

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez

JICMS Case #201501038

SYNOPSIS

Forty-seven year-old ICE detainee Jorge UMANA-Martinez, a citizen and national of El Salvador, died on October 30, 2014, at the Metropolitan Methodist Hospital in San Antonio, Texas. The Bexar County Medical Examiner documented UMANA's cause of death as sepsis due to cellulitis from a cactus puncture wound, complicated by leukemia, and his manner of death as accidental.

DETAILS OF REVIEW

UMANA was in ICE custody at the South Texas Detention Complex (STDC) at the time of his death. STDC is owned by Frio County and operated by the GEO Group (GEO). STDC opened in May 2005 under contract with U.S. Immigration and Customs Enforcement (ICE) as a Contract Detention Facility (CDF). STDC houses ICE detainees of all classification levels for periods exceeding 72 hours. STDC is accredited by the American Correctional Association, and medical care is provided by ICE Health Service Corps (IHSC). IHSC contracts with InGenesis Aurora (InGenesis) to supplement their medical staffing at STDC. STDC was required to comply with the ICE 2011 Performance Based National Detention Standards (PBNDS) at the time of UMANA's death.

From December 2 to 4, 2014, Supervisory Inspections and Compliance Specialist [REDACTED] and Inspections and Compliance Specialist, [REDACTED] assigned to the ICE Office of Professional Responsibility (OPR), Office of Detention Oversight (ODO), visited STDC to review the circumstances of UMANA's death. Registered Nurse (RN) [REDACTED] a subject matter expert (SME) in correctional healthcare, assisted ODO with the death review. RN [REDACTED] is employed by Creative Corrections, a national management and consulting firm contracted by ICE to provide subject matter expertise in detention management and compliance with detention standards, including health care. ODO interviewed individuals employed by GEO at STDC, as well as employees of IHSC, InGenesis, and the ICE Office of Enforcement and Removal Operations (ERO). ODO also reviewed immigration, medical, and detention records pertaining to UMANA.

During this review, ODO did not find any deficiencies in STDC's compliance with the ICE 2011 PBNDS with respect to the care and custody of UMANA. ODO identified five areas of concern, and documented those areas herein for information purposes only. The areas of concern should not be construed as having contributed to the death of the detainee.

ODO determined the following timeline of events, from the time of UMANA's apprehension, through his detention at STDC.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez

JICMS Case #201501038

NARRATIVE

On September 26, 2014, UMANA unlawfully entered the United States at Hidalgo, Texas. He was apprehended by United States Border Patrol on September 30, 2014, at Sarita, Texas, and served with a Notice and Order of Expedited Removal pursuant to § 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA) as an alien not in possession of a valid immigrant visa.¹ During his interview with a Border Patrol Agent on September 30, 2014, UMANA declared that he was in good health and did not take any medications.²

On October 2, 2014, UMANA was transferred to ICE custody and was booked into STDC at 1:00 p.m.³ At 4:05 p.m., UMANA received a medical prescreening by InGenesis Licensed Vocational Nurse (LVN) [REDACTED].⁴ When asked by LVN [REDACTED] whether he had a current illness or health problem, UMANA stated “no.” UMANA signed a medical consent form during this prescreening.⁵

UMANA received his intake medical, dental, and mental health screening⁶ at 4:51 p.m.⁷ The screening was performed by InGenesis LVN [REDACTED] [REDACTED] LVN [REDACTED] documented UMANA did not take any medications and that he denied having any medical, dental, or mental health conditions. LVN [REDACTED] also documented she did not observe any cuts or bruises on UMANA’s person, his vital signs were all within normal limits, and his weight was 114.9 lbs. UMANA was given a chest X-ray to screen for tuberculosis, the results of which were negative, and he was cleared for housing in general population. UMANA was classified as a low-level detainee, and was assigned to housing unit DM.⁸

On October 3, 2014, UMANA signed up for sick call,⁹ and was seen by IHSC Lieutenant (LT) [REDACTED] [REDACTED] Nurse Practitioner (NP).¹⁰ LT [REDACTED] documented UMANA complained of a

¹ Notice and Order of Expedited Removal, dated September 30, 2014.

