

OFFICE OF THE CORONER

Adams & Broomfield Counties

Monica Broncucia-Jordan

CHIEF CORONER

Name: CALERO MENDOZA, Melvin Case Number: (b)(7)(E)
Date of birth: September 29, 1983 Age: 39 years
Date and time pronounced deceased: October 13, 2022; 1232 Hours
Death Investigator: (b)(6),(b)(7)(C)
Prosecutor: (b)(6),(b)(7)(C)
Autopsy Technician: (b)(6),(b)(7)(C)

OPINION

The cause and manner of death opinion is based on the scene investigation, examination findings, and history available at this time.

Cause of Death: Bilateral occlusive pulmonary
thromboemboli due to deep vein
thromboses in the lower extremities

Contributing Factor: Injury of the right lower extremity
(records indicate this was a sports-
related injury)

Manner of Death: Accident

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

07/2023
Coroner

AUTOPSY REPORT

Name of Decedent: MELVIN CALERO MENDOZA

ME#: (b)(7)(E)

Date and Time of Death: OCTOBER 13, 2022; 1232 HOURS **Age:** 39 YEARS

Date and Time of Autopsy: OCTOBER 14, 2022; 1000 HOURS **Sex:** MALE

ANATOMIC DIAGNOSES

- I. Bilateral occlusive pulmonary thromboemboli
- II. Cardiomegaly with hypertrophy of the left ventricle of the heart
- III. Minimal hepatic steatosis and diffuse gastritis
- IV. Scalp contusion with associated subarachnoid hemorrhage
- V. Toxicological testing is positive for lidocaine in an antemortem hospital blood specimen and in postmortem peripheral blood

TOXICOLOGY

REFERENCE LABORATORY: National Medical Services, Inc.
Horsham, PA

NMS Total Tox postmortem blood panel and Synthetic Cannabinoid screen:

Analyte	Result	Units	Matrix Source
Lidocaine	Presump Pos	mcg/mL	002 - Femoral Blood

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance.

OPINION

This 39-year-old male, Melvin Calero Mendoza, died as a result of bilateral occlusive pulmonary thromboemboli due to deep vein thromboses in the lower extremities. An injury to the right lower extremity likely contributed to this death. The autopsy demonstrated bilateral occlusive thromboemboli with associated thrombi in the deep veins of the right leg. Additional autopsy findings included cardiomegaly with hypertrophy of the left ventricle of the heart, diffuse gastritis, and minimal hepatic steatosis. A scalp contusion with associated subarachnoid hemorrhage was noted, most likely due to terminal collapse. The decedent's history of a right lower extremity injury playing football may have decreased his mobility and would be a risk factor for developing deep vein thromboses and subsequent pulmonary emboli. Toxicological testing was positive for lidocaine in an antemortem hospital blood specimen and in postmortem peripheral blood.

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

Forensic Pathologist

1/20/2023

(b)(6),(b)(7)(C) 10/31/2022

CIRCUMSTANCES OF DEATH: The decedent is a 39-year-old (DOB: 9/29/1983) male detainee who collapsed suddenly while in a kitchen at the Immigration Customs Enforcement Facility. He was transported to a local hospital by EMS, but resuscitation efforts were unsuccessful. The decedent's medical history was negative for any chronic problems. He did, however, sustain two injuries to the right lower extremity playing football. According to the investigation, on or around September 4, 2022, the decedent injured his right great toe and on September 27, 2022, he injured his posterior right leg.

IDENTIFICATION: Fingerprints and digital photographs are obtained. Identification is confirmed via comparison of antemortem and postmortem fingerprints.

CIRCUMSTANCES OF POSTMORTEM EXAMINATION: A postmortem examination on the body of Melvin Calero Mendoza is performed at the Office of the Adams County Coroner beginning at approximately 10:00 AM on October 14, 2022. (b)(6),(b)(7)(C) is assisting.

CLOTHING AND PERSONAL EFFECTS

The body is received clad in white boxer shorts, a blue shirt, and a blue tee-shirt. No personal effects accompany the body.

EVIDENCE OF MEDICAL INTERVENTION

Medical intervention on the body at the time of the examination includes endotracheal and orogastric intubation, cardiac defibrillator pads on the anterior torso, electrocardiogram lead pads on the anterior torso and lower extremities, and vascular access devices in both antecubital fossae and the right forearm.

