

U.S. Department of Homeland Security
500 12th St., SW
Washington, D.C. 20536



U.S. Immigration
and Customs
Enforcement

May 13, 2021

Austin Evers
American Oversight
1030 15th Street, NW
Suite B255
Washington, DC 20005

**RE: American Oversight v. DHS et al., (1:20-cv-02018-BAH)
ICE FOIA Case Number 2020-ICLI-00057
Seventh Final Production**

Dear Mr. Evers:

This letter is the seventh and final response to your Freedom of Information Act (FOIA) requests to U.S. Immigration and Customs Enforcement (ICE), dated March 20, 2020, seeking copies of the “Healthcare and Security Compliance Analysis” reports—or equivalent internal procedural compliance analysis—completed by or for ICE Office of Professional Responsibility as part of the detainee death reviews for each of the following individuals who died in custody.

ICE has considered your request under the FOIA, 5 U.S.C. § 552.

A total of 295 pages of records were reviewed for this final production. The 295 pages of records were located pursuant to a search of the ICE, Office of Professional Responsibilities (OPR). Those 295 pages of records have been marked 2020-ICLI-00057-2416 through 2020-ICLI-00057-2710. Upon review, ICE has determined that portions of the 295 pages will be withheld pursuant to FOIA Exemptions (b)(6), (b)(7)(C) and (b)(7)(E) of the FOIA as described below:

ICE has applied FOIA Exemptions 6 and 7(C) to protect from disclosure the names, e-mail addresses, and phone numbers of DHS employees contained within the documents.

FOIA Exemption 6 exempts from disclosure personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a balancing of the public’s right to disclosure against the individual’s right to privacy. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test.

FOIA Exemption 7(C) protects records or information compiled for law enforcement purposes that could reasonably be expected to constitute an unwarranted invasion of personal privacy.

www.ice.gov

This exemption takes particular note of the strong interests of individuals, whether they are suspects, witnesses, or investigators, in not being unwarrantably associated with alleged criminal activity. That interest extends to persons who are not only the subjects of the investigation, but those who may have their privacy invaded by having their identities and information about them revealed in connection with an investigation. Based upon the traditional recognition of strong privacy interest in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate. As such, I have determined that the privacy interest in the identities of individuals in the records you have requested clearly outweigh any minimal public interest in disclosure of the information. Please note that any private interest you may have in that information does not factor into this determination.

ICE has applied FOIA Exemption 7(E) to protect from disclosure internal agency case numbers contained within the document.

FOIA Exemption 7(E) protects records compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or prosecutions or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law. I have determined that disclosure of certain law enforcement sensitive information contained within the responsive records could reasonably be expected to risk circumvention of the law. Additionally, the techniques and procedures at issue are not well known to the public.

If you have any questions about this letter, please contact Assistant United States Attorney Michael A. Tilghman II at (202) 252-7113 or michael.tilghman@usdoj.gov

Sincerely,

Korrina Stewart
Litigation Team Supervisor

Enclosure(s): 295 page(s)

cc:

Michael A. Tilghman II
Assistant United States Attorney
Civil Division
United States Attorney's Office
for the District of Columbia
555 Fourth Street, N.W.
Washington, D.C. 20530
(202) 252-7113

AUTOPSY REPORT

Case No: LA459-19

Date of Examination: October 17, 2019

Name: DIAZ, Roylan

Age: 43 years

Race: Hispanic

Sex: Male

Investigating Agency: Ouachita Parish Coroner's Office

FINDINGS:

- I. Hanging.
 - A. Ligature consisting of sheet wrapped tightly around neck.
 - B. Petechial hemorrhages of epiglottic and laryngeal mucosa.
- II. Contusion, left hand.

Name: DIAZ, Roylan

Parish: Ouachita

Case No.: LA459-19

CAUSE OF DEATH:

Hanging.

OPINION:

This 43-year-old Hispanic male, Roylan Diaz, died of hanging.

Investigation of the circumstances of death revealed that the decedent was an inmate at the Richwood Correctional Center when he was found hanging on the bedrail of his bunk with a white sheet wrapped around his neck. Reportedly, he was the lone occupant of the cell and had been participating in his second documented "hunger strike" since his detention in June of 2019. There was no evidence of foul play reported at the scene.

Autopsy demonstrated a ligature consisting of a sheet wrapped tightly around the neck. Other injuries included a small bruise of the left hand. There was no evidence of disease present. Toxicology detected no drugs or alcohol in the blood. Vitreous chemistries detected a markedly elevated urea nitrogen level.

(b)(6); (b)(7)(C)

Forensic Pathologist

11-18-19/rmkh

EXTERNAL EXAMINATION

Received for examination was the body of a well-developed, well-nourished, Hispanic male clad in a prison uniform consisting of a green shirt and pants, a white t-shirt, boxers which were markedly soiled with feces and disposed of and white socks. Two pieces of a cut white sheet were present on top of the body. A ligature was present around the neck and will be described further below in detail. The body weighed 180 pounds, measured 68 inches in length and appeared compatible with the age of 43 years. The body was cold. Rigor mortis was present and fixed to an equal degree in all extremities. Livor mortis was present and fixed on the posterior surface of the body and the legs except for the areas exposed to pressure. The scalp hair was brown gray. The deceased wore a mustache and beard. The irides were hazel. The corneas were clear. The sclerae and conjunctivae showed no petechial hemorrhages. The external nares and oral cavity contained a slight amount of serosanguinous fluid. The teeth were natural and in good condition. The neck will be described further below in detail. The chest was unremarkable with no evidence of injury to the ribs or sternum externally. The abdomen was flat with no scars or injuries noted. On the shaft of the penis was a 1-inch surgical scar. Below this scar was a ½ x ¼ inch raised prosthetic implant consisting of a piece of clear plastic. The external genitalia were free of injury. The lower extremities showed a few old, irregular scars along with slight bilateral loss of hair growth. On the posterior surface of the left thigh was a nevus. The ankles and feet were clean. No tattoos, needle tracks or wrist scars were noted. A vaccination scar was present on the left deltoid region. The posterior torso was unremarkable.

EVIDENCE OF MEDICAL ATTENTION:

EKG electrodes were present on the front of the chest and the lower extremities.

EVIDENCE OF INJURY:**EVIDENCE OF HANGING:**

Situated tightly and wrapped multiple times around the neck was a white bedsheet situated respectively 3 inches inferior to the right external auditory meatus and 3 ¾ inches to the left external auditory meatus. The ligature was situated on and above the thyroid

eminence and completely encircled the neck tightly. The knot was present on the right side of the neck.

Upon removal of the ligature, there was a tan brown ligature furrow measuring 1 – 1 ½ inches in width with approximately ¼ - ½ indentation into the neck. The furrow canted up on the left side of the neck and faded into the hairline. Underlying ligature on the posterior neck was a band of pallor.

Subsequent layer wise dissection of the neck demonstrated no sternocleidomastoid or strap muscle hemorrhages. The hyoid bone and laryngeal cartilages were intact. A few scattered petechial hemorrhages were present on the epiglottic and laryngeal mucosa.

OTHER INJURIES:

On the back of the left hand at the thumb was a 1 ½ x 1 inch blue contusion.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 2 inches. No adhesions or abnormal collections of fluid were present in the body cavities. Petechiae were not present on the thoracic organs. All body organs were present in normal anatomic position and were diffusely congested. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth and glistening. The pericardial sac contained a few milliliters of fluid. The heart was normal in size, shape and configuration. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of luminal stenosis or acute thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red brown and firm with no focal lesions. The atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 260 grams.

RESPIRATORY SYSTEM:

The pleural surfaces were smooth and glistening. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The mucosal surfaces were unremarkable. The upper and lower airways contained bloody, frothy mucoid secretions. The pulmonary parenchyma was grayish purple and diffusely congested. The right lung weighed 500 grams; the left 400 grams.

NECK:

Injuries to the neck have been previously described. No other abnormalities were noted.

ALIMENTARY TRACT:

The tongue, esophagus, small and large bowels, rectum and anus showed no lesions or abnormalities. The stomach contained a scant amount of mucus. The appendix was present.

LIVER AND BILIARY SYSTEM:

The hepatic parenchyma was maroon with no focal lesions. The gallbladder contained a few milliliters of bile. The liver weighed 1200 grams.

GENITOURINARY SYSTEM:

The cortical surfaces were red-brown and smooth. The cortex was unremarkable. The urinary bladder contained 50 ml of dark yellow urine. The prostate and testes were unremarkable. The right kidney weighed 120 grams; the left 130 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering a red purple, firm parenchyma. The regional lymph nodes were not enlarged and appeared normal. The spleen weighed 140 grams.

Name: DIAZ, Roylan

Parish: Ouachita

Case No.: LA459-19

ENDOCRINE AND EXOCRINE SYSTEMS:

The pituitary gland, thyroid gland, adrenal glands and pancreas were unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscles were red brown and within normal development. No bone or joint abnormalities were noted. The cervical, thoracic and lumbar spine showed no obvious old fractures or other abnormalities.

CENTRAL NERVOUS SYSTEM:

The scalp showed no edema or hemorrhage. The calvarium and base of the skull showed no fractures. The dura and falx cerebri were intact. There was no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges were clear. The cerebral hemispheres were symmetric and diffusely congested. The circle of Willis and related blood vessels were normal in caliber and distribution. Sections through the cerebral hemispheres, cerebellum and brain stem showed no lesions or hemorrhage. The spinal cord was not examined. The brain weighed 1450 grams.

**NMS Labs****CONFIDENTIAL**

200 Welsh Road, Horsham, PA 19044-2208

Phone: (215) 857-4900 Fax: (215) 657-2972

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(b)(6); (b)(7)(C)

F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report**Report Issued** 10/27/2019 15:08**Patient Name** DIAZ, ROYLAN**Patient ID** (b)(6); (b)(7)(C)**Chain****Age** 43 Y**DOB** Not Given**Gender** Male**Workorder**

19319915

To: 10885

(b)(6); (b)(7)(C)

8710 Faulkner Lake Road

North Little Rock, AR 72117

Page 1 of 3**Positive Findings:**

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Creatinine (Vitreous Fluid)	0.79	mg/dL	003 - Vitreous Fluid
Sodium (Vitreous Fluid)	143	mmol/L	003 - Vitreous Fluid
Potassium (Vitreous Fluid)	14	mmol/L	003 - Vitreous Fluid
Chloride (Vitreous Fluid)	128	mmol/L	003 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	52	mg/dL	003 - Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	8.75 mL	10/17/2019	Cardiac Blood	
002	Gray Top Tube	8.75 mL	10/17/2019	Cardiac Blood	
003	Red Top Tube	4 mL	10/17/2019	Vitreous Fluid	
004	White Plastic Container	30 mL	10/17/2019	Urine	

All sample volumes/weights are approximations.