² Record of Sworn Statement in Proceedings under Section 235(b)(1) of the Act, dated September 30, 2014.

³ Exhibit 1: GEO Booking Record for UMANA, dated October 2, 2014.

⁴ Pre-Screening/Medical Clearance Form, dated October 2, 2014.

⁵ Medical Consent Form, October 2, 2014.

⁶ Exhibit 2: Medical Intake Screening, October 2, 2014.

⁷ STDC uses the electronic medical records software, E-Clinical Works. The E-Clinical Works record for UMANA presented several challenges for the ODO review team including the following: the software allows medical staff to document multiple encounters on the same progress note, even though the encounters occurred at different times; the progress notes were not consistently electronically signed at the time of the encounter, making it difficult to determine the sequence of certain encounters; and, the time stamps on the electronic records are automatically generated in mountain standard time even though STDC is located in the central time zone. All times in this report have been adjusted to reflect central time.

⁸ Custody Classification Worksheet, October 2, 2014.

⁹ During her interview with ODO on December 2, 2014, InGenesis LVN [REDACTED] [REDACTED] explained that sick call is offered seven days a week at STDC, and the sick call process requires detainees to sign their name to a list each morning if they wish to be seen during sick call that day. Each detainee who signs the list is interviewed by an RN who determines whether the detainee should be referred to a mid-level provider.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez JICMS Case #201501038

cut on his lower right leg, and stated he was hit with a rock six days earlier. LT [REDACTED] noted UMANA had a cut at the mid-section of his lower right leg, and that the cut was healing with no drainage or swelling. LT [REDACTED] treated UMANA with Ibuprofen and antibiotic ointment, and advised the detainee to return to sick call if his condition worsened.

On October 9, 2014, UMANA signed up for sick call again, and was seen at approximately 7:50 a.m., by InGenesis RN [REDACTED] [REDACTED].¹¹ RN [REDACTED] documented UMANA complained he had worsening redness and swelling of his right foot for the past two days, and described his pain level as a seven on a scale of zero to ten, with ten being the worst. RN [REDACTED] noted UMANA's vital signs were all normal except for a slightly elevated pulse. RN [REDACTED] also noted UMANA reported he had cactus thorns imbedded in his right foot for more than two weeks. RN [REDACTED] medical progress note does not reflect whether she asked UMANA about his previous statement that he was hit in the leg with a rock. RN [REDACTED] examined UMANA's foot, and observed a quarter-sized area that was bleeding, purplish in color, and had an abscess (*a localized collection of pus resulting from an infection*). RN [REDACTED] documented UMANA's right foot was red and swollen, as he reported, and that the detainee was limping due to the pain. RN [REDACTED] stated during her interview with ODO that she remembered UMANA's foot looking "really bad," and that she immediately referred him to the medical housing unit (MHU) to be seen by a mid-level provider.¹²

At 9:47 a.m., UMANA was escorted to the MHU.¹³ At approximately 12:25 p.m., UMANA underwent an initial physical examination (PE) by InGenesis Nurse Practitioner (NP) [REDACTED] [REDACTED].¹⁴ NP [REDACTED] documented he reviewed UMANA's intake screening and asked the detainee whether he had any history of medical or mental health problems, both of which UMANA denied. UMANA reported aching pain in his lower right leg, which he characterized as a level five out of ten. UMANA also stated he found multiple cactus spines in his lower right leg approximately two weeks earlier, that the area was "painful & encrusted" for approximately two weeks, and that his pain and swelling started getting worse the previous day. NP [REDACTED] observed swelling in UMANA's right knee, redness in his right foot and ankle, and an encrusted area on his right ankle that was approximately two inches in diameter. NP [REDACTED] also observed several small encrusted lesions on UMANA's left leg. NP [REDACTED] determined UMANA had cellulitis (*a skin infection that occurs when bacteria spread through the skin to deeper tissues*), as well as an abscess of the leg. NP [REDACTED] ordered UMANA be treated with an antibiotic, Ibuprofen and Acetaminophen for pain,¹⁵ and antiseptic foot soaks. NP [REDACTED] also ordered

¹⁰ Medical progress note, October 3, 2014.