Additionally, there is a 3 ¼ x 3-inch abrasion on the mid upper chest with associated fractures of right ribs 3 to 5 at the sternum with hemorrhage and the right 3rd and left 2nd ribs more laterally without hemorrhage. These findings are consistent with cardiopulmonary resuscitation efforts.

EXTERNAL EXAMINATION

The unembalmed body is that of an adult male with a weight of 160-

pounds and a body length of 67-inches. Rigor mortis is present and equal throughout. Livor mortis is posterior and fixed, except in areas exposed to pressure. The body temperature is that of the refrigeration unit.

The scalp hair is black in color, averages 1 ½-inches in length (shorter on the sides), and is distributed normally. The eyes are without petechial hemorrhages. The irides are brown and the vasculature is slightly congested. The teeth are natural and in good condition. Facial hair consists of a thin, black beard and mustache. Injuries of the head will be described. There is no evidence of significant, recent trauma to the neck.

The thorax is symmetrical and normally developed. The abdomen is slightly protuberant. The external genitalia are those of a normal adult male, with both testes descended into the scrotum. There is no evidence of significant recent trauma to the torso or to the urogenital area.

The upper extremities are normally developed and symmetrical with no clubbing or edema. The lower extremities are normally developed and symmetrical with no edema. Two coroner's office identification bands are on the left ankle. Hospital identification bands are on the right wrist and the right great toe.

The circumference of the right leg is 12 ½-inches at approximately 10-inches above the bottom of the right foot. The circumference of the left leg is 12 7/8-inches at approximately 10-inches above the bottom of the left foot.

The posterior aspects of the torso are symmetrical and devoid of acute injury pattern. The anus is unremarkable.

A few small scars are on both knees. There are no tattoos or other significant identifying body marks.

EVIDENCE OF TRAUMA

There is a 3 x 2-inch galeal hemorrhage on the right parietal-occipital scalp. Associated with this is subarachnoid hemorrhage on the right temporal-parietal area. There is no associated subdural hemorrhage or skull fracture.

INTERNAL EXAMINATIONGENERAL DESCRIPTION:

The body is opened by a standard Y-shaped thoracoabdominal incision. All viscera occupy their appropriate anatomic relationships. Serous surfaces are smooth and glistening. There is no significant free fluid accumulation in the body cavities.

CARDIOVASCULAR SYSTEM:

The 430-gram heart occupies its usual mediastinal site. The external configuration is unremarkable. The epicardial surfaces are smooth. All major vessels arise in their appropriate anatomic relationships. The coronary arteries arise normally and are distributed in a right dominant pattern with no luminal narrowing of the major coronary arteries by atherosclerosis. The myocardium is red-brown and firm. There are no areas of gross hemorrhage or scarring. No abnormal communications exist between the cardiac chambers. Ventricular thicknesses are left 2.0-cm, right 0.5-cm, and 2.2-cm. in the interventricular septum. The cardiac valves have thin, pliable leaflets. The valve circumferences are appropriate to the caliber of the cardiac chambers. The valve cusps and surfaces are free of fusion or vegetations. The aorta is of normal caliber with all major arterial branches arising in their appropriate anatomic relationship. The intimal surfaces of the aorta are without aneurysm formation or dissection. no atherosclerotic changes are noted. Deep vein thrombi are identified within the right leg; none are noted in the left leg.

RESPIRATORY SYSTEM:

The lung weights are 560-grams on the right and 720-grams on the left. The upper and lower airways are patent and of normal caliber. The pleural surfaces are smooth and unremarkable. The parenchyma is crepitant, dark tan to red-purple, moderately congested and exudes a moderate amount of blood and fluid. There are no areas of induration, consolidation, hemorrhage, or gross scarring. The pulmonary arteries have occlusive thromboemboli within the lumen of the vessels, more significant on the right than on the left.

DIGESTIVE/HEPATOBIILIARY SYSTEM:

The oropharynx is grossly normal and unobstructed. The tongue is unremarkable. The esophagus is of normal caliber with a smooth

mucosal lining. The gastroesophageal junction is well defined. The stomach has intact mucosal surfaces and the lumen contains approximately 30-mL of blood. No pills or pill fragments are identified. No areas of ulceration, erosion, or scarring are present. The mucosa exhibits diffuse gastritis. The small and large intestines are unremarkable. The appendix is present. The lobular, tan pancreas is unremarkable. There are no areas of necrosis, gross hemorrhage, or space-occupying lesions. The pancreatic ducts are patent and of normal caliber. The 1710-gram liver has a smooth intact capsule covering congested, red-brown parenchyma. No localizing masses, lesions, or areas of hemorrhage are evident on external or cut surfaces. The intrahepatic and extrahepatic ducts are patent and of normal caliber. The gallbladder contains approximately 20-mL of dark green, viscid bile and no stones.

