

DETAINEE DEATH REVIEW – Raul Ernesto MORALES-Ramos

JICMS #201505282

SYNOPSIS

Forty-four year old ICE detainee Raul Ernesto MORALES-Ramos, a citizen and national of El Salvador, died on April 6, 2015, at the Palmdale Regional Medical Center, Palmdale, California. The Palmdale Regional Medical Center determined MORALES' preliminary cause of death to be liver and kidney failure. MORALES' death certificate and autopsy report, including his official cause of death, were pending with San Bernardino County, California, as of the date of this report.

DETAILS OF REVIEW

From March 23, 2011 to May 6, 2014, MORALES was in U.S. Immigration and Customs Enforcement (ICE) custody at the Theo Lacy Facility (TLF), Orange, California. TLF is operated by the Orange County Sheriff's Department (OCSD) and began housing male ICE detainees in 2010 pursuant to the terms of an Intergovernmental Service Agreement (IGSA). TLF currently houses male detainees of all classification levels for periods in excess of 72 hours. Medical care at TLF is provided by the Orange County Health Care Agency. TLF is required to comply with the ICE PBNDS 2008.

While still in ICE custody, MORALES was subsequently transferred to the Adelanto Detention Facility (ADF), in Adelanto, California (CA), on May 6, 2014, where he remained until his date of death. ADF opened in 2011 and is owned and operated by the GEO Group, Inc. ADF is contracted for use by ICE through an IGSA and currently houses male detainees of all classification levels for periods in excess of 72 hours. Medical care at ADF is provided by GEO and Correctional Care Solutions (CCS). ADF is required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011.

On May 4 and May 5, 2015, Supervisory Inspections and Compliance Specialist [REDACTED] and Operations Research Analyst [REDACTED], both assigned to the ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), visited ADF to examine the circumstances of MORALES' death. ODO was assisted in its review of both ADF and TLF by: [REDACTED], a Registered Nurse (RN) and subject matter expert (SME) in correctional health care; [REDACTED], an SME in correctional security; and [REDACTED], an SME in correctional compliance. RN [REDACTED] and SME [REDACTED] are employed by Creative Corrections, a national consulting firm contracted by ICE to provide subject matter expertise in detention management and compliance with detention standards, including health care. Ms. [REDACTED] also employed by Creative Corrections, is the Program Manager for Creative Corrections' contract with ICE OPR ODO.

On May 6, 2015, and July 29, 2015, the review team visited TLF to review MORALES' medical care while detained at that facility. As part of this process, ODO reviewed immigration,

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medical, and detention records pertaining to MORALES and interviewed individuals employed by ADF and TLF, as well as staff from the local ICE Office of Enforcement and Removal Operations (ERO). 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 MORALES' admission to TLF, through his detention at both TLF and ADF, and up to his eventual death. ODO's review of MORALES' time in detention at TLF is limited to the medical care he received at the facility, while the review of his time at ADF comprises both medical and security components of his custody. Though events are reported chronologically, the narrative of this report is divided into two parts representing the two facilities where MORALES was detained. Conclusions relevant to each facility are reported after the corresponding narrative portion.

THEO LACY FACILITY (March 23, 2011 to May 6, 2014)

NARRATIVE SUMMARY OF EVENTS

On March 1, 1988, MORALES entered the U.S. unlawfully. He applied for asylum, which was denied, but he appealed the denial and remained in the U.S. until he was granted Temporary Protective Status (TPS) on June 7, 2006.

On March 12, 1991, MORALES was charged with burglary by the Los Angeles Police Department (LAPD), but the charges were subsequently dropped due to lack of sufficient evidence to prosecute. On April 18, 2001, MORALES was charged and convicted of driving without a license. MORALES was arrested by the Riverside County Sheriff's Office for illegal exhibition of speed on December 16, 2005 and for disorderly conduct and being under the influence of drugs on February 23, 2007. The dispositions of these final two charges are unknown.

On February 25, 2010, ERO Los Angeles (LA), the LA Police Department, and the Riverside County Sheriff's Office arrested MORALES pursuant to a warrant issued by El Salvador law enforcement for "Conspiracy involving Aggravated Homicide." After his arrest, MORALES' TPS was revoked, his removal proceedings were reinstated, and he was placed in the Mira Loma Detention Facility, Lancaster, CA, on February 26, 2010. On March 1, 2010, MORALES was moved to the Santa Ana Jail in Santa Ana, CA, where he remained for approximately one year.

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On March 23, 2011, MORALES was transferred to TLF¹ and received initial medical screening² from RN Gene Pineda,³ who documented the detainee's primary language was Spanish and all medical questions were asked in Spanish.⁴ At the time of the intake screening, MORALES reported he experienced left shoulder pain for the past year. No other medical, mental health, or substance abuse problems were documented. MORALES arrived with no medication and denied any recent medical treatment. His weight was 178 pounds. MORALES signed a Spanish version of the consent for medical treatment form.⁵

On March 29, 2011, six days following his admission, MORALES refused to undergo an initial health appraisal with NP [REDACTED]. NP [REDACTED] documented MORALES was upset and threatened to sue for inadequate medical attention.⁶ A refusal form explaining the purpose and need for the examination, the risks and consequences of not having it completed, and his right to revoke the refusal at any time was signed and dated.⁷ The medical record does not include an earlier sick call request or document any event that may have caused MORALES to become upset and refuse examination.

From March 29, 2011, to February 25, 2012, MORALES was seen in sick call five times for injuries to his knee and arm caused by falls and a self-inflicted injury to his penis.⁸ ODO's review confirmed the medical record documented prompt attention and treatment for those injuries. NP [REDACTED] stated during her interview that she believed MORALES' complaints of knee and shoulder pain throughout his detention at TLF were related to his injuries and not indicative of a serious illness.⁹ It is noted MORALES' medical record does not document any sick call requests or medical encounters related to gastrointestinal (GI) problems, weight loss, or body aches during this period. Of note, MORALES was placed on an allergy diet on October 26, 2011.

On February 25, 2012, MORALES was seen for complaints of fever, vomiting, and bone pain for two days.¹⁰ It is noted this was the first of several complaints related to GI symptoms during the remainder of his detention at TLF. When seen for sick call by RN [REDACTED] MORALES reported vomiting four to five times. His vital signs were all documented as within

¹ Form I-203, Order to Detain or Release.

² See Exhibit 1: Intake Medical Screening, March 23, 2011.

³ ODO interview with RN [REDACTED], July 29, 2015.

⁴ It is noted all medical staff interviewed by ODO who had interaction with MORALES remembered him being proficient in English; however, in discussing her recollection of MORALES, Nurse Practitioner (NP) [REDACTED] (interviewed by ODO on July 29, 2015), who evaluated the detainee during his time at TLF, recalled that although he was fluent in English, his understanding of health issues was minimal and unsophisticated.

⁵ Consent for Medical Treatment form, March 23, 2011.

⁶ March 29, 2011 progress note by NP [REDACTED].

⁷ March 29, 2011 signed refusal form.

⁸ Progress notes dated July 20, 2011, August 1, 2011, August 3, 2011, November 22, 2011, and November 23, 2011.

⁹ ODO interview with NP [REDACTED] July 29, 2015.

¹⁰ February 25, 2012 progress note by RN [REDACTED]

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normal limits. RN [REDACTED] nursing assessment found his abdomen soft and non-tender with normal bowel sounds in all four quadrants, which are considered normal findings during an abdominal assessment.¹¹ RN [REDACTED] gave MORALES Tylenol for pain and fever.

Three days later, on February 28, 2012, MORALES returned to sick call complaining of pain in his left abdomen, which radiated down his left upper thigh and left testicle.¹² Though he had not reported the abdominal pain during the February 25, 2012 visit, MORALES stated it had been present for five days. Additionally, he complained of soft stools for the previous three days but denied the presence of blood in his stool. RN [REDACTED] conducted an abdominal assessment with no abnormal findings. MORALES' vital signs were within normal limits. He was provided over-the-counter Pepto-Bismol and Motrin in accordance with TLF's Standardized Procedures for Registered Nurses addressing diarrhea¹³ and was referred to a provider.

Two days later, on March 1, 2012, NP [REDACTED] conducted the scheduled provider appointment.¹⁴ His vital signs were all within normal limits, and his weight was 178 pounds. He complained of worsening scrotal pain at night, difficulty initiating urination, and occasional pain down his left leg. NP [REDACTED] note did not contain documentation suggesting an abdominal assessment was completed to address the complaints of soft stool and abdominal pain. All assessment findings, including a dipstick urinalysis,¹⁵ were documented as normal. Four days later, on March 5, 2012, MORALES requested additional Motrin to relieve his scrotal pain.¹⁶ He was issued the Motrin and instructed to return to the clinic if symptoms persisted or became worse.

An annual physical examination was completed for MORALES by NP [REDACTED] on March 21, 2012.¹⁷ She documented MORALES reported a history of right scrotal repair and right eye blindness resulting from a work related injury. MORALES also reported social alcohol intake and no drug use. All assessment findings were normal. Two days later, on March 23, 2012,

¹¹ According to the National Institute of Health, abdominal assessments include: 1) Visual examination of the abdomen, noting any abnormalities in shape, skin appearance, protruding masses, and movement of the abdominal wall with normal breathing; 2) Listening, with use of a stethoscope, to detect altered or absent sounds, e.g. absence of bowel gurgling which might suggest constipation or obstruction; 3) Palpation of the abdomen to determine if tenderness occurs with hands-on pressure or if organs can be felt (e.g., an abnormally enlarged liver would be detectable through feel); and 4) Listening to determine sounds of dullness when fluid is present or tympany when air is present. These examinations would be in addition to asking the patient questions about bowel movement patterns, weight loss, related symptoms, etc., as well as visual observations, e.g. ability to see a protrusion through the abdominal wall. Creative Corrections Compliance Review.

¹² February 28, 2012 progress note by RN [REDACTED]

¹³ Health Care Agency Correctional Health Services Standardized Procedures for Registered Nurses: Diarrhea.

¹⁴ March 1, 2012 progress note by NP [REDACTED]

¹⁵ A test using chemically-treated strips which, following placement in a urine sample, change color based on the levels of sugar, protein, white blood cells, blood and other normal or abnormal contents of urine. Creative Corrections Compliance Review.

¹⁶ March 5, 2012 progress note by RN [REDACTED]

¹⁷ March 21, 2012 annual physical examination.

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MORALES was seen during sick call for frequent headaches.¹⁸ The nursing assessment by RN [REDACTED] recorded all vital signs were within normal limits. RN [REDACTED] documented MORALES attributed his headaches to a previous right eye surgery. He described the pain as a level seven on a scale of zero to ten, with ten being worst. He declined an evaluation by the doctor but requested, and was given, more Motrin.

MORALES' next medical encounter was on May 8, 2012, when he was seen during sick call after complaining of a rash on both arms for one week.¹⁹ The nursing assessment by RN [REDACTED] documents MORALES was provided with over-the-counter cortisone cream.

On June 11, 2012, MORALES returned to sick call with complaints of a headache and body aches occurring over the previous four days, with no nausea or vomiting.²⁰ His vital signs were all within normal limits. RN [REDACTED] found nothing abnormal during her nursing assessment and issued MORALES Tylenol for pain.

Two weeks later, on June 26, 2012, MORALES again complained of a skin rash, along with gas pains.²¹ The nursing assessment conducted by RN [REDACTED] found the detainee's abdomen was soft with normal bowel sounds and no distention. RN [REDACTED] did not find any evidence of a rash on MORALES' skin. MORALES was provided an over-the-counter antacid with dietary instructions and was instructed to return to the clinic as needed.

Ten weeks later, on September 4, 2012, MORALES was seen during sick call for a complaint of heartburn and a request to have his allergy diet discontinued.²² RN [REDACTED]'s nursing assessment found his abdomen soft and non-distended, with bowel sounds in all four quadrants. RN [REDACTED] referred MORALES to the provider for evaluation to determine if an allergy diet was necessary. MORALES' medical record contained no documentation suggesting a provider either evaluated the detainee or reviewed his chart pursuant to this referral; however, an unsigned entry on the medical orders form documented MORALES was discontinued from an allergy diet on September 5, 2012.

On September 27, 2012, RN [REDACTED] assessed MORALES for a complaint of constipation.²³ She conducted an abdominal assessment and found the detainee's abdomen was soft, non-distended, had no palpable mass, and bowel sounds were present in all four quadrants. In accordance with TLF's Standardized Procedures for Registered Nurses addressing constipation,²⁴ MORALES was provided an over-the-counter laxative and patient education on

¹⁸ March 23, 2012 progress note by RN [REDACTED]

¹⁹ May 8, 2012 progress note by RN [REDACTED]

²⁰ June 11, 2012 progress note by RN [REDACTED]

²¹ June 26, 2012 progress note by RN [REDACTED]

²² September 4, 2012 progress note by RN [REDACTED]

²³ September 27, 2012 progress note by RN [REDACTED]

²⁴ Health Care Agency Correctional Health Services Standardized Procedures for Registered Nurses: Constipation.

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managing constipation. MORALES returned to sick call 11 days later, on October 8, 2012, again complaining of symptoms of constipation for the past three days.²⁵ RN [REDACTED] nursing assessment found MORALES had normal bowel sounds, no abdominal distention, and no abdominal pain. MORALES was provided the over-the-counter laxative Milk of Magnesia, the stool softener Colace, and the fiber supplement Metamucil. It is noted that according to TLF's Standardized Procedures for Registered Nurses addressing constipation, a referral to a prescriber is needed if symptoms persist despite therapeutic measures.

