerin tablets.

2. RN [redacted] did not follow SDCDF's chest pain guidelines the morning of February 13, 2014, when he failed to call 911 after BELL reported needing morphine for pain that "does not go away."[154] According to SDCDF's chest pain guidelines, the duration of BELL's chest pain, coupled with her significant cardiac risk factors and history of heart disease, warranted a call to 911.

3. During interviews, several nurses indicated that they were unsure whether SDCDF had chest pain guidelines, or were unsure of the guidelines' contents. Creative Corrections pointed out that it is critical that nurses receive training and adhere to established guidelines.

[152] Id.
[153] Exhibit 1, p. 28.
[154] Medical progress note by RN [redacted], February 13, 2014.

EXHIBIT LIST

1. Creative Corrections Security and Healthcare Compliance Analysis
2. SDCDF Nursing Chest Pain Guidelines
3. Medical progress note from BELL's February 8, 2014 mental health assessment
4. County of San Diego, Office of the Medical Examiner, Investigative Report
5. Incident Report
6. Certificate of Death