Specimens received on 10/18/2019.

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Workorder 19319915
Chain 30243374
Patient ID LA459-19 OUACHITA

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Creatinine (Vitreous Fluid)	0.79	mg/dL	0.050	003 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	143	mmol/L	80	003 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	14	mmol/L	1.0	003 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	128	mmol/L	70	003 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	35	003 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	52	mg/dL	3.0	003 - Vitreous Fluid	Chemistry Analyzer

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 19319915 was electronically signed on 10/27/2019 14:03 by:

(b)(6); (b)(7)(C)

Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acocde 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Chloride (Vitreous Fluid)	70 mmol/L	Sodium (Vitreous Fluid)	80 mmol/L
Glucose (Vitreous Fluid)	35 mg/dL	Urea Nitrogen (Vitreous Fluid)	3.0 mg/dL
Potassium (Vitreous Fluid)	1.0 mmol/L		

-Analysis by Colorimetry (C) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Creatinine (Vitreous Fluid)	0.050 mg/dL		

Acocde 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Cardiac Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

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Workorder 19319915
Chain 30243374
Patient ID LA459-19 OUACHITA

Page 3 of 3

Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

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OUACHITA PARISH SHERIFF'S OFFICE

OFFENSE SUPPLEMENT REPORT

CASE# 2019-00059639

NARRATIVE

On 10/15/19 I (b)(6); (b)(7)(C) responded to 180 Pine Bayou Dr (Richwood Correctional) in reference to the death of inmate Roylan Hernandez-Diaz. Upon arrival I met with (b)(6); (b)(7)(C) of OPSO along with Major (b)(6); (b)(7)(C) of Richwood. I was informed approximately 1405 hrs (b)(6); (b)(7)(C) was checking on inmate Diaz and discovered Diaz hanging from his neck from his bed.

(b)(6); (b)(7)(C) interviewed (b)(6); (b)(7)(C) as well as (b)(6); (b)(7)(C) of RCC and secured details on the events leading them to discovering Diaz's death. (Refer to (b)(6); (b)(7)(C) initial report for greater details.)

I observed Diaz hanging from the right side of his bed by his neck by what appeared to be the sheet from his bed. I did not observed any signs inside Diaz's cell to indicate any type of a struggle. OPSO Crime Scene responded and secured photos of Diaz and his cell, which was logged into OPSO's verpic system.

The hallway where Diaz was housed was monitored by video which I was able to secure a copy of. Diaz cell was not equipped with any type of video system.

I didn't observe anyone at RCC to have any interactions with Diaz prior to him being found deceased which could have indicated anyone other than Diaz harming himself. I observed (b)(6); (b)(7)(C) t approximately 1404 hrs lift the window to Diaz's cell and look in (b)(6); (b)(7)(C) ft the video frame for about a minute and returns to Diaz's cell and appeared to be attempting verbal contact through the window (b)(6); (b)(7)(C) opened the door and found Diaz hanging from his bed. Shortly after several other employees of RCC including (b)(6); (b)(7)(C) along with medical staff responded to Diaz's location.

On 11/22/19 I received a copy of Diaz's autopsy report. The autopsy was performed by (b)(6); (b)(7)(C) Peretti on 10/17/19. The report listed the cause of death to be hanging (b)(6); (b)(7)(C) listed his findings as ligature consisting of a sheet wrapped tightly around the neck and Petechial hemorrhages of epiglottic and laryngeal mucosa. (b)(6); (b)(7)(C) also listed the finding of a contusion on the left hand. The toxicology report listed no findings of any alcohol or narcotics in Diaz's system. A copy of the autopsy was logged into OPSO's system under this case file.

Show my report closed due to no findings of foul play.

REPORTING OFFICER

(b)(6); (b)(7)(C)

DATE

11/25/2019

REVIEWED BY

(b)(6); (b)(7)(C)

11/25/2019

 DEPARTMENT OF HOMELAND SECURITY Immigration and Customs Enforcement REPORT OF INVESTIGATION		1. CASE NUMBER (b)(6); (b)(7)(C)	
		PREPARED BY (b)(6); (b)(7)(C)	
		2. REPORT NUMBER 002	
3. TITLE HERNANDEZ DIAZ, Roylan/Non-Employee/0107 Death-Detainee/Alien (Suicide)/RICHWOOD, OUACHITA, LA			
4. FINAL RESOLUTION Substantiated			
5. STATUS Closing Report	6. TYPE OF REPORT Other	7. RELATED CASES	
8. TOPIC Detainee Suicide at Richwood Correctional Center			
9. SYNOPSIS On October 15, 2019, the Joint Intake Center (JIC) received notification from Department of Homeland Security, U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO), Acting Field Office Director (A)FOD (b)(6); (b)(7)(C) ERO New Orleans, Louisiana, (ERO NO), that ICE detainee Roylan HERNANDEZ-Diaz was found deceased at the Richwood Correctional Center (RCC) in Richwood, LA. The preliminary cause of death was suicide by hanging. The Office of Professional Responsibility (OPR) substantiated through the Ouachita Parish Coroner's Office (OPCO), that detainee HERNANDEZ-Diaz committed suicide by hanging. This OPR investigation is closed.			
10. CASE OFFICER (Print Name & Title) (b)(6); (b)(7)(C) CE-OPR Special Agent	11. COMPLETION DATE 14-JAN-2020	14. ORIGIN OFFICE ICE OPR RAC New Orleans	
12. APPROVED BY (Print Name & Title) (b)(6); (b)(7)(C) CE-OPR Special Agent Supervisor	13. APPROVED DATE 14-JAN-2020	15. TELEPHONE NUMBER No Phone Number	
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DEPARTMENT OF HOMELAND SECURITY

REPORT OF INVESTIGATION
CONTINUATION

1. CASE NUMBER

(b)(6); (b)(7)(C)

PREPARED BY

(b)(6); (b)(7)(C)

2. REPORT NUMBER

002

10. NARRATIVE

DETAILS OF INVESTIGATION

On October 15, 2019, the JIC received notification from (A)FOD Joyce that detainee HERNANDEZ-Diaz was found deceased at the RCC. The preliminary cause of death was identified as a suicide by hanging.

Detainee HERNANDEZ-Diaz was a citizen of Cuba and awaiting adjudication for his political asylum application. It was reported to ERO RCC that detainee HERNANDEZ-Diaz was frustrated with the amount of time it was taking to process his asylum application. Detainee HERNANDEZ-Diaz started a hunger strike in protest, but officers at the RCC confirmed detainee HERNANDEZ-Diaz ate several meals prior to his death.

On October 17, 2019, Senior Special Agent (SSA) (b)(6); (b)(7)(C) OPR, New Orleans, LA. (OPR NO), interviewed Supervisory Detention and Deportation Officer (SDDO) (b)(6); (b)(7)(C), ERO RCC.

SDDO (b)(6); (b)(7)(C) stated detainee HERNANDEZ-Diaz was housed at the RCC awaiting adjudication for his asylum application. SDDO (b)(6); (b)(7)(C) stated there was no disciplinary action pending for detainee HERNANDEZ-Diaz.

SDDO (b)(6); (b)(7)(C) stated that Major (b)(6); (b)(7)(C) RCC conducted the preliminary investigation of detainee HERNANDEZ-Diaz's death and provided an investigative report. SDDO (b)(6); (b)(7)(C) provided OPR with a copy of Major (b)(6); (b)(7)(C) report and contact information.

On October 17, 2019, SSA (b)(6); (b)(7)(C) interviewed Major (b)(6); (b)(7)(C) who provided a copy of his investigative report.

Major (b)(6); (b)(7)(C) stated that on October 15, 2019, he conducted the preliminary investigation of detainee HERNANDEZ-Diaz's death. Major (b)(6); (b)(7)(C) stated detainee HERNANDEZ-Diaz was found by Captain (b)(6); (b)(7)(C) RCC, hanging with a sheet tied around his neck from the top rail of his bunk, not moving and unresponsive.

Major (b)(6); (b)(7)(C) stated detainee HERNANDEZ-Diaz was housed in A-Hall segregation cell # 3, and when he arrived at cell # 3, the Medical Unit staff were on scene. Major (b)(6); (b)(7)(C) stated he spoke with Licensed Practical Nurse (LPN) (b)(6); (b)(7)(C) RCC Medical Unit, who said detainee HERNANDEZ-Diaz showed no signs of life. Major (b)(6); (b)(7)(C) stated that notification was made with Acadian Ambulance Service and the scene was preserved as a potential crime scene.



DEPARTMENT OF HOMELAND SECURITY

REPORT OF INVESTIGATION
CONTINUATION

1. CASE NUMBER

(b)(6); (b)(7)(C)

PREPARED BY

(b)(6); (b)(7)(C)

2. REPORT NUMBER

002

10. NARRATIVE

Major (b)(6); (b)(7)(C) stated the Richwood Police Department (RPD), Ouachita Parish Sheriff's Office (OPSO), and SDDC (b)(6); (b)(7)(C) were notified, and Chief (b)(6); (b)(7)(C) RPD deferred the case to OPSO to conduct the official investigation.

Major (b)(6); (b)(7)(C) stated Senior Investigator (SI) (b)(6); (b)(7)(C) OPSO and members of the OPSO Crime Scene Unit conducted their preliminary investigation. The OPSO notified OPCO, who upon arrival pronounced detainee HERNANDEZ-Diaz deceased. Major (b)(6); (b)(7)(C) stated the OPCO advised him that detainee HERNANDEZ-Diaz's body would be sent to Little Rock, Arkansas for an autopsy.

On October 17, 2019, SSA (b)(6); (b)(7)(C) interviewed Lieutenant (Lt.) (b)(6); (b)(7)(C) RCC. Lt. Coleman provided a copy of his investigative report.

(b)(6); (b)(7)(C) stated that on October 15, 2019, he and Captain (b)(6); (b)(7)(C) while passing through A-Hall, smelled an odor coming from detainee HERNANDEZ-Diaz's cell # 3. (b)(6); (b)(7)(C) stated Captain (b)(6); (b)(7)(C) raised the flap on the cell door and observed detainee HERNANDEZ-Diaz hanging from the bed with a sheet tied around his neck. (b)(6); (b)(7)(C) stated they entered the cell and immediately notified the RCC Medical Unit.

