



Detainee Death Review Report

Melvin CALERO-Mendoza

Date of Death: October 13, 2022

Alien File Number: (b)(6),(b)(7)(C)

(b)(6),(b)(7)(C),(b)(7)(E)

March 29, 2023

U.S. Immigration and Customs Enforcement
Office of Professional Responsibility

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DETAILS OF REVIEW

From November 8 to 9, 2022, U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) staff reviewed the facts and circumstances surrounding Melvin Calero-Mendoza's (CALERO's) detention and death. ERAU was assisted in its review by contract subject-matter experts in correctional healthcare and security who are employed by Creative Corrections, a national management consulting firm. As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to CALERO's time in custody, in addition to conducting interviews of individuals employed by the Denver Contract Detention Facility (DCDF) in Aurora, Colorado (CO) and detainees housed at DCDF.

CALERO, a 39-year-old Nicaraguan male, was detained at DCDF from May 2, 2022, to October 13, 2022. On October 13, 2022, CALERO was transported to the University of Colorado (UC) Health Hospital, in Aurora, CO, where he died the same day. The Adams County Office of the Coroner documented CALERO's cause of death as bilateral occlusive pulmonary thromboemboli due to deep vein thromboses in the lower extremities with a sports-related leg injury as a contributing factor.¹

FACILITY PROFILE

DCDF is owned and operated by The GEO Group, Inc. (GEO). The local ICE Office of Enforcement and Removal Operations (ERO) in Denver, CO (ERO Denver) oversees the management of DCDF. ICE houses male and female detainees for periods longer than 72 hours at DCDF, pursuant to a contractual agreement requiring the facility maintain compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 (as revised in 2016).² GEO personnel provide security and medical care services at DCDF. Around the time of CALERO's death, the ICE detainee average daily population was 596, and DCDF housed 664 detainees.³

IMMIGRATION AND CRIMINAL HISTORY⁴

On April 13, 2022, CALERO illegally entered the United States at or near El Paso, Texas (TX).⁵ U.S. Customs and Border Protection (CBP) transferred CALERO to the El Paso Central Processing Center in El Paso, TX, for further processing.⁶

On April 15, 2022, a CBP Patrol Agent served CALERO with a Notice to Appear (DHS Form I-862), charging him with removability under Section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as an alien present in the United States without being admitted or paroled.⁷

¹ See **Exhibit 1**: Adams & Broomfield County Coroner Report, dated January 20, 2023. Bilateral occlusive pulmonary thromboemboli is the blockage of a pulmonary artery cutting most of the circulation off to both lungs. The blockage leads to a life-threatening condition wherein patients present with circulatory and respiratory collapse by a thrombus (blood clot) that originates elsewhere, typically in the large veins of the legs or the pelvic area.

² See ERO Facility List Report, dated October 17, 2022.

³ *Id.*

⁴ Immigration and criminal history detained in this section is limited to the last encounter with law enforcement that led to ICE detaining CALERO.

⁵ See Record of Deportable/Inadmissible Alien (Form I-213), dated April 15, 2022.

⁶ *Id.*; see also Order to Detain or Release Alien (Form I-203), undated.

⁷ See DHS Form I-862, dated April 15, 2022.

On April 16, 2022, after remanding CALERO into ICE's custody, ERO El Paso transferred CALERO to the Torrance County Detention Facility (TCDF) in Estancia, New Mexico, for long-term housing.⁸

On April 21, 2022, the court found CALERO inadmissible as charged and designated Nicaragua as the country of removal.⁹

On May 2, 2022, ERO El Paso transferred CALERO into ERO Denver's custody, who subsequently assigned him to DCDF for long-term housing.

On August 3, 2022, CALERO filed an (b)(7)(E) (b)(7)(E)

On September 21, 2022, CALERO appeared before an immigration court, (b)(7)(E) (b)(7)(E)

On October 5, 2022, an immigration judge denied CALERO's claims and ordered him removed to Nicaragua.¹²

CHRONOLOGY OF EVENTS¹³

May 2, 2022

At 5 p.m., CALERO arrived at DCDF.¹⁴ DCDF medical staff tested CALERO for COVID-19.¹⁵ (b)(6),(b)(7)(C) and (b)(6),(b)(7)(C) resident advisors (RAs), completed all required admission processing forms.¹⁶ RA (b)(6),(b)(7)(C) classified CALERO as low custody.¹⁷ DCDF security staff placed CALERO in (b)(6),(b)(7)(C)

At 9:53 p.m., (b)(6),(b)(7)(C) licensed practical nurse (LPN), conducted CALERO's medical and mental health intake screening, documenting the following:¹⁹

⁸ See Enforce Alien Removal Module (EARM), Detention History, dated April 16, 2022.

