SYNOPSIS

On September 1, 2017, Osvadis MONTESINO-Cabrera (MONTESINO), a thirty-seven year old citizen and national of Cuba, died while in the custody of U.S. Immigration and Customs Enforcement (ICE) at Larkin Community Hospital (LCH), South Miami, Florida (FL). The Miami-Dade County Medical Examiner Department in Miami, FL documented MONTESINO’s cause of death as complications of hanging and the manner of death as suicide.

MONTESINO was detained at the Krome North Service Processing Center (KNSPC), in Miami, FL, from June 22, 2017 to September 1, 2017. KNSPC is owned and managed by the ICE Enforcement and Removal Operations (ERO) Miami Field Office. KNSPC is required to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011. At the time of MONTESINO’s death, KNSPC housed approximately 544 male detainees of all classification levels for periods in excess of 72 hours. Medical care at KNSPC is provided by ICE Health Service Corps (IHSC) and supported by contract companies InGenesis and STG. Contractors Akima Global Services (AGS) and AKAL Security provide security and armed transportation services for KNSPC.

DETAILS OF REVIEW

From November 14 to 16, 2017, ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) staff visited KNSPC to review the circumstances surrounding MONTESINO’s death. ERAU was assisted in its review by contract subject matter experts (SME) in correctional healthcare and security who are employed by Creative Corrections, a national management and consulting firm. As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to MONTESINO, in addition to conducting in-person interviews of individuals employed by AGS, AKAL, InGenesis, STG, and ICE Office of Enforcement and Removal Operations (ERO) staff.

During the review, the ERAU 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. ERAU determined the following timeline of events, from the time of MONTESINO’s encounter with U.S. Customs and Border Protection (CBP), through his detention at KNSPC, and eventual death at LCH.

IMMIGRATION AND DETENTION HISTORY

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1 As revised in 2016.
On June 17, 2017, MONTESINO presented himself to CBP at the Hidalgo, Texas (TX) port of entry seeking asylum from Cuba.\(^2\) CBP transferred MONTESINO to ICE custody at the Port Isabel Service Processing Center (PISPC) in Los Fresnos, TX, that same day.\(^3\) On June 22, 2017, ICE transferred MONTESINO to KNSPC.\(^4\)

On June 28, 2017 a United States Citizenship and Immigration Services (USCIS) asylum pre-screening officer found MONTESINO demonstrated a credible fear of persecution or torture.\(^5\) On June 29, 2017, USCIS served MONTESINO with a Notice to Appear, charging him with inadmissibility pursuant to Section 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act (INA), as amended, as an immigrant who, at the time of application for admission, is not in possession of a valid entry or travel document.\(^6\)

On August 17, 2017, an Immigration Judge ordered MONTESINO removed from the United States to Cuba.\(^7\)

**CRIMINAL HISTORY**

None.

**NARRATIVE**

ERAU determined the following timeline of events, from the time MONTESINO was admitted to KNSPC on June 22, 2017, through his death at LCH on September 1, 2016.

**On June 22, 2017, at 10:00 p.m., MONTESINO was admitted to KNSPC.**\(^8\)

At approximately 10:20 p.m., Lieutenant (Lt) \(^{(b) (7)(C), (b) (6)}\), Registered Nurse (RN), performed MONTESINO’s medical pre-screening, noting the detainee stated he had a current illness or health problem and was taking medication, though no specific details were recorded.\(^9\) She also noted MONTESINO’s transfer summary from PISPC indicated PISPC medical staff cleared him for tuberculosis prior to his transfer. RN \(^{(b) (7)(C), (b) (6)}\) documented MONTESINO spoke fluent English and had no communication barriers. ERAU notes the KNSPC Detainee Summary Form documents MONTESINO’s spoken language as Spanish, and MONTESINO’s intake screening and subsequent medical assessments were conducted in Spanish, as noted below.\(^{10}\)

\(^{2}\) See Form I-213, Record of Deportable/Inadmissible Alien, dated June 17, 2017.


\(^{4}\) See ICE EADM Detention Details, book-in date June 17, 2017.

\(^{5}\) See Form I-870, Record of Determination/Credible Fear Worksheet, dated June 28, 2017; See ERO Detainee Death Notification, dated September 1, 2017.

\(^{6}\) See Form 862, Notice to Appear, dated June 29, 2017.

\(^{7}\) See Order of the Immigration Judge, dated August 17, 2017.

\(^{8}\) See ICE EADM Detention Details, book-in date June 22, 2017.