Two additional nursing assessments of MORALES occurred in October 2012: one on October 15, 2012,²⁶ for a complaint of recurring headache, and one on October 27, 2012,²⁷ for heartburn. Both nursing assessment findings were normal, and over-the-counter medication was provided to treat symptoms.

MORALES' next medical encounter occurred on November 29, 2012, when he was seen during sick call for a complaint of feeling pressure during urination.²⁸ MORALES indicated in a medical request form dated November 28, 2012, that he had difficult urinating, and had to "push" to empty his bladder.²⁹ MORALES denied any burning during urination. RN [REDACTED] documented his vital signs were all within normal limits. She found no abdominal tenderness or flank pain and found MORALES' bladder was soft on palpation, eliminating concern his bladder was retaining urine. A urinalysis³⁰ was performed with normal results. MORALES was referred to the nurse practitioner for further evaluation to rule out prostate problems.

NP [REDACTED] conducted a physical assessment five days later, on December 4, 2012.³¹ She found MORALES' prostate to be smooth and non-tender, with no enlargement or nodules. NP [REDACTED] prescribed the medication Hytrin³² to ease MORALES' discomfort during urination and scheduled him for a follow-up appointment in one week. MORALES' follow-up appointment took place 16 days later on December 20, 2012.³³ It is noted this is nine days past the one week timeframe set by NP [REDACTED]. During the follow up appointment, MORALES reported his symptoms improved when he started using Hytrin, and he denied any other concerns.

²⁵ October 8, 2012 progress note by RN [REDACTED].

²⁶ October 15, 2012 progress note.

²⁷ October 27, 2012 progress note.

²⁸ November 29, 2012 progress note by RN [REDACTED].

²⁹ Medical request form, November 28, 2012.

³⁰ Analysis of urine, often by dipstick, to detect the presence of disease, drugs, or other abnormal contents. Creative Corrections Compliance Review.

³¹ December 4, 2012 progress note by NP [REDACTED].

³² A prescription drug which relaxes the smooth muscle of the arteries, bladder neck, and prostate. Creative Corrections Compliance Review.

³³ December 20, 2012 progress note by NP [REDACTED].

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On December 28, 2012, MORALES was seen by RN [REDACTED] for recurring complaint of general body aches, along with an ear ache and right ankle pain.³⁴ RN [REDACTED] conducted a nursing assessment with no abnormal findings, and the detainee was provided Tylenol to relieve his pain.

MORALES was again seen during sick call on January 9, 2013, for complaints of body aches, congestion, and six to seven episodes of diarrhea over a three-day period.³⁵ His vital signs were all within normal limits, and he weighed 183 pounds, five pounds more than at intake. RN [REDACTED] assessment findings included positive bowel sounds, mild congestion, mild throat redness, and clear sinuses, lungs, and ears. RN [REDACTED] diagnosed MORALES with common cold and diarrhea. He was issued an over-the-counter cold medication, Tylenol for pain, and Pepto-Bismol for stomach upset, all in accordance with the Standardized Procedures for Registered Nurses addressing diarrhea. Education specific to his symptoms was provided, including instructions to drink more fluids, rest, avoid sharing cups or utensils, wash his hands, and to cover his mouth when coughing or sneezing. He was also instructed to return to the clinic if symptoms increased or continued.

NP [REDACTED] conducted an annual physical examination on March 27, 2013, noting all findings were normal and MORALES voiced no concerns and reported feeling well.³⁶ His vital signs were all within normal limits, and his weight was 189 pounds, 11 pounds greater than at intake.

Two days later, on March 29, 2013, MORALES submitted a sick call request with a complaint of rectal bleeding over the past two months.³⁷ RN [REDACTED] performed a nursing assessment, finding the detainee's abdomen soft, non-distended, and non-tender.³⁸ MORALES' bowel sounds were recorded as normal, and his vital signs were all within normal limits. RN [REDACTED] documented he gave MORALES a "test" for assessing the presence and level of blood in his stool. RN [REDACTED] stated during his interview with ODO that MORALES was issued three hemocult test cards³⁹ with instructions to provide a smear sample from three separate bowel movements and return them to the clinic to determine the presence of blood in his stool.⁴⁰ It is noted RN [REDACTED] documented this encounter on a nursing assessment form, but did not complete a corresponding progress note. Absent a progress note, the record contains no documentation that would trigger nurses or providers reviewing the record during subsequent encounters to look for the assessment form. RN [REDACTED] stated that before TLF converted to an Electronic Medical Record (EMR) system in January 2014, in order to avoid delay in care, nurses often conducted

³⁴ December 28, 2012 progress note by RN [REDACTED]

³⁵ January 9, 2012 progress note by RN [REDACTED]

³⁶ March 27, 2013 annual physical exam by NP [REDACTED]

³⁷ March 29, 2013 sick call request.

³⁸ March 29, 2013 progress note by RN [REDACTED].

³⁹ Cards on which a stool smear is placed on a designated area on the card and tested with an applied chemical which produces a color change when blood is present. Creative Corrections Compliance Review.

⁴⁰ ODO interview with RN [REDACTED] July 29, 2015.

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sick call encounters without first reviewing a detainee's medical record. On these occasions, nurses completed nursing assessment forms at the time of the assessment which were later filed in the record, but often did not complete a corresponding progress note. ODO also learned during interviews of TLF medical staff, that at the time of MORALES' detention, TLF did not maintain a "problem list"⁴¹ in each patient's medical record. Because MORALES' medical record was not consistently reviewed prior to or during his clinical encounters, and because a problem list was not maintained in his record, recurring clinical problems were not consistently identified during his medical encounters, impeding his continuity of care. TLF indicated during ODO's review that these issues were resolved upon the implementation of the EMR, which includes a problem list for each detainee. The EMR was demonstrated to the ODO review team by TLF Medical Director Dr. [REDACTED].

A progress note by NP [REDACTED] on April 3, 2013, documents she assessed MORALES after a hemocult test showed blood in his stool.⁴² During this visit, MORALES complained of constipation for one week, stating that he strained with his bowel movements and noticed streaks of bright red blood. Upon examination, his abdomen was noted to be soft and non-tender, and hypoactive bowel sounds were noted in all four quadrants. A rectal examination showed no evidence of hemorrhoids, fissures,⁴³ lesions, or frank blood,⁴⁴ and a guaiac test⁴⁵ was negative. MORALES' was diagnosed with constipation based on the results of the guaiac test and the presence of hypoactive bowel sounds. NP [REDACTED] ordered a complete blood count and iron panel for MORALES and documented if the results suggested blood loss and the problem persisted, the provider would consider a colonoscopy. NP [REDACTED] educated MORALES on symptoms to be aware of warranting additional medical attention, and he was instructed to return to the clinic in one week for follow-up.

An April 8, 2013 progress note by RN [REDACTED] documents MORALES was seen for a headache which he believed was being caused by recent dental work.⁴⁶ He described his pain as a level four on a scale of zero to ten. He denied visual disturbances, nausea, or vomiting. RN [REDACTED] documented she found no abscess or drainage from the gum line. MORALES was provided Motrin for the pain and instructed to return to the clinic as needed.

On April 10, 2013, MORALES was seen by NP [REDACTED] for the scheduled follow-up appointment after his April 3, 2013 assessment.⁴⁷ He reported improvement of symptoms, with

⁴¹ A problem list is running chronological list of current, recurrent, and resolved medical problems, which is typically maintained at the front of a medical record for easy reference and review.

⁴² See Exhibit 2: April 3, 2013 progress note by NP [REDACTED].

⁴³ A break or slit in body tissue.

⁴⁴ Presence of blood that is visually evident to an observer.

⁴⁵ A test for blood in the feces using a reagent that yields a blue color when blood is present. Creative Corrections Compliance Review.

⁴⁶ April 8, 2013 progress note by RN [REDACTED].

⁴⁷ See Exhibit 3: April 10, 2013 progress note by NP [REDACTED].

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occasional episodes of blood still observed in his stool when constipated. He denied tarry stool which would suggest bleeding in the upper digestive tract, abdominal pain, dizziness, nausea, and vomiting. His abdomen was noted to be soft and non-tender with no distention or sensitivity to touch, and bowel sounds were present in all four quadrants. The laboratory results showed he suffered no blood loss, and NP [REDACTED] advised him the streaks of blood in the stool were likely a result of straining during bowel movements. NP [REDACTED] stated during her interview with ODO that she was certain the detainee had not mentioned a two-month period of rectal bleeding during his annual physical on March 27, 2013, which, as noted, occurred two days prior to the sick call encounter wherein RN [REDACTED] initiated hemocult testing.⁴⁸ NP [REDACTED] stated she believes she would have documented the information and conducted the hemocult testing at the time of the physical if MORALES had reported he was experiencing rectal bleeding. NP [REDACTED] completed a referral for a GI consultation and ordered that MORALES was not to use Motrin, as the drug can potentially cause bleeding in the digestive tract. It is noted that although NP [REDACTED] ordered no Motrin use, MORALES was issued the medication on four separate occasions following this encounter. Under the hard copy medical record system in place at the time, there was no method for efficiently flagging alerts for such orders. During ODO's visit, Dr. [REDACTED] demonstrated that the EMR system currently in use by TLF more efficiently flags alerts for orders, including medications a patient should avoid.

As noted, NP [REDACTED] referred MORALES for GI consultation as a result of her findings. According to the ICE Health Services Corp (IHSC) Medical Payment Authorization Request (MedPAR)⁴⁹ Case Trakker system, three separate MedPARs were entered for the GI consultation on the date of the assessment, April 10, 2015. On April 15, 2013, IHSC Regional Field Medical Coordinator (FMC) [REDACTED] entered, "Pended – More Information" for the first MedPAR,⁵⁰ and "Duplicate request for this service" on the other two.⁵¹ Although not documented, it is concluded that the additional information needed was an appointment date for the consultation. This conclusion is based on information provided by both TLF and ADF staff, confirmed by IHSC [REDACTED] of IHSC Headquarters, that facilities must include the appointment date (date of service) when submitting MedPARs. [REDACTED] stated during her interview with ODO that this requirement was instituted per direction of the Veteran's Affairs (VA) Financial Services Center and was announced to FMCs on December 21, 2012.⁵²

⁴⁸ ODO interview with NP [REDACTED] July 29, 2015.

⁴⁹ The Medical Payment Authorization Request System (MedPAR) is a web application used to authorize payment for medical, mental health, dental, and specialty services and equipment provided to detainees by outside specialist and facilities. Before outside services are provided, medical personnel at the facility create a MedPAR request containing biographic information about the detainee and the medical condition being treated, as well as information about the outside provider. If approved, the facility is issued payment by the Veteran's Affairs Financial Services Center.

⁵⁰ See Exhibit 4: April 10, 2013 MedPAR, original.

⁵¹ April 10, 2013 MedPARs, duplicates.

⁵² ODO interview with [REDACTED], August 19, 2015.

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██████████ stated it was the responsibility of FMCs to notify facility health care providers within their areas of responsibility. It cannot be determined when or how TLF may have been notified. TLF medical staff interviewed stated they were unaware of the requirement to provide an appointment date on MedPARs at the time.

Approximately six weeks later, on May 21, 2013, MORALES returned to sick call for a complaint of general body aches and body rash.⁵³ His description of his pain was non-specific, and his vital signs were all within normal limits. RN ██████████ conducted an examination with normal findings, including absence of a visible rash.

On June 14, 2013, Supervisory NP ██████████ documented in MORALES' medical record that approval of the MedPAR for GI consult was still pending after two and a half months.⁵⁴ She ordered MORALES be re-evaluated by an NP the following week concerning his GI issues. NP ██████████ stated during her interview with ODO that she did not recall how she became aware of the outstanding MedPAR, only that she wrote the order for the detainee to be re-evaluated.⁵⁵ It is noted this order was not signed off by a nurse, as required, nor was it carried out. NP ██████████ stated that at the time of MORALES' detention, all medical orders, which were hard copy, were placed in an "inbox" which was regularly checked by RNs who then transcribed the orders.⁵⁶ On June 24, 2013, the April 10, 2013 MedPAR was cancelled by FMC ██████████.⁵⁷ In a field labeled "Dialogue of Request" on the MedPAR, FMC ██████████ documented "Cancelled due to no appointment date...Please review case and resubmit Par." Neither the MedPAR nor MORALES' medical record contains documentation showing what prompted this action by FMC ██████████. Current FMC Commander (CDR) ██████████ stated during her interview with ODO that cancellation of the MedPAR likely occurred because no appointment for the consult was ever provided, and after two months it became necessary to review MORALES' case to determine the necessity of the appointment.

Regarding the lack of follow-up on MORALES' April 10, 2013 MedPAR, interviewed TLF medical staff speculated that because the appointment date for the consult was not obtained within IHSC's prescribed expiration period, it ultimately was not approved. TLF staff stated it is their current understanding that a detainee's actual appointment date must occur within five to seven days of the request date (the date the MedPAR is submitted) in order for authorization to be granted by the FMC. In the event the appointment date is outside this period, or if for scheduling reasons the appointment is delayed, a new MedPAR must be submitted by the facility

⁵³ May 21, 2013 progress note by RN ██████████

⁵⁴ See Exhibit 5: June 14, 2013 medical order note by NP ██████████

⁵⁵ ODO interview with NP ██████████, July 29, 2015.