On November 25, 2019, SSA (b)(6); (b)(7)(C) interviewed (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) stated that on October 15, 2019, he responded to the RCC to investigate the death of detainee HERNANDEZ-Diaz. (b)(6); (b)(7)(C) stated he interviewed numerous RCC employees to include (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) stated he also observed detainee HERNANDEZ-Diaz's body hanging from his bed by a sheet tied around his neck. (b)(6); (b)(7)(C) stated he did not observe any signs inside the cell to indicate any type of a struggle. (b)(6); (b)(7)(C) stated that the OPSO Crime Scene Unit secured photos of detainee HERNANDEZ-Diaz and photos from inside the cell. (b)(6); (b)(7)(C) stated detainee HERNANDEZ-Diaz's cell was not equipped with video surveillance.

(b)(6); (b)(7)(C) stated the hallway where detainee HERNANDEZ-Diaz was housed was monitored by video surveillance, and after reviewing the video surveillance, he did not observe anyone from the RCC interacting with detainee HERNANDEZ-Diaz prior to him being found deceased.

(b)(6); (b)(7)(C) stated that on November 22, 2019, he received a copy of the autopsy report dated October 17, 2019, which was performed on detainee HERNANDEZ-Diaz. (b)(6); (b)(7)(C) stated OPCO

 DEPARTMENT OF HOMELAND SECURITY REPORT OF INVESTIGATION CONTINUATION	1. CASE NUMBER (b)(6); (b)(7)(C)
	PREPARED BY (b)(6); (b)(7)(C)
	2. REPORT NUMBER 002
10. NARRATIVE identified the cause of death as death by hanging, and the toxicology report for detainee HERNANDEZ-Diaz listed no findings of alcohol or narcotics. (b)(6); (b)(7)(C) provided OPR with a copy of detainee HERNANDEZ-Diaz's autopsy report and a copy of the OPSO report of investigation closing their case as a suicide by hanging. Copies of the OPSO closing report, autopsy report and investigative reports from the RCC staff were placed in the OPR investigative file folder. This OPR investigation is closed.	

 DEPARTMENT OF HOMELAND SECURITY REPORT OF INVESTIGATION Exhibit List	1. CASE NUMBER (b)(6); (b)(7)(C)
	PREPARED BY (b)(6); (b)(7)(C)
	2. REPORT NUMBER 002

None

DETAINEE DEATH REVIEW: Roylan HERNANDEZ-Diaz, A203637060
Healthcare and Security Compliance Analysis
Richwood Correctional Center
Monroe, Louisiana

As requested by the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU), Creative Corrections participated in a review of the death of detainee Roylan HERNANDEZ-Diaz (HERNANDEZ) while in the custody of the Richwood Correctional Center in Monroe, Louisiana. A team consisting of ERAU team leader (b)(6); (b)(7)(C) Inspection and Compliance Specialist, (b)(6); (b)(7)(C) ERAU Acting Section Chief, and Creative Corrections contract personnel (b)(6); (b)(7)(C) Program Manager, (b)(6); (b)(7)(C) Security Subject Matter Expert, and (b)(6); (b)(7)(C) RN, Healthcare Subject Matter Expert conducted an on-site review on November 18-20, 2019. ERAU requested contractor participation to assess compliance with the ICE 2011 PBNDS governing healthcare and security operations.

Included in this report is a case synopsis, overview of the facility's healthcare services, detention summary, a narrative chronology of events, and conclusions. The information and findings herein are based on analysis of detainee HERNANDEZ's medical record and detention file, tour of pertinent areas of the facility, interviews of staff, and review of policies, video surveillance footage, and available incident related documentation.

SYNOPSIS

Roylan HERNANDEZ-Diaz, 42 years old, entered ICE Enforcement and Removal Operations (ERO) custody on May 20, 2019. He was detained at the Tallahatchie County Correctional Facility, Tutwiler, MS, from May 23, 2019 until June 13, 2019 when transferred to the Richwood Correctional Center.

During his detention, HERNANDEZ was treated for irritable bowel syndrome, a condition he reported having for several years. Providers changed his medication regimen when he reported that they were ineffective, and twice ordered a bland diet. Nurses' documentation of medication administration was inconsistent, and the orders for a bland diet were not processed.

HERNANDEZ was twice placed in segregation for hunger strike monitoring after refusing multiple meals. On October 15, 2019 while on that status, HERNANDEZ was found by security staff hanging by a bed sheet from the top bunk. Staff last visually observed him more than two and a half hours earlier, and last spoke with him four hours earlier. Medical and additional security staff immediately responded to the emergency call for assistance, but command staff disallowed entry to cut HERNANDEZ down and initiate cardio pulmonary resuscitation because

HERNANDEZ appeared to be dead. They declared the cell a crime scene on the basis they could not be certain his death was by suicide. Emergency medical services responders found no vital signs or heart activity when they arrived in under 15 minutes, and local law enforcement and crime scene investigators arrived quickly thereafter. Responding law enforcement personnel contacted the coroner, who arrived, declared death, and cut HERNANDEZ down more than an hour after staff discovered HERNANDEZ hanging.

Autopsy and law enforcement reports are not available as of the date of this report.

HEALTHCARE SERVICES

LaSalle Corrections, LLC staffs RCC's clinic 24 hours a day. (b)(6); (b)(7)(C) corporate Clinical Director and designated Clinical Director for RCC, informed ERAU that her time at the facility varies, but she is typically on site one to two times per week. She also stated that at the time HERNANDEZ's death, the company was in the process of making changes to the staffing plan to enhance administrative oversight and increase provider and nursing coverage. Specifically, LaSalle Corrections hired a Health Services Administrator (HSA) who coincidentally started on the day of the death, replacing the former Director of Nurses who also acted as HSA. In addition, LaSalle Corrections hired a full-time Advanced Practice Provider (APP) who will start in December, supplementing the coverage of four APPs who rotate between LaSalle Corrections facilities. The complement of licensed practical nurses (LPN) has been doubled, from four to eight. Other nursing positions include the Director of Nurses, a nurse manager, and five registered nurses (RN). The staffing plan includes a mental health specialist; however, the position was vacant during HERNANDEZ's detention. In the absence of an on-site mental health professional, RCC uses telemedicine for both psychiatric and routine mental health care. Other allocated positions include a part time dentist and two medical assistants.

ERAU confirmed the credentials of all healthcare professionals involved in the care of detainee HERNANDEZ were current and primary source verified; also, that healthcare and security personnel who responded to the emergency had current certification in cardio-pulmonary resuscitation, suicide prevention and intervention, and hunger strikes. According to Captain (b)(6); (b)(7)(C) who served as training coordinator as a collateral duty, the hunger strike training consisted of issuing RCC's policy and requiring staff to sign acknowledging receipt and understanding. (b)(6); (b)(7)(C) stated that following HERNANDEZ's death, she developed a user-friendly packet to guide nurses in expected actions.

RCC does not have an electronic medical record system. ERAU found its hard-copy system disorganized and set up in a way that made it difficult to chronologically track HERNANDEZ's care. Many signatures were illegible and name stamps were not used, challenging the ability of the reviewer to determine which healthcare professionals conducted encounters. In addition, according to one of the providers interviewed, locating medical files for patient encounters has

been problematic (b)(6); (b)(7)(C) stated LaSalle Corrections plans to consider converting to an electronic system after the first of the year.

DETENTION SUMMARY

HERNANDEZ was classified low custody during the term of his detention. Except when segregated for hunger strike monitoring, he was housed in general population. He had no disciplinary incidents and filed no grievances or requests related to general facility matters. His medical requests are described in this report.

HERNANDEZ had no social or attorney visits. He placed 96 calls, the last placed seven days before his suicide. All personal calls were in Spanish.

NARRATIVE

Tallahatchie County Correctional Facility (TCCF), Tutwiler, Mississippi

On May 24, 2019 at 3:13 a.m. (b)(6); (b)(7)(C), RN, conducted HERNANDEZ's medical and mental health intake screening with the assistance of a Spanish interpreter.¹ Vital signs were within normal limits, as follows: temperature 98.6, pulse 55, respirations 16, and blood pressure 106/67. He was five feet, six inches tall and weighed 171.8. HERNANDEZ reported colon problems and acid reflux², and that he was taking dicyclomine³ and Senokot⁴. HERNANDEZ stated he was careful about what he ate to avoid reflux, and that the medications were ineffective in resolving his discomfort. He reported pain at level eight in the lower abdomen and on both sides of his back⁵ but refused to take the dicyclomine and Senokot because they did not help. He reported no history of tuberculosis (TB), and (b)(6); (b)(7)(C) observed no signs or symptoms of the disease.⁶ She cleared HERNANDEZ for general population.

¹ See Initial Intake Screening, dated May 24, 2019.

² Acid reflux, commonly referred to as heart burn, is a digestive disease in which stomach acid or bile flows into the esophagus and irritates the lining.

³ Dicyclomine Hydrochloride is an antispasmodic drug used to treat spasms of the colon.

⁴ Senokot is an over-the-counter laxative plus stool softener.

⁵ The pain level is based on is based on the standardized pain scale of zero to ten measuring a patient's self-report of pain. Zero is no pain and ten is the worst pain ever experienced.

⁶ See TB Intake/TB Annual Symptom Screening form, dated May 24, 2019. Based on available evidence, ERAU concludes nursing staff did not plant a purified protein derivative (PPD) skin test at the time of HERNANDEZ's intake.

On May 29, 2019, (b)(6); (b)(7)(C) Licensed Professional Counselor, completed a Comprehensive Mental Health Evaluation documenting all normal findings.⁷ HERNANDEZ denied current thoughts of self-harm and the need for mental health services.

The same day, (b)(6); (b)(7)(C) nurse practitioner (NP), conducted HERNANDEZ's initial health appraisal.⁸ He reported a diagnosis of irritable bowel syndrome (IBS)⁹ for which he was prescribed dicyclomine and (b)(6); (b)(7)(C) brought with him to TCCF. The NP ordered the medications and referred HERNANDEZ for chronic care follow-up.

On June 12, 2019, a chest X-ray found no infiltrates or masses, and no findings suggestive TB.¹⁰ The report states the chest X-ray was completed because HERNANDEZ had a nonspecific reaction to a tuberculin skin test; however, the intake screening documentation does not note testing by way of purified protein derivative (PPD) skin test. A late entry by (b)(6); (b)(7)(C) RN, states (b)(6); (b)(7)(C) RN, planted a PPD; however, RN (b)(6); (b)(7)(C) does not provide the date or when the test was read.¹¹ The late entry references a computer outage from May 23 to 26, 2019, ostensibly to explain the missing PPD documentation.¹²

The same day (b)(6); (b)(7)(C) LPN, prepared a Prisoner in Transit Medical Summary noting HERNANDEZ had IBS and listing his medications; also, that the June 12, 2019 chest X-ray was negative for TB.¹³

Richwood Correctional Center (RCC), Monroe, Louisiana

On June 13, 2019, ERO transferred HERNANDEZ from TCCF to RCC.¹⁴ Admission documentation reflects the following:

- Deputy (b)(6); (b)(7)(C) classified HERNANDEZ low custody using a Spanish interpreter.¹⁵ Sergeant (b)(6); (b)(7)(C) approved the rating the same day. HERNANDEZ consented to

⁷ See Comprehensive Mental Health Evaluation, dated May 29, 2019,

⁸ See Inmate/Resident Health Appraisal, dated May 29, 2019.