⁹ See U.S. Department of Justice, Executive Office for Immigration Review (EOIR), Written Decision, dated October 5, 2022.

¹⁰ See Form (b)(7)(E) dated August 3, 2022.

¹¹ See U.S. Department of Justice, Executive Office for Immigration Review (EOIR), Written Decision, dated October 5, 2022.

¹² *Id.*

¹³ ERAU notes the events detailed within this section are restricted to CALERO's last detention period (164 days) at DCDF.

¹⁴ See EARM, Detention History, dated May 2, 2022.

¹⁵ See Laboratory Final Report, test date May 2, 2022. Results reported 2 days later were negative.

¹⁶ See DCDF intake and property documents, dated May 2, 2022.

¹⁷ See ICE Custody Classification Form, dated May 2, 2022. A supervisor approved the classification rating the same day.

¹⁸ See GEOtrack Subject Management General Information form, dated October 13, 2022.

¹⁹ See Intake Screening HS-168, dated May 2, 2022. Dr. (b)(6),(b)(7)(C), Doctor of Osteopathic Medicine (DO), Medical Director, reviewed and approved CALERO's intake screening on May 3, 2022; (b)(6),(b)(7)(C), Ph.D., psychologist, reviewed and approved the intake screening on May 5, 2022.

- CALERO spoke Spanish.²⁰
- CALERO was 65 inches tall, and he weighed 147 pounds. His blood pressure was elevated at 154/96;²¹ while his pulse, respiration rate, temperature, and oxygen saturation were all within normal limits.²²
- CALERO reported no history of chronic medical conditions, past or present mental health issues, or substance abuse problems. He stated he felt fine but was a little tired.
- CALERO was provided with verbal and written education regarding accessing health services and various health topics.

CALERO signed a consent for health care services and a Keep-On-Person (KOP) medication agreement.²³

The medical transfer summary from TCDF documented CALERO had no current medical issues, no known allergies, and he was taking no medications.²⁴ The transfer summary also documented a chest x-ray performed on April 18, 2022, was negative for tuberculosis.

ERAU notes that GEO's Nursing Assessment Protocol for Hypertension²⁵ states that if diastolic pressure (lower number) is greater than 90 or systolic pressure (upper number) is greater than 160, the nurse is to immediately notify a provider for orders and obtain an electrocardiogram (EKG).²⁶ During interview, LPN (b)(6),(b)(7)(C)) confirmed she did not notify a provider that CALERO's systolic blood pressure neared the threshold and his diastolic blood pressure exceeded it, stating it is very common to obtain a high blood pressure reading after detainees have been transported for long periods of time or have not consumed enough water. She further stated some detainees experience some degree of anxiousness upon intake that could lead to a higher blood pressure reading without a diagnosis of hypertension.²⁷ Medical Director (b)(6),(b)(7)(C)) also offered that detainees' blood pressure may be elevated upon arrival and noted that CALERO's blood pressure was 129/88 when he was seen at sick call 5 days later.²⁸ ERAU also notes CALERO's average blood pressure reading was 125/82 when checked during 6 later medical encounters; however given the degree to which CALERO's blood pressure was elevated during intake, prudent nursing practice dictated that LPN (b)(6),(b)(7)(C)) at least recheck CALERO's blood pressure before he was cleared for housing or notify a provider.

²⁰ During ERAU's interview of LPN (b)(6),(b)(7)(C)) on November 9, 2022, she informed ERAU she spoke Spanish.

²¹ According to the GEO Group, Clinical Practice Guideline/Management of Hypertension, dated May 2015, a normal blood pressure is 120/80, while 154/96 is stage one hypertension.

²² Normal limits can vary depending on many factors such as an individual's activity and age; however, generally speaking, a normal temperature is considered 97 to 99 degrees Fahrenheit (average: 98.6F); the normal range for a pulse is 60 to 100 beats per minute; the normal range for respirations is 12 to 20 breaths per minute; a normal blood pressure is less than 120/80 mm Hg; and a normal oxygen saturation level ranges from 95 percent to 100 percent.

²³ See Consent to Medical, Dental, Mental Health Services and Medical Interpretation, dated May 2, 2022; *see also* Keep-On-Person Medication Distribution Program Agreement, dated May 2, 2022.

²⁴ See Prisoner in Transit Medical Summary, dated May 1, 2022.

²⁵ See The GEO Group, Nursing Assessment Protocols/Hypertension Protocol, last revised date April 2021.

²⁶ An EKG is a test that records the electrical signal from the heart using electrodes placed on the chest. It is often used to diagnose abnormal heart rhythms or detect signs of heart damage or disease.