GENITOURINARY SYSTEM:

The kidneys weigh 150-grams on the right and 140-grams on the left. The capsules strip without difficulty and the cortical surfaces are smooth. The cortices are sharply delineated from the medullary pyramids. The calyces, pelves and ureters are unremarkable. The renal vessels are patent and of normal caliber. The urinary bladder is empty. The mucosal surfaces are smooth. The prostate gland is unremarkable externally and on cut sectioning. The testes are free of trauma or natural disease processes on cut sectioning.

HEMATOPOIETIC SYSTEM:

The 230-gram spleen occupies its usual anatomic site with an intact, smooth capsule. The parenchyma is essentially unremarkable. No gross abnormalities are noted. Regional lymph nodes have their usual distribution and appearance.

ENDOCRINE SYSTEM:

The adrenal glands are grossly unremarkable. The thyroid gland is unremarkable grossly and cut sectioning reveals no lesions.

NECK:

The cervical spine is structurally intact. The hyoid bone and thyroid cartilage are intact. There are no hemorrhages in the strap muscles or soft tissues of the neck. The upper airway is patent.

MUSCULOSKELETAL SYSTEM:

Major muscle groups demonstrate no atrophic changes and are essentially symmetrical in development. The exposed axial and appendicular skeleton is free of abnormalities.

NERVOUS SYSTEM:

The scalp is reflected in the usual manner revealing the previously described hemorrhage. The skull is intact and there are no fractures. The 1270-gram brain has the previously described subarachnoid hemorrhage. The dura mater and falx cerebri are intact. There is good preservation of cerebral symmetry, without flattening of gyri or widening of sulci. Convolutional patterns remain intact. External landmarks are readily identified. There is no evidence of herniation or either diffuse or localized swelling. The cerebral vessels are intact with no evidence of aneurysm or thrombosis. No atherosclerotic changes are demonstrated in the arteries at the base of the brain. Multiple coronal sections of cerebrum, cerebellum, and brainstem reveal no evidence of significant natural disease processes. The ventricular system is symmetrical, non-dilated and filled with clear fluid.

MICROSCOPIC DESCRIPTION

Representative sections of major organs are retained in formalin with preparation of two glass slides.

Slide Key

A1 - Lungs, Heart, Kidney, Liver

B1 - Pulmonary Emboli, Brain

- Heart - representative sections show an absence of significant pathology
- Lung - representative sections show congestion
- Liver - a representative section demonstrates minimal steatosis
- Kidneys - a representative section shows an absence of significant pathology
- Brain - representative sections show patchy subarachnoid hemorrhage
- Pulmonary Emboli - representative sections show organizing blood clots

ADDITIONAL PROCEDURES

Photographic images, fingerprints, and a DNA card are obtained at the time of the autopsy.

SPECIMENS

TOXICOLOGY: Samples of postmortem peripheral blood are submitted to the toxicology laboratory for analysis. Samples of postmortem peripheral blood, vitreous fluid, gastric contents, and urine are collected and retained.

STOCK: Samples of organs are collected and retained in formalin.