⁹ Irritable bowel syndrome (IBS), also referred to as spastic colon, is a common intestinal disorder causing belly pain, gas, diarrhea, and constipation.

¹⁰ See Radiology Interpretation report dated June 12, 2019. The document was in the RCC medical record, but not in the record provided by TCCF.

¹¹ See PPD Administered, undated, electronically signed on June 15, 2019.

¹² ERAU did not visit TCCF and therefore, was unable to obtain clarification of HERNANDEZ's TB testing.

¹³ See Prisoner in Transit Medical Summary, dated June 12, 2019. The transfer summary was in the RCC medical record, but not in the record provided by TCCF.

¹⁴ See ICE Significant Incident Report (SIR), dated October 16, 2019. The time HERNANDEZ arrived at RCC is not documented in the SIR or in RCC security admission records.

¹⁵ See ICE Custody Classification Worksheet, dated June 13, 2019. ERAU concludes the classification was correct based on the fact HERNANDEZ had no criminal history and had no known security threat group involvement.

use of an interpreter¹⁶ and acknowledged he was notified of the classification by signing a Spanish language acknowledgment form.¹⁷

- A staff person determined that HERNANDEZ was not at risk for sexual abuse and did not pose a predatory risk.¹⁸ The screening form does not document whether interpretation assistance was used. HERNANDEZ acknowledged receipt of the facility's Prison Rape Elimination Act zero tolerance policy by signing a Spanish language version acknowledgment form.¹⁹
- HERNANDEZ signed Spanish-language forms acknowledging receipt of handbooks and video orientation.²⁰
- HERNANDEZ acknowledged receipt of information related to disposition of personal property.²¹ He arrived with funds totaling \$19.58.²² The RCC property officer was Deputy (b)(6); (b)(7)(C) however, HERNANDEZ's detention records provided to ERAU do not include a property inventory and receipts for his property and funds, and do not include documentation of issuance of facility clothing, linens, and hygiene items.

At 11:07 a.m., (b)(6); (b)(7)(C) RN, noted HERNANDEZ was cleared for TB at the previous facility by way of chest X-ray.²⁴ At 2:05 p.m., (b)(6); (b)(7)(C) NP, completed the medical intake screening using telephonic interpretation assistance.²⁵ The findings were as follows:

- HERNANDEZ's vital signs were within normal limits, as follows: temperature 98.3 degrees, pulse 74, respirations 20, blood pressure 114/68, and pulse oxygen 98 percent. He weighed 172.5 pounds and was 169.5 inches tall.²⁶
- HERNANDEZ replied yes when asked if he had any medical, mental, or dental problems needing immediate attention. He reported chronic IBS but denied a history of other physical illness, surgeries, dental problems, and serious infectious or communicable illness. HERNANDEZ reported daily intermittent pain at level two.
- HERNANDEZ was taking Bentyl²⁷ and Senakote for IBS.

¹⁶ See Interpreter Consent form, dated June 13, 2019. The form does not document whether the interpreter was a staff person or a detainee.

¹⁷ See Classification Acknowledgement, dated June 13, 2019.

¹⁸ Screening for Risk of Sexual Victimization and Abusiveness, dated June 13, 2019. The signature of the person who completed the form is illegible.

¹⁹ See PREA Zero Tolerance Acknowledgement for Detainees, dated June 13, 2019.

²⁰ See Reconocimiento de Detenido and ICE Handbook forms, dated June 13, 2019.

²¹ See Reconocimiento de Detenido, dated June 13, 2019.

²² See Detainee Funds report showing HERNANDEZ's account history.

²³ See Intake Booking form, Section A, dated June 13, 2019. The form does not document Deputy (b)(6); (b)(7)(C) first name.

²⁴ See TB Screening and Testing form, Section A, dated June 13, 2019.

²⁵ See TB Screening and Testing form, Sections B, C and D, dated June 13, 2019.

²⁶ The recorded height of 169.5 inches (more than 14 feet) is an apparent error. HERNANDEZ was five feet, six inches tall per the TCCF record.

²⁷ Bentyl is brand name dicyclomine.

- HERNANDEZ requested housing in general population.

(b)(6); (b)(7)(C) mental health screening findings were as follows:²⁸

- HERNANDEZ reported no history of mental illness, no past or current thoughts of suicide, and no sexual assault prior to arrival.
- HERNANDEZ denied tobacco use or abuse of alcohol and other substances.
- HERNANDEZ admitted to having been a victim of physical abuse in Cuba. He declined referral to mental health.

(b)(6); (b)(7)(C) also completed a form on which he recorded findings of a physical examination.²⁹ He noted the following:

- HERNANDEZ was a new intake with reported IBS. His last colonoscopy was in 2018 while in Peru. He suffered lower abdominal pain daily on a chronic basis, especially in the left lower quadrant following meals. He reported some constipation.
- HERNANDEZ's current medications were Bentyl and Senakote.
- HERNANDEZ reported he had not taken his medications in several weeks due to a misunderstanding.³⁰
- HERNANDEZ's vital signs were within normal limits as follows: temperature 98.3, pulse 74, respirations 20, and blood pressure 114/68. He weighed 172.5 pounds.
- HERNANDEZ's physical examination was normal.

(b)(6); (b)(7)(C) assessment conclusion was that HERNANDEZ had IBS. The plan was to continue the current medications, both of which were given during the encounter, and to follow up in three months. (b)(6); (b)(7)(C) ordered dicyclomine 20 milligram (mg) twice daily for six months, and Senokot 8.6 mg, two tablets every night for three months.³¹ (b)(6); (b)(7)(C) Impson noted the order and correctly transcribed them onto Medication Administration Records (MAR).³² She also correctly recorded the medications on a Medication Order Form the next day; however, she documented (b)(6); (b)(7)(C) was the ordering provider.³³ Neither (b)(6); (b)(7)(C) nor (b)(6); (b)(7)(C) signed the form.

²⁸ See Intake Summary, Mental Health dated June 13, 2019.

²⁹ The form is not titled and is undated. ERAU concludes (b)(6); (b)(7)(C) completed the examination following the intake screening because on the form, he noted HERNANDEZ was a new intake; also, because the vital signs and interpreter identification number were the same on both forms.

³⁰ (b)(6); (b)(7)(C) did not explain the nature of the misunderstanding.

³¹ See Doctor's Order, dated June 13, 2019.

³² See Doctor's Order, dated June 13, 2019 and June MAR.

³³ See Medication Order Form, dated June 14, 2019. RCC's Medication Order Form is an internal form that provides secondary documentation of provider orders. The orders themselves, which must be signed by the provider and noted by nurses, and MARs, onto which nurses must transcribe the orders, are primary documentation. ERAU addresses Medication Order Forms in this report because although not necessary, they are part of the medical record.

ERAU's review of MARs for dicyclomine and (b)(6); (b)(7)(C) and subsequent medications found nurses did not clearly document administration. They often did not enter their initials, made checks or indistinguishable marks, circled the boxes, or left them blank, leaving unclear whether the medications were given, offered and refused, or not offered. In addition, two pages of the MARs do not show the month and year, and three remaining pages are labeled with the wrong month.

ERAU's analysis of the MARs for dicyclomine and Senokot finds the following³⁴:

- Nurses did not account for doses of the medications scheduled for June 18 – 22, 2019.
- Nurses did not account for morning doses of dicyclomine scheduled for July 1-4, 2019, and evening doses scheduled for July 2, 6, and 7, 2019.
- Nurses did not account for Senokot doses on July 2, August 4, 13, 19, and 20, 2019.

HERNANDEZ signed Spanish language versions of consent for treatment and Authorization to Release Healthcare Information.³⁵

Following completion of the intake process, security staff moved HERNANDEZ to general population unit C, upper bunk 88, in F building.³⁶

On June 14, 2019, security staff moved HERNANDEZ was moved to general population housing unit 4, upper bunk 80, in B Hall.³⁷

On June 19, 2019, HERNANDEZ submitted a sick call request complaining of IBS symptoms and stating the medications were not working.³⁸ The request was written in Spanish with English translation handwritten on the form. At 10:45 a.m., (b)(6); (b)(7)(C) RN, documented HERNANDEZ refused to be seen for sick call and refused to sign the form to acknowledge his refusal.³⁹ (b)(6); (b)(7)(C) did not document use of an interpreter, but stated to ERAU that nurses document interpretation assistance only when they use the telephonic service, not when a deputy interprets.⁴⁰ (b)(6); (b)(7)(C) concurred, stating there are designated deputies on every shift who provide interpretation assistance.⁴¹

During the encounter with (b)(6); (b)(7)(C) HERNANDEZ announced he was going to refuse to eat.⁴² Announcement of refusal to eat may be considered declaration of hunger strike, which,

³⁴ See MARs.

³⁵ See Consent form and Authorization to Release Healthcare Information form, dated June 13, 2019.

³⁶ See Activity Sheet, dated June 13, 2019.

³⁷ See Activity Sheet dated June 14, 2019. The record does not document the reason for the move.

³⁸ See Request for Sick Call, dated June 19, 2019.

³⁹ See Nurse's Note, dated June 19, 2019. See also, Request for Sick Call and Refusal Form, dated June 19, 2019. RCC's refusal forms provide information in both English and Spanish.

⁴⁰ ERAU interview with (b)(6); (b)(7)(C), dated November 19, 2019.

⁴¹ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

⁴² See Nurse's Note, dated June 19, 2019.

according to RCC policy HC 4.2, Hunger Strikes, requires certain actions including referral to mental health, notification of the HSA, and placement in a single-occupancy cell. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) stated to ERAU that in practice, when a detainee says he is not going to eat his consumption is monitored, but he is not necessarily moved to a cell for initiation of the hunger strike protocol.⁴³

At approximately 7:10 p.m., Lieutenant (b)(6); (b)(7)(C) responded to HERNANDEZ's housing unit when notified he was refusing to eat and take his medication.⁴⁴ Lieutenant (b)(6); (b)(7)(C) noted HERNANDEZ had missed six consecutive meals and refused his medication on two consecutive days.⁴⁵ When questioned through an interpreter, HERNANDEZ stated he was trying to get the attention of ICE because they were ignoring him. When Lieutenant (b)(6); (b)(7)(C) advised him to submit an ICE form rather than refusing his food and medication, HERNANDEZ claimed no one was responding to his requests. Lieutenant (b)(6); (b)(7)(C) notified his immediate supervisor.