⁵⁶ This refers to the practice of nurses reviewing, carrying out, and signing off all orders of prescribing personnel immediately following the order. In the case of TLF, the chart was placed in a specific box to alert the transcribing nurse of an order. The nurse who received MORALES' order was responsible for both carrying it out and signing off that it was completed. Creative Corrections Compliance Review.

⁵⁷ See Exhibit 4.

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and approved by the FMC. The new MedPAR is then documented as “duplicate” as opposed to “approved.” Dr. [REDACTED] emphasized that TLF was unaware of this expiration period in 2013, and as a result, TLF had the highest number of duplicate requests within their region at that time. It is noted that according to [REDACTED], IHSC does not require appointments to occur within five to seven days of the MedPAR; nor do MedPARs expire. She confirmed “duplicate” status is reflected on MedPARs previously submitted for the same consultation or procedure, but there is no relationship between application of that status and misunderstanding on the part of TLF staff that a new MedPAR had to be submitted because a previous one expired.

FMC [REDACTED] stated the MedPAR system does not send automatic notification to a facility when the FMC takes action on a MedPAR (approval, denial, or pended for more information); therefore, facility personnel are responsible for following up to determine MedPAR approval status. TLF staff confirmed their understanding of that responsibility and stated that at the time of MORALES’ detention, clerical staff maintained a spreadsheet to track open MedPARs. The spreadsheet documenting an entry for MORALES’ April 10, 2013 MedPAR was could not be located by TLF during ODO’s review. It is noted that regardless of the facility’s misunderstanding that MedPARs expire, there is no documentation the facility took any action between April 10 and June 14, 2013, when NP [REDACTED] discovered the MedPAR was outstanding. Consequently, MORALES did not have a GI consult pursuant to NP [REDACTED] original order. Furthermore, as noted, the detainee was not seen for follow up as ordered by NP [REDACTED] on June 14, 2013, and during subsequent assessments for GI symptoms, medical staff did not document any follow-up to the referral for a GI consult.

Detainee MORALES was next seen by medical on July 19, 2013, for a complaint of stomach problems, reporting he had diarrhea for two days after eating watermelon.⁵⁸ RN [REDACTED] took his temperature and pulse, which were both normal. Although the Standardized Procedures for Registered Nurses addressing diarrhea requires that a body weight be obtained, RN [REDACTED] did not obtain MORALES’ body weight. MORALES weight was last taken approximately four months earlier, during his March 27, 2013 annual physical examination. Dr. [REDACTED] stated during his interview he does not require nurses to take a full set of vital signs for each clinical encounter and relies on the clinical judgment of the nurses to determine when full vital signs are necessary. RN [REDACTED] examined MORALES’ abdomen which was soft, and she noted slight discomfort on his left side. She also noted bowel sounds were hyperactive in all four quadrants, supporting a diagnosis of diarrhea. MORALES was provided Pepto-Bismol and instructed to return to the clinic if symptoms persisted.

MORALES returned to sick call eight days later, on July 27, 2013, complaining of ongoing diarrhea and abdominal pain.⁵⁹ He denied nausea or vomiting, and his vital signs were normal

⁵⁸ July 19, 2013 progress note by RN [REDACTED]

⁵⁹ July 27, 2013 progress note by RN [REDACTED].

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except for blood pressure which was significantly elevated. His body weight was not taken. RN [REDACTED] found no abdominal abnormalities during her examination, and documented bowel sounds were active in all four quadrants. She instructed MORALES to increase his fluid intake, to chew his food slowly, and to not lie down immediately after meals. He was provided Pepto-Bismol and instructed to return to the clinic if needed. It is noted MORALES was not referred to a provider despite the recurrence of diarrhea and the elevated blood pressure. According to the Standardized Procedures for Registered Nurses addressing diarrhea, a provider referral is recommended if symptoms persist more than two to three days without improvement.

MORALES was next seen on September 27, 2013, for complaints of sore throat, congestion, and body aches for three days.⁶⁰ RN [REDACTED] conducted a nursing assessment, and documented his vital signs were all within normal limits. MORALES' weight was recorded as 180 pounds, two pounds more than at intake, but nine pounds less than the last recorded weight six months earlier. He was provided Tylenol for pain and instructed to return to the clinic if symptoms increased or continued. Two days later, on September 29, 2013, the detainee returned to sick call with complaints of body aches, sore throat, and nasal congestion. RN [REDACTED] (first name unknown) documented a limited nursing assessment which included vital signs which were all within normal limits.⁶¹ MORALES' temperature was not obtained, as required by the Standardized Procedures for Registered Nurses addressing respiratory problems.⁶² He was provided cold medicine, Allerest,⁶³ and Motrin for pain.

A month later, on October 28, 2013, MORALES returned to sick call with recurring cold symptoms and concern of unintentional weight loss.⁶⁴ RN [REDACTED] (first name unknown) documented his vital signs were all within normal limits. Despite MORALES' complaint of unintentional weight loss, RN [REDACTED] did not obtain the detainee's body weight. He was provided over-the-counter cold medication and scheduled to see a provider on November 4, 2013. For reasons that could not be determined through staff interviews or review of available documentation, the provider referral was crossed out and "chart review" was added; also, the date of November 4, was crossed out and November 6, was added. MORALES' medical record contains no documentation that either a provider sick call appointment or a provider chart review were conducted.

MORALES' recurring complaints of body aches and unintentional weight loss were presented again during a sick call encounter on November 21, 2013.⁶⁵ He was assessed by RN [REDACTED]

⁶⁰ September 27, 2013 progress note by RN [REDACTED]

⁶¹ September 29, 2013 progress note by RN [REDACTED]

⁶² Health Care Agency Correctional Health Services Standardized Procedures for Registered Nurses: Respiratory Problems.

⁶³ An over-the-counter medication that provides allergy and sinus congestion relief. Creative Corrections Compliance Review.

⁶⁴ October 28, 2013 progress note by RN [REDACTED]

⁶⁵ November 21, 2013 progress note by RN [REDACTED]

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who documented his vital signs were all within normal limits, and his weight was steady at 180 pounds. MORALES was provided patient information about body weight and was provided Tylenol for pain.

On December 6, 2013, MORALES was seen for sick call, again complaining of body aches, accompanied by a sore throat over a one-week period.⁶⁶ RN [REDACTED] conducted a nursing assessment and strep test, with normal findings. MORALES' temperature and pulse were both within normal limits. He was provided Motrin with instructions for gargling and was instructed to return to the clinic if symptoms increased or continued. It is noted this was the fourth time MORALES was seen during sick call for recurring symptoms over the course of more than two months, without referral to a provider.

On December 28, 2013, MORALES was transported to the emergency room after falling from his top bunk and sustaining laceration injuries to his face.⁶⁷ He received appropriate emergency response and follow-up care.

On January 11, 2014, MORALES was seen for sick call, again complaining of a sore throat and nasal congestion.⁶⁸ It is noted this is the first encounter documented for MORALES in the EMR which was implemented earlier that month. RN [REDACTED] documented MORALES' vital signs were all within normal limits. RN [REDACTED] evaluation found no abnormalities, and MORALES was advised to blow his nose to relieve nasal congestion. MORALES was not referred to a provider.

On February 20, 2014, MORALES was seen by RN [REDACTED] for heartburn.⁶⁹ His vital signs were all within normal limits. His abdomen was found soft and non-tender, with normally active bowel sounds in all four quadrants. He was provided calcium carbonate chewable tablets to resolve his indigestion.

An annual health appraisal was completed for MORALES by NP [REDACTED] on April 1, 2014.⁷⁰ His weight was 179 pounds, and his vital signs were all within normal limits. She documented his abdomen was soft, non-tender, non-distended, and free of hernia or masses. She documented that all findings were normal, with the exception of a complaint of left knee pain related to his December fall and re-aggravation of an old injury. In the "Other Comments" section of the appraisal, NP [REDACTED] noted MORALES was in custody at TLF for three years, had previous complaints of GI upset which were addressed and resolved, had a stable weight, had parents who were alive and healthy without chronic conditions, and his only complaint was that his left knee was bothering him.

⁶⁶ December 6, 2013 progress note by RN [REDACTED]

⁶⁷ December 28, 2013 progress note.

⁶⁸ January 11, 2013 progress note by RN [REDACTED]

⁶⁹ February 20, 2013 progress note by RN [REDACTED]

⁷⁰ See Exhibit 6: April 1, 2014 annual health appraisal by NP [REDACTED]

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RN [REDACTED] created an electronic release summary on May 5, 2014,⁷¹ documenting no known drug allergies, no medications, no diagnostics, and no follow-up care needs. MORALES was released from TLF on May 6, 2014, and transferred to ADF.

CONCLUSIONS

ODO determined the medical care provided to MORALES by TLF did not meet all requirements of the ICE PBNDS 2008, Medical Care. Deficiencies were identified in the following components of the standard:

1. **ICE PBNDS 2008, Medical Care, section (V)(A)**, which requires that every facility directly or contractually provide its detainee population:
 - **Primary medical and dental care**
 - On September 4, 2012, a nursing plan included referral to a provider and a chart review to determine whether MORALES needed to be continued on an allergy diet. A provider visit was never conducted, and the allergy diet was discontinued without a documented chart review or name of the prescriber.
 - On October 8, 2012, RN [REDACTED] did not refer MORALES to a provider for his recurrent complaint of constipation within a two week period. Health Care Agency Correctional Health Services Standardized Procedures for Registered Nurses requires referral to a prescriber if symptoms persist despite therapeutic measures.
 - On July 19 and 27, 2013, MORALES' body weight was not obtained when he was seen during sick call, as directed by the Standardized Procedures for Registered Nurses pertaining to diarrhea.
 - On September 29, 2013, MORALES' body temperature was not obtained in accordance with the Standardized Procedures for Registered Nurses pertaining to complaints of a sore throat, body aches, and nasal congestion.
 - On October 28, 2013, MORALES was initially referred to a provider for his complaint of unintentional weight loss. This referral was later changed to a chart review. Neither a provider appointment nor a chart review was

⁷¹ See Exhibit 7: May 5, 2014 release summary by RN [REDACTED]

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conducted. Additionally, MORALES' body weight was not obtained during his nursing assessment on this date.

- On November 21, 2013, December 6, 2013, and February 20, 2014, the nurses who assessed MORALES failed to refer him to a provider for recurring clinical complaints such as body aches and a sore throat.

- **Specialty health care**

- Following submission of a MedPAR for GI consult ordered by a provider on April 10, 2013, TLF failed to follow up and provide an appointment date as required by IHSC. When the outstanding order for GI consult was discovered two months later, the facility again failed to follow up by scheduling the detainee for re-evaluation by a provider. A GI consult was not completed during MORALES' detention at TLF, despite recurrent symptoms.

- **Timely responses**

- MORALES was scheduled to have a follow up appointment one week following a provider assessment on December 4, 2012. The follow up appointment did not occur until December 20, 2012, 16 days later.

In addition to the deficiencies, ODO found TLF failed to meet the following ICE PBNDS 2008 Expected Outcomes:

1. **ICE PBNDS 2008, Medical Care, section (II)(27)**, which states "Prescriptions and medications will be ordered, dispensed, and administered in a timely and sufficient manner as prescribed by a health care professional."

On April 10, 2013, an order was written that MORALES was not to use Motrin. As documented in MORALES' medical record, he was issued Motrin on at least four occasions following that order.

2. **ICE PBNDS 2008, Medical Care, section (II)(35)**, which states "When a detainee is transferred to another facility, the transferring facility will send a completed medical transfer summary and other medical documentation as appropriate to the receiving facility."

A release summary prepared on April 8, 2014, did not record MORALES' recurrent symptoms or his possible need for a GI re-evaluation.

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AREAS OF NOTE

1. As discussed in the narrative of this report, until January 2014, TLF used a paper medical record system which did not include the use of running problem lists for each patient. Additionally, nursing staff stated that prior to implementation of the EMR, they often assessed detainees without reviewing their medical record prior to or during those assessments. As a result, MORALES', and ostensibly others', complaints and symptoms were not identified or documented as recurrent. Further, the nursing assessments documented in MORALES' medical record did not include in-depth patient history, and did not consistently document adherence to Health Care Agency Correctional Health Services Standardized Procedures for Registered Nurses, including taking required vital signs and referring a patient to a provider. As a result, MORALES' access to and continuity of care were impeded. Medical staff interviewed by ODO indicated many of these concerns have been obviated by the EMR, which was implemented four months prior to MORALES' transfer from TLF to ADF.
2. NP [REDACTED] documented in MORALES' April 1, 2014 annual physical examination that his prior GI complaints were "addressed and resolved;" however, the facility's failure to follow up and ensure completion of the GI consult ordered almost one full year earlier represents a critical lapse in care. Equally critical was the failure to re-evaluate MORALES when the unprocessed April 10, 2013 MedPAR was discovered. ODO learned during the review that TLF established a "case management team" in 2015, comprised of an RN, two licensed vocational nurses (LVN), and a clerical staff member. The team is responsible for making outside appointments, submitting MedPARs with appointment dates, and checking the MedPAR system several times each day to track MedPAR request status. Because the MedPAR system does not send an automatic electronic notification to a facility when IHSC takes an action on a MedPAR, the case management team must continually check the system. On the date of ODO's visit to TLF, Dr. [REDACTED] demonstrated 38 MedPARs were submitted that day, which he stated is lower than the average number of submissions on a typical day. Though not deemed relevant to the facts surrounding MORALES' unprocessed MedPAR, at the time of ODO's visit, TLF medical staff remained under the mistaken impression that MedPARs have an IHSC-prescribed expiration date.