\(^{9}\) See Exhibit 1: KNSPC eClinicalWorks Telephone Encounter (Pre-Screen), dated June 23, 2017.

\(^{10}\) See KNSPC Detainee Summary Form, dated June 22, 2017.
ERO appropriately classified MONTESINO as low custody, and assigned him to general population housing unit 11, where he remained during the duration of his detention at KNSPC.

On June 23, 2017, at 8:28 a.m., Commander (CDR) RN, conducted MONTESINO’s medical and mental health intake screening and documented the following:

- The assessment was conducted in MONTESINO’s native language of Spanish, in which RN is fluent.
- MONTESINO’s vital signs were within normal limits.
- MONTESINO reported no pain.
- MONTESINO reported a history of seasonal allergies and left scrotal varicocele, with a related varicocele surgery in 2015.
- MONTESINO reported previously taking the medication Loratadine but did not have any medication currently in his possession.
- RN medically-cleared MONTESINO for custody and scheduled a follow up appointment.

On June 25, 2017, at approximately 2:40 p.m., CDR RN, encountered MONTESINO in response to his sick call complaint of difficulty and burning with urination. The detainee reported he experienced this difficulty and pain over the previous 4 days and rated his pain as a level 3 out of 10, with 10 being highest. Creative Corrections notes because IHSC does not have written nursing protocols for urinary problems, nurses should refer those cases to a provider. There is no record that CDR ordered a provider assessment on this occasion.

On June 26, 2017, at approximately 6:00 p.m., RN conducted a follow-up nursing assessment of MONTESINO. The detainee reported his difficulty urinating worsened and increased the severity of the pain here was experiencing to a level 5 out of 10. RN noted MONTESINO’s lower abdomen was tender to the touch and appeared mildly distended. MONTESINO’s vital signs were within normal limits. RN notified NP, who ordered AGS to transport MONTESINO to the Kendall Regional Medical Center (KRMC), Miami, FL, for evaluation. At approximately 10:24 p.m., MONTESINO arrived at KRMC

12 ERAU interview with Officer in Charge, November 14, 2017.
13 See Exhibit 2: KNSPC eClinicalWorks Telephone Encounter (Intake), dated June 23, 2017. ERAU notes CDR declined ERAU’s request for interview.
14 Normal temperature is 98.6; normal range for pulse is 60 to 100 beats per minute; normal range for respirations is 12 to 20 breaths per minute; and, normal blood pressure is 120/80, with 90/60 to 139/89 considered within normal range.
15 A varicocele is an abnormal enlargement of the veins in the scrotum.
16 Loratadine is a medication used to treat seasonal allergies.
18 ERAU interview with Captain, M.D., Clinical Director, November 15, 2017.
20 Distended is a medical term referring to swelling due to pressure from inside, or bloating.
where he was seen by a physician who determined the detainee experienced an episode of urinary retention, prescribed one oral capsule of Flomax22 daily, and recommended a follow-up surgical consultation.23

**On June 27, 2017,** at approximately 1:14 a.m., MONTESINO returned to KNSPC and was evaluated by InGenesis RN.24 MONTESINO reported no pain, and his vital signs were within normal limits. Lt. CDR, Nurse Practitioner (NP), ordered the detainee to return to general population.

**On June 28, 2017,** at approximately 4:23 p.m., NP ordered the following medication for MONTESINO:25
- Tamsulosin once daily for 14 days to treat urinary retention;26
- Loratadine once daily for 30 days to treat his seasonal allergy symptoms; and
- Benzonatate three times per day for seven days to treat his seasonal allergy symptoms.27

At 1:39 p.m., MONTESINO submitted an electronic detainee request asking to be assigned to a different housing unit because he was unable to sleep due to the noise in his current unit.28 At 2:05 p.m., Detention Officer (DO) (first name unknown) responded and denied the request, citing the placement of detainees is based on the needs of the facility. Both the request and response were written in Spanish.

**On June 29, 2017,** at approximately 6:49 a.m., NP conducted MONTESINO’s initial physical examination and documented the following:29
- The physical exam was conducted in MONTESINO’s native language.
- MONTESINO’s vital signs were within normal limits.
- MONTESINO reported no pain or medical complaints.
- MONTESINO reported no past history of mental illness, use of psychotropic medications, or suicidal behavior.
- MONTESINO’s general examination yielded no abnormal findings.
- MONTESINO’s abdomen was not tender or distended.