On June 20, 2019 at 10:00 a.m. (b)(6); (b)(7)(C) RN, conducted a Physical/Health Assessment.⁴⁶ Except for a slightly elevated blood pressure of 129/74⁴⁷, HERNANDEZ's vital signs were within normal limits as follows: temperature 97.2, pulse 79, and respirations 16. He weighed 173 pounds. In the Mental Health Evaluation section of the form, (b)(6); (b)(7)(C) noted HERNANDEZ reported he was physically assaulted in Cuba in 1994 and 2000. In the Physical Health Evaluation section, (b)(6); (b)(7)(C) noted all normal findings. HERNANDEZ had no complaints, and his health history consisted of foot surgery in 2008. (b)(6); (b)(7)(C) did not note IBS, current medications, HERNANDEZ's complaint the day before that the medications were ineffective, and that he was refusing to take them or accept meals. She stated to ERAU that she did not could not offer an explanation because she did not recall the assessment.⁴⁸ (b)(6); (b)(7)(C) concluded the assessment by instructing HERNANDEZ how to access medical care.⁴⁹

(b)(6); (b)(7)(C) NP, reviewed the physical assessment approximately six weeks later, on August 6, 2019.

At 3:55 p.m. (b)(6); (b)(7)(C) documented HERNANDEZ was assigned to cell SM2 for hunger strike.⁵⁰ The cell is one of five used for medical observation and segregation purposes because

⁴³ ERAU interview with (b)(6); (b)(7)(C), dated November 19, 2019.

⁴⁴ See Unusual Occurrence Report, completed June 20, 2019 at 5:49 a.m.

⁴⁵ On the MARs for June 18 and 19, 2019, nurses did not clearly document HERNANDEZ refused medications. The nurse left the MAR blank for June 18, 2019 and circled June 19, 2019.

⁴⁶ See Physical/Health Assessment, date June 20, 2019. As noted, (b)(6); (b)(7)(C) examined HERNANDEZ as part of intake screening, presumably because he reported chronic IBS. ERAU concludes the assessment conducted by RN (b)(6); (b)(7)(C) was scheduled and performed as the PBNDS-mandated 14-day health appraisal.

⁴⁷ AHA categorizes blood pressure of 129/74 as elevated but not hypertensive. Mildly elevated blood pressures can be the result of dehydration, stress, salty food intake, smoking, some medications, or activity prior to testing.

⁴⁸ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

⁴⁹ See Physical/Health Assessment, date June 20, 2019.

⁵⁰ See Nurse's Notes entry, dated June 20, 2019.

RCC does not have a designated medical observation or special management unit.⁵¹ (b)(6); (b)(7)(C) cleared HERNANDEZ for segregation without obtaining his vital signs, noting normal assessment findings except for limited range of motion in both upper and lower extremities, a disheveled appearance, listlessness, and a disorganized and illogical thought process.⁵² She did not refer HERNANDEZ to mental health despite her observations. (b)(6); (b)(7)(C) also initiated an Administrative Segregation Order that was co-signed by (b)(6); (b)(7)(C) MD the next day.⁵³ Security records provided to ERAU do not include the Administrative Segregation Order, security supervisory sign-off, or documentation HERNANDEZ received a copy.

In none of her documentation did (b)(6); (b)(7)(C) provide an explanation for HERNANDEZ's placement in segregation for hunger strike, including when he stopped eating or that the day before, he stated he was going to refuse to eat. As noted, Lieutenant (b)(6); (b)(7)(C) documented HERNANDEZ refused six consecutive meals through June 19, 2019. Records provided to ERAU do not allow substantiation of this number, or how many additional meals he may have refused as of the time of his placement in segregation.

On June 21, 2019, nurses made the following sequential entries to the medical record:⁵⁴

- At an undocumented time, (b)(6); (b)(7)(C) observed HERNANDEZ was up and alert upon entry. His pulse was normal at 98 and his blood pressure was elevated at 138/98.⁵⁵ HERNANDEZ drank two cups of juice and (b)(6); (b)(7)(C) provided him Ensure, a liquid nutritional supplement. She noted no signs of acute distress and documented plans to continue monitoring for signs and symptoms of dehydration.
- At 7:50 a.m., (b)(6); (b)(7)(C) LPN, observed HERNANDEZ was resting and alert. He had consumed eight ounces of Ensure and 16 ounces of juice at approximately 9:00 p.m. the previous night⁵⁶ and was observed using the toilet two times during the morning hours. His pulse was normal at 90 beats per minute and his blood pressure was 124/86⁵⁷. His weight was 160.6 pounds.⁵⁸ He displayed no signs of distress and provided a urine sample.⁵⁹

⁵¹ ERAU tour, dated November 18, 2019.

⁵² See Pre-Segregation Health Evaluation, dated June 20, 2019.

⁵³ See Administrative Segregation Order, dated June 20, 2019.

⁵⁴ See Nurse's Notes, dated June 21, 2019.

⁵⁵ According to the American Heart Association (AHA), blood pressure of 138/98 is within the parameters for Stage 1 hypertension.

(b)(6); (b)(7)(C) notation that HERNANDEZ drank Ensure and juice the previous night suggests that (b)(6); (b)(7)(C) preceding note was a late entry.

⁵⁷ According to the AHA, blood pressure of 124/86 is within the parameters for Stage 1 hypertension.

⁵⁸ The recorded weight of 160.6 pounds, 13 pounds less than recorded the day before, is an outlier compared to past and future weights taken. ERAU concludes (b)(6); (b)(7)(C) may have made a typographical error.

⁵⁹ Results of a urinalysis were not included in the medical record. (b)(6); (b)(7)(C) stated to ERAU on November 18, 2019 that she could not recall if the urine sample was sent for laboratory testing or if it was tested in-house by way of dipstick.

- At 9:00 a.m., (b)(6); (b)(7)(C) observed HERNANDEZ was resting and consumed seven ounces of Ensure.⁶⁰
- At 11:45 a.m., (b)(6); (b)(7)(C) noted HERNANDEZ ate 25 to 30 percent of his lunch. She informed ERAU she personally observed the amount of the lunch meal consumed because nurses are responsible for looking at each tray.⁶¹ When HERNANDEZ asked to go back to the dorm, (b)(6); (b)(7)(C) instructed him to continue eating and drinking.
- At 12:10 p.m., (b)(6); (b)(7)(C) spoke with (b)(6); (b)(7)(C) who approved HERNANDEZ's continuation in isolation over the weekend. (b)(6); (b)(7)(C) explained by stating to ERAU that she shared her concern with (b)(6); (b)(7)(C) that HERNANDEZ might start refusing meals again.⁶² Although her note states a verbal order was written, none was included in the medical record.

At 4:35 p.m. (b)(6); (b)(7)(C) ordered HERNANDEZ's release from segregation, noting he was not on hunger strike and was not suicidal.⁶³ She also ordered a bland diet with no spices and extra vegetables.⁶⁴ (b)(6); (b)(7)(C) did not document an encounter with HERNANDEZ, but informed ERAU she evaluated him in person before issuing her orders.⁶⁵ She also did not document use of interpretation assistance but stated she typically uses deputies. (b)(6); (b)(7)(C) recalled that HERNANDEZ told her he was refusing to eat not as a protest, but because he could not tolerate the food. For that reason, she discontinued hunger strike monitoring and ordered a bland diet. RCC did not provide evidence that the order was forwarded to Food Service or that HERNANDEZ received the special diet. (b)(6); (b)(7)(C) stated that at the time, orders were not always processed because high turnover among nursing staff often resulted left them unfulfilled. (b)(6); (b)(7)(C) Case Manager responsible for managing food service in September and October 2019, stated she discovered the former manager did not have a system for documenting receipt of special diet orders.⁶⁶ Based on available information, ERAU cannot determine which process failure, or both, resulted in HERNANDEZ not receiving a bland diet.

On June 23, 2019 at 12:00 p.m., HERNANDEZ refused his medications by refusing to come to pill call.⁶⁷ (b)(6); (b)(7)(C) LPN (first name unknown), and (b)(6); (b)(7)(C) signed the refusal form, noting HERNANDEZ refused to sign acknowledgment. (b)(6); (b)(7)(C) explained that at the time, if a detainee did not report for pill call the nurse initiated a refusal form and the unit deputy

⁶⁰ See Nurse's Notes, dated June 21, 2019, at 9:00 a.m.

⁶¹ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019. As noted below, security personnel initiated Meal Intake Logs at the time of HERNANDEZ's second placement in segregation for hunger strike monitoring on October 10, 2019. This is the only occasion a nurse documented the percentage of food items consumed.

⁶² ERAU Interview with (b)(6); (b)(7)(C) dated November 18, 2019.

⁶³ See Doctor's Order, dated June 21, 2019. Security records provided to ERAU do not document HERNANDEZ's transfer from segregation and the general population housing unit to which he was assigned.

⁶⁴ *Id.* See also, Medical Diet Order dated June 21, 2019.

⁶⁵ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

⁶⁶ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

⁶⁷ See Refusal Form, dated June 23, 2019. As noted, MARs document nurses last gave HERNANDEZ his medications on June 17, 2019.

obtained the detainee's signature.⁶⁸ As described by (b)(6); (b)(7)(C) the process did not necessarily involve communication between the detainee and nurse, including inquiry into the reason for refusing the medication and counseling the detainee on the risks.

On June 24, 2019, (b)(6); (b)(7)(C) examined HERNANDEZ.⁶⁹ He did not document the reason for the examination or use of interpretation assistance. (b)(6); (b)(7)(C) noted HERNANDEZ was isolated over the weekend for hunger strike but was now eating; also, that he wanted a diet change, complaining that the food was spicy and low fiber. HERNANDEZ's blood pressure was elevated at 160/85⁷⁰; all other vital signs were within normal limits, as follows: temperature 97.6, pulse 69, respirations 16. Physical examination findings were normal except for hypoactive bowel sounds.⁷¹ (b)(6); (b)(7)(C) assessed possible IBS, noting HERNANDEZ stated the condition was confirmed via colonoscopy⁷² in Peru. The elements of the treatment plan and fulfillment thereof were as follows⁷³:

- A bland diet. RCC did not provide evidence that this second order for a special diet was prepared and forwarded to Food Service, or that HERNANDEZ received a bland diet.
- Recheck HERNANDEZ's blood pressure in 30 minutes. There is no evidence a nurse rechecked his blood pressure.
- Psyllium Fiber Powder⁷⁴, one scoop daily for three months. (b)(6); (b)(7)(C) noted the order⁷⁵, but she or another nurse did not complete a Medication Order Form and incorrectly transcribed it to the MAR by noting HERNANDEZ was to receive two scoops once daily.⁷⁶ For the remaining days of June, nurses made no entries on the MAR documenting whether doses were offered, refused or received; in July, nurses did not account for 13 of 31 doses; in August, nurses did not account for 20 of 31 doses; in September, nurses administered fiber only three times and HERNANDEZ refused a fourth offered dose. They did not account for doses after September 13, 2019.