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ADELANTO DETENTION CENTER (May 6, 2014 to April 6, 2015)

NARRATIVE SUMMARY OF EVENTS

On May 6, 2014, MORALES was transferred from TLF to ADF pending adjudication of a Petition for Review of a Motion for Stay of Removal which was granted on February 20, 2014.⁷² He arrived at ADF with the electronic Release Summary generated by RN [REDACTED] at TLF.⁷³ The Release Summary indicated MORALES' medical conditions included chronic mental health and adjustment disorders, and indicated that a March 23, 2014 chest x-ray found no acute disease. TLF also included documentation MORALES was prescribed Thiamine HCL.⁷⁴ No additional documentation of any chronic or acute medical problems or complaints accompanied MORALES to ADF.

At 11:00 a.m., LVN [REDACTED] (first name unknown) conducted MORALES' medical intake screening and documented the detainee replied "good" when asked how he felt.⁷⁵ He denied a past history of substance abuse or mental health problems. Although he reported current dental issues, he denied having any pain at the time of the medical screening. When asked whether he received treatment within the last five years for a medical condition, including hospitalization, he replied no. When asked if he had any significant medical problems or significant family medical history, he replied no. His vital signs were recorded as within normal limits, and his weight was 178 pounds. It is noted the intake screening form includes checkboxes to indicate language and use of interpretation assistance, both of which were left blank. All medical and correctional staff interviewed by ODO who interacted with MORALES, reported the detainee spoke and understood English. MORALES signed a consent for general treatment during the screening.⁷⁶ In a progress note, LVN [REDACTED] documented MORALES was admitted with Thiamine HCL and multivitamins.⁷⁷ MORALES' physical examination by a provider was scheduled for May 7, 2014. LVN [REDACTED] explained during her interview with ODO that detainees who arrive at ADF with any type of medication, including vitamins, are immediately scheduled for physical examinations.⁷⁸

At 12:40 p.m., MORALES was booked into ADF,⁷⁹ and properly classified as a high level three detainee. His classification was based on criminal history contained in his Record of Deportable/Inadmissible Alien, Form I-213, including three misdemeanor charges in the United

⁷² Petition for Review filed September 18, 2013.

⁷³ See Exhibit 7.

⁷⁴ A B vitamin necessary to transport energy within the body's cells, frequently prescribed in the circumstance of alcohol abuse. Creative Corrections Compliance Review.

⁷⁵ See Exhibit 8: Medical intake screening, May 6, 2014.

⁷⁶ Consent for general treatment.

⁷⁷ Progress note by LVN [REDACTED], May 6, 2014.

⁷⁸ ODO interview with LVN [REDACTED], May 5, 2015.

⁷⁹ Booking form dated May 6, 2014.

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States for burglary and “illegal speed contest,” and an arrest warrant issued by El Salvador and carried out by ERO and the Los Angeles Police Department Southwest Regional Fugitive Task Force on February 25, 2010, for the crime of “conspiracy involving aggravated homicide.”⁸⁰

The next day, May 7, 2014, ADF Clinical Director Dr. [REDACTED] documented he reviewed MORALES’ intake screening form and conducted a physical examination.⁸¹ The detainee’s weight was recorded as 179 pounds, and his vital signs were all within normal limits. Dr. [REDACTED] noted a past history of alcohol abuse, and no current medical, mental health, or dental issues. It is noted during the intake screening and physical examination, MORALES did not report any of the GI symptoms he experienced at TLF. Dr. [REDACTED] determined MORALES’ nutritional intake was adequate, and discontinued the Thiamine HCL and multivitamins. MORALES was provided health and wellness literature in Spanish. It is noted the physical examination form contains a section for documenting a genital/rectal examination. This section was left blank on MORALES’ form, and “refused” was not checked. Dr. [REDACTED] stated during his interview with ODO that the physical examination was very basic, which is typical given the large numbers of detainees received at ADF. He indicated genital/rectal examinations are only performed on detainees over the age of fifty, which is consistent with facility policy. He also stated a more extensive abdominal examination may have identified a mass, if one was present at the time.

On June 10, 2014, MORALES submitted a sick call request indicating he needed new shoes because he was experiencing pain in his joints, knees and back due to the flatness of the shoes he was issued by the facility.⁸² He was seen during sick call on June 11, 2014, by RN [REDACTED].⁸³ In her progress note, RN [REDACTED] documented MORALES complained of pain from his feet up to his knees, which he rated as level four. RN [REDACTED] referred MORALES to a provider for consideration of his request for different shoes and he was seen by NP [REDACTED] on June 13, 2014.⁸⁴ NP [REDACTED] documented the detainee reported experiencing pain for several years, and rated the pain at level five. It is noted he did not report a history of pain, or current pain, at the time of intake. NP [REDACTED] assessment revealed MORALES had no redness, swelling, warmth, or tenderness on palpation,⁸⁵ and a full range of motion was demonstrated. NP [REDACTED] diagnosed MORALES with chronic pain syndrome, and prescribed Motrin, but MORALES declined the medication. MORALES was instructed to purchase shoes from the commissary to help relieve his foot discomfort.⁸⁶

⁸⁰ ICE Custody Classification Worksheet dated May 6, 2014.

⁸¹ Physical examination, IHSC Form 795B, May 7, 2014.

⁸² Sick call request, June 10, 2014. ADC staff indicated that the word “crono” as seen on MORALES’ sick call request refers to “chrono,” or a term commonly used for a special needs evaluation.

⁸³ Progress note by RN [REDACTED], June 11, 2014.

⁸⁴ Progress note by NP [REDACTED], June 13, 2014.

⁸⁵ Using pressure of the fingers or hands to feel or determine pain during examination. Creative Corrections Compliance Review.

⁸⁶ MORALES’ detention file reflects he had \$109.31 in his funds when he was admitted to ADC.

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On July 4, 2014, MORALES submitted another sick call request complaining of back pain related to his shoes.⁸⁷ He asked for a special needs assessment so that he could get permission for his family to bring him lightweight shoes. MORALES noted this was his second request and asked to see the doctor. MORALES was seen during sick call by RN [REDACTED] on July 7, 2014.⁸⁸ She completed the GEO Musculoskeletal Pain/Trauma Protocol form, noting although MORALES appeared to be in mild distress and rated his pain as a six to seven out of ten, she found nothing remarkable. The detainee was offered acetaminophen for discomfort, which he refused. RN [REDACTED] documented MORALES would be scheduled for an appointment with the physician. It is noted the medical record does not contain any documentation MORALES was seen by a provider pursuant to this referral.

On July 13, 2014, MORALES submitted another sick call request stating he wanted to have his feet checked by a doctor because nurses “don’t take care of my problem.”⁸⁹ The following day, he was seen by RN [REDACTED] who noted MORALES was seen a week prior and again requested a special needs appointment.⁹⁰ In her progress note, RN [REDACTED] documented she made an appointment with the doctor for July 15, 2015. It is noted MORALES was not seen by the doctor as scheduled. Instead, on July 15, 2015, physician assistant (PA) [REDACTED] (first name unknown) documented in a progress note that MORALES was evaluated for foot pain on July 13, 2014, his request for a special needs appointment was denied, he was advised to purchase shoes from the commissary, and as a result a follow-up appointment with the doctor was not indicated.⁹¹ He documented MORALES was notified he would not be seen. Although not entirely clear from the documentation, PA [REDACTED] entry suggests he did not evaluate the detainee.

On July 18, 2014, MORALES submitted a free-form note stating his feet hurt and he was experiencing cramps due to the lack of support in his shoes.⁹² He mentioned he had been waiting to see a doctor “for awhile.” MORALES was seen during sick call the following day by RN [REDACTED] who completed a Musculoskeletal Pain/Trauma Protocol form.⁹³ On the form, she documented MORALES’ vital signs were within normal limits and that he reported dull pain which he rated level ten. MORALES refused over-the-counter pain medication. RN [REDACTED] did not indicate on the form whether MORALES was referred to the provider; however, a July 22, 2014 progress note documents approval for special shoes by Dr. [REDACTED]. The note does not provide information indicating MORALES was evaluated by Dr. [REDACTED] prior to approving the shoes. It is noted special institution shoes are normally issued only with a provider’s order for

⁸⁷ Sick call request, July 4, 2014.

⁸⁸ See Exhibit 9: Progress note by RN [REDACTED], July 7, 2014.

⁸⁹ Sick call request, July 13, 2014.

⁹⁰ See Exhibit 10: Progress note by RN [REDACTED], July 14, 2014.

⁹¹ Progress note by PA [REDACTED], July 16, 2014.

⁹² Sick call request, July 18, 2014.

⁹³ Progress note by RN [REDACTED] July 19, 2014.

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conditions such as diabetes, foot deformity, or other verified medical condition requiring softer leather and improved comfort and support.⁹⁴ A personal property form in MORALES' detention file reflects shoes were "dropped off" for MORALES on August 12, 2014, and that the detainee had a "medical chrono" for the shoes.⁹⁵ The form does not indicate who brought the shoes for MORALES. It is noted there are no further entries in the medical record related to foot pain.

MORALES' next medical encounter occurred on September 22, 2014, when Dr. [REDACTED] completed a medical history and physical examination prior to the detainee's placement in segregation.⁹⁶ All physical findings were documented as normal, with no positive findings of distention, constipation, diarrhea, nausea and vomiting, or abdominal pain. MORALES' detention file documents he was transferred to segregation housing unit West-1 on this date, and was returned to general population housing unit West-2A on September 24, 2014.⁹⁷

Approximately two months later, on November 28, 2014, RN [REDACTED] documented MORALES was seen during sick call as a "walk in" complaining of diarrhea.⁹⁸ She completed a diarrhea protocol form, documenting the detainee's complaint of diarrhea and intestinal cramping for three days.⁹⁹ He reported a pain level of five, and his vital signs were all within normal limits. His weight was recorded as 168 pounds. It is noted that although this weight represents a ten pound weight loss since his intake, the section of the diarrhea protocol form addressing weight loss was not completed, suggesting the detainee was not asked about whether the weight loss was intentional. MORALES' bowel sounds were recorded as normal in all four abdominal quadrants, and RN [REDACTED] did not note any tenderness or reporting of blood in his stool. MORALES was provided an over-the-counter medication to resolve diarrhea. It is noted this is the first documented encounter at ADF in which the MORALES complained of GI symptoms. The diarrhea protocol, as written, would not have compelled notification to the physician; however, it is noted the diarrhea protocol does not include questions concerning history of GI symptoms which, if asked, may have prompted further review and evaluation by a provider.

On January 14, 2015, approximately six and a half weeks later, MORALES submitted a sick call request in Spanish complaining of weight loss and body aches.¹⁰⁰ He was seen the next day during sick call by RN [REDACTED], who completed a Musculoskeletal Pain/Trauma Protocol form, on which he documented the detainee's complaint of right ankle pain from walking in the yard in institution shoes.¹⁰¹ MORALES reported a pain level of four, and his vital signs were all recorded as within normal limits. His weight was documented as 171 pounds.

⁹⁴ Creative Corrections Compliance Review, page 17.

⁹⁵ Detainee Personal Property Form Receipt, August 12, 2014.

⁹⁶ Progress note by Dr. [REDACTED] September 22, 2014.

⁹⁷ Housing record.

⁹⁸ Progress note by RN [REDACTED], November 28, 2014.

⁹⁹ See Exhibit 11: Diarrhea protocol form, November 28, 2014.

¹⁰⁰ Sick call request, January 14, 2015.

¹⁰¹ Progress note by RN [REDACTED], January 15, 2015.

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MORALES was given analgesic balm to apply to the affected ankle. In addition to the Musculoskeletal Pain/Trauma Protocol, RN [REDACTED] completed a Centers for Disease Control (CDC) Adult Body Mass Indicator (BMI) form, documenting the detainee's BMI of 26, resulting in a classification of overweight.¹⁰² RN [REDACTED] noted extra snacks could not be approved for MORALES in order to control his weight. It is noted MORALES' documented weight was seven pounds less than at intake, but three pounds more than his weight during the November encounter.

Approximately two and a half weeks later, MORALES submitted a sick call request dated February 2, 2015, asking to see the doctor for complaints of body aches, headaches, fever, and loss of appetite.¹⁰³ MORALES was seen by RN [REDACTED] the next day.¹⁰⁴ In her progress note, RN [REDACTED] documented MORALES initially complained of body pain and upper respiratory infection (URI) symptoms, but during her evaluation he expressed concern about pain in his testicles after being hit twice by a soccer ball in that area, as well as concern he had a bladder infection. RN [REDACTED] completed the nursing assessment protocol for upper respiratory conditions, recording vital signs within normal limits, and documented his weight as 171 pounds, unchanged from the previous encounter. A dipstick urinalysis was also done, and all results were within normal limits except for a trace of protein.¹⁰⁵ Staff physician Dr. [REDACTED], MD signed the results of the urinalysis. MORALES was given Motrin and referred to a provider for further evaluation and treatment.