**On June 30, 2017,** at approximately 10:14 a.m., NP changed MONTESINO’s Loratadine medication administration schedule from mornings to evenings as requested by the detainee.30

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22 Flomax (generic name Tamsulosin) is used to treat difficulty urinating.
26 Tamsulosin is commonly known as the brand Flomax.
27 ERAU interview with NP, Lt. CDR, November 14, 2017.
On July 1, 2017, at 12:16 p.m., NP ordered a surgical consult for MONTESINO with Dr. at KRMC, per Dr.'s recommendation in the June 27, 2017 discharge order. Local IHSC staff approved the treatment and authorization request (TAR) on August 24, 2017 (54 days after the initial request), with a consultation scheduled for September 12, 2017, after MONTESINO’s death.

On July 10, 2017, at 6:53 a.m., STG RN encountered MONTESINO during sick call in response to the detainee’s complaint of weakness persisting in duration for one week. RN documented the following:

- MONTESINO’s assessment was conducted using a Spanish language interpretation service.
- MONTESINO’s vital signs were within normal limits.
- MONTESINO reported no pain.
- MONTESINO appeared in no acute distress, was well-developed, and well-nourished, and a physical examination found normal results.
- MONTESINO was instructed to increase his water intake and to return to sick call if symptoms worsen.
- The sick call complaint was referred to a provider.

On July 12, 2017, at approximately 8:29 a.m., STG NP in response to MONTESINO’s verbal request during pill line, ordered the detainee to receive one multivitamin once daily for 30 days and refilled his order of tamulosin once daily in the morning for seven days.

On July 17, 2017, NP ordered laboratory tests for MONTESINO, including urinalysis, and submitted a TAR for a urology consultation. During her interview with ERAU, NP stated she ordered the laboratory tests in response to MONTESINO’s verbal complaint of urine retention during a separate pill line encounter. The results of the urinalysis and laboratory tests were normal, with the exception of elevated cholesterol and blood glucose levels. Although the TAR for a urology consultation was approved by local IHSC staff on August 22, 2017 (36 days after the initial request), with a consultation scheduled for August 28, 2017, the urology consultation was not completed prior to MONTESINO’s death.

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31 See KNSPC eClinicalWorks Telephone Encounter (Referral), dated June 30, 2017; see also ICE Referral Consultation Request and Hospital Transfer Form, dated September 12, 2017.
33 See KNSPC eClinicalWorks Telephone Encounter, dated July 12, 2017; ERAU interview with NP November 14, 2017.
34 See KNSPC eClinicalWorks Telephone Encounter, dated July 17, 2017; see also ICE Referral Consultation Request and Hospital Transfer Form, dated September 28, 2017.
35 ERAU interview with NP November 14, 2017.
On July 27, 2017, NP renewed MONTESINO’s order of tamsulosin once daily for 30 days.37

On August 5, 2017, MONTESINO applied to participate in KNSPC’s voluntary work program and received security approval for the request the following day.38 On August 15, 2017, NP medically-cleared MONTESINO to participate in the program as a food handler in the food service department.39 MONTESINO signed the volunteer worker program agreement the following day.40

On August 16, 2017, at 10:33 a.m., InGenesis RN encountered MONTESINO in response to his sick call complaint for dandruff and provided him with over-the-counter dandruff shampoo.41

On August 19, 2017, at approximately 3:10 p.m., STG RN responded to an AGS officer request for a nurse and wheelchair on the soccer field.42 RN arrived on the field and encountered MONTESINO sitting on the ground and complaining of knee pain and the inability to walk. The detainee was escorted to the medical clinic in the wheelchair. RN assessed MONTESINO and documented the following:43

- MONTESINO’s assessment was conducted using a Spanish language interpretation service.
- MONTESINO reported bilateral knee pain persisting for one to two days in duration.
- MONTESINO’s vital signs were within normal limits.
- MONTESINO’s physical examination yielded normal results, with normal gait and full range of motion.
- MONTESINO was provided an 800 milligram (mg) dose of ibuprofen for pain, as ordered by CDR, Physician Assistant (PA).

During her interview with ERAU, RN stated MONTESINO walked back to his housing unit after approximately an hour and a half with no further reported problems.44 RN noted the detainee was scheduled for a follow-up appointment with a provider that Monday a couple of days later, but ERAU found no documentation an encounter occurred on that date. However, MONTESINO was assessed by a provider that Tuesday morning.45 ERAU notes medical staff did not document any additional reference to knee pain throughout MONTESINO’s detention.

