



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: AMECHAND, Ramesh**

[General Demographic/Background Information](#)

- **Date of Birth:** January 12, 1964
- **Date of Death:** December 16, 2024
- **Age:** 60
- **Gender:** Male
- **Country of Citizenship:** Guyana
- **Marital Status:** N/A
- **Children:** N/A

[Immigration History](#)

On August 18, 1980, Mr. AMECHAND entered the U.S. at John F. Kennedy International Airport, New York, as a non-immigrant entertainer or athlete, but failed to depart according to the terms of his admission.

On August 8, 1983, Mr. AMECHAND adjusted his immigration status to lawful permanent resident.

On October 26, 2022, ERO Miami arrested Mr. AMECHAND at the Florida Department of Corrections Office and Parole, in Orlando, Florida, and placed him in removal proceedings under section 240 of the Immigration and Nationality Act. ERO Miami detained Mr. AMECHAND at Krome Service and Processing Center (KSPC), in Miami, FL.

On October 15, 2024, an immigration judge in Miami, FL, ordered Mr. AMECHAND removed to his native country of Guyana.

[Criminal History](#)

On February 17, 2021, AMECHAND was convicted on two counts of attempted lewd or lascivious molestation of a minor in the 9th Judicial Circuit Court for Orange County, FL. The Court sentenced Mr. AMECHAND to 10 years incarceration, placed him on supervised probation, and ordered register as a sex offender.

[Synopsis of Events](#)

On October 27, 2022, a KSPC registered nurse (RN) completed Mr. AMECHAND's medical intake assessment, documented a past medical history of a cerebrovascular accident with left sided weakness (2017), an unsteady gait, type 2 diabetes mellitus, cardiac disease, history of myocardial infarction (MI) with stent placement (2013), and history of a left ankle fracture (2011). Mr. AMECHAND reported he stopped taking his medications over a year ago. The RN contacted the on-call advanced practice provider (APP), and the APP placed Mr. AMECHAND in the medical housing unit (MHU) for observation.



- **On the same day**, an APP completed Mr. AMECHAND’s initial health assessment, noted his previous medical history, and documented he denied any chest pain (CP), shortness of breath (SOB), nausea or vomiting (N/V), fever/chills, abdominal pain, diarrhea/constipation or any other complaints or concerns at that time. The APP ordered baseline routine lab work, including a lipid panel, comprehensive metabolic panel, complete blood count, hemoglobin A1C (measures average blood glucose levels over time), thyroid panel, and vitamin D level, and ordered medications to treat his chronic conditions and continue to house him in the MHU for observation.

On October 31, 2022, a physician evaluated Mr. AMECHAND during MHU rounds and documented recent lab work showed abnormal cholesterol levels, hemoglobin A1C level, and Vitamin D. Mr. AMECHAND denied any CP, SOB, N/V, fever/chills, abdominal pain, or diarrhea/constipation, and voiced no complaints or concerns. The physician documented normal vital signs and added medications to Mr. AMECHAND’s treatment plan.

Between November 1, 2022, and August 22, 2024, KSPC medical staff monitored Mr. AMECHAND daily in the MHU, ordered laboratory testing, adjusted his medications as needed, ordered diagnostic imaging, and scheduled chronic care and specialty appointments as needed.

On August 23, 2024, a physician completed Mr. AMECHAND’s annual health assessment and documented Mr. AMECHAND denied any CP, SOB, N/V, fever/chills, abdominal pain, or diarrhea/constipation, and voiced no complaints or concerns, and documented a plan to continue his current treatment plan in the MHU with monitoring.

Between August 24, 2024, and November 17, 2024, KSPC medical staff monitored Mr. AMECHAND daily in the MHU, monitored his vital signs and ordered relevant lab work routinely, reflecting continued improvement in his A1C and cholesterol levels. Mr. AMECHAND’s blood pressure, heart rate, and blood sugar levels showed normal results on average, with some variability in his blood sugar levels. KSPC medical staff documented Mr. AMECHAND refused blood sugar checks and/or diabetic treatment on 25 different occasions during his two years at KSPC.

On November 18, 2024, a physician evaluated Mr. AMECHAND during MHU rounds, documented normal vital signs, his denial of CP, SOB, N/V, fever/chills, abdominal pain, diarrhea/constipation, or any other concerns at that time, noted “patient stable, continue current treatment plan,” and continued his MHU admission.

On November 19, 2024, an RN evaluated Mr. AMECHAND during MHU rounds, documented Mr. AMECHAND “complained of intermittent CP over the past week, but didn’t report it because he thought it was nothing,” and he had an elevated heart rate. The RN completed an electrocardiogram that showed tachycardia and referred him to the physician.

- **On the same day**, a physician evaluated Mr. AMECHAND for complaints of intermittent CP for the past week, documented he denied any other symptoms, and referred him to the Larkin Community Hospital (LCH) for further evaluation.



On November 20, 2024, LCH medical staff admitted Mr. AMECHAND into the hospital's intensive care unit for CP and an abnormal EKG.

- **On the same day**, LCH transferred Mr. AMECHAND to Larkin Hospital Palm Springs (LHPS), for a higher level of care, related to a diagnosis of an acute MI.

On November 25, 2024, LHPS medical staff reported they resuscitated and intubated Mr. AMECHAND after he experienced an episode of ventricular tachycardia.

On November 26, 2024, LHPS medical staff reported Mr. AMECHAND remained intubated and underwent evaluation by a staff nephrologist for worsening kidney function.

On November 27, 2024, Mr. AMECHAND's next of kin gave LHPS approval for a do-not-resuscitate (DNR) order.

Between November 28, and December 15, 2024, LHPS medical staff continued treatment and monitoring with a poor prognosis and reported Mr. AMECHAND's condition had not improved.

On December 16, 2024, at 4:50 p.m., LHPS medical staff pronounced Mr. AMECHAND deceased after they were unable to detect a heartbeat and identified asystole as the preliminary cause of death.