²⁷ ERAU interview with LPN (b)(6),(b)(7)(C)) dated November 9, 2022.

²⁸ ERAU interview with Medical Director (b)(6),(b)(7)(C)) dated November 8, 2022.

May 7, 2022

At 12:59 p.m., (b)(6),(b)(7)(C) LPN, evaluated CALERO in response to a sick call request from the prior day,²⁹ and documented the following:³⁰

- CALERO complained of pain, itching, and a burning sensation in both eyes. He reported pain at level 6 out of 10.³¹ Upon examination, LPN (b)(6),(b)(7)(C) observed slight redness but no foreign objects, swelling, or drainage.
- CALERO's vital signs were within normal limits, except for an elevated blood pressure of 129/88.³²
- Per verbal order of (b)(6),(b)(7)(C) physician assistant, CALERO was given Visine eye drops.³³
- DCDF medical staff instructed CALERO to refrain from rubbing or touching his eyes and to return to medical if symptoms persisted or worsened.

May 10, 2022

At 11 a.m., DCDF medical staff re-tested CALERO for COVID-19; the results received 2 days later confirmed he was negative.³⁴

May 13, 2022

DCDF security staff moved CALERO to (b)(6),(b)(7)(C) a general population unit.³⁵

May 21, 2021

At 5:35 p.m. (b)(6),(b)(7)(C) registered nurse (RN), completed CALERO's Medical History and Physical Assessment, documenting the following:³⁶

- CALERO's blood pressure was elevated at 133/80;³⁷ his other vital signs taken were within normal limits.

²⁹ See Request for Health Services, dated May 6, 2022.

³⁰ See Nursing Assessment Protocol – Eye: Foreign Body/Injury/Burn Subjective, dated May 7, 2022. LPN (b)(6),(b)(7)(C) documented use of interpretation assistance during the encounter.

³¹ The pain level is based on the standardized pain scale of 0 to 10 measuring a patient's self-report of pain. Zero is no pain and 10 is the worst pain ever experienced.

³² According to The GEO Group's Clinical Practice Guideline/Management of Hypertension, dated May 2015, a blood pressure reading of 129/88 falls within the prehypertension parameters.

³³ Visine eye drops are used to temporarily relieve eye redness, puffiness, itching, and watering that commonly occur with allergies.

³⁴ See Lab Final Report, test date May 10, 2022.

³⁵ See GEOtrack Subject Management General Information form, dated October 13, 2022. ERAU notes DCDF security moved CALERO on several occasions during his detention period but ERAU has restricted detailed movement information in the document unless it was significant to the timeline.

³⁶ See Medical History and Physical Assessment, dated May 21, 2022. RN (b)(6),(b)(7)(C) documented use of interpretation services during the assessment. (b)(6),(b)(7)(C) reviewed and approved CALERO's medical history and physical assessment on May 23, 2022.

³⁷ According to The GEO Group's Clinical Practice Guideline/Management of Hypertension, dated May 2015, a blood pressure reading of 133/80 is in the prehypertension stage.

- CALERO reported he had no healthcare issues, and none were identified. He reported his eyes sometimes became red after prolonged periods of reading.
- CALERO's examination findings were within normal limits.
- RN (b)(6),(b)(7)(C) noted CALERO would receive a routine follow-up in one year.

August 24, 2022

At 11 a.m., DCDF security staff moved CALERO to (b)(6),(b)(7)(C) a general population housing unit.³⁸

August 26, 2022

At an unknown time, (b)(6),(b)(7)(C) case manager, responded to a request from CALERO dated the prior day, asking for a change of bed assignment from an upper bunk to a lower bunk due to experiencing knee pain in both knees.³⁹ Case Manager (b)(6),(b)(7)(C) informed CALERO a change in his bed assignment was not approved and suggested that he submit a sick call request.⁴⁰

September 1, 2022

At 4:39 p.m., (b)(6),(b)(7)(C) LPN, evaluated CALERO at sick call for complaint of right foot pain and documented the following:⁴¹

- CALERO reported the pain was level 10 out of 10, and he described it as stabbing. He stated he injured his foot 25 days ago while playing soccer, but it worsened the day before while climbing into his upper bunk. CALERO informed LPN (b)(6),(b)(7)(C) he had asked for a bottom bunk.
- CALERO's blood pressure was elevated at 146/83.⁴²
- CALERO was in no acute distress and ambulated with a steady gait.
- LPN (b)(6),(b)(7)(C) observed no redness or bruising to the skin, and no abrasions or lacerations. The affected area had a full range of motion.