¹¹ Exhibit 3: Medical progress note, prepared by RN [REDACTED] [REDACTED] October 9, 2014.

¹² ODO interview with InGenesis RN [REDACTED] December 3, 2014.

¹³ Detainee movement record.

¹⁴ Exhibit 4: Initial Physical Examination, October 9, 2014.

¹⁵ Exhibit 5: Creative Corrections Medical Compliance Analysis, page 4. RN [REDACTED] notes that it is common practice to alternate between Ibuprofen and Acetaminophen to decrease possible liver damage.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez JICMS Case #201501038

laboratory blood tests, and X-rays of UMANA's foot and ankle to rule out the possibility of any foreign bodies or osteomyelitis (*a bone infection typically caused by bacteria*). Aside from the concerns with his right leg, NP [REDACTED] did not find any other medical problems, and documented that UMANA was a well-developed and well-nourished adult male. NP [REDACTED] documented UMANA's weight as 121 lbs., which was six pounds heavier than his weight at intake, just one week prior.

Throughout the rest of the day on October 9, 2014, UMANA received treatment and monitoring as ordered, including foot soaks, having his blood drawn for analysis, and administration of pain medication.¹⁶ UMANA remained housed in the MHU.

On October 10, 2014, UMANA was seen by NP Gaither and InGenesis LVN [REDACTED] [REDACTED] at approximately 8:24 a.m. during morning rounds.¹⁷ UMANA's vital signs showed an elevated temperature and pulse, and he was given Ibuprofen to help decrease his temperature. UMANA reported his pain as a level two out of ten. UMANA also received a foot soak and dressing change during this encounter. Creative Corrections notes that although the foot soak was documented in a progress note in UMANA's medical record, it was not documented on a flow sheet.¹⁸ During her interview, LVN [REDACTED] stated she likely forgot to make a notation of the foot soak on UMANA's flow sheet.¹⁹ Creative Corrections observes that flow sheets provide quick references for nursing staff to ensure treatment was provided.

After morning rounds, NP [REDACTED] documented UMANA's temperature remained slightly elevated, and his foot and ankle remained swollen, red, and painful.²⁰ NP [REDACTED] also documented the results of UMANA's blood work which were abnormal and indicated possible internal bleeding, malnutrition, liver disease, impaired kidney function, possible leukemia, and potential bone tumors.²¹ NP [REDACTED] wrote an order to transport UMANA to the Frio Regional Hospital (FRH) in Pearsall, TX, for additional blood work and X-rays to rule out a systemic infection.²² Prior to his transfer to FRH, InGenesis LVN [REDACTED] [REDACTED] took cultures from UMANA's wound per NP [REDACTED] order, and then cleaned and changed the dressing on the area.²³ ODO notes that LVN [REDACTED] did not document these actions on a nursing flow sheet. LVN [REDACTED] indicated during her interview with ODO, that the order to take a culture had to be done quickly prior to UMANA's departure, and that she may have forgotten to make a notation on the

¹⁶ Medical Progress Notes, October 9, 2014.

¹⁷ Medical Progress Note, October 10, 2014.

¹⁸ Exhibit 5, page 5.

¹⁹ ODO interview with InGenesis LVN [REDACTED] [REDACTED] December 2, 2014.

²⁰ Exhibit 6: Medical Progress Note, signed by NP [REDACTED] October 10, 2014.

²¹ Exhibit 5, page 5.

²² Medical Progress Note, signed by NP [REDACTED] October 10, 2014.