The following day, February 4, 2015, a progress note by NP [REDACTED] indicates MORALES' appointment with Dr. [REDACTED] was postponed due to a scheduling conflict.¹⁰⁶ NP [REDACTED] noted MORALES should be rescheduled for the next available appointment with Dr. [REDACTED] for evaluation of the complaint of testicular pain. Later the same day, Dr. [REDACTED] made a progress note with instructions to schedule MORALES to see NP [REDACTED] the next day.¹⁰⁷

On February 5, 2015, NP [REDACTED] documented she reviewed MORALES' chart, and provided instructions to reschedule MORALES for an appointment with the provider the following week due to slow movement of patients in the clinic that day.¹⁰⁸ Both Dr. [REDACTED] and Dr. [REDACTED] stated during their interviews with ODO that appointments are often postponed when the number of detainees scheduled for evaluations exceeds available staff and/or space to conduct those evaluations. The nursing staff interviewed by ODO corroborated this statement. Both the

¹⁰² CDC BMI form.

¹⁰³ Sick call request, February 2, 2015.

¹⁰⁴ Progress note by RN [REDACTED], February 3, 2015.

¹⁰⁵ A trace amount of protein could indicate a number of conditions including diabetes and kidney disease, or could simply be a by-product of strenuous exercise. Because MORALES was an active individual, this result may not have been determined significantly abnormal. Creative Corrections Compliance Review.

¹⁰⁶ Progress note by NP [REDACTED] February 4, 2015.

¹⁰⁷ Progress note by Dr. [REDACTED], February 4, 2015.

¹⁰⁸ Progress note by NP [REDACTED] February 5, 2015.

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providers and nursing staff also stated that detainee medical records frequently cannot be located by ADF medical records staff prior to an appointment, necessitating postponement of those appointments. Interviewed staff stated that because detainee medical records are kept in both the East and West buildings of the facility, both of which have a clinic, and because the records frequently move between the two sides, they sometimes end up misplaced or at the wrong clinic. Dr. ██████ stated unless a detainee's complaints are so urgent that he must be evaluated immediately, she does not evaluate a detainee without first reviewing his medical record, and because medical records staff so frequently cannot locate a detainee's medical record prior to an appointment, she ends up rescheduling appointments at least several times each week.

The following day, February 6, 2015, RN ██████ documented she saw MORALES for sick call.¹⁰⁹ It is noted no corresponding sick call request was found in the record, nor does her corresponding progress note indicate he was seen for sick call as a walk-in. RN ██████ completed a nursing assessment for abdominal pain and documented MORALES complained he was having "trouble" with his stools, and that he had "stabbing" pain which he described as a level three out of ten in the right lower quadrant of his abdomen. MORALES' vital signs were all within normal limits, and his weight was recorded at 173.5 pounds. RN ██████ found no tenderness in MORALES' abdomen, and heard bowel sounds in all four abdominal quadrants. The protocol form documents MORALES stated he did not observe if blood was present in stools. MORALES' did not exhibit signs of jaundice or other abnormal skin findings. MORALES was given Milk of Magnesia, an over-the-counter stool softener, and Motrin. As indicated by the protocol, an appointment was made with the provider for February 9, 2015.

MORALES was seen by NP ██████ on February 9, 2015, as scheduled.¹¹⁰ Her progress note documents MORALES reported his symptoms of constipation were resolved. NP ██████ instructed him to increase his water intake and exercise to promote bowel regularity. The record contains no documentation NP ██████ conducted a clinical assessment or addressed testicular pain. The progress note was co-signed by Dr. ██████ the next day.

On February 10, 2015, Director of Nurses (DON) ██████ responded to two grievances from MORALES. Both grievances were dated February 5, 2015, and both were received by ██████, ADF's grievance coordinator, on February 6, 2015. The grievances were written in Spanish with English translations recorded on grievance form. One of the grievances was translated as follows: "To who receives this. I am letting you know that I am very sick and they don't want to care for me. The nurse only gave me ibuprofen and that only alleviates me for a few hours. Let me know if you can help me. I only need medical attention."¹¹¹ The second was translated as follows, "To who is in charge of receiving these complaints. I am letting you know

¹⁰⁹ Progress note by RN ██████ February 6, 2015.

¹¹⁰ See Exhibit 12: Progress note by NP ██████, February 9, 2015.

¹¹¹ First Detainee Grievance Form (and translation), submitted February 5, 2015, and response by DON ██████, February 10, 2015.

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I am very sick with body pain and fever. I saw the nurse on 2/3/15 and she gave me ibuprofen. She made me an appointment to see the doctor the following day and they are liars and a bunch of lazy people. I need medical attention so they can give me medicine for my sickness but these dumb brutes don't care about my health. Let's see if you can help me. Thank you.¹¹² It is noted the date of the grievances, February 5, 2015, was the day after MORALES was originally scheduled to see a provider for complaints that included upper respiratory symptoms and testicular pain. That appointment was postponed "due to a scheduling conflict," as was the rescheduled appointment which was to have occurred the day he filed his grievances. In DON ██████ response to the first grievance, she stated MORALES was seen by a provider on October 9, 2014,¹¹³ to address his request; however, because the issue remained unresolved, he was re-scheduled for evaluation by a provider on February 10, 2015.¹¹⁴ Her response to the second grievance references the same February 10, 2015 appointment.¹¹⁵

MORALES was seen by NP ██████ on February 10, 2015, in accordance with DON ██████ responses.¹¹⁶ In her progress note, NP ██████ documented the visit was to address the detainee's previous complaint of testicular pain. She documented he stated he no longer had the pain, had been seen the previous day for constipation, and that all issues had been addressed. His vital signs were all within normal limits. It is noted NP ██████ did not conduct a focused testicular examination on MORALES.

Three weeks later, on March 2, 2015, MORALES submitted a sick call request in Spanish¹¹⁷ (no translation on form) and was seen during sick call by RN ██████ two days later on March 4, 2015.¹¹⁸ In her progress note, RN ██████ noted MORALES complained of abdominal pain and requested to see the doctor. During her abdominal assessment, RN ██████ found MORALES had hypoactive bowel sounds, with abdominal hardness. MORALES reported his last bowel movement was the prior day, but reported his pain was at level five while moving his bowels. RN ██████ referred MORALES to the provider for further assessment. RN ██████ stated during her interview with ODO that she remember MORALES' abdomen was significantly enlarged and very hard.¹¹⁹ She stated she did not detect a mass or protrusion, and described the distension as covering his entire abdomen. She also stated MORALES' bowel sounds were present, but barely audible.

¹¹² Second Detainee Grievance Form (and translation), submitted February 5, 2015, and response by DON ██████ February 10, 2015.

¹¹³ Based on DON ██████ interview and review of MORALES' medical record, ODO determined the referenced date of October 9, 2014, was a typographical error, and the intended date was February 9, 2015.

¹¹⁴ Response to first grievance by DON ██████ February X, 2015.

¹¹⁵ Response to second grievance by DON ██████ February 10, 2015.

¹¹⁶ Progress note by NP ██████ February 10, 2015.

¹¹⁷ Sick call request, March 2, 2015.

¹¹⁸ See Exhibit 13: Progress note by RN ██████, March 4, 2015.

¹¹⁹ ODO interview with RN ██████, May 4, 2015.

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MORALES was seen by Dr. [REDACTED] on March 6, 2015.¹²⁰ In her progress note, Dr. [REDACTED] documented MORALES complained of a change in bowel habits and a twelve pound weight loss over the past six to eight months. He reported intermittent diarrhea and constipation with hematochezia.¹²¹ He also reported abdominal swelling over the past several months. He denied any significant past medical history and stated he had been completely evaluated at TLF one year prior when he was told he was healthy. During the physical examination, Dr. [REDACTED] noted MORALES had obvious abdominal swelling, with a very large right upper quadrant mass extending to the right lower quadrant, suggesting an enlarged liver. She documented the mass was notably visible through the abdominal wall. She also documented mild pitting edema¹²² of the left leg. MORALES' vital signs were within normal limits, and his weight was recorded at 172 pounds. Dr. [REDACTED] diagnosed MORALES with an abdominal mass and change in bowel habits, both possibly from an enlarged liver, noting cancer should be ruled out. She also indicated his heart should be monitored. Dr. [REDACTED] ordered the following for MORALES: a chest x-ray the week of March 9, 2015, to rule out lung cancer; laboratory studies including liver function tests the week of March 9, 2015; an electrocardiogram (EKG) to test heart function) the week of March 9, 2015; and, an expedited authorization for an abdominal and pelvic computerized tomography (CT) scan.¹²³ She also indicated MORALES be permitted to keep three rolls of toilet paper, and be brought to medical by security staff whenever he complained of feeling ill. Dr. [REDACTED] ordered MORALES return to the clinic on Wednesday, March 18, 2015, for follow-up. Dr. [REDACTED] completed an ADF Treatment Authorization Request (TAR) for MORALES to have a CT scan,¹²⁴ and Medical Records Technician (MRT) [REDACTED] followed up by obtaining a March 16, 2015 appointment. On March 9, 2015, MRT [REDACTED] submitted a MedPAR for the CT scan, and it was approved by IHSC on March 11, 2015.¹²⁵

Dr. [REDACTED] indicated during her interview that she was certified in medical oncology in November of 1985, and maintained a private practice clinic for cancer and HIV patients in Lancaster, CA, from 1985 to 1993. Dr. [REDACTED] stated March 6, 2015, was her first encounter with MORALES, as she was assigned to ADF's East building at the time, and MORALES was housed in the West building until shortly before she saw him. In describing the presence of MORALES' abdominal mass, she emphasized it was the largest she has ever seen in her

¹²⁰ See Exhibit 14: Progress note by Dr. [REDACTED], March 6, 2015.

¹²¹ Presence of bright red blood in the stool, usually originating in the lower gastrointestinal tract. Creative Corrections Compliance Review.

¹²² When a small area gets pressurized, as when pressing with a finger, an indentation continues even after the pressure is removed. Creative Corrections Compliance Review.

¹²³ A form of x-ray that generates detailed views of internal organs.

¹²⁴ TAR, March 5, 2015. The ADF TAR is a facility-specific form that the provider completes and submits to medical records staff so that they may complete a MedPAR and schedule the offsite medical appointment.

¹²⁵ MedPAR for CT scan submitted March 9, 2015, and approved March 11, 2015.

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practice. She stressed there was no ascites¹²⁶ present, and that the protrusion was in fact, a mass. She stated that based on the size of the mass, she believes it was likely present for months.

MORALES' chest x-ray, laboratory studies, and EKG were completed the week of March 9, 2015,¹²⁷ as ordered, and a CT scan was completed at Advanced Imaging Center (AIC), Lancaster, CA, on March 16, 2015, as scheduled.¹²⁸ RN [REDACTED] documented she saw MORALES when he returned to ADF at which time he reported a pain level of zero and refused to have his weight taken.¹²⁹ His vital signs were within normal limits.

The CT scan report of the abdomen and pelvis documented the following:

1. A massively enlarged liver, seemingly resulting from multiple lesions spread throughout the liver. The enlarged liver significantly compressed and displaced the right kidney, and neighboring bowel loops.
2. Multiple rigid lesions within the part of the skeleton consisting of the bones of the head and trunk of the body.
3. At least two intermediate density foci (center point)¹³⁰ in the left side of the hip bones.

Based on the CT scan, AIC concluded all findings indicated likely metastases or lymphoma, and recommended clinical correlation¹³¹ and further workup.

MORALES was seen by Dr. [REDACTED] on March 18, 2015, as scheduled, following his laboratory studies and CT scan.¹³² She documented his vital signs were within normal limits with the exception of a slightly elevated systolic blood pressure reading,¹³³ and his weight was recorded at 174 pounds, four pounds less than his weight at intake. Dr. [REDACTED] reviewed the CT scan findings, and documented the chest x-ray was negative and the laboratory studies were unremarkable with the exception of mild anemia and a mildly low platelet count.¹³⁴

MORALES' liver function studies were normal with the exception of an elevation in alkaline phosphatase.¹³⁵ His prostate cancer screening test was also normal. Dr. [REDACTED] documented

¹²⁶ Fluid build-up inside the abdomen. Creative Corrections Compliance Review.

¹²⁷ Records of chest x-ray and EKG, March 9, 2015, and laboratory studies, March 11, 2015.

¹²⁸ Record of CT scan, March 16, 2015.

¹²⁹ Progress note by RN [REDACTED], March 16, 2015.

¹³⁰ A lesion containing fibrous tissue versus one containing fat or fluid, which would indicate malignancy. Creative Corrections Compliance Review.

¹³¹ Following a diagnostic test, the results are compared with the patient's history, age, physical health, other lab studies, and current symptoms to determine a diagnosis. Creative Corrections Compliance Review.

¹³² See Exhibit 15: Progress note by Dr. [REDACTED], March 18, 2015.

¹³³ The systolic read is the top number, which is commonly elevated when a patient is nervous, in pain, or under stress. Creative Corrections Compliance Review.

¹³⁴ Platelets are blood cells used by the body for normal blood clotting. Low counts can be the result of bleeding disorders, bone marrow disease, or side effects of some medications. Creative Corrections Compliance Review.