During interview with ERAU, LPN (b)(6),(b)(7)(C) noted the slight elevation in CALERO's systolic blood pressure but that his other vital signs were normal.⁴³ When asked about the blood pressure reading, LPN (b)(6),(b)(7)(C) stated pain may cause an increase in blood pressure. Per the Musculoskeletal Pain/Trauma protocol, LPN (b)(6),(b)(7)(C) ordered the following KOP medications: acetaminophen⁴⁴ (325 milligrams [mg]) 2 tablets by mouth (PO), twice daily for 5 days; and

³⁸ See GEOtrack Subject Management General Information form, dated October 13, 2022.

³⁹ See Request, dated August 25, 2022.

⁴⁰ Case Manager (b)(6),(b)(7)(C) did not document his rationale for denying CALERO's bed move request on the form.

⁴¹ See Nursing Assessment Protocol – Musculoskeletal Pain/Trauma, dated September 1, 2022; *see also* Sick call request log, dated August 31, 2022. LPN (b)(6),(b)(7)(C) documented use of interpretation services during the encounter.

⁴² According to The GEO Group's Clinical Practice Guideline/Management of Hypertension, a blood pressure reading of 146/83 is considered stage one hypertension for systolic pressure of 146, and prehypertension for diastolic pressure of 83.

⁴³ ERAU interview with LPN (b)(6),(b)(7)(C), dated November 9, 2022. The Creative Corrections medical subject matter expert confirmed pain may cause an increase in blood pressure.

⁴⁴ Acetaminophen is used to relieve mild to moderate pain.

ibuprofen⁴⁵ (200 mg) 2 tablets PO, 3 times per day (TID) for 5 days.⁴⁶ LPN (b)(6),(b)(7)(C) instructed CALERO to stay off his foot for 48 hours, resume activity gradually, use ice and warm compresses, and to return to medical if symptoms persist or worsen.

September 12, 2022

At 3:52 p.m., (b)(6),(b)(7)(C) LPN, evaluated CALERO in response to a sick call request⁴⁷ from 2 days prior for complaint of foot pain and documented the following:⁴⁸

- CALERO complained of level 8 pain out of 10 in his right great toe, which he described as sharp. He reported he had injured the foot playing soccer during his initial sick call evaluation on September 1, 2022.
- CALERO's vital signs were within normal limits, including his blood pressure at 107/64.⁴⁹
- CALERO was able to walk and had a steady gait. LPN (b)(6),(b)(7)(C) observed no redness, bruising, abrasions, or lacerations, and CALERO's foot had full range of motion.

Per the Musculoskeletal Pain/Trauma protocol, LPN (b)(6),(b)(7)(C) ordered ibuprofen (200 mg) 2 tablets PO, TID for 5 days, KOP.⁵⁰ LPN (b)(6),(b)(7)(C) instructed CALERO to resume activity gradually, use ice and warm compresses, and to return to medical if symptoms persisted or worsened.

September 29, 2022

At 3:53 p.m., LPN (b)(6),(b)(7)(C) evaluated CALERO in response to a sick call request from the prior day⁵¹ for complaint of pain and documented the following:⁵²

- CALERO complained of level 10 out of 10 pain in his right calf that he attributed to an injury he sustained while playing soccer 2 days earlier. He said he had no history of previous injury to the same site.
- CALERO stated the right leg was most comfortable when sitting. He was able to sit still.

⁴⁵ Ibuprofen is used to reduce fever and to relieve minor aches and pain.

⁴⁶ See Nursing Assessment Protocol – Musculoskeletal Pain/Trauma, dated September 1, 2022; *see also* CALERO Electronic Medical Record, Medications, dated October 14, 2022. DCDF medical staff gave CALERO 10 pre-packaged packets of acetaminophen and 15 pre-packaged packets of ibuprofen.

⁴⁷ See Request for Health Services, dated September 10, 2022.

⁴⁸ See Nursing Assessment Protocol – Musculoskeletal Pain/Trauma, dated September 12, 2022. ERAU notes LPN (b)(6),(b)(7)(C) did not document use of interpretation services or completion of the encounter in Spanish.

⁴⁹ According to The GEO Group's Clinical Practice Guideline/Management of Hypertension, dated May 2015, a blood pressure reading of 133/80 is in the prehypertension stage.

⁵⁰ See Nursing Assessment Protocol – Musculoskeletal Pain/Trauma, dated September 12, 2022; *see also* CALERO Electronic Medical Record, Medications, dated October 14, 2022. DCDF medical staff gave CALERO 15 pre-packaged tablets of ibuprofen.

⁵¹ See Request for Health Services, dated September 28, 2022.

⁵² See Nursing Assessment Protocol – Musculoskeletal Pain/Trauma, dated September 29, 2022. LPN (b)(6),(b)(7)(C) documented use of interpretation services during the encounter.

