
ICE Health Service Corps (IHSC) Health Care Compliance Assessment



ICE Uniform Corrective Action Plan (Follow Up to FMC Site Visit: September 2019)

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| Facility Name: Torrance County Detention Facility | | Address (Full): 209 E. Alan Ayers Rd., P.O. Box 837, Estancia, NM 87016 | |
| Date FMC Initiated Request for UCAP: October 31, 2019 | | City: Estancia | County: Torrance |
| Complete and Return to IHSC FMC No Later Than: Dec 2, 2019 | | State: New Mexico | Zip Code: 87016 |
| Name of Facility Staff Assigned to Develop / Oversee Corrective Action Plan: <div style="border: 1px dashed black; padding: 2px; display: inline-block;">(b)(6),(b)(7)(C)</div> | | | |
| Date CAP Submitted by Facility: December 3, 2019 | | | |
| IHSC Approver – Print Name (First, Last): <div style="border: 1px dashed black; padding: 2px; display: inline-block;">(b)(6),(b)(7)(C)</div> | | Title of IHSC Approver: Western Regional Field Medical Coordinator | |
| Date CAP Approved by IHSC: December 4, 2019 | | | |
| Signature and Date IHSC Closed Out CAP: | | <div style="border: 1px dashed black; padding: 10px; display: inline-block; text-align: center;">(b)(6),(b)(7)(C)</div> <div style="display: inline-block; vertical-align: bottom; margin-left: 20px;">February 26, 2020</div> | |

Report produced on October 29, 2019

**Department of Homeland Security
Immigration and Customs Enforcement
Office of Enforcement and Removal Operations**

Instructions for the Corrective Plan of Action Response

Provide a detailed description of the corrective action taken by the facility to address each of the findings identified in the ICE Health Service Corps Field Medical Coordinator (FMC) review. Please ensure that each stated corrective plan of action addresses the noted health care findings to the fullest extent possible, and that it incorporates the recommendations. In the event a corrective action cannot be implemented within the authorized timeline, please include an explanation in the “Corrective Plan of Action” column. The explanation should include a work around solution while pending final resolution, and an approximate completion date. If an extension is needed, the facility must contact the FMC with this request in advance of the specified timelines for submission.

**Exceptions to this timeline may be granted for necessary construction and staffing requirements, but will require an estimated completion date and temporary “work around” as part of the approved UCAP. Serious life and safety issues must be corrected immediately.*

| ICE Uniform Corrective Action Plan (FMC Reviews) Torrance County Detention Facility (El Paso AOR) | | | |
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| <u>Assessment and Findings</u> | <u>Corrective Plan of Action</u> | <u>Completion Date</u> | <u>Date of IHSC Verification of Implementation</u> |
| PBNDs 2011 Deficiencies: 4.3, V., J. - ...an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions. Any detainee responding in the affirmative shall be sent for evaluation to a qualified, licensed health care provider as quickly as possible, but in no later than two working days. Findings: Detainees were not evaluated within two working days once identified with a chronic medical condition. | Documented training occurred with facility medical staff, supporting documentation attached. Health Services Administrator and CQI nurse scheduled to conduct chart reviews of all detainees newly identified with a chronic medical condition once per month. Additional deficiencies will be reported to IHSC for review. | 11/30/2019 | 12/3/2019 Training of facility staff verified with attached document of training roster. Pending: on one month from this date, FMC will verify CQI documents concerning findings. 1/24/2020 CQI verified as started and documenting chronics as being seen in 2 working days. |



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