¹³⁵ Liver enzyme often elevated in liver disease associated with heavy alcohol consumption, hepatitis, and liver cancer, among others. Creative Corrections Compliance Review.

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all findings were discussed extensively with MORALES, and she noted he was anxious to obtain a definitive diagnosis. MORALES reported having a poor appetite, but he had maintained his weight since the prior week. Dr. ██████ documented MORALES most likely had metastatic cancer, either colon or lymphoma, as well as mild anemia,¹³⁶ and thrombocytopenia¹³⁷ with possible bone marrow involvement. Her treatment plan for MORALES included: 1) a TAR for a GI and oncology consult “as soon as possible,” 2) additional laboratory studies, 3) consumption of two cans of Ensure™ twice daily for ninety days, 4) assignment to a low bunk, and 5) notification to the Health Services Administrator and ICE of the gravity of MORALES’ medical condition, with consideration for compassionate release. She also ordered MORALES return to clinic on March 26, 2015, to see a physician. The TARs for the GI and oncology consults reflect Dr. ██████ requested MORALES receive both appointments within two to seven days.

The next day, March 19, 2015, MRT ██████ documented her attempts to schedule oncology and GI consultations.¹³⁸ She obtained an appointment for a GI consult on March 25, 2015, but was unable to get an appointment for MORALES with an oncology office until April 13, 2015. She submitted MedPARs for both consults which were approved by IHSC on March 23, 2015.¹³⁹

On March 25, 2015, MORALES was taken to the High Desert Gastroenterology Clinic in Lancaster, CA, for his scheduled GI consultation.¹⁴⁰ Consultant physician Dr. ██████ documented MORALES had liver enlargement, a liver mass, anemia, and thrombocytopenia. Dr. ██████ clinical plan was for MORALES to first undergo a colonoscopy, and then have a full GI assessment with an esophagogastroduodenoscopy (EGD), a scope study of the upper digestive tract, if the colonoscopy was normal. Dr. ██████ also documented that a liver biopsy should be considered. Dr. ██████ noted his belief MORALES likely had lymphoma based on his liver enlargement and low platelet count.

MORALES saw Dr. ██████ the following day, Thursday, March 26, 2015, for clinical follow-up.¹⁴¹ Dr. ██████ documented the detainee’s vital signs were all within normal limits and his weight was 172 pounds, two pounds lighter than his last visit. She also noted MORALES noticed no changes in his health. She documented a GI consult was completed the day prior, and a colonoscopy and EGD were pending. She also documented a liver biopsy would be necessary if the colonoscopy and EGD were inconclusive. MORALES’ laboratory studies showed a decrease in alkaline phosphatase, but his complete blood count was stable, showing only mild anemia and thrombocytopenia. Dr. ██████ documented MORALES had a “chronically ill

¹³⁶ Inadequate number of red blood cells to carry adequate oxygen to the body’s tissues. Creative Corrections Compliance Review.

¹³⁷ Deficiency of blood cells that help stop bleeding by clumping and forming plugs in the blood vessel injuries. Creative Corrections Compliance Review.

¹³⁸ Notation by MRT ██████, March 19, 2015.

¹³⁹ MedPAR submitted by MRT ██████ March 19, 2015.

¹⁴⁰ High Desert Gastroenterology Clinic record, March 25, 2015.

¹⁴¹ Progress note by Dr. ██████ March 26, 2015.

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appearance,” but was in no acute distress. She documented MORALES likely had either colon cancer with liver metastasis or lymphoma.¹⁴² The documented care plan listed additional lab studies, an expedited TAR for an appointment at City of Hope, an in-patient cancer treatment center, a colonoscopy, and an EGD. She also noted MORALES should return to the clinic to see a physician for follow-up on April 2, 2015.

Pursuant to the care plan, Dr. [REDACTED] completed two TARs marked “Expedite,” one for colonoscopy and EGD,¹⁴³ and one for oncology consult at City of Hope.¹⁴⁴ In a field on the colonoscopy TAR entitled “requested timeframe,” she circled two to seven days. On the oncology TAR, she circled two days, seven days, and 14 days. During her interview, Dr. [REDACTED] stated she circled all three to indicate MORALES should receive the appointment as soon as possible, but in no more than 14 days. In a progress note timed 11:39 a.m. the same day, MRT [REDACTED] documented she left a message at High Desert Gastroenterology, Inc. (High Desert) requesting a return call, and that she would call again later.¹⁴⁵ MORALES’ record contains no documentation a follow-up call was placed or received. In a second progress note timed 1:45 p.m., MRT [REDACTED] documented she called City of Hope and left a message requesting a return call, and that she would call back the next day if she was not contacted first.¹⁴⁶ MORALES’ record indicates ADF took no further action on this second TAR. MRT [REDACTED] stated during her interview that City of Hope refused to accept payment, and an e-mail was subsequently sent by ADF to the FMC indicating negotiation over billing may be necessary.¹⁴⁷ It is noted ADF was unable to produce a copy of this email during ODO’s review.

The next day, Friday, March 27, 2015, Dr. [REDACTED] created a progress note indicating her follow-up appointment with MORALES should be postponed from April 2, 2015 to April 3, 2015.¹⁴⁸

There were no further medical record entries until Tuesday, March 31, 2015, when RN [REDACTED] documented she conducted a pre-segregation medical history and physical examination of MORALES, and noted all findings were normal.¹⁴⁹ According to a timeline prepared by Assistant Warden [REDACTED] following MORALES’ death, the detainee was placed in segregation pending disciplinary action for an alleged assault on another detainee.¹⁵⁰

¹⁴² Cancer of the lymphatic cells that are part of the body’s immune system. Creative Corrections Compliance Review.

¹⁴³ See Exhibit 16: Colonoscopy TAR, March 26, 2015.

¹⁴⁴ Oncology TAR, March 26, 2015.

¹⁴⁵ Progress note by MRT [REDACTED], March 26, 2015.

¹⁴⁶ Progress note by MRT [REDACTED], March 26, 2015.

¹⁴⁷ MRT [REDACTED] explained that an offsite clinic may not agree to treatment rates set by the VA Financial Services Center, in which case IHSC may negotiate a different rate with that clinic.

¹⁴⁸ Progress note by Dr. [REDACTED] March 27, 2015.

¹⁴⁹ Progress note by RN [REDACTED] March 31, 2015.

¹⁵⁰ See Exhibit 17: Timeline of events prepared by Assistant Warden [REDACTED], dated April 8, 2015.

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That same day, MRT ██████ documented she attempted to call High Desert a second time to schedule MORALES for a colonoscopy and EGD.¹⁵¹ She left another message and waited for a return call. It is noted that on the TAR, Dr. ██████ requested an expedited appointment for EGD and colonoscopy within two to seven days of her March 26, 2015 evaluation. Although MRT ██████ documented she attempted to schedule an appointment on March 26 and March 31, the medical record does not document any scheduling attempts on Friday, March 27, or Monday, March 30. Medical records staff interviewed by ODO stated several MRTs were transferring between duty locations from March 26 to March 30, 2015; staff members assigned to the East building moved to the West, and vice versa. Those interviewed, indicated the transition may have resulted in the lack of expedient follow-up on attempts to obtain an appointment. Dr. ██████ stated when she learned on April 1, 2015, that no appointment had been scheduled, she contacted the GI clinic herself and arranged an April 2, 2015 appointment for MORALES. Dr. ██████ did not document this contact, but a MedPAR documents submission and approval of the April 2, 2015 appointment.¹⁵² Although supporting documentation was not produced, both medical and correctional staff stated the detainee was added to the medical transportation list for April 2, 2015.

On Wednesday, April 1, 2015, MORALES was released from segregation upon dismissal of charges and transferred to the West building, housing unit 3D.¹⁵³ A 2:30 p.m. progress note¹⁵⁴ by Dr. ██████ instructed that MORALES be escorted to the ADF infirmary to prepare for his colonoscopy and EGD.¹⁵⁵ A 9:00 p.m. progress note by Dr. ██████ documents she evaluated MORALES in preparation for his procedures, and noted the detainee reported having abdominal pain the previous day, but none at the time of evaluation.¹⁵⁶ The physical examination showed no changes in MORALES' condition. Dr. ██████ noted she would see MORALES following his colonoscopy and EGD the next day. She ordered follow-up laboratory studies, and completed an expedited TAR for MORALES to be seen at the Loma Linda University Medical Center, Cancer Center, Loma Linda, CA, as he could not be seen by City of Hope until mid-April.¹⁵⁷

MORALES was not taken for his colonoscopy and EGD on April 2, 2015 as scheduled. There is no documentation in the medical or detention records as to why he was not taken, and conclusive information was not obtained during ODO's interviews with various custody and medical staff. Acting Lieutenant ██████ who was in charge of transportation at the time, stated she was on leave on April 2, 2015, but was told by officers the next day that medical

¹⁵¹ Notation by MRT ██████ March 31, 2015.

¹⁵² See Exhibit 18: MedPAR, April 1, 2015.

¹⁵³ Housing record.

¹⁵⁴ Progress note by Dr. ██████ April 1, 2015.

¹⁵⁵ Preparation includes not eating, drinking, or chewing gum after the midnight the day prior to the procedure.

¹⁵⁶ Progress note by Dr. ██████ April 1, 2015.

¹⁵⁷ TAR, April 1, 2015.

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staff cancelled the transportation because MORALES had not been medically prepared for the procedure. Medical staff interviewed stated it was unclear why security did not take MORALES for his appointment, but postulated the detainee may not have complied with the required bowel preparation and may also have consumed a meal after midnight. Dr. [REDACTED] stated during her interview that she observed MORALES with the bottle of bowel preparation solution the evening of April 1, 2015, and felt certain that he consumed the drink and wanted to go for the procedure. However, the corresponding medication record administration record (MAR) and progress notes contain no documentation stool softeners and bowel cleansing solution were administered to MORALES on April 1, 2015, as ordered by Dr. [REDACTED].¹⁵⁸

MORALES' appointment was rescheduled for April 3, 2015, although it is noted the medical record does not document the rescheduling, and requisite transportation authorizations could not be located by ADF upon ODO's request. A MAR shows Magnesium Citrate¹⁵⁹ was issued to MORALES early on April 3, 2015, two hours prior to the scheduled appointment.¹⁶⁰ Dr. [REDACTED] stated MORALES was provided the Magnesium Citrate to ensure his bowels were adequately cleansed in the event he had not completed the preparatory protocols the day before.

On April 3, 2015, Officers [REDACTED] and [REDACTED] transported MORALES to Advanced Endoscopy and Pain Center (AEPC) in Lancaster, CA, on April 3, 2015, where Dr. [REDACTED] from High Desert would perform the colonoscopy and EGD.¹⁶¹ During their interviews, Officers [REDACTED] stated MORALES was placed in hand, leg, and belly restraints during transport, and they transported MORALES using a standard facility-owned sedan.¹⁶² According to the Transportation Detail form, the officers left ADF with MORALES at 7:41 a.m., and arrived at the clinic at 8:32 a.m. Officer [REDACTED] stated he and Officer [REDACTED] observed nurses at AEPC take MORALES' vital signs and administer sedation, and Dr. [REDACTED] started the colonoscopy procedure shortly thereafter. Both officers reported they were asked to, and did, remain in the room throughout the procedure which they were able to observe on a monitor. It is noted that because restraints are removed during a surgical procedure, common practice is for at least one officer to remain in the room.¹⁶³ Officers [REDACTED] and [REDACTED] reported they observed successful removal of one mass from the detainee's colon, and Officer [REDACTED] stated he heard members of the medical team mention cancer.¹⁶⁴ Officers [REDACTED]

¹⁵⁸ See Exhibit 19: MAR and progress notes, April 1, 2015.

¹⁵⁹ An over-the-counter product used as a laxative or bowel preparation prior to surgery. Creative Corrections Compliance Review.

¹⁶⁰ MAR, April 3, 2015.

¹⁶¹ Transportation Detail form, April 3, 2015.

¹⁶² ODO interviews with Officers [REDACTED], May 6, 2015.

¹⁶³ Creative Corrections Compliance Review, page 25.

¹⁶⁴ Medical documentation from the Advanced Endoscopy and Pain Center was not included as part of MORALES's medical record. HSA [REDACTED] indicated that at the time of ODO's visit, ADF was actively trying to obtain the MORALES's medical documentation from Advanced Endoscopy and Pain Center, but had not received any records at that time.