38 See ICE Voluntary Work Program Volunteer Worker Screening Form, completed August 15, 2017.
39 See KNSPC eClinicalWorks Telephone Encounter, dated August 15, 2017; See ICE Voluntary Work Program Volunteer Worker Screening Form, completed August 15, 2017.
40 See ICE Voluntary Work Program Volunteer Worker Program Agreement, dated August 16, 2017.
41 See KNSPC eClinicalWorks Telephone Encounter, dated August 16, 2017.
42 See KNSPC eClinicalWorks Telephone Encounter, dated August 19, 2017; ERAU interview with RN, November 14, 2017.
44 ERAU interview with RN, November 14, 2017.
45 See KNSPC eClinicalWorks Telephone Encounter, dated August 22, 2017.
On August 22, 2017, at approximately 5:39 a.m., PA encountered MONTESINO for his recurrence of urinary retention and documented the following:

- PA conducted this encounter in the detainee’s native language of Spanish.
- MONTESINO reported constant and aching suprapubic pain at a level eight out of ten, persisting for two days in duration, and the inability to pass urine for the previous 12 hours with burning and weakness.
- MONTESINO’s vital signs were within normal limits.
- A physical examination found no physical abnormalities: his abdomen was normal (soft, non-tender, and non-distended), and he exhibited no edema, a normal range of motion, and good bilateral strength.
- MONTESINO was referred to LCH for outside hospital emergency care. PA notified Captain (CAPT) HSA, CAPT, Clinical Director, Dr., and Administrative Assistant.

At approximately 8:55 a.m., MONTESINO departed KNSPC for LCH via AGS transportation services. At 10:00 a.m., MONTESINO arrived at the LCH emergency room. At 4:40 p.m., LCH admitted MONTESINO for urinary retention and assigned him to Room 317B.

August 22 – September 1, 2017

MONTESINO remained at LCH until his death on September 1, 2017. KNSPC medical staff obtained daily updates from LCH, with the exception of August 23, August 29, and August 30, 2017. The updates reflect LCH treated MONTESINO for urinary retention until his attempted suicide on August 25, 2017, when the focus of his care transitioned to keeping him stable and monitoring his brain function. During his interview with ERAU, Dr. stated he or Dr. (both physicians work for IHSC) routinely call the hospital for detainee updates during weekdays, while IHSC nurses contact the hospital during weekends. Dr. speculated that the missing daily updates were due to LCH not being responsive to KNSPC personnells’ attempts to obtain those updates, but acknowledged the attempts should have been documented regardless.

KNSPC assigns officers to each detainee at the hospital, regardless of custody level. The and is required to report to the KNSPC control center on an hourly basis or sooner if a status update is warranted. The is responsible for

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46 Ibid.
47 Suprapubic is an anatomical term referring to the area above the front bone of the pelvis.
48 ERAU notes PA erroneously noted she completed a MEDPAR for KRH. The MEDPAR she completed was in fact for LCH, where MONTESINO was transported. See ICE Referral Consultation Request and Hospital Transfer Form, dated August 22, 2017.
50 See Hospital Logbook (164), dated August 22, 2017.
51 See KNSPC eClinicalWorks records, August 22 to September 1, 2017.
52 ERAU interview with Captain, M.D., Clinical Director, November 15, 2017.
logging all activities. At the time MONTESINO was at LCH, hospital post officers worked 12 hour shifts with one 30 minute break provided by a relief officer dispatched from KNSPC. The officers assigned to MONTESINO during each shift were posted inside his room.

**On August 23, 2017,** various medical staff entered MONTESINO’s room throughout the day to check his status and take vital signs. At 8:59 a.m., DO (first name unknown) left the post for a bathroom break and returned at 9:09 a.m. At 1:00 p.m., DO again left the post for a bathroom break and returned at 1:10 p.m. ERAU notes the KNSPC Hospital Detail Post Order prohibits officers from leaving their post unless properly relieved. The hospital log does not indicate that DO was relieved by another officer during the two documented breaks.

**On August 24, 2017,** at 6:20 a.m., officers logged that MONTESINO was in the shower of the hospital room bathroom. At 1:30 p.m., DO (first name unknown) left the post for a bathroom break and returned 14 minutes later. There is no documentation DO was relieved by another officer during the two documented breaks.

At approximately 1:40 p.m., Dr. , Psychiatrist, conducted a psychiatric assessment of MONTESINO in order to evaluate him for possible psychotogenic causes of urinary retention and anxiety. MONTESINO reported sleeping only approximately three hours per night and some feelings of sadness over not being able to contact his family in Cuba. Dr. diagnosed MONTESINO with insomnia and mild anxiety, prescribed 50 mg of trazodone as a sleep aid, and ordered continued in-patient treatment. Following his encounter with Dr., a nurse documented that MONTESINO was in stable condition and received a urinary catheter and intravenous fluids to treat his dehydration.