- CALERO's blood pressure was elevated at 122/82⁵³ and his oxygen saturation was low at 93 percent.⁵⁴ His pulse rate was 68 beats per minute and his respiration rate was 16 breaths per minute, both within normal limits. His temperature was 96.8 degrees.
- CALERO was not in acute distress and was able to walk with a slightly unsteady gait. The skin in the affected area was warm to the touch without any redness or bruising, and there was a strong peripheral pulse distal to the injury with normal capillary refill.⁵⁵ The detainee had decreased range of motion. His respiratory rhythm was even with normal heart sounds.

Per the Musculoskeletal Pain/Trauma protocol, LPN (b)(6),(b)(7)(C) ordered ibuprofen (200 mg), 2 tablets PO, TID for 5 days, KOP.⁵⁶ She instructed CALERO to elevate his foot and apply ice 3 to 4 times over the next 24 hours, 20 minutes on and 10 minutes off. LPN (b)(6),(b)(7)(C) also instructed CALERO to resume activity gradually, use an ice pack and warm compresses for pain management, and return to medical if symptoms persisted or worsened.

October 13, 2022 – Day of Death

At 10:42 a.m., CALERO climbed down from his bed (bunk 9) in (b)(6),(b)(7)(C). He folded a blanket and placed it on his bed, then took off his coat and placed it on his bed. He retrieved an unidentifiable item from his bunk area and proceeded to the bathroom.

At 10:47 a.m., he returned to his bunk area and wiped his face with a towel.⁵⁸ CALERO then walked to a water fountain near the microwave oven and filled a cup with water, placing the cup on the shelf that supports the microwave. CALERO leaned forward, placed both hands on the shelf and remained in this position for 16 seconds.

At 10:49 a.m., CALERO pushed away from the microwave shelf and stood erect, then he turned to the left, facing the dayroom.⁵⁹ He immediately fell backwards and as he collapsed, hit his head on a partial wall, adjacent to the microwave. (b)(6),(b)(7)(C) RA, was standing near the (b)(6),(b)(7)(C) south entrance and reported he saw and heard CALERO's collapse.⁶⁰ As he neared CALERO, RA (b)(6),(b)(7)(C) observed his breathing was labored, he was frothing from the mouth, and his fists were clenched.

⁵³ According to The GEO Group, Clinical Practice Guideline/Management of Hypertension, a blood pressure reading of 122/82 is considered prehypertension.

⁵⁴ Although a normal oxygen saturation is between 95 and 100 percent, during interview with ERAU on November 8, 2022, Medical Director (b)(6),(b)(7)(C) stated a mildly low oxygen saturation such as 93 percent is commonly seen in high altitude locations like Denver.

⁵⁵ Peripheral pulse is the palpation of the high-pressure wave of blood moving away from the heart through vessels in the extremities. Normal capillary refill is a term that describes a simple test to measure the time taken for color to return to an external capillary bed after pressure is applied.

⁵⁶ See Nursing Assessment Protocol – Musculoskeletal Pain/Trauma, dated September 29, 2022; see also CALERO Electronic Medical Record, Medications, dated October 14, 2022. DCDF medical staff gave CALERO 15 pre-packaged tablets of ibuprofen.

⁵⁷ See (b)(7)(E), dated October 13, 2022.

⁵⁸ *Id.*

⁵⁹ *Id.*

⁶⁰ ERAU interview with RA (b)(6),(b)(7)(C), dated November 9, 2022.

At 10:49 a.m., RA (b)(6),(b)(7)(C) called a Code Blue.⁶¹ In the meantime, two detainees had risen from their chairs in the dayroom and moved to CALERO, lifting and placing him in a chair.⁶² The two detainees remained with CALERO and supported his head with one hand on each side of his head, while two other detainees removed their shirts and used them to fan CALERO.

At 10:50 a.m., (b)(6),(b)(7)(C) entered (b)(6),(b)(7)(C) in response to the Code Blue.⁶³ (b)(6),(b)(7)(C) directed RA (b)(6),(b)(7)(C) and RA (b)(6),(b)(7)(C) to clear the area of gathered detainees and instructed the two detainees who were supporting CALERO in the chair to remain.⁶⁴

Beginning at 10:51 a.m., multiple security and medical staff converged on (b)(6),(b)(7)(C) in response to the Code Blue.⁶⁵ (b)(6),(b)(7)(C) identified the staff as: (b)(6),(b)(7)(C) who arrived with a trauma bag and an oxygen tank on wheels; (b)(6),(b)(7)(C) RA, who entered with a wheelchair; LPN (b)(6),(b)(7)(C) who arrived with an emergency bag that contained an automated external defibrillator;⁶⁶ (b)(6),(b)(7)(C); and (b)(6),(b)(7)(C) RN.⁶⁷ They were followed by: (b)(6),(b)(7)(C) RN; (b)(6),(b)(7)(C) RA; and (b)(6),(b)(7)(C).