²³ Medical Progress Note, signed by LVN [REDACTED] October 10, 2014.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez JICMS Case #201501038

flow sheet amidst the rush. UMANA exited the medical unit for transport to FRH at 9:04 a.m.,²⁴ and arrived at FRH at 9:20 a.m. He was escorted by Officer [REDACTED] [REDACTED] and Officer [REDACTED] [REDACTED].²⁵

UMANA returned to STDC at 10:32 a.m., and was readmitted to the MHU.²⁶ Shortly after UMANA's return, NP [REDACTED] documented he reviewed UMANA's X-ray results from FRH and they were unremarkable.²⁷ LVN [REDACTED] saw UMANA at approximately 10:45 a.m., at which time she took his temperature, which was elevated, and treated him with Acetaminophen to reduce it. At 12:10 p.m., LVN [REDACTED] cleaned and changed the dressing on UMANA's wound.²⁸ ODO observed that she did not record these actions on a nursing flow sheet.

At 12:41 p.m., NP [REDACTED] documented he reviewed UMANA's diagnostic laboratory results from FRH, and they were abnormal.²⁹ NP [REDACTED] analysis of UMANA's results indicated the detainee was anemic (*having a below normal number of red blood cells*) and had thrombocytopenia (*having a lower than normal number of platelets in the blood which could indicate a possible immune system problem or a disorder like leukemia*). NP [REDACTED] determined more comprehensive testing was necessary to accurately diagnose and treat UMANA, and ordered that the detainee be transported back to FRH.

At 2:08 p.m., UMANA left the medical unit for transport back to the FRH Emergency Room.³⁰ He arrived at FRH at 2:35 p.m., escorted by Officer [REDACTED] [REDACTED] and Officer [REDACTED] [REDACTED].³¹ Hospital records indicate he was admitted and evaluated at approximately 3:00 p.m.³² UMANA's temperature was elevated, but the rest of his vital signs were within normal limits.³³ UMANA underwent a Doppler study (*a computer analysis of blood flow, often used to test for deep vein blood clots*), and the results were negative. Based on the results of UMANA's laboratory tests, the Doppler study, and an examination of the wound on his leg, Dr. [REDACTED] [REDACTED] MD, of FRH, determined UMANA's condition constituted a medical emergency and required immediate stabilization and treatment.³⁴ Dr. [REDACTED] contacted Metropolitan Methodist Hospital (MMH) in San Antonio, TX, at 4:22 p.m., and received authorization to transfer UMANA to MMH at 6:40 p.m.³⁵ At approximately 7:20 p.m., UMANA was

²⁴ Medical Progress Note, signed by LVN [REDACTED] October 10, 2014; and, Medical Officer Logbook, October 10, 2014.

²⁵ STDC Transportation Detail Log, October 20, 2014.

²⁶ Medical Officer Logbook, October 10, 2014.

²⁷ Medical Progress Note, signed by NP [REDACTED] October 10, 2014.

²⁸ Medical Progress Note, signed by LVN [REDACTED] October 10, 2014.

²⁹ Exhibit 7: Medical Progress Note, signed by NP [REDACTED] October 10, 2014.

³⁰ Medical Isolation Housing Unit Record, October 10, 2014.

³¹ STDC Transportation Detail Log, October 10, 2014.

³² FRH Emergency Department Triage Record, October 10, 2014.

³³ Exhibit 5, page 7.

³⁴ Id.