**August 25, 2017, Day of Attempted Suicide**

During the 6:00 a.m. to 6:00 p.m. shift on August 25, 2017, Officers were assigned to MONTESINO’s hospital post, and Officers were assigned to a second detainee sharing the hospital room with MONTESINO for the same shift. All officers were present in room 317, and each team of officers was responsible for all post responsibilities for their assigned detainee, including maintaining individual logbooks and security checks. DO maintained the logbook for MONTESINO, while DO was responsible for completing the hourly security check calls to KNSPC central control concerning MONTESINO.

53 See Hospital Logbook (164), dated August 23, 2017
54 Ibid.
55 See Hospital Logbook (164), dated August 24, 2017.
56 See Larkin Community Hospital Psychiatric Assessment, dated August 24, 2017; See Hospital Logbook (164), dated August 24, 2017.
57 Trazodone is an antidepressant medication with sedative properties.
58 See KNSPC eClinicalWorks Telephone Encounter, dated August 24, 2017.
At 6:15 a.m., DO logged that Dr. visited MONTESINO to assess his well-being, and at 7:20 a.m., Nurse read the detainee’s blood pressure. At 7:43 a.m., MONTESINO asked DO for permission to shower. The officers replied he needed to obtain authorization directly from a nurse because he had a catheter. At approximately 7:55 a.m., a nurse entered the hospital room and granted MONTESINO permission to shower. ERAU notes that although the logbook recorded MONTESINO showering from 7:43 a.m. to 8:29 a.m., a period of 46 minutes, DO incident statement and recollection during interview suggests MONTESINO did not enter the bathroom until approximately 8:00 a.m. and was actually showering for approximately 30 minutes.

After the nurse granted MONTESINO permission to shower, Officer removed the leg restraints and escorted him to the bathroom. ERAU notes officers interviewed stated they routinely . However, the KNSPC Hospital Detail Post Order requires officers notify the ICE Supervisory Detention and Deportation Officer (SDDO) or Shift Captain on duty and obtain approval prior to removing leg irons and hand cuffs shall not be removed until a decision is made by the ICE SDDO or above, unless the detainee is in immediate danger. Officers did not notify or receive approval to remove MONTESINO’s restraints. Interviewed security staff stated the purpose of the is to minimize the risk of , as well as to minimize to the .

Once at the entrance to the bathroom, MONTESINO requested a towel and clean clothes. DO briefly stepped outside the room to ask a nurse for the requested items. MONTESINO was provided boxers, a hospital gown, and a towel. The detainee then entered the bathroom alone and closed the door. At this approximate time, DO left his post in the hospital room without informing DO or the other officers in the room. During her interview, DO stated DO left his post for approximately three to four minutes, briefly returned, and again left the post without notifying her.

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61 Ibid.
64 Ibid.
65 Ibid; see also, DO Incident Statement, dated August 25, 2017.
67 ERAU interview with DO, November 14, 2017.
68 See DO Incident Statement, dated August 25, 2017; ERAU interview with DO, November 14, 2017; ERAU interview with DO, November 16, 2017. Because DO did not inform the other officers, the exact time of his exit is not documented.
69 ERAU interview with DO, November 16, 2017.
At 7:59 a.m., DO left her post for a bathroom break, leaving only DO in the room. At approximately 8:00 a.m., MONTESINO flushed the toilet and turned on the water to the shower. Being a new officer, DO asked DO if there was a limit to the duration of a detainee’s shower, and DO replied the duration is at the officer’s discretion.

Although DO written statement indicates returned to the room at 8:12 a.m., then announced he was going to use the restroom and left again, DO stated during her interview with ERAU that she was mistaken and this did not occur. She emphasized she was certain DO never informed her he was leaving the room or where he was going. At approximately 8:15 a.m., DO heard the shower water turn off. At 8:17 a.m., DO returned to her post.

During her interview with ERAU, DO stated after a few minutes passed following the shower water turning off, she stood up, knocked hard on the bathroom door, and called out MONTESINO’s name. She paused but received no response and again knocked and called out to the detainee. When she again received no reply, DO requested DO open the bathroom door to check on MONTESINO (she did not want to open the door if the detainee was not dressed). Although not his assigned detainee, DO obliged because the male officer assigned to MONTESINO, DO was not present. During her interview, DO stated approximately five to eight minutes elapsed between the time the shower water turned off and the time Officer entered the bathroom.