The responding medical staff reported that upon their arrival and during the response, CALERO was sitting in a chair with his head supported by RA (b)(6),(b)(7)(C) who had taken over for the two detainees.⁶⁸ CALERO had lost bladder control, he was pale and diaphoretic⁶⁹ with hands cool to the touch, and at times he had foam/saliva in his mouth.⁷⁰ Reporting staff stated there were no visible injuries. CALERO was semiconscious, able to acknowledge questions but unable to verbalize. He nodded at times and was able to open his eyes when asked. CALERO's oxygen saturation was low at 85 percent, and his blood glucose was in the 90s.⁷¹ CALERO's radial pulse⁷² was slow and weak and his respirations were even and unlabored. RN (b)(6),(b)(7)(C) applied an oxygen mask and administered 4 liters of oxygen, which was subsequently increased to 6 liters.

At 10:52 a.m., CALERO's pulse rate was low at 48 beats per minute, his respiratory rate was elevated at 18 breaths per minute, his oxygen saturation was low at 89 percent, and his blood glucose was within normal range at 93.⁷³ Nurses could not get a blood pressure reading.⁷⁴

⁶¹ *Id.*; see also Video surveillance footage, (b)(7)(E) dated October 13, 2022.

⁶² DCDF staff identified the detainees as (b)(6),(b)(7)(C) (b)(6),(b)(7)(C)

⁶³ See (b)(7)(E) dated October 13, 2022.

⁶⁴ See (b)(6),(b)(7)(C) General Incident Report, dated October 13, 2022.

⁶⁵ See V (b)(7)(E) dated October 13, 2022

⁶⁶ ERAU interview with LPN (b)(6),(b)(7)(C), dated November 9, 2022.

⁶⁷ ERAU interview with (b)(6),(b)(7)(C), dated November 8, 2022.

⁶⁸ See multiple SOAPE/Administrative Notes, all dated October 13, 2022; see also Emergency On-Site Record, dated October 13, 2022; and (b)(6),(b)(7)(C) General Incident Report, dated October 13, 2022.

⁶⁹ Diaphoresis is excessive, abnormal sweating.

⁷⁰ See **Exhibit 2**: Office of the Coroner autopsy report, dated February 7, 2023.

⁷¹ A normal blood sugar reading for a person without diabetes is 70-99 mg/dl.

⁷² Radial pulse is felt in the wrist.

⁷³ See Emergency On-Site Record, dated October 13, 2022.

⁷⁴ The Creative Corrections medical subject-matter expert confirmed it is not uncommon to have difficulty obtaining a blood pressure reading during an emergency.

Also, at 10:52 a.m., (b)(6),(b)(7)(C) stepped away from CALERO's immediate location and raised his hand-held radio to his mouth as he looked at his watch.⁷⁵ During an interview with ERAU, (b)(6),(b)(7)(C) explained he sensed the situation was grave and he used his radio to direct (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) Officer RA (b)(6),(b)(7)(C) to call emergency medical services (EMS).⁷⁶ RA (b)(6),(b)(7)(C) immediately called EMS.⁷⁷

At 10:55 a.m., CALERO's respiration rate had declined to 16 breaths per minute and his pulse oxygen to 85 percent. One minute later, (b)(6),(b)(7)(C) brought a rolling gurney into the unit, and at 10:57 a.m., LPN (b)(6),(b)(7)(C) returned with a rolling vital sign monitor.⁷⁸ At 10:58 a.m. (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) RA; RA (b)(6),(b)(7)(C) RN (b)(6),(b)(7)(C), RN (b)(6),(b)(7)(C) and LPN (b)(6),(b)(7)(C) placed CALERO onto the gurney, and then transported to the Intake area to await EMS' arrival.⁷⁹

At 11:02 a.m., while in the Intake area, CALERO began to talk and stated he was feeling pain.⁸⁰ When RN (b)(6),(b)(7)(C) asked CALERO for the location of pain, he motioned to his mid-epigastric area⁸¹ and stated in Spanish, "I feel like I'm going to die." Medical staff attempted to obtain a blood pressure reading, but the detainee kept moving and had bouts of combativeness. Medical Director (b)(6),(b)(7)(C) who had responded to the Intake area, noted CALERO became combative and confused once there.⁸²