³⁵ FRH Memorandum of Transfer, October 10, 2014.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez JICMS Case #201501038

transported to MMH via ambulance, and arrived at approximately 8:20 p.m.³⁶ UMANA was escorted by Officer [REDACTED] [REDACTED] and Officer [REDACTED] [REDACTED].³⁷ UMANA was admitted to MMH, and then transferred to an oncology (*the field of medicine dedicated to cancer*) unit.³⁸

Between October 11 and 29, 2014, STDC received and documented daily updates from MMH on UMANA's condition. Notable updates include:

- On October 13, 2014, UMANA was receiving treatment from an oncologist, a hematologist (*a specialist in diseases of the blood*), and an orthopedist (*a specialist in the treatment of the skeletal system and associated muscles and joints*). He was receiving antibiotics, and had a bone marrow biopsy scheduled for that same day.³⁹
- On October 17, 2014, UMANA was diagnosed with Leukemia, and was started on daily oral chemotherapy and once weekly intravenous (IV) chemotherapy.⁴⁰
- On October 18, 2014, UMANA's condition was reported as serious.⁴¹
- On October 21, 2014, UMANA's condition continued to be serious, and his leg wound was not healing. ICE contact with UMANA and medical staff was noted. UMANA reportedly told MMH nurses that he wanted to return to El Salvador to seek treatment for the infection in his leg.⁴²
- On October 22, 2014, an orthopedist determined UMANA's leg wound was necrotic (*necrosis refers to the death of cells or tissues through injury or disease*) and red. UMANA's temperature was very elevated at 102.4 degrees. The orthopedist discussed the necessity of amputating the right foot due to the infection, and UMANA agreed to the surgery. UMANA's diagnosis was also amended to include sepsis (*the presence of bacteria, other infectious organisms, or other toxins in the bloodstream which spread throughout the body*).⁴³

³⁶ Hospital Log, October 10, 2014.

³⁷ Transport Log, October 10, 2014.

³⁸ Exhibit 5, page 7.

³⁹ Telephone Encounter Note, October 13, 2014. Later status updates indicate UMANA's bone marrow biopsy was conducted on October 14, 2014.

⁴⁰ Telephone Encounter Note, October 17, 2014.

⁴¹ Telephone Encounter Note, October 18, 2014.

⁴² Telephone Encounter Note, October 21, 2014, made in a late entry dated October 31, 2014.

⁴³ Telephone Encounter Note, October 22, 2014.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez JICMS Case #201501038

- On October 23, 2014, UMANA refused amputation of his right foot, and medical staff decided to continue treating UMANA with antibiotics and to schedule a debridement (*removal of non-living tissue*).⁴⁴
- On October 24, 2014, an infectious disease specialist recommended amputation after evaluating the condition of UMANA's foot. UMANA agreed to amputation. Results from an October 21 ultrasound were received and indicated UMANA had chronic liver disease.⁴⁵
- On October 25, 2014, UMANA underwent an Irrigation and Debridement (I&D) procedure (*the surgical removal of dead contaminated tissue and removal of foreign matter from a wound*). The orthopedist decided to see if the I&D procedure along with antibiotics would mitigate the need for amputation.⁴⁶
- On October, 27, 2014, UMANA was scheduled to undergo a second I&D procedure. UMANA also signed a consent for amputation should it be deemed necessary.⁴⁷ The orthopedic surgeon documented that prior to the procedure, UMANA was experiencing significant pain and was unable to move any toes on his right foot.⁴⁸ The decision to amputate UMANA's right leg below-the-knee was made, and UMANA tolerated the surgery well. During the night, UMANA developed abdominal distension (*swelling*).⁴⁹
- On October 28, 2014, UMANA was sent for an abdominal CT (*computerized tomography*) scan.⁵⁰ The CT scan indicated diffuse pancolitis (*a very severe form of ulcerative colitis which has spread throughout the large intestine*), distension of the gallbladder, and extensive anasarca (*accumulation of fluid in various tissues and body cavities*).⁵¹
- On October 29, 2014, UMANA requested to sign out of MMH against medical advice so that he could go back to his family. MMH decided to not release UMANA because medical staff needed to first rule out a possible tuberculosis infection. HSA [REDACTED] [REDACTED] who spoke with MMH during this telephone encounter, documented that she recommended UMANA receive a psychiatric evaluation to assess the impact of the

⁴⁴ Telephone Encounter Note, October 23, 2014.