On June 30, 2019, an LPN⁷⁷ administered the MMR vaccine to HERNANDEZ.⁷⁸

⁶⁸ ERAU Interview with (b)(6); (b)(7)(C) on November 18, 2019.

⁶⁹ See untitled form, dated June 24, 2019.

⁷⁰ According to AHA, a blood pressure of 160/85 falls within the parameters for Stage two hypertension.

⁷¹ Hypoactive bowel sounds indicate a reduction in intestinal activity and possible constipation.

⁷² A colonoscopy is an examination used to detect changes or abnormalities in the large intestine (colon).

⁷³ See untitled form, dated June 24, 2019 and Doctor's Order entry, dated June 24 2019.

⁷⁴ Psyllium fiber powder is an over-the-counter dietary supplement made from the husk of the psyllium plant, used to reduce constipation. Fiber is typically ordered on an open-ended basis, with periodic review.

⁷⁵ See Doctor's Order, dated June 24, 2019.

⁷⁶ See Medication Administration Records (MAR).

⁷⁷ The LPN's signature is illegible.

⁷⁸ See Spanish version of MMR Consent, dated June 30, 2019. MMR is a vaccination which combines protection for the communicable diseases of measles, mumps, and rubella.

On July 5, 2019, (b)(6); (b)(7)(C) saw HERNANDEZ for sick call pursuant to a request written in Spanish.⁷⁹ (b)(6); (b)(7)(C) wrote her encounter note on the sick call request rather than in a nursing following the SOAPE format.⁸⁰ HERNANDEZ's vital signs were all within normal limits, as follows: temperature 97.4, pulse 59, respirations 16 and blood pressure 111/83. He complained of pain in his stomach and in the lower left quadrant of his abdomen related to chronic colon issues. (b)(6); (b)(7)(C) did not obtain a pain level. HERNANDEZ stated he was taking fiber every morning and was having no problems with bowel movements; however, he did not believe the dicyclomine effectively addressed his abdominal discomfort, and stated he was experiencing side effects of dizziness and weakness. (b)(6); (b)(7)(C) referred him to a provider for medication management.⁸¹

At 5:13 p.m., (b)(6); (b)(7)(C) wrote orders to discontinue dicyclomine and to obtain three occult blood cards.⁸² Asked if she conducted an in-person encounter with HERNANDEZ in connection with her orders, (b)(6); (b)(7)(C) said it would be unusual for her to write orders without seeing a patient.⁸³ A nurse noted the orders⁸⁴ and transcribed them onto the MAR⁸⁵; however, there is no corresponding Medication Order Form. According to the MAR, nurses administered dicyclomine for three days following (b)(6); (b)(7)(C)'s order to discontinue the medication.⁸⁶ Occult blood tests were not done for over a month when reordered by (b)(6); (b)(7)(C)⁸⁷ (b)(6); (b)(7)(C) informed ERAU that she was unaware the tests were not completed per her order.⁸⁸ She speculated a nurse may not have given HERNANDEZ the hemoccult cards; or, he did not return them and nurses did not follow up. She remarked that for privacy reasons, detainees are often uncomfortable obtaining fecal samples in a dormitory setting.

On July 12, 2019, HERNANDEZ submitted a request written in Spanish asking to see the nurse for an ingrown toenail on his great toe.⁸⁹

On July 13, 2019 at 11:00 a.m., (b)(6); (b)(7)(C) saw HERNANDEZ for sick call pursuant to his request.⁹⁰ As before, (b)(6); (b)(7)(C) wrote her encounter note on the sick call request rather than in a nursing note. HERNANDEZ stated the toenail was painful and he wanted it to be cut and

⁷⁹ See request form received July 5, 2019. The submission date is not shown.

⁸⁰ The SOAPE format is standard practice for documenting patient encounters. It requires recording subjective history (S), objective findings (O), nursing assessment (A), plan (P), and patient education (E).

⁸¹ *Id.* See also, MD/NP Referral Slip, dated July 5, 2019.

⁸² See Doctor's Order, dated July 5, 2019. Patients are given blood occult cards for placement of fecal samples for laboratory testing and detection of hidden blood, which might indicate colon cancer or polyps.

⁸³ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

⁸⁴ See Doctor's Order, dated July 5, 2019.

⁸⁵ See MAR, July 2019.

⁸⁶ *Id.*

⁸⁷ See untitled form, dated August 8, 2019.

⁸⁸ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

⁸⁹ See sick call request form, received July 13, 2019. The form does not show the date written or submitted.

⁹⁰ *Id.*

lifted to prevent infection. Vital signs within normal limits were as follows: temperature 97.0, pulse 63, and respirations 18. His blood pressure was elevated at 133/82⁹¹ (b)(6); (b)(7)(C) noted no redness, swelling, or signs of an ingrown toenail, nor did she see any visual signs of problems. She directed HERNANDEZ's return to the dorm with instructions to return for sick call if necessary (b)(6); (b)(7)(C) stated to ERAU that HERNANDEZ was angry when she decided against removing the toenail.⁹²

On July 29, 2019, HERNANDEZ submitted a request in Spanish asking to see the doctor for itchy skin.⁹³

On July 30, 2019, (b)(6); (b)(7)(C) saw HERNANDEZ for sick call.⁹⁴ He documented the encounter on the sick call request but not in a nurse's note. HERNANDEZ's vital signs were within normal limits, as follows: temperature 97.4, pulse 62, respirations 18, and blood pressure 108/50 (b)(6); (b)(7)(C) observed no rash, bumps, fungal areas, or other symptoms of rash on his skin. He instructed HERNANDEZ to apply the lotion available in the housing unit every morning, every night and after showering and to return to the clinic if the condition worsened.

On August 5, 2019, HERNANDEZ submitted a request in Spanish complaining of a crisis in his colon and having much pain.⁹⁵

On August 6, 2019, (b)(6); (b)(7)(C) RN, saw HERNANDEZ for sick call.⁹⁶ Consistent with the practice of other RNs, she documented the encounter on the sick call request but not in a nurse's note. HERNANDEZ reported he voluntarily stopped taking dicyclomine because of its side effects, but wanted to try another medication. Vital signs were within normal limits, as follows: temperature 96.3, pulse 64, blood pressure 120/77, and pulse oxygen 100 percent.⁹⁷ (b)(6); (b)(7)(C) submitted an ASAP (As Soon as Possible) Provider Referral Slip noting HERNANDEZ's complaint of abdominal pain at level seven and side effects including nausea, dizziness, and headaches.⁹⁸ Questioned why the referral was ASAP, (b)(6); (b)(7)(C) stated she used the only form available and that she meant for the referral to be routine.⁹⁹

On August 8, 2019 at 9:55 a.m., (b)(6); (b)(7)(C) assessed HERNANDEZ pursuant to (b)(6); (b)(7)(C) referral.¹⁰⁰ (b)(6); (b)(7)(C) provided interpretation assistance. (b)(6); (b)(7)(C) noted that dicyclomine was discontinued on July 5, 2019 and that HERNANDEZ did not return the

⁹¹ According to the AHA, blood pressure of 133/82 falls within parameters for stage one hypertension.

⁹² ERAU Interview with (b)(6); (b)(7)(C), dated November 19, 2019.

⁹³ See sick call request form, dated July 29, 2019.

⁹⁴ *Id.*

⁹⁵ See sick call request form, dated August 5, 2019

⁹⁶ *Id.*

⁹⁷ (b)(6); (b)(7)(C) did not record respiration count.

⁹⁸ See ASAP Provider Referral Slip, dated August 6, 2019.

⁹⁹ ERAU interview with (b)(6); (b)(7)(C) November 19, 2019.

¹⁰⁰ See untitled form, dated August 8, 2019.

hemoccult cards ordered on that date. Vital signs were essentially within normal limits, as follows: temperature 96.8, pulse 77, respirations 18, blood pressure 123/78, and pulse oxygen 98 percent. (b)(6); (b)(7)(C) documented normal physical assessment findings, including assessment of the abdomen which she described as non-tender with active bowel sounds. She ordered hemoccult cards, confirmed by (b)(6); (b)(7)(C) as given with instructions, and HERNANDEZ's return for follow up and review of occult blood results in two weeks.¹⁰¹ The cards were returned and tested within two days, with normal findings.¹⁰²

On August 26, 2019 at 8:50 a.m., (b)(6); (b)(7)(C) NP, conducted a follow up assessment related to HERNANDEZ's complaint of abdominal pain and history of reoccurring abdominal pain for years.¹⁰³ She used interpretation assistance. (b)(6); (b)(7)(C) noted HERNANDEZ reported that pain was stress-induced; also, that he experienced side effects of nausea and headaches when taking dicyclomine. He did not have those symptoms at the time and denied weakness, fatigue, chest pain, shortness of breath, edema, or bloody stools. (b)(6); (b)(7)(C) findings were normal with the exception of abdominal bloating and pain in the left lower quadrant on palpation.¹⁰⁴ Her assessment conclusion was chronic IBS, and her plan was to discontinue (b)(6); (b)(7)(C) continue fiber, and attempt to get pinaverium bromide¹⁰⁵, a medication HERNANDEZ reported was effective when previously taken in Peru. If unavailable, Levsin 0.125 mg, one tablet by mouth was to be administered twice daily for one month. (b)(6); (b)(7)(C) offered to refer HERNANDEZ to mental health, which he declined. Asked why she offered the referral, NP (b)(6); (b)(7)(C) stated that because stress can aggravate abdominal issues, she suggested seeing a mental health professional might help him manage his stress.¹⁰⁶ When HERNANDEZ refused the referral, she discussed stress relieving techniques, encouraged meditation compliance, and scheduled follow-up with a provider as needed.

(b)(6); (b)(7)(C) LPN, noted the orders written by (b)(6); (b)(7)(C) for discontinuation of Senna and for pinaverium or Levsin.¹⁰⁷ The orders do not address continuation of fiber, the initial order for which was for three months starting June 24, 2019. (b)(6); (b)(7)(C) added both pinaverium and Levsin to the MAR¹⁰⁸ and completed a Medication Order Form, dating it two days before the orders were given.¹⁰⁹ (b)(6); (b)(7)(C) did not sign the form.

¹⁰¹ See Doctor's Order, dated August 8, 2019.

¹⁰² See untitled form, dated August 8, 2019.