At 11:04 a.m., five EMS personnel from Aurora Fire Department (AFD) entered the Intake area.⁸³ At 11:07 a.m., two Falck Rocky Mountain EMS personnel arrived.⁸⁴ The Falck Rocky Mountain EMS responders assumed care and at 11:11 a.m., the ambulance departed DCDF with CALERO enroute to UC Health hospital.⁸⁵ (b)(6),(b)(7)(C) RA, rode in the front of the ambulance with the driver rather than in the rear section with the detainee because of the number of EMS responders who were performing life-saving measures.⁸⁶ RA (b)(6),(b)(7)(C),(b)(7)(E) (b)(6),(b)(7)(C) stated he did not leave DCDF until sometime after the ambulance left DCDF. (b)(6),(b)(7)(C) (b)(6),(b)(7)(C),(b)(7)(E) vehicle duty, informed ERAU he was unaware RA (b)(6),(b)(7)(C) departure was delayed.⁸⁷ (b)(7)(E) hospital and arrived later. He did not document the time of departure from DCDF or arrival at the hospital.

At 11:15 a.m., EMS personnel arrived with CALERO at the UC Health hospital Emergency Department.⁸⁸ UC Health Emergency Department personnel conducted a physical examination of

⁷⁵ See (b)(7)(E) dated October 13, 2022.

⁷⁶ ERAU interview with (b)(6),(b)(7)(C) dated November 8, 2022.

⁷⁷ See RA (b)(6),(b)(7)(C) General Incident Report, dated October 13, 2022; see also SOAPE/Administrative Notes, dated October 13, 2022. ERAU was not provided with security logs documenting when the call was made; however, per Medical Director (b)(6),(b)(7)(C) documentation summarizing the event, he also stated 911 was called at 10:52 a.m.

⁷⁸ See (b)(7)(E) dated October 13, 2022.

⁷⁹ Id.

⁸⁰ See SOAPE/Administrative Note, dated October 13, 2022.

⁸¹ Mid-epigastric area is relating to or located in the upper middle region of the abdomen.

⁸² See SOAPE/Administrative Note, dated October 13, 2022.

⁸³ See (b)(7)(E) dated October 13, 2022.

⁸⁴ See (b)(7)(E) dated October 13, 2022. ERAU notes the AFD is located two blocks away from DCDF and it is common for both AFD and Falck Rocky Mountain EMS to respond to 911 calls at DCDF.

⁸⁵ See (b)(7)(E) dated October 13, 2022.

⁸⁶ ERAU interview with RA (b)(6),(b)(7)(C) dated November 8, 2022.

⁸⁷ ERAU interviews with RA (b)(6),(b)(7)(C) both dated November 8, 2022.

⁸⁸ See Falck Rocky Mountain Patient Care Report, dated October 13, 2022.

CALERO and found no evidence of trauma to the head, neck, chest, abdomen, pelvis, or extremities.⁸⁹ CALERO became pulseless and apneic,⁹⁰ and his pupils were equal, fixed and dilated. Hospital staff immediately initiated cardiopulmonary resuscitation (CPR), and continued several rounds of CPR, including administration of advanced cardiovascular life support (ACLS)⁹¹ medications without any improvement. Thereafter, hospital staff terminated resuscitation efforts due to ineffectiveness.

At 12:32 p.m., a UC Health hospital physician, Dr. (b)(7)(E) pronounced CALERO deceased.⁹² DCDF Medical Director (b)(6),(b)(7)(C) was in communication with the Emergency Department physician following CALERO's death.⁹³ Hospital staff transferred CALERO's body to the UC Health hospital morgue.⁹⁴

Post-Death Events

During the same shift as the medical emergency, supervisors collected Incident Statements from all staff involved in the emergency response and interviewed nine detainees who were present.⁹⁵ ERAU interviewed seven of the detainees by telephone following the site visit.⁹⁶ The accounts they provided were consistent with those provided by staff and were corroborated by (b)(7)(E) (b)(7)(E). Detainees reported to ERAU that CALERO was physically fit, exercised, and played soccer almost daily. They stated he voiced no medical complaints preceding the emergency, although one detainee stated he assisted him in writing a sick call request approximately one week earlier for back pain and a headache.⁹⁷ The detainee did not know if CALERO received medical attention for the complaint, and ERAU notes there was no sick call request or encounter for complaint of back pain or headache present in CALERO's provided medical record.

ERAU translated CALERO's last six calls, which occurred 3 days before his death, to determine if CALERO may have shared medical concerns with persons with whom he spoke by telephone. CALERO made calls to his cousin and all conversations pertained to family issues, religion, his immigration case, and his inability to obtain an attorney. CALERO did not reference any medical complaints or concerns regarding his care.

Staff involved in the emergency response stated facility staff offered supportive counseling through the Employee Assistance Program. Detainees interviewed stated facility staff did not offer mental health services. Per request of ERAU, DCDF staff referred the detainees to mental health professionals.