⁴⁵ Telephone Encounter Note, October 24, 2014.

⁴⁶ Telephone Encounter Note, October 25, 2014.

⁴⁷ Telephone Encounter Note, October 27, 2014, made in a late entry dated October 28, 2014.

⁴⁸ Exhibit 5, page 8.

⁴⁹ Exhibit 8: Telephone Encounter Note, October 27, 2014.

⁵⁰ Telephone Encounter Note, October 28, 2014.

⁵¹ Exhibit 5, page 8.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez JICMS Case #201501038

amputation on his mental health. HSA [REDACTED] also documented that a request was made to ICE to set up a telephone call between UMANA and his family.⁵² A representative from the El Salvador Consulate along with Supervisory Deportation and Detention Officer (SDDO) [REDACTED] visited UMANA and helped him decide to voluntarily continue receiving treatment at MMH.⁵³ ICE ERO also contacted UMANA's brother to notify him of the seriousness of UMANA's condition.

On October 30, 2014, UMANA was in critical condition. He was intubated (*placement of a tube into the trachea to maintain an open airway*) due to respiratory distress, and required additional surgery for placement of a biliary drain (*a drain to relieve the blockage of a bile duct in the gallbladder; bile is liquid produced by the liver to help break down food, and when a duct becomes blocked, the bile can collect in the liver causing infection and other complications*). UMANA's case manager at MMH reported that UMANA agreed to a Do Not Resuscitate (DNR) order before going back into surgery.⁵⁴ Officer [REDACTED] who was on duty at the hospital, stated that he witnessed UMANA sign the DNR order;⁵⁵ however, the order was not included in UMANA's medical record from MMH.

UMANA's surgery was completed successfully, but during the afternoon of October 30, 2014, his condition deteriorated. At an undocumented time on October 30, UMANA's brother was notified by ICE of the seriousness of UMANA's condition.⁵⁶ Officer [REDACTED] who was on hospital duty with Officer Soto, documented that at 4:15 p.m., UMANA's heart stopped beating for a few seconds and then resumed beating very slowly.⁵⁷ Officer [REDACTED] documented hospital staff administered medication to UMANA to increase his heart rate, and checked on him frequently. Officer [REDACTED] and Officer [REDACTED] both reported that they called their supervisor at STDC, Sergeant [REDACTED] approximately every ten minutes to provide updates on UMANA's condition.⁵⁸ At approximately 8:00 p.m., Officer [REDACTED] informed Sergeant [REDACTED] that UMANA's heartbeat was periodically stopping, dropping from 48 beats per minute (bpm) to 0 bpm, and that he was having difficulty breathing.⁵⁹ At 8:52 p.m., UMANA's heart stopped beating completely, and he was pronounced dead⁶⁰ by MMH Nurse Practitioner (NP) [REDACTED] and RN [REDACTED].⁶¹

⁵² Exhibit 9: Telephone Encounter Note, October 29, 2014.

⁵³ Exhibit 10: EARM Case Comments for UMANA.

⁵⁴ Exhibit 5, page 9; and, Telephone Encounter Note, October 30, 2014.

⁵⁵ ODO interview with Officer [REDACTED] December 2, 2014.

⁵⁶ Exhibit 10.

⁵⁷ Officer [REDACTED] Incident Statement, prepared October 31, 2014.

⁵⁸ ODO interview with Officer [REDACTED] December 2, 2014; and, Officer [REDACTED] Incident Statement, prepared October 31, 2014.

⁵⁹ Officer [REDACTED] Incident Statement, prepared October 31, 2014.

⁶⁰ Exhibit 11: Certificate of Death.