At approximately 8:29 a.m., DO attempted to open the bathroom door (the door swings out) but encountered resistance. continued pulling the door handle until the hospital gown (which later appeared to have been tied to the inside door handle and attached at the other end to the metal grab bar next to the toilet) came loose and allowed the door to open. ERAU notes the hospital bathroom doors are not equipped with locks for safety reasons. witnessed MONTESINO hanging by his neck from a black strap affixed to the ceiling sprinkler head. DO lifted the detainee’s body in order to relieve pressure on his neck and told DO to notify hospital staff. Both Officers immediately

70 See Hospital Logbook (159), dated August 25, 2017.
72 Ibid.
73 Ibid.; ERAU interview with Detention Officer, November 16, 2017.
74 ERAU interview with Detention Officer, November 16, 2017.
77 ERAU interview with Detention Officer, November 16, 2017.
78 Ibid.
79 ERAU interview with Detention Officer, November 16, 2017; See Hospital Logbook (164), dated August 25, 2017.
80 No interviewed witness could explain with certainty where the strap originated from or how MONTESINO obtained it.
ran to the nearby nurses’ station and asked for help. LCH Nurse responded to the scene. DO used a pair of scissors DO had on his person to cut the black strap to allow MONTESINO to be lowered to the floor of the bathroom. Nurse for a pulse and breath and found neither. At this time, DO notified Shift Supervisor Lt. of the events via cell phone. Lt. notified AKAL Assistant Project Manager (APM). APM notified AKAL Captain and Project Manager (PM). At approximately 8:30 a.m., the following events occurred:

- Nurse called a Code Blue, signaling cardiac arrest, and initiated cardiopulmonary resuscitation (CPR) on MONTESINO.
- DO called central control and falsely reported room 317A and 317B were all secure. Shortly after making this call, Officer returned to the hallway outside the hospital room. During her interview, DO stated Officer was absent from his post for approximately 20-25 minutes and upon his return stated he was returning from a restroom break.
  - In his incident report, DO stated after removing MONTESINO’s restraints he advised DO he was going downstairs to get something to drink, and upon return, advised DO that he needed to use the restroom for an upset stomach and went to the first floor facilities because MONTESINO was in the adjoining bathroom. He further stated he heard the Code Blue called while in the restroom and immediately responded. ERAU notes DO written statement and account of events is not supported by documentation, interviews, or KNSPC Investigator findings.
  - ERAU also notes later that day, APM presented DO with a letter stating he was under investigation for policy violations and removed from the schedule until further notice.

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82 ERAU interview with Detention Officer, November 16, 2017.
84 ERAU interview with Detention Officer, November 16, 2017. ERAU notes DO.
86 Ibid.
87 Ibid.
88 ERAU interview with Captain, November 15, 2017; ERAU interview with Investigator, November 15, 2017.
92 ERAU interview with Detention Officer, November 16, 2017.
At 8:45 a.m., Officers (b)(7)(C), (b)(6) escorted MONTESINO as hospital staff moved him to the intensive care unit (ICU). MONTESINO had a pulse but was unresponsive.

At 9:15 a.m., Captain arrived at the scene of the suicide attempt. Upon arrival, she observed the bathroom door secured with tape and Officers (b)(7)(C), (b)(6) in the hospital room with their assigned detainee. She proceeded to the ICU and observed Officers supervising MONTESINO. At approximately 9:20 a.m., Captain reassigned DO to hospital room 324 and assigned DO to DO post in room 317 in order to separate Officers to maintain interview and investigation integrity. ERAU notes the logbook documented DO replaced DO, although later entries and other available documentation indicates this was noted in error.

At 9:30 a.m., approximately 45 minutes after MONTESINO was brought to the ICU, DO notified KNSPC central control of MONTESINO’s move to ICU-4.

At 9:50 a.m., DO relieved DO of his post in order to separate Officers to maintain interview and investigation integrity.

At 9:55 a.m., PM, APM, and Investigator arrived at LCH room 317 to begin their investigation and conduct interviews. At 10:00 a.m., DO relieved DO of her post in ICU-4 so she could be interviewed by Investigator. At 10:15 a.m., ICE Assistant Officer in Charge (AOIC) and ICE Deportation Officer arrived on the scene. DO relieved DO of his post for interview purposes. At 10:32 a.m., DO relieved DO of his post in ICU-4. At this approximate time, Captain assumed control of logbook 159.