-END OF REPORT-

STATE OF COLORADO

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF DEATH

STATE FILE NUMBER 1052022038012

DECEDENT'S LEGAL NAME
MELVIN ARIEL CALERO MENDOZA

DATE OF DEATH
OCTOBER 13, 2022

SEX MALE	SOCIAL SECURITY NUMBER	AGE-Last Birthday (Years) 39	UNDER 1 YEAR Months Days	UNDER 1 DAY Hours Minutes	DATE OF BIRTH (Mo/Day/Yr) SEPTEMBER 29, 1993	BIRTHPLACE (State or Foreign Country) NICARAGUA
IF DEATH OCCURRED IN HOSPITAL EMERGENCY ROOM/OUTPATIENT			IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL			
Facility Name (If not institution, give street & number) UNIVERSITY OF COLORADO HOSPITAL AUTHORITY			CITY, TOWN OR LOCATION OF DEATH AURORA		COUNTY OF DEATH ADAMS	
RESIDENCE - STREET AND NUMBER					APT. NO.	ZIP CODE
					INSIDE CITY LIMITS UNKNOWN	
RESIDENCE STATE COLORADO			COUNTY		CITY OR TOWN	
DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) MATERIAL HANDLER				KIND OF BUSINESS/INDUSTRY WAREHOUSE		DECEDENT'S EDUCATION 8TH GRADE OR LESS
DECEDENT OF HISPANIC ORIGIN NICARAGUAN				DECEDENT'S RACE White		
EVER IN US ARMED FORCES NO		MARITAL STATUS AT TIME OF DEATH NEVER MARRIED		SPOUSE/PARTNER NAME (If wife give name prior to first marriage)		
FATHER'S NAME JOAQUIN CALERO ALANIZ				MOTHER'S NAME PRIOR TO FIRST MARRIAGE LUCIA MENDOZA SOTELO		
INFORMANT'S NAME DOUGLAS CALERO				INFORMANT'S RELATIONSHIP TO DECEASED SIBLING		
NAME OF FUNERAL HOME LATINA FUNERALS AND CREMATIONS				CITY AND STATE OF FUNERAL HOME DENVER COLORADO		WAS CORONER NOTIFIED YES
METHOD OF DISPOSITION REMOVAL FROM STATE		PLACE OF DISPOSITION CEMENTERIO MUNICIPAL DE RIO BLANCO			LOCATION - CITY, COUNTY, STATE RIO BLANCO MATAGALPA NICARAGUA	
INJURY AT WORK NO		IF TRANSPORTATION RELATED, SPECIFY		DATE OF INJURY APPROX SEPTEMBER 27, 2022		TIME OF INJURY UNKNOWN
PLACE OF INJURY INSTITUTIONAL RECREATION AREA						
LOCATION OF INJURY (Street & Number, Apt. No., City or Town, County, State, Zip Code) 11901 E 30TH AVENUE AURORA ADAMS COLORADO 80010						
DESCRIBE HOW INJURY OCCURRED EXPERIENCED A REMOTE LEG INJURY (RECORDS INDICATE THIS WAS A SPORTS-RELATED INJURY)						
WAS DECEDENT UNDER HOSPICE CARE		ACTUAL OR PRESUMED TIME OF DEATH 12:32 MIL		DATE PRONOUNCED DEAD (MO/DAY/YR) OCTOBER 13, 2022		TIME PRONOUNCED DEAD 12:32 MIL
MANNER OF DEATH ACCIDENT			WAS AN AUTOPSY PERFORMED YES		WERE AUTOPSY FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES	
CAUSE OF DEATH						
PART I IMMEDIATE CAUSE (final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death)		Enter the chain of events - diseases, injuries, or complications that directly caused the death. a. BILATERAL OCCLUSIVE PULMONARY THROMBOEMBOLI b. DEEP VEIN THROMBOSES IN THE LOWER EXTREMITIES c. d.				Approximate interval: Onset to death MINUTES DAYS
PART II Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I INJURY OF THE RIGHT LOWER EXTREMITY (RECORDS INDICATE THIS WAS A SPORTS-RELATED INJURY)						
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF PHYSICIAN					DATE SIGNED	
TITLE, NAME, ADDRESS, ZIP CODE AND COUNTY OF CORONER SHERRONDA M APPLEBERRY CHIEF DEPUTY CORONER 330 N 19TH AVENUE BRIGHTON CO 80601 ADAMS					DATE SIGNED FEBRUARY 07, 2023	
DATE FILED BY REGISTRAR OCTOBER 30, 2022						

AMENDED

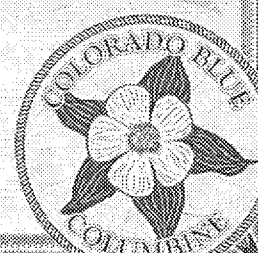
DATE ISSUED **FEBRUARY 09, 2023**

THIS IS A TRUE CERTIFICATION OF NAME AND FACTS AS RECORDED IN THIS OFFICE. Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if a person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

A. Alex Quintana
A. ALEX QUINTANA
STATE REGISTRAR



REV 01/19



2023-IGFC-22446-00028

(b)(5)

(b)(5), (b)(6), (b)(7)(C)

(b)(5)

(b)(5), (b)(6), (b)(7)(C)



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 Tarrant 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.