⁶¹ Exhibit 5, page 9.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez JICMS Case #201501038

Sergeant [REDACTED] was immediately notified of UMANA's death. She advised the officers to maintain custody of the body, and then notified her supervisor, Lieutenant [REDACTED] that UMANA had passed.⁶² Lieutenant [REDACTED] also received a notification phone call from Officer [REDACTED] and immediately notified Assistant Warden (AW) [REDACTED].⁶³ At approximately 8:53 p.m., AW [REDACTED] notified ICE ERO Assistant Field Office Director (AFOD) [REDACTED] of UMANA's passing.⁶⁴

At 10:00 p.m. and 11:15 p.m., respectively, Officer [REDACTED] and Officer [REDACTED] relieved Officer [REDACTED] and Officer [REDACTED].⁶⁵ At 11:45 p.m., UMANA's body was moved from the hospital room to the morgue.⁶⁶ Once UMANA's body was secured in the morgue, Officer [REDACTED] and Officer [REDACTED] were instructed to return to STDC.⁶⁷

On October 31, 2014, ICE ERO notified both the Consulate of El Salvador and UMANA's next-of-kin of his death.⁶⁸

An autopsy was performed by [REDACTED] MD, of the Bexar County Medical Examiner's Office, on November 6, 2014. Dr. [REDACTED] determined UMANA's cause of death to be sepsis due to cellulitis caused by a cactus puncture wound, complicated by leukemia.⁶⁹

A Certificate of Death was issued for UMANA on November 14, 2014.⁷⁰

MEDICAL CARE REVIEW

Creative Corrections, a national management and consultant firm contracted by ICE to provide subject matter expertise in correctional healthcare, reviewed the medical care UMANA received while housed at STDC. Creative Corrections found STDC fully complied with the ICE 2011 PBNDS. The Creative Corrections Medical Compliance Analysis is included as an Exhibit to this report.⁷¹

IMMIGRATION AND DETENTION HISTORY

On September 26, 2014, UMANA unlawfully entered the United States at Hidalgo, Texas. He was apprehended by United States Border Patrol on September 30, 2014, at Sarita, Texas, and

⁶² Sergeant [REDACTED] Incident Statement, prepared October 31, 2014.

⁶³ Lieutenant [REDACTED] Incident Statement, prepared October 31, 2014.

⁶⁴ October 31, 2014 Memorandum from AW [REDACTED] to Warden [REDACTED] regarding UMANA's death; and, October 30, 2014 email from AFOD [REDACTED]

⁶⁵ Officer [REDACTED] and Officer [REDACTED] Incident Statements, prepared October 31, 2014.

⁶⁶ Id.

⁶⁷ October 31, 2014 Memorandum from AW [REDACTED] to Warden [REDACTED] regarding UMANA's death.

⁶⁸ Exhibit 12: Notifications to Consulate of El Salvador and next of kin.

⁶⁹ Exhibit 13: Autopsy Report.

⁷⁰ Exhibit 11.

⁷¹ Exhibit 5.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez

JICMS Case #201501038

served with a Notice and Order of Expedited Removal pursuant to § 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA) as an alien not in possession of a valid immigrant visa.

On October 2, 2014, UMANA was transferred to ICE custody and was booked into STDC.

CRIMINAL HISTORY

UMANA had no prior criminal history.

REVIEW FINDINGS

ODO did not find any deficiencies in STDC's compliance with the ICE 2011 PBNDS with respect to the care and custody of UMANA.

UMANA was admitted to STDC on October 2, 2014, with no known medical conditions or history of taking medications, and appeared to be a healthy adult male. The day after his admission, UMANA was seen by a mid-level provider for swelling and drainage from a cut on his right leg, which the detainee reported was caused when he was hit with a rock several days prior. Six days later, on October 9, 2014, UMANA was seen by an RN for swelling, redness, and pain in his right leg. UMANA reported to the RN that he found several cactus spines embedded in his right leg and ankle approximately two weeks earlier. UMANA was promptly referred to a mid-level provider who ordered diagnostic testing, X-rays, and administration of antibiotic and pain medications. When UMANA's diagnostic test results came back abnormal the following day, October 10, 2014, the detainee was sent to the local hospital, FRH, for further evaluation. UMANA returned to STDC that same morning, but was transferred back to the FRH later on October 10, due to additional abnormal diagnostic test results. FRH arranged for UMANA's transfer to MMH in San Antonio, TX, where the detainee was diagnosed with leukemia. MMH started UMANA on chemotherapy and aggressive treatment for the wound on his leg; however, the wound worsened, ultimately leading to the amputation of UMANA's leg.