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95 See Hospital Logbook (164), dated August 25, 2017; See DO Incident Statement, dated August 25, 2017. ERAU notes DO wrote her statement without being able to view her logbook and therefore noted the times of events from memory.
96 Ibid.
97 See AKAL Summary of Investigation Report, dated September 20, 2017; see also, Captain email statement, not dated.
98 Ibid.
100 See Captain email statement, not dated.
103 See AKAL Summary of Investigation Report, dated September 20, 2017; see also Captain email statement, not dated.
104 See Hospital Logbook (159), dated August 25, 2017; see also Captain email statement, not dated.
At 1:19 p.m., ICE/OPR Miami Senior Special Agents took over the investigation. South Miami Police Department Officer (first name unknown) also arrived at this time. Officer completed an incident report documenting his response to LCH and the Department’s declination to conduct an investigation and referred investigative responsibilities to ICE. Agents photographed, collected, catalogued, and bagged evidence from the scene. At approximately 1:25 p.m., ICE OPR notified Investigator they would not investigate the incident further, and relinquished control to AGS and AKAL. Although Investigator objected, ICE OPR released the collected evidence to LCH.

At 1:40, Captain and Investigator departed LCH.

At 1:47 p.m., logbook #164 (MONTESINO) was closed for investigation purposes. At 1:47 p.m., DO relieved Officers of their post.

All officers posted to room 317 of LCH completed incident statements at KNSPC between 3:05 p.m. and 3:16 p.m.

At 3:20 p.m., officers logged that MONTESINO received a CT scan. Various medical staff entered MONTESINO’s ICU room throughout the day.

August 26 – August 31, 2017

MONTESINO remained in the ICU at LCH until his death on September 1, 2017. KNSPC received the following notable updates from LCH medical personnel:

- On August 26, 2017, MONTESINO was intubated and testing revealed his brain activity was at two percent.
- On August 28, 2017, no updates or changes in the detainee’s condition were reported.
- On August 29, 2017, KNSPC did not obtain a hospital update.

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108 See Captain email statement, not dated.
109 ERAU interview with Investigator, November 15, 2017.
112 Ibid.
113 Ibid. see also, Captain email statement, not dated.
115 Ibid.
116 A computed tomography (CT or CAT) scan uses a combination of x-rays and a computer to create pictures of internal organs, bones, and tissues; See Hospital Logbook, dated August 25, 2017.
118 See KNSPC eClinicalWorks Telephone Encounter (Hospital Daily Update), for dates August 26-31, 2017.
On August 30, 2017, KNSPC did not obtain a hospital update.

On August 31, 2017, LCH medical personnel suspected MONTESINO was brain dead and noted that an apnea test would be performed once he was stable to confirm his condition.

ERAU notified the Embassy of the Republic of Cuba of MONTESINO’s deteriorating medical condition by telephone and letter.

September 1, 2017, Date of Death

On September 1, 2017, DO were assigned to MONTESINO’s hospital post from 6:00 a.m. to 6:00 p.m. At 3:44 p.m., a team of medical staff entered ICU-4 and performed the apnea test on MONTESINO. At 4:08 p.m., MONTESINO went into cardiopulmonary arrest, and medical staff called a Code Blue.

On September 1, 2017, at 7:20 p.m., South Miami Police Officers arrived at LCH in response to MONTESINO’s death and referred the case to ICE.

On September 2, 2017, MONTESINO’s body remained in ICU-4. At 12:20 p.m., Miami-Dade Police Department homicide detective and a crime scene investigator continued to maintain security of and custody of the body.

Post-Death Events

On September 1, 2017, at 7:20 p.m., South Miami Police Officers arrived at LCH in response to MONTESINO’s death and referred the case to ICE.

On September 2, 2017, MONTESINO’s body remained in ICU-4. At 12:20 p.m., Miami-Dade Police Department homicide detective and a crime scene investigator

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119 The KNSPC record lacked updates from LHC on both August 29, and August 30, 2017. Dr. stated during interview that it was the responsibility of KNSPC medical staff to call LCH for updates, and speculated that either KNSPC staff failed to call for an update on those dates, or called but failed to enter the update in the record.

120 The apnea test is used to determine brain death and involves removing all ventilator support from a patient.

121 See email from Deputy Assistant Director to Field Office Director David Rivera et al., sent August 30, 2017. ERAU requested documentation of ERO notification to the Embassy of the Republic of Cuba of MONTESINO’s death on September 1, 2017, but it was not provided during the course of the review.

122 See Hospital Logbook, dated September 1, 2017; see also DO Incident Statement, dated September 1, 2017; see also DO Incident Statement, dated September 1, 2017.