¹⁰³ See untitled form, dated August 26, 2019. Because the encounter was not precipitated by a sick call request, ERAU concludes it was the follow up ordered by (b)(6); (b)(7)(C) on August 8, 2019. (b)(6); (b)(7)(C) did not reference the results of the occult blood tests in her encounter note.

¹⁰⁴ Palpation is an examination method, using one's hands to press or feel areas of the patient's body to determine presence, size, shape, firmness, or location..

¹⁰⁵ Pinaverium bromide is a medication used to restore normal contractions of the bowel.

¹⁰⁶ ERAU interview with (b)(6); (b)(7)(C), dated November 20, 2019.

¹⁰⁷ See Doctor's Order, dated August 26, 2019.

¹⁰⁸ See MAR.

¹⁰⁹ See Medication Order form dated August 24, 2019.

The MAR documents the following:¹¹⁰

- Pinaverium was not available, but nurses documented administration of the medication on the morning and evening of August 30, 2019.
- Levsin, erroneously transcribed as 0.12 mg instead of 0.125 mg, was started four days after it was ordered, on August 30, 2019. Over the 30-day prescription period, nurses documented they gave HERNANDEZ 38 of 60 scheduled doses. He refused two and 20 were unaccounted for. He received two doses after the prescription for 30 days expired.

On **August 27, 2019**, security staff moved HERNANDEZ to general population unit C, upper bunk 49, in F building.¹¹¹

On **September 4, 2019** at 1:15 p.m., (b)(6); (b)(7)(C) received a sick call request written in Spanish.¹¹² English translation is not documented although loosely translated, HERNANDEZ appears to have asked to see a psychologist for help with stress. (b)(6); (b)(7)(C) referred HERNANDEZ to mental health, noting he reported he had been unable to sleep and had increased levels of stress and anxiety since being housed in unit C.¹¹³ HERNANDEZ refused a mental health appointment ten days later.¹¹⁴ He signed a refusal form on which LPN (b)(6); (b)(7)(C) wrote that he did not want to be seen.¹¹⁵

September 10, 2019, an LPN (signature illegible) saw HERNANDEZ for sick call¹¹⁶ pursuant to a request referencing colon issues.¹¹⁷ On a nursing protocol form titled Constipation, the LPN noted the onset of constipation four days ago, and HERNANDEZ's last bowel movement was on September 6, 2019.¹¹⁸ She recorded a normal pulse of 67 and normal respirations of 18, but did not record temperature and weight. For blood pressure, she noted only 129. HERNANDEZ's abdomen was soft and non-distended, and bowel sounds were present but sluggish in all four quadrants. The LPN referred him to the doctor, noting on the referral that in addition to constipation, HERNANDEZ complained of being taken off (b)(6); (b)(7)(C)¹¹⁹ He stated (b)(6); (b)(7)(C) was the one medication that worked for him, and asked for its resumption.

On **September 13, 2019**, at 2:41 p.m., (b)(6); (b)(7)(C) conducted an assessment to address HERNANDEZ's complaint of colon pain and to review his current medication.¹²⁰

¹¹⁰ See MAR.

¹¹¹ See Activity Sheet dated August 27, 2019.

¹¹² See sick call request received September 4, 2019. The date of submission is not shown.

¹¹³ See undated sick call request and Mental Health Referral Slip, dated September 4, 2019.

¹¹⁴ See notation dated September 14, 2019 on Mental Health Referral Slip, dated September 4, 2019.

¹¹⁵ See Medication Refusal form, dated September 14, 2019.

¹¹⁶ See Nurse's Notes entry, dated September 10, 2019.

¹¹⁷ See request form, undated, and Nurse's Notes, dated September 10, 2019.

¹¹⁸ See Constipation protocol form, dated September 10, 2019.

¹¹⁹ See Chronic Provider Referral Slip, undated, referencing complaint of gastrointestinal upset and constipation. NP Bordelon discontinued Senna on August 26, 2019 when she started Levsin.

¹²⁰ See Doctor's Notes, dated September 13, 2019.

HERNANDEZ reported he disliked the fiber and stated that without (b)(6); (b)(7)(C) he developed constipation and pain in the right lower quadrant and right side of his back. His vital signs within normal limits were as follows: temperature 96.9, pulse 58, and pulse oxygen 97 percent. A respiration count was not noted, and his blood pressure was elevated at 132/90¹²¹. Dr. (b)(6); (b)(7)(C) diagnosis was chronic constipation and abdominal pain. She ordered Senokot 8.6 mg, two tablets at nighttime for six months and discontinued pinaverium.¹²²

(b)(6); (b)(7)(C) noted the orders at 2:50 p.m.¹²³ and completed a Medication Order Form.¹²⁴ Dr. (b)(6); (b)(7)(C) did not sign the form. The MAR shows the following related to (b)(6); (b)(7)(C)

- HERNANDEZ received 18 of 18 doses scheduled for September.
- In October, nurses did not account for one dose scheduled for October 4, 2019, and administered no doses after October 8, 2019.

On **September 15, 2019**, security staff moved HERNANDEZ to bed 97, a lower bunk in the same unit.¹²⁶

On **October 10, 2019** at 10:00 a.m., HERNANDEZ was placed in SM2 for hunger strike.¹²⁷ RN (b)(6); (b)(7)(C) completed a Pre-Segregation Health Evaluation, clearing him for segregation based on normal assessment findings.¹²⁸ In her nursing note (b)(6); (b)(7)(C) described HERNANDEZ as fully oriented and demonstrating no signs or symptoms of distress, his respirations even and unlabored.¹²⁹ HERNANDEZ refused to be weighed or have his vital signs taken. (b)(6); (b)(7)(C) initiated and signed an Administrative Segregation Order documenting the reason for the assignment was medical observation. Lieutenant (b)(6); (b)(7)(C) signed the order as well, noting HERNANDEZ's placement was for threatening hunger strike.¹³⁰ Available security and medical documentation does not clarify when or to whom HERNANDEZ either threatened or declared a hunger strike, or whether he had missed meals. Absent documentation, ERAU cannot determine whether (b)(6); (b)(7)(C) should have initiated the hunger strike protocol, or whether HERNANDEZ was placed in segregation for monitoring of meal consumption before declaring a hunger strike or missing consecutive meals.

¹²¹ According to the AHA, blood pressure of 132/90 falls within parameters of stage one hypertension.

¹²² See Doctor's Order entry, dated September 13, 2019. As noted, pinaverium was not available. HERNANDEZ was given Levsin instead.

¹²³ *Id.*

¹²⁴ See Medication Order Form, order date September 13, 2019.

¹²⁵ See MAR.

¹²⁶ See Activity Sheet dated September 15, 2019.

¹²⁷ See Nurse's Note entry, dated October 10, 2019. The Activity Sheet, dated October 10, 2019, documents the actual time of placement was 12:21 p.m.

¹²⁸ See Pre-Segregation Health Evaluation, dated October 10, 2019.

¹²⁹ See Nurse's Note entry, dated October 10, 2019.

¹³⁰ Security records do not document whether HERNANDEZ was given a copy of the Administrative Segregation Order.

At 2:31 p.m., security staff moved HERNANDEZ to lockdown cell 3 (LD 3).¹³¹ He remained in LD 3 through his death on October 15, 2019. LD 3 is one of the five cells on A Hall used for segregation and medical observation purposes. LD 3, like all segregation cells on the A Hall corridor, opens directly onto the high-traffic corridor. At the time of the incident, the cells had a heavy rubberized window flap covering the windows in the solid steel doors, obscuring visibility to passers-by.¹³² LD 3 is a rectangular cell, with the door in the facing long walls and the short walls at either end.¹³³ The cell has a single security light that is left on around the clock, and a combination toilet/sink fixture in the corner to the left of the door. At the time of the incident, the bunk bed was positioned with the side along the right, short wall, and one end against the rear, long wall opposite the door.¹³⁴ Without opening the cell door, observation of the space between the other end of the bunk bed and adjoining wall required careful effort. As discussed below, HERNANDEZ's apparent suicide by hanging was discovered in this location.

Nurses did not conduct any rounds following HERNANDEZ's assignment to segregation for medical observation this date.¹³⁵ Deputies documented irregular 30-minute security checks and that HERNANDEZ refused his supper meal.¹³⁶ A deputy also initiated a Meal Intake Log, listing items on the supper meal tray and that HERNANDEZ consumed zero percent.¹³⁷ Meal Intake Logs are forms on which deputies record items on meal trays and percentage of items consumed. The form also provides instruction stating trays are not be removed before inspected by medical. RCC provided Meal Intake Logs starting with the October 10, 2019 supper meal through the lunch meal the day before HERNANDEZ's death, October 14, 2019.¹³⁸ Entries were incomplete and do not allow determination of whether the instruction for medical inspection of trays was followed by either deputies or nurses.

On October 11, 2019, nurses documented three rounds:¹³⁹

- At 4:00 a.m., a nurse (signature illegible) observed HERNANDEZ was resting in bed and showed no signs or symptoms of distress.
- At 7:00 a.m., (b)(6); (b)(7)(C) documented HERNANDEZ was fully oriented, was not in apparent distress, and voiced no complaints or sick call needs. HERNANDEZ refused to have his vital signs taken.
- At 9:20 p.m., (b)(6); (b)(7)(C) documented HERNANDEZ did not eat any of his dinner, denied needs, and was not in distress.

¹³¹ See Activity Sheet dated October 10, 2019.

¹³² Following HERNANDEZ's death, RCC removed the flaps. None were present at the time of ERAU's visit.

¹³³ ERAU tour, November 18, 2019.

¹³⁴ Following HERNANDEZ's death, RCC moved the bunk bed to the rear wall of the cell, opposite the door, for better visibility.

¹³⁵ The materials provided by RCC did not include the policy addressing nursing requirements for detainees placed on medical observation, including frequency and expectations during rounds.

¹³⁶ See I-888, dated October 10, 2019.

¹³⁷ See Meal Intake Log, Supper, dated October 10 – 13, 2019.

¹³⁸ See Meal Intake Logs, Breakfast, Lunch and Supper, dated October 10-14, 2019.

¹³⁹ See Nurse's Notes, dated October 11, 2019.

Deputies documented irregular 30-minute security checks.¹⁴⁰ HERNANDEZ refused his breakfast and lunch meal but accepted supper. The officer did not record on the Meal Intake Log whether HERNANDEZ consumed any items on the supper tray.¹⁴¹

On October 12, 2019, nurses documented two rounds:¹⁴²

- At 10:50 a.m., (b)(6); (b)(7)(C) noted HERNANDEZ had no complaints or requests. At 12:30 p.m., (b)(6); (b)(7)(C) checked Main Control records and the segregation chart, documenting HERNANDEZ ate supper the previous night and breakfast on this date.¹⁴³
- At 8:30 p.m., (b)(6); (b)(7)(C) noted HERNANDEZ had no complaints.