During the eight days UMANA spent at STDC, his sick call requests were responded to in a timely manner, he was seen by providers when appropriate, and he received treatment and diagnostic testing. Additionally, all of UMANA's diagnostic tests were reviewed in a timely manner and resulted in his immediate referral to the local hospital for a higher level of care.

AREAS OF CONCERN

1. ODO learned during the review of UMANA's death, that STDC is not accredited by the National Commission on Correctional Health Care (NCCHC). Although ODO does not review compliance with "Expected Outcomes," the ICE 2011 PBNDS, Medical Care, Expected Outcomes, Section (II)(1), requires that CDF medical units achieve and maintain current accreditation with the standards of the NCCHC, and maintain compliance with those standards.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez

JICMS Case #201501038

2. Although all medical actions taken for UMANA were documented in medical progress notes, on three occasions, nursing staff did not create secondary records of those actions on flow sheets. Creative Corrections advises that secondary documentation on flow sheets is standard nursing practice, and the creation of secondary records helps to ensure prescribed treatment is carried out in accordance with provider orders.⁷²
3. It is concerning that FRH discharged UMANA, who was returned to STDC the morning of October 10, 2014, prior to receiving and reviewing his diagnostic test results. When his results were reviewed, they were so severe that he needed to be returned to FRH immediately. Since FRH is the primary hospital for STDC detainees to receive a higher level of care, a dialogue may be warranted between ICE and FRH concerning the re-admission of UMANA within 24 hours of his discharge from FRH.
4. As noted in Footnote 7, on page 2 of this report, the E-Clinical works software used at STDC permits users to document multiple encounters on the same progress note, allows users to sign progress notes at a time other than the time of an actual encounter, and automatically time-stamps all charted notes in mountain standard time even though STDC is located in the central time zone. These inconsistencies not only inhibit efforts at effective and quality record keeping, but more importantly, make it very difficult for a medical provider or other reviewer of a detainee's chart to easily see and understand the chronological progression of the detainee's care.
5. ODO does not review quality of care during a DDR, makes no determinations regarding the quality of care provided to UMANA, and recognizes that any thoughts regarding whether changes to his quality of care would have affected the ultimate outcome are purely speculative. As documented in UMANA's medical record, LVN [REDACTED] conducted his intake screening according to protocol, and did not note any cuts or bruises to his extremities. ODO understands that the practice of conducting arrival screening by medical personnel does not typically involve a visual inspection of a detainee's extremities; however, in this case, a visual inspection of UMANA's extremities during the intake screening may have revealed the abrasions to his leg and expedited provision of care.

⁷² Creative Corrections Medical Compliance Analysis, page 11.

DETAINEE DEATH REVIEW – Jorge UMANA-Martinez
JICMS Case #201501038

EXHIBIT LIST

1. Booking Record
2. Medical Intake Screening
3. Medical Progress Note, prepared by RN [REDACTED] [REDACTED] October 9, 2014.
4. Initial Physical Examination
5. Creative Corrections Medical Compliance Analysis
6. Medical Progress Note, signed by NP [REDACTED] [REDACTED] October 10, 2014, 8:38 a.m.
7. Medical Progress Note, signed by NP [REDACTED] [REDACTED] October 10, 2014, 12:41 p.m.
8. Telephone Encounter Note, October 27, 2014
9. Telephone Encounter Note, October 29, 2014
10. EARM Case Comments
11. Certificate of Death
12. Notifications from ERO to the Consulate of El Salvador, UMANA's next-of-kin.
13. Autopsy Report