⁸⁹ See UC Health communication notes, dated October 13, 2022.

⁹⁰ Apneic is a temporary cessation of breathing called apnea.

⁹¹ ACLS is a series of clinical interventions used in emergency situations for the treatment of respiratory arrest, cardiac complications, stroke, and other life-threatening events. ACLS procedures include invasive interventions such as endotracheal intubation for airway management, and intravenous catheters for the administration of drugs and fluids.

⁹² See UC Health communication notes, dated October 13, 2022.

⁹³ See SOAPE/Administrative Note, dated October 13, 2022.

⁹⁴ See Transport/Escort Log, dated October 13, 2022.

⁹⁵ *Id.*; see also General Incident Reports, all dated October 13, 2022.

⁹⁶ ERAU interviews with (b)(6),(b)(7)(C) dated November 29, 2022; (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) dated November 30, 2022; and (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) dated December 2, 2022.

⁹⁷ ERAU interview with (b)(6),(b)(7)(C) dated November 30, 2022.

On October 14, 2022, (b)(6),(b)(7)(C) ERO Acting (A) Field Office Director (FOD) notified the consulate of Nicaragua of CALERO's death.⁹⁸

Also on this date, (A) FOD (b)(6),(b)(7)(C) sent CALERO's next of kin a condolence letter.⁹⁹

On November 18, 2022, ICE ERO released CALERO's property to his family's attorney.¹⁰⁰

FINDINGS

ERAU reviewed the medical care DCDF provided CALERO, as well as their efforts to ensure he was safe and secure while detained at the facility. ERAU found DCDF failed to comply with two requirements of the ICE Performance-Based National Detention Standards (PBNDS) 2011. In this report, ERAU has included one violation of facility policy and other areas of concern that are not covered by the ICE PBNDS. These areas are noted for informational purposes only and should not be construed as contributory to the detainee's death.

1. *Medical Care*, Section (V)(M), which states, "Each facility's health provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition."
 - On May 2, 2022, CALERO arrived at DCDF. Healthcare staff did not complete a comprehensive health assessment until May 21, 2022, 19 days after CALERO's arrival.
2. *Medical Care*, Section (V)(I), which states, "All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements."
 - The licenses of LPN (b)(6),(b)(7)(C) LPN (b)(6),(b)(7)(C) and RN (b)(6),(b)(7)(C) were not verified at the primary source at the time they provided care to CALERO.¹⁰¹

In addition, ERAU identified the following violation of facility policy:

1. GEO Group's Policy 17, *Medical Emergency Plan*, Section (III)(A)(13), states, "In the event of an off-site medical transport, the Shift Supervisor will see to it that the detainee is maintained under constant supervision by ensuring that the detainee is accompanied by two detention officer(s)."
 - During transport to the hospital, only one officer provided supervision of the detainee. The officer assigned to the chase vehicle did not depart until after the ambulance left the facility and arrived at the hospital later. The reason for his delay from the facility was unexplained.

⁹⁸ See untitled condolence letter To: (b)(6),(b)(7)(C) dated October 14, 2022.

⁹⁹ See untitled condolence letter To: (b)(6),(b)(7)(C) dated October 14, 2022.

¹⁰⁰ See CALERO property receipt, dated November 18, 2022; see also Assistant Field Office Director email, "FW: Calero Mendoza A263 Property," dated November 18, 2022.

¹⁰¹ The medical providers were properly licensed when they provided care to CALERO.

AREAS OF CONCERN

Although not deficiencies in the facility's compliance with the ICE PBNDS 2011, ERAU notes the following concerns regarding CALERO's medical care, safety, and security.

- CALERO's blood pressure was 154/96 at intake. According to GEO's Clinical Practice Guideline for Management of Hypertension, a blood pressure of 154/96 falls within parameters for stage one hypertension. In addition, per GEO's Nursing Assessment Protocol for Hypertension, nurses who obtain this reading when assessing patients for hypertension are required to notify a provider and take other actions, including performing an EKG and monitoring the patient's blood pressure. CALERO did not report a history of hypertension, had not been diagnosed with the condition, and subsequent blood pressure readings averaged 125/82. While ERAU recognizes the reading of 154/96 was obtained at intake when blood pressure may be elevated, prudent nursing practice per community standards of care called for the nurse to at least recheck CALERO's blood pressure before he was cleared for housing or notify a provider.
- Based on interviews with detainees and review after action documentation, there is no evidence the facility offered mental health services to detainees who were present during the emergency.

EXHIBITS

1. State of Colorado Death Certificate, dated February 7, 2023.
3. Office of the Coroner Autopsy Report, dated January 20, 2023.