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and [REDACTED] observed Dr. [REDACTED] locate a second mass in MORALES' colon which he attempted to remove, but was unsuccessful, and consequently terminated the procedure. Both officers stated they observed a significant amount of blood result from the attempt to remove the second mass. After terminating the procedure, Dr. [REDACTED] instructed the officers to take MORALES to the PRMC. Officer [REDACTED] stated she called her supervisor, Acting Lieutenant [REDACTED], while she and Officer [REDACTED] waited for MORALES to regain consciousness. Officer [REDACTED] stated she informed Acting Lieutenant [REDACTED] that Dr. [REDACTED] instructed them to take MORALES to the hospital for surgery, and the Acting Lieutenant gave consent. Acting Lieutenant [REDACTED] stated during her interview that she remembered receiving the call from Officer [REDACTED] and she believed she transferred Officer [REDACTED] to another Lieutenant to provide consent for the transport, though she could not recall the Lieutenant's name. Acting Lieutenant [REDACTED] also stated she called the ADF medical department to inform them MORALES was being transported to the hospital. MRT [REDACTED], who received Acting Lieutenant [REDACTED] call, informed the Acting Lieutenant that AEPC had already called to notify ADF.¹⁶⁵ An 11:00 a.m. progress note created by RN [REDACTED] documents MORALES experienced rectal bleeding during his out-patient colonoscopy and EGD, and was to be a direct admission¹⁶⁶ into PRMC.¹⁶⁷

Officer [REDACTED] stated during her interview that Dr. [REDACTED] gave the officers digital pictures taken during MORALES' procedure, and also stated he called the emergency room at PRMC and the hospital was prepared to admit MORALES immediately upon arrival. Officer [REDACTED] stated she and Officer [REDACTED] departed for PRMC with MORALES at approximately 11:50 a.m. Officer [REDACTED] stated although he was concerned about transporting MORALES by facility vehicle versus an ambulance after witnessing the detainee's procedure, because MORALES was able to walk to and get into the facility sedan without difficulty, and no longer appeared to be bleeding, he did not call ADF to voice his concerns. Officer [REDACTED] also stated the situation did not appear to be an emergency and she observed nothing that caused her concern about transporting MORALES by facility vehicle. It is noted that the officers' observations stand in stark contrast to Dr. [REDACTED] description of the procedure as it was relayed to ADF the morning of April 3, 2015. Dr. [REDACTED] stated during her interview that she spoke to Dr. [REDACTED] via telephone shortly after MORALES' procedure was terminated. According to Dr. [REDACTED], Dr. [REDACTED] stated he found a huge rectal mass and MORALES started "bleeding out," and as a result was being directly admitted on an emergency basis to PRMC. HSA [REDACTED] stated during his interview that Dr. [REDACTED] reported this information to him, and he agreed to MORALES being hospitalized at PRMC.¹⁶⁸ Both Dr. [REDACTED] and HSA [REDACTED] assumed MORALES was transported to PRMC via ambulance and only learned he was transported by officers in a facility

¹⁶⁵ ODO interview with Acting Lieutenant [REDACTED], May 6, 2015.

¹⁶⁶ A direct admission is an admission to the hospital without going to an emergency room, as long as an accepting physician has agreed to be the attending physician of record. Creative Corrections Compliance Review.

¹⁶⁷ Progress note by RN [REDACTED], April 3, 2015.

¹⁶⁸ ODO interview with HSA [REDACTED], May 4, 2015.

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vehicle several days after his death. It is noted Assistant Warden [REDACTED] timeline of events concerning MORALES, dated April 8, 2015, erroneously documents the detainee was transported to PRMC by Emergency Medical Services (EMS). Assistant Warden [REDACTED] only learned MORALES was transported to PRMC by officers in a facility vehicle during her interview with ODO, and it is unclear how she came to conclude he was transported by EMS. It is also noted that following MORALES' death, Officers [REDACTED] and [REDACTED] were not interviewed by any ADF staff, and were not asked to write incident reports.

At 11:36 a.m., HSA [REDACTED] sent an email to ERO Assistant Field Office Director (AFOD) [REDACTED] [REDACTED] notifying the AFOD that MORALES was sent to PRMC after experiencing abdominal bleeding during an offsite colonoscopy procedure that morning.¹⁶⁹ HSA [REDACTED] indicated MORALES had numerous likely metastasizing areas in his GI tract and would likely need surgery.

Officers [REDACTED] and [REDACTED] arrived at the PRMC emergency room with MORALES at 12:05 p.m.¹⁷⁰ Officer [REDACTED] stated that upon arrival MORALES was required to wait approximately 15 minutes before being placed in a room; Officer [REDACTED] stated she remembered waiting only a few minutes before MORALES was placed in a room. Both officers stated MORALES appeared to be very uncomfortable and used the bathroom several times.

At 2:30 p.m., RN [REDACTED] documented she received an update from PRMC who notified her MORALES was in the emergency room awaiting the surgeon's arrival, and would possibly undergo surgery that evening.¹⁷¹ She also documented his current vital signs which were all within normal limits.

Although not recorded in the medical record, an e-mail from Lieutenant [REDACTED] was sent at 9:30 p.m. on April 3, 2015, notifying medical and security staff at ADF, including HSA [REDACTED] and Warden [REDACTED], that MORALES was admitted to PRMC at 4:15 p.m.¹⁷² According to logs kept by officers assigned to MORALES at PRMC, he underwent surgery starting at 11:21 p.m. on April 3, 2015, and the surgery concluded at 12:13 a.m. on April 4, 2015.¹⁷³ In a 3:15 a.m. entry to the medical record, DON [REDACTED] documented surgery to remove a rectal mass from MORALES was completed.¹⁷⁴ She documented MORALES' blood pressure was low, but all other vital signs were reported as stable. She also documented PRMC anticipated MORALES would be discharged within three days if he experienced no complications.

¹⁶⁹ E-mail from HSA [REDACTED] to AFOD [REDACTED], April 3, 2015.

¹⁷⁰ ADF Transportation Detail form, April 3, 2015.

¹⁷¹ Progress note by RN [REDACTED] April 3, 2015.

¹⁷² E-mail from Lieutenant [REDACTED] April 3, 2015.

¹⁷³ Hospital Post Log, April 3-4, 2015.

¹⁷⁴ Progress note by DON [REDACTED] April 4, 2015.

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At 11:30 a.m. on April 4, 2015, RN [REDACTED] documented a telephone conversation with a nurse at PRMC who reported MORALES underwent a second surgery to find the source of and stop bleeding from the prior surgery. MORALES was described as alert with no complaints prior to the second surgery.¹⁷⁵

On April 5, 2015 at 10:50 a.m., RN [REDACTED] documented MORALES was moved to the Intensive Care Unit (ICU) and was intubated.¹⁷⁶ She documented he was being provided therapy to normalize his blood count, and per his physician's order, he was not to be sedated due to low blood pressure. Per RN [REDACTED] note, MORALES was able to respond to simple commands.

At 10:59 a.m. on April 5, 2015, Dr. [REDACTED] sent an e-mail to HSA [REDACTED] Assistant HSA (AHSA) [REDACTED], and other GEO personnel, stating MORALES was on life support and in liver and kidney failure, and would likely pass in the next few days.¹⁷⁷ This message was relayed to Warden [REDACTED] who subsequently informed ERO, indicating MORALES' next of kin may need to be notified.

At 6:04 p.m. on April 5, 2015, AFOD [REDACTED] notified Warden [REDACTED] that MORALES' family was informed of his hospitalization and condition, and had authorization to visit him in the hospital.¹⁷⁸

At 9:19 p.m. on April 5, 2015, RN [REDACTED] documented a telephone conversation with a PRMC nurse who reported MORALES was not doing well, had no kidney or liver function, and was still receiving therapy to normalize his blood count as well as oxygen.¹⁷⁹

On April 6, 2015, at 4:20 a.m., RN [REDACTED] documented a phone call from the ICU charge nurse at PRMC who reported MORALES' heart stopped at 4:00 a.m. and he was pronounced dead at 4:10 am.¹⁸⁰ The nature of death was multi-organ failure. Assistant Warden [REDACTED] timeline documents the officers at the hospital notified on-duty Lieutenant [REDACTED] of MORALES' death at 4:13 a.m., and Lt. [REDACTED] notified Warden [REDACTED] Chief of Security [REDACTED] and LVN [REDACTED]. At 4:25 a.m., Warden [REDACTED] sent an e-mail notifying ERO, including AFOD [REDACTED] as well as GEO regional staff, of MORALES' passing.¹⁸¹ At 4:35 a.m., AFOD [REDACTED] responded via email and requested the detainee's property be secured, and indicated ICE would notify the Consulate of El Salvador and request

¹⁷⁵ Progress note by RN [REDACTED], April 4, 2015.

¹⁷⁶ Progress note by RN [REDACTED], April 5, 2015.

¹⁷⁷ See Exhibit 20: E-mail from Dr. [REDACTED] entitled "Mr. Morales update," April 5, 2015.

¹⁷⁸ E-mail from AFOD [REDACTED] to Warden [REDACTED], April 5, 2015.

¹⁷⁹ Progress note by RN [REDACTED], April 5, 2015.

¹⁸⁰ See Exhibit 21: Incident report by RN [REDACTED], April 6, 2015.

¹⁸¹ E-mail from Warden [REDACTED], April 6, 2015.

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they handle family notification.¹⁸² In another e-mail timed 4:47 a.m., AFOD ██████ asked that the officers assigned to the hospital remain there until further notice.¹⁸³

The only notification documented in the medical record is AHSA ██████ call to the GEO Regional Medical Director, ██████ (first name unknown), at 6:00 a.m.¹⁸⁴

Assistant Warden ██████ timeline indicates Warden ██████ directed AHSA ██████ to call the LA County coroner to arrange for pick-up of MORALES' body, and the call was placed at 5:57 a.m. An e-mail from Warden ██████ to AFOD ██████ timed 6:02 a.m., confirms AHSA ██████ coordinated with the LA County Coroner.¹⁸⁵ The timeline entry indicates an autopsy would be completed within 72 hours. The timeline also documents that at 8:00 a.m., a "Coroner Investigator" from the "County of Los Angeles – Department of Medical Examiner" arrived at PRMC and removed MORALES' body at 8:17 a.m. Warden ██████ notified AFOD ██████ that Officers ██████ and ██████, who were assigned to MORALES at the time of his death, returned to ADF at 11:07 a.m. During interviews of security staff, ODO was informed PRMC is approximately one hour from ADF. According to Assistant Warden ██████ timeline, Officers ██████ and ██████ met with her for a debriefing at ADF at 11:50 a.m. She documented they were provided information on the GEO employee assistance program and encouraged to contact GEO human resources with any questions or needs.

The final entry in MORALES' medical record is a 10:30 a.m. progress note by Dr. ██████ documenting a clinical summary of MORALES' death.¹⁸⁶

As described above, Assistant Warden ██████ prepared a timeline of events surrounding MORALES' death dated April 8, 2015, which accompanied a document entitled, "After Action Review."¹⁸⁷ It is noted the After Action Review was not dated, and the introductory "Background" section, incorrectly states MORALES died at the Palm Desert Regional Medical Center. The documented scope of the After Action Review was to examine medical conditions, staffing, security procedures, emergency response protocols, investigative procedures, security threat group affiliation, and classification information. The documented objectives of the After Action Review were to identify procedures which may prevent similar incidents in the future, as well as to offer suggestions and corrective actions for ADF. Assistant Warden ██████ documented she utilized interviews with staff and a comprehensive review of all applicable documents and procedures pertinent to the incident in preparing the review. Her analysis started

¹⁸² E-mail from AFOD ██████, April 6, 2015.

¹⁸³ E-mail from AFOD ██████, April 6, 2015.

¹⁸⁴ AHSA ██████ notification to GEO Regional Medical Director.

¹⁸⁵ E-mail from Warden ██████ to AFOD ██████, April 6, 2015. Although documentation from ADF indicates MORALES' body was handled by the LA County Coroner, IHSC HQ confirmed the proper county was San Bernardino.

¹⁸⁶ Progress note by ██████, April 6, 2015.

¹⁸⁷ See Exhibit 22: After Action Review.

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with transport of MORALES to AEPC on April 3, 2015, and concluded with the securing of his property on April 8, 2015. Assistant Warden ██████████ concluded facility staff acted according to policy in regard to MORALES' death.

A multi-disciplinary mortality review was conducted on April 22, 2015. Participants included HSA ██████, Dr. ██████ an RN, Warden ██████ ADF's Fire Safety Manager, ADF's Compliance Manager, and Chief of Security ██████.¹⁸⁸ A timeline chronicling MORALES' medical encounters was attached to the report. The facility's strengths with respect to MORALES' case were cited as provision of timely care, timely notifications and communication by facility and medical staff, and adherence to policies. An identified weakness was communication with off-site consultants and the transportation team regarding procedures for emergency/urgent situations.

As of the date of this report, ADF had not received the discharge summary from AEPC where MORALES' colonoscopy was performed and halted when a mass could not be removed.

Additionally, as of October 9, 2015, MORALES' death certificate and autopsy report were pending with San Bernardino County, CA.

CONCLUSIONS

Medical

ODO determined the medical care provided to MORALES by ADF did not meet all requirements of the **ICE PBNDS 2011, Medical Care**. Deficiencies were identified in the following components of the standard:

- 1. ICE PBNDS 2011, Medical Care, sections (V)(A)(3) and (6)**, requiring that each facility directly or contractually provide its detainee population with the following:...3) Comprehensive, routine, and preventative health care, as medically indicated, and...6) Timely responses to medical complaints.

On July 4, 2014, MORALES submitted a request for special shoes on the grounds he was experiencing back pain related to facility-issued shoes. MORALES was seen by RN ██████ who documented he would be scheduled to see a provider, but his medical record contains no documentation the appointment was ever scheduled.

On July 13, 2014, MORALES submitted a request asking to see a doctor due to continuing problems with his feet. He was scheduled to see a provider on July 15, 2014, but the provider documented the appointment was "not indicated" as the detainee was seen for the same complaint a month prior.

¹⁸⁸ The signatures of the RN, Fire Safety Manager, and Compliance Manager were illegible.