123 See ERAU interview with DO Incident Statement, dated September 1, 2017; see also DO Incident Statement, dated September 1, 2017.

124 See Hospital Logbook, dated September 1, 2017; see also DO Incident Statement, dated September 1, 2017.

125 See DO Incident Statement, dated September 1, 2017; see also DO Incident Statement, dated September 1, 2017.

126 See Hospital Logbook, dated September 1, 2017.

127 Ibid.

128 Ibid. See DO Incident Statement, dated September 1, 2017; See DO Incident Statement, dated September 1, 2017. ERAU interview with DO Incident Statement, dated September 1, 2017.


130 ERAU interview with Captain, November 15, 2017.
(name not documented) arrived and took photos of the detainee’s body. 131 At 2:55 p.m., [redacted] of the Miami-Dade Medical Examiner’s office arrived at the LCH ICU and removed MONTESINO’s body.132

On September 3, 2017, [redacted], M.D., of the Miami-Dade County Medical Examiner Department conducted MONTESINO’s autopsy.133 Dr. [redacted] determined MONTESINO’s death was due to complications of hanging. A State of Florida Certificate of Death was issued on December 13, 2017.134

On September 19, 2017, KNSPC shipped MONTESINO’s funds and personal property to the detainee’s uncle in Orlando, FL.135

On September 25, 2017, Investigator [redacted] completed a written report of his investigation.136 He noted all involved staff were offered post-traumatic stress counseling services at the employer’s expense. All security staff interviewed by ERAU confirmed they were provided contact information for employee assistant services. Additionally, Investigator [redacted] concluded that staff acted within their work scope and post orders. However, ERAU found officers did not comply with hospital post orders in two critical areas, as previously noted.

MEDICAL CARE AND SECURITY REVIEW

Subject matter experts in detention management reviewed the medical care MONTESINO was provided at KNSPC, as well as measures to ensure his safety and security while in ICE custody. Upon the conclusion of the review, ERAU found KNSPC fully compliant with the ICE PBNDS 2011 Medical Care Standard, as well as with those relevant components of the ICE PBNDS 2011 pertaining to safety and security.137 However, ERAU identified a couple of areas where the facility was not in compliance with its own policies and procedures.

AREAS OF CONCERN

ERAU found KNSPC did not comply with the following facility post orders.

1. KNSPC, Hospital Detail Post Order, which states, “All detainees shall be restrained with leg irons and/or handcuffs at all times. If a [redacted], the ICE SDDO and Shift Captain shall be notified immediately and a logbook entry will be noted. Note: Leg irons and/or handcuffs shall not be removed until a decision is made by the ICE SDDO or above;” [redacted] [b] (7)(E)

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131 See Hospital Logbook, dated September 2, 2017.
132 Ibid.
133 See Exhibit 4: Autopsy Report, Miami-Dade County Medical Examiner department, dated September 3, 2017
134 See Exhibit 5: Certificate of Death, State of Florida, dated December 13, 2017
137 See Exhibit 6: Creative Corrections Security Compliance Report, and Creative Corrections Medical Compliance Report.
"If the detainee requires using the restroom, utilization of leg irons and/or handcuffs shall be applied to the detainee."

- On the date of the suicide attempt, an officer removed MONTESINO’s leg irons and permitted him to enter the restroom unrestrained.

2. KNSPC, *Hospital Detail Post Order*, which states, “Do not vacate the post unless properly relieved.”

- On the date of the suicide attempt, DO left his post and was absent from the room during the event. Other hospital post officers routinely left their posts for bathroom breaks both prior to and after this event.

Additionally, ERAU notes the following:

- Though bound, the log books used for hospital vigils have no page numbers making them susceptible to altering. Using bound logbooks with numbered pages helps to ensure maximum integrity of the records.

- Hospital updates or attempts at obtaining updates were not documented on August 23, 29, and 30, 2017.

- Referrals for surgery follow-up and urology consultation were not approved until eight weeks and five weeks after submission, respectively. Prompt completion of these referrals may have eliminated the need for hospitalization.
EXHIBITS

1. KNSPC eClinicalWorks Telephone Encounter (Pre Screen), dated June 23, 2017
2. KNSPC eClinicalWorks Telephone Encounter (Intake), dated June 23, 2017
3. KNSPC eClinicalWorks Telephone Encounter (PE - Initial), dated June 29, 2017
4. Autopsy Report, Miami-Dade County Medical Examiner department, dated September 3, 2017
6. Creative Corrections Security Compliance Report, and Creative Corrections Medical Compliance Report