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During a February 3, 2015 sick call evaluation for symptoms of upper respiratory infection, MORALES complained of testicular pain and was referred to a provider. His February 4, 2015 appointment was subsequently postponed due a scheduling conflict, and his rescheduled February 5, 2015 appointment did not take place due to a back log of patients in the clinic. When MORALES was finally seen by NP [REDACTED] on February 9, 2015, she did not address the referral for testicular pain.

On February 9, 2015, NP [REDACTED] did not conduct a hands-on clinical assessment related to MORALES' complaint of constipation.

- 2. ICE PBNDS 2011, Medical Care, section (V)(G)(12)** requires that each detention facility have and comply with written policy and procedures for the management of pharmaceuticals, to include:... 12) Documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.

Pharmaceutical colonoscopy preparations ordered by the GI consultant to be given on April 1, 2015, were not documented on MORALES' MAR.

In addition to the above deficiencies, ODO notes the following ICE PBNDS 2011, Medical Care, Expected Outcome was not met:

- 1. ICE PBNDS 2011, Medical Care, section (II)(7)** which requires that a transportation system provide timely access to health care services that are not available at the facility. Procedures for use of the transportation system shall include: a) prioritization of medical needs; b) urgency (such as use of an ambulance instead of standard transportation); c) transfer of medical information and medications; and d) safety and security concerns of all persons.

ADF's transportation system did not provide safeguards assuring communication of the mode of transportation between AEPC and PRMC, despite the urgency presented by the detainee's medical condition.

Security

ODO's review of security matters related to MORALES' detention at ADF was limited to analysis of documentation included in his detention record, and interviews of security staff involved in events surrounding his death. Based on review of the record and analysis of the interviews, ODO concludes MORALES' stay at ADF was unremarkable from a security standpoint. MORALES was placed in segregation for disciplinary reasons on two occasions. He received a minor sanction of loss of commissary privileges for the first disciplinary incident, and was released without charges for the second. MORALES' record contained 14 requests that he filed, all related to visitation privileges, property, and his housing assignment. ADF responded

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to all 14 requests timely, and MORALES' detention file contained a copy of both the request and response for each. MORALES' only grievances concerned medical care, and all were reviewed and addressed timely, as discussed in the narrative of this report.

ODO identified the following two deficiencies, but notes neither had any influence on the events surrounding MORALES' death:

1. **ICE PBNDS 2011, Custody Classification System, section (V)(H)(2)** which requires completion of subsequent reclassification assessments at 90-120 intervals.

The final documented classification review conducted for MORALES was completed on September 8, 2014. No reviews were documented from September 8, 2014, until his death on April 8, 2015.

2. **ICE PBNDS 2011, Custody Classification System, section (V)(H)(3)** which requires special reclassification assessment within 24 hours before a detainee leaves the Special Management Unit.

No reclassification assessment was completed on MORALES when he was released from segregation on September 24, 2014, or April 1, 2015.

AREAS OF NOTE

1. ADF medical staff interviewed by ODO shared that they face serious challenges related to the use of hard copy medical files. As discussed in the narrative, the providers stated it is common to have to postpone appointments when records cannot be located. Medical staff also raised concerns over delays in the filing of diagnostic studies, medical treatment authorizations, and physician orders, as well as the disconnect between the two separate clinics, particularly because of the increasing medical and mental health needs of ADF's population.
2. Dr. ██████████ stated during her interview that ADF nurses are not trained in conducting laboratory processes,¹⁸⁹ and the services of a laboratory technician are available only twice per week at ADF. As a result, if there is an urgent need for laboratory tests to be conducted prior to a detainee's offsite appointment, the only option may be to send the detainee to the emergency room, putting additional strain on already limited transportation resources. Also, because of the limited availability of a laboratory technician, it is not unusual for non-urgent offsite appointments to be delayed, cancelled,

¹⁸⁹ Collecting blood samples from proper sources using sterile technique and correct specimen containers; labeling and preparing samples through such means as centrifuge (separation of blood components) and slide smears; shipping/transporting under proper care and temperature controls; and properly disposing blood products. Creative Corrections Compliance Review.

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and/or rescheduled when required laboratory tests cannot be completed in time for the scheduled appointment.

3. ODO was informed by many members of ADF's medical staff that a high turnover rate among nurses is of great concern, particularly given an increasing population of detainees with chronic health care needs. Supervisory medical staff indicated that difficulty recruiting and retaining nurses necessitates hiring new graduates with minimal experience. According to the DON, approximately 50 percent of ADF's medical staff hires are new graduates, and she sees a definite difference between their skills and those of more experienced nurses. Both Dr. [REDACTED] and Dr. [REDACTED] reported they see great variance in nursing skills among current nursing staff. At the time of ODO's visit, training for new nurses consisted of two weeks of facility orientation, followed by three weeks of on-the-job training. ADF did not conduct any formal skills training or require nurses to demonstrate competency prior to conducting clinical assessments. According to HSA [REDACTED], nurses are no longer permitted to conduct physical examinations at ADF, and as such, the training they would have received in performing assessments is unnecessary. ODO learned during interviews of medical staff that the only on-going training received by nurses at ADF is provided during staff meetings when specific topics are discussed focusing on quality improvement. Annual training is provided in mandated subject areas such as cardio pulmonary resuscitation, hunger strikes, and suicide prevention, only. ODO recommends ADF conduct comprehensive review of the nursing training program and institute routine competency evaluations.
4. Although the decision to transport MORALES from the APEC to PRMC by facility vehicle versus ambulance was not made by ADF medical or security staff, transporting him this way was highly risky. As identified by ADF's mortality review team, clarification should be provided to offsite medical providers concerning their authority to call EMS when necessary. In cases where officers receive transportation direction from an offsite provider, that direction should be communicated to, and approved by, ADF medical staff.
5. ODO found numerous documentation errors in records produced by ADF staff concerning MORALES. Several e-mail updates prepared by security staff incorrectly state MORALES was admitted to Palmdale Regional Hospital instead of Palmdale Regional Medical Center. Also, in an email dated April 6, 2015, Lieutenant [REDACTED] wrote that MORALES was pronounced dead by "Dr. [REDACTED]." It is noted the doctor's name was Dr. [REDACTED]. Finally, the After Action Review prepared by Assistant Warden [REDACTED] contained the following errors:

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- MORALES' Alien number is incorrect.
- The name of the hospital where MORALES was admitted is recorded as Palm Desert Regional Medical Center, instead of Palmdale Regional Medical Center.
- The means of transportation from APEC to PRMC is incorrectly documented as “911,” indicating MORALES was transported via ambulance, instead of a facility sedan by ADF officers.
- The chronology of events starts on Friday, April 3, and continues through Sunday, April, 5, 2015; however, the next referenced date is Monday, April 3. Although this may be a typographical error, it is particularly critical because Monday, April 6, 2015, was the date of MORALES' death.
- Assistant Warden ██████████ documented she conducted a “systematic review” of security practices concerning MORALES' from “prior to the date of the incident¹⁹⁰” through the date of his death. It is noted although her chronology starts with the transportation of MORALES to AEPC on April 3, 2015, Officers ██████████ and ██████████ were neither interviewed nor required to submit incident reports. By neglecting to interview and request reports from the officers, the Assistant Warden remained uninformed of MORALES' mode of transportation to PRMC from AEPC, and erroneously documented he was transported via ambulance in an official After Action Review.

SECURITY AND HEALTHCARE REVIEW

Creative Corrections, a national consulting firm contracted by ICE to provide subject matter expertise in detention management including security and healthcare, reviewed the medical care provided to MORALES at TLF and ADF, as well as the safety and security of MORALES while he was detained at ADF. Creative Corrections found TLF did not fully comply with the ICE PBNDS 2008 concerning Medical Care. Creative Corrections found ADF did not fully comply with ICE PBNDS 2011 concerning Medical Care, and Custody Classification System. The Creative Corrections Compliance Review is included as an Exhibit to this report.¹⁹¹

IMMIGRATION AND DETENTION HISTORY

MORALES entered the United States without inspection or parole by an immigration officer on March 1, 1988. He applied for asylum on an unknown date. On January 3, 2006, MORALES' asylum application was denied by U.S. Citizenship and Immigration Services, he was served with a Notice to Appear pursuant to 212(a)(7)(B)(i)(I) of the Immigration and Nationality Act,

¹⁹⁰ It is unclear what incident she specifically refers to, but based on the chronology of events, ODO presumes the incident refers to MORALES' colonoscopy at AEPC.

¹⁹¹ See Exhibit 23: Creative Corrections Compliance Review.

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and was referred to the Executive Office of Immigration Review (EOIR) for removal proceedings.

On June 7, 2006, MORALES was granted Temporary Protective Status (TPS), and an Immigration Judge (IJ) administratively closed his case due to this change in status.

On February 24, 2010, ICE ERO Fugitive Operations Division provided ERO Los Angeles with an arrest warrant for MORALES issued by El Salvador law enforcement. MORALES was wanted in El Salvador for “Conspiracy involving Aggravated Homicide.”¹⁹² The following day, February 25, 2010, ERO Los Angeles worked with the LA Police Department, and the Riverside County Sheriff’s Office, to arrest MORALES. On February 26, 2010, MORALES was placed in ICE custody at the Mira Loma Detention Center, Lancaster, CA. On March 1, 2010, MORALES was transferred to the Santa Ana Jail, Santa Ana, CA.

On March 2, 2010, EOIR reinstated MORALES’ immigration proceedings.

On March 23, 2011, MORALES was transferred from the Santa Ana Jail to TLF where he remained until May 6, 2014.

Between April and July 2010, MORALES filed a series of bond appeals which were all dismissed by the Board of Immigration Appeals (BIA).

On August 31, 2010, MORALES was ordered removed to El Salvador by an IJ.

Between September 3, 2010, and August 12, 2011, MORALES filed a series of case appeals which were all dismissed by the BIA.

On August 19, 2011, MORALES filed a Petition for Review (PFR) with the Ninth Circuit Court of Appeals. The Ninth Circuit Court of Appeals granted and remanded the portion of MORALES’ PFR related to his TPS to the BIA, but denied all other portions of the PFR, on March 26, 2013. Several months later, on August 19, 2013, the BIA affirmed the IJ’s denial of TPS and dismissed MORALES’ appeal. MORALES subsequently filed a Writ of Habeas Corpus on August 26, 2013, which was denied.

On September 11, 2013, MORALES was interviewed by the Consulate of El Salvador to facilitate procuring travel documents for his removal to El Salvador.

On September 18, 2013, MORALES filed a second PFR with the Ninth Circuit Court of Appeals.

On October 9, 2013, the Consulate of El Salvador issued a travel document for MORALES which was valid until October 19, 2013; MORALES was not removed during this period.

¹⁹² I-213, Record of Deportable/Inadmissible Alien

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On May 6, 2014, MORALES was transferred to the ADF where he was to remain pending a decision on his PFR.

CRIMINAL HISTORY

On March 12, 1991, the LA Police Department arrested MORALES for burglary, but later released him due to lack of sufficient evidence to prosecute.

On April 18, 2001, MORALES was convicted of driving without a license by the Superior Court of California, County of Los Angeles, and was sentenced to three years' probation and a fine of \$225.00.

On December 16, 2005, MORALES was arrested by the Riverside County Sheriff's Department for illegal exhibition of speed conducted on public streets or highways using a motor vehicle. A disposition for this charge was unavailable.¹⁹³

On February 23, 2007, MORALES was again arrested by the Riverside County Sheriff's Department, this time for disorderly conduct and being under the influence of drugs. A disposition for this charge was unavailable.¹⁹⁴

On February 25, 2010, MORALES was arrested by ICE ERO Los Angeles Field Office Fugitive Alien Removal Officers and Officers from the LA Police Department Pacific Southwest Regional Fugitive Task Force, with assistance provided by the Riverside County Sheriff's Department, pursuant to a warrant issued by El Salvadoran law enforcement. According to the warrant, MORALES was wanted in El Salvador for the crime of "Conspiracy involving Aggravated Homicide."

¹⁹³ MORALES' original I-213, dated February 25, 2010, documents he was convicted for this charge; however, a September 20, 2011 amendment states he did not receive a conviction.

¹⁹⁴ Id.

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EXHIBIT LIST:

1. TLF Intake Screening, March 23, 2011
2. Progress Note by NP [REDACTED], April 3, 2013
3. Progress Note by NP [REDACTED], April 10, 2013
4. Medical Payment Authorization Request, April 10, 2013
5. Medical Order by NP [REDACTED], June 14, 2013
6. Physical Examination, April 1, 2014
7. Discharge Summary, May 5, 2014
8. ADF Intake Screening, May 6, 2014
9. Progress Note by RN [REDACTED], July 7, 2014
10. Progress Note by RN [REDACTED], July 14, 2014
11. Diarrhea Protocol, November 28, 2014
12. Progress Note by NP [REDACTED], February 9, 2015
13. Progress Note by RN [REDACTED], March 4, 2015
14. Progress Note by Dr. [REDACTED], March 6, 2015
15. Progress Note by Dr. [REDACTED], March 18, 2015
16. Treatment Authorization Request, March 26, 2015
17. Timeline
18. Medical Payment Authorization Request, April 1, 2015
19. April 2015 MAR, and Progress Note by Dr. [REDACTED], April 1, 2015
20. Dr. Lawrence e-mail, April 5, 2015
21. Incident Report by RN [REDACTED], April 6, 2015
22. After Action Review
23. Creative Corrections Compliance Review