Deputies documented irregular 30-minute security checks. HERNANDEZ accepted his breakfast tray and refused the lunch and supper meals.¹⁴⁴ The officer recorded on the Meal Intake Log that HERNANDEZ consumed nothing from the breakfast tray.¹⁴⁵

On October 13, 2019, nurses documented two rounds:¹⁴⁶

- At 9:05 a.m., (b)(6); (b)(7)(C) noted HERNANDEZ was resting and displayed no signs or symptoms of distress. He responded when addressed but refused to talk.
- At 11:05 p.m., (b)(6); (b)(7)(C) noted HERNANDEZ had refused lunch and supper on the previous day and all three meals on this date. He was resting and calm, with even and unlabored respirations, and he voiced no needs or concerns.

Deputies documented irregular 30-minute security checks. HERNANDEZ accepted the breakfast tray, and refused the lunch and supper meal.¹⁴⁷ On the Meal Intake Log, the deputy documented HERNANDEZ consumed nothing from the breakfast tray.¹⁴⁸

On October 14, 2019, deputies documented irregular 30-minute security checks and that HERNANDEZ accepted the breakfast tray and refused the lunch and supper meal.¹⁴⁹ The deputy did not record the percentage of the breakfast meal consumed.¹⁵⁰

¹⁴⁰ See I-888, dated October 11, 2019.

¹⁴¹ See Meal Intake Log, Supper, dated October 10 – 13, 2019.

¹⁴² See Nurse's Note, dated October 12, 2019

¹⁴³ (b)(6); (b)(7)(C)'s record of meals consumed is not consistent with security records or (b)(6); (b)(7)(C) 8:20 p.m. note the night before. HERNANDEZ accepted the dinner tray on October 11, 2019 and breakfast tray on October 12, 2019; however, (b)(6); (b)(7)(C) documented he did not consume any items from the former and a deputy documented he did not consume any items from the latter.

¹⁴⁴ See I-888, dated October 12, 2019.

¹⁴⁵ See Meal Intake Log, Breakfast, dated October 10 – 13, 2019.

¹⁴⁶ See Nurse's Note, dated October 12, 2019

¹⁴⁷ See I-888, dated October 13, 2019 and Meal Intake Logs, dated October 10 – 13, 2019.

¹⁴⁸ See Meal Intake Log, Breakfast, dated October 10 – 13, 2019.

¹⁴⁹ See I-888, dated October 14, 2019.

¹⁵⁰ See Meal Intake Log, Breakfast, dated October 10 – 13, 2019.

In the only nursing encounter this date, (b)(6); (b)(7)(C) saw HERNANDEZ at 8:00 a.m.¹⁵¹ He was fully oriented and did not display any signs or symptoms of acute distress, but refused to have his vital signs taken and refused to sign a consent form. The consent form, which is specific to treatment while on hunger strike and lists the possible sequence of symptoms, is in English.¹⁵² (b)(6); (b)(7)(C) also completed a form specifying that the vital signs HERNANDEZ refused were the initial set after missing a ninth meal.¹⁵³ She provided a pitcher or bottle of water and educated HERNANDEZ on the risks and possible symptoms of hunger strike, encouraged him to consume approximately two liters of water daily, and explained he would be given three meals a day and a daily supply of water. (b)(6); (b)(7)(C) did not document whether she provided the information to HERNANDEZ with interpretation assistance. In addition, she did not contact a provider to receive orders after she initiated the hunger strike protocol and did not submit a referral to mental health. There was no record of meal consumption by

On October 15, 2019 at 12:00 p.m., (b)(6); (b)(7)(C) entered a nurse's note documenting HERNANDEZ missed breakfast and lunch, making it the tenth meal missed.¹⁵⁴ She noted that per (b)(6); (b)(7)(C), he refused vital signs, a shower, and labs. (b)(6); (b)(7)(C) stated to ERAU that she did not conduct an encounter with HERNANDEZ on this date and that no nurse made a round to attempt taking his vital signs or weight.¹⁵⁵ (b)(6); (b)(7)(C) notation that HERNANDEZ refused vital signs, shower and labs presumably related (b)(6); (b)(7)(C)'s encounter with him at 8:00 a.m. the day before when she initiated the hunger strike protocol. As noted, (b)(6); (b)(7)(C) documented he refused vital signs, but she did not document that he refused a shower or labs.¹⁵⁶

At 12:22 p.m. (b)(6); (b)(7)(C) notified ERO via e-mail that HERNANDEZ was on hunger strike.¹⁵⁷ SDDO (b)(6); (b)(7)(C) acknowledged receiving notification of the hunger strike, commenting that there was confusion as to when HERNANDEZ missed his last meal.¹⁵⁸ He asked Deportation Deputy (DO) (b)(6); (b)(7)(C) to see HERNANDEZ because he was on hunger strike and refused lab work.¹⁵⁹ DO (b)(6); (b)(7)(C) stated he planned to see HERNANDEZ to discuss the hunger strike and serve notice his parole was denied, but did not have the opportunity prior to the detainee's suicide.¹⁶⁰

¹⁵¹ See Nurse's Notes, dated October 14, 2019.

¹⁵² See untitled form, dated October 14, 2019.

¹⁵³ See second untitled form, dated October 14, 2019.

¹⁵⁴ See Nurse's Notes, dated October 15, 2019. As noted, (b)(6); (b)(7)(C) documented at 8:00 a.m. on October 14, 2019 that HERNANDEZ had missed his ninth meal. By 12:00 p.m. this date, HERNANDEZ would have missed three additional meals.

¹⁵⁵ ERAU interview with (b)(6); (b)(7)(C), dated November 26, 2019.

¹⁵⁶ See untitled form, dated October 14, 2019.

¹⁵⁷ *Id.*

¹⁵⁸ ERAU interview with SDDO (b)(6); (b)(7)(C) dated November 19, 2019.

¹⁵⁹ See email dated October 15, 2019, timed 9:38 a.m. ERAU cannot explain the time of the email vis-à-vis the time (b)(6); (b)(7)(C) documented the email notification to ERO in her nurse's note.

¹⁶⁰ ERAU interview with DO (b)(6); (b)(7)(C) dated November 20, 2019.

At approximately 2:05 p.m., security staff discovered HERNANDEZ hanging by the neck from a bed sheet tied to the railing of the top bunk. Based on ERAU's analysis of video surveillance footage starting at 7:00 a.m., staff last communicated with him at approximately 10:04 a.m. and last completed a security round that involved looking in the cell at 11:28 a.m.¹⁶¹ The chronology of events leading up to and following discovery of the suicide, based on video evidence, incident statements, and interviews, is as follows.¹⁶²

At 10:04 a.m., (b)(6); (b)(7)(C) approached LD 3, lifted the window flap and peered in.¹⁶³ He opened the cell door and spoke with HERNANDEZ for approximately 11 seconds, then secured the door and made a notation in the log. (b)(6); (b)(7)(C) stated to ERAU that HERNANDEZ told him he did not want to eat and waved him off.¹⁶⁴

At 10:17 a.m., Sergeant (b)(6); (b)(7)(C) approached LD 3, lifted the window flap and peered in.¹⁶⁵ He logged his round, then departed. He stated to ERAU that HERNANDEZ was either on the floor or on his bunk when he made this and next security check.¹⁶⁶

At 10:50 a.m., (b)(6); (b)(7)(C) lifted the window flap on LD 3 and peered into the cell.¹⁶⁷ He logged his round and departed the area.

At 11:28 a.m., Deputy (b)(6); (b)(7)(C) lifted the window flap and peered into the cell. She logged the round and departed the area.¹⁶⁸

At 11:53 a.m., 12:34 p.m., 1:19 p.m., and 1:24 p.m., and 1:54 p.m., (b)(6); (b)(7)(C) removed the log from the wall pocket outside LD 3 and made notations.¹⁶⁹ She did not lift the window flap but logged security rounds.¹⁷⁰ She made notations in the logs at cells LD 2 and LD 1 as well, without lifting the window flaps.¹⁷¹

¹⁶¹ The time stamp on the video is one hour before the actual time. ERAU adjusted the times in this report to reflect the correct times.

¹⁶² ERAU notes there is considerable inconsistency between staff accounts of events, inconsistency that cannot be reconciled. For that reason, and because the video provides only timeline evidence, precise determination of the role each staff responding staff member played is not possible.

¹⁶³ Video surveillance footage, dated October 15, 2019.

¹⁶⁴ ERAU interview with Lieutenant (b)(6); (b)(7)(C) dated November 20, 2019.

¹⁶⁵ Video surveillance footage, dated October 15, 2019.

¹⁶⁶ ERAU interview with (b)(6); (b)(7)(C) dated November 20, 2019.

¹⁶⁷ Video surveillance footage, dated October 15, 2019.

¹⁶⁸ *Id.* ERAU did not interview (b)(6); (b)(7)(C) because her employment at RCC ended before the site visit. According to Sergeant (b)(6); (b)(7)(C) he assigned (b)(6); (b)(7)(C) to take over conducting security checks so that he could perform other duties.

¹⁶⁹ *Id.*

¹⁷⁰ See I-888, dated October 15, 2019.

¹⁷¹ Video surveillance footage, dated October 15, 2019.

At 1:26 p.m., Deputy (b)(6); (b)(7)(C) approached LD 3.¹⁷² Deputy (b)(6); (b)(7)(C) lifted the window flap, twice peering into the cell while Deputy (b)(6); (b)(7)(C) looked on. Deputy (b)(6); (b)(7)(C) informed ERAU he had arrived early for the next shift and while walking down A Hall with Deputy (b)(6); (b)(7)(C) noticed a classification tag suggesting the cell was not occupied.¹⁷³ When he looked in the cell, he did not see HERNANDEZ, following which Deputy (b)(6); (b)(7)(C) informed him HERNANDEZ was in medical.¹⁷⁴ During interview, Deputy (b)(6); (b)(7)(C) explained that he checked the cell because his duties for the next shift included offering detainees in segregation cells showers, phone calls, hygiene items and laundry services. He looked in the cell in the interest of determining which cells he had to cover.

At 2:04 p.m., Captain (b)(6); (b)(7)(C) approached LD 3 with Lieutenant (b)(6); (b)(7)(C).¹⁷⁵ Captain (b)(6); (b)(7)(C) lifted the window flap and peered into the cell for approximately ten seconds, then knocked on the door three times before walking away. He returned within a minute with Captain (b)(6); (b)(7)(C) following, and again lifted the window flap to peer into the cell. He unlocked and slightly opened the cell door, then pushed it open further and looked to the right. Captain (b)(6); (b)(7)(C) quickly backed out, secured the door, lunged backward covering his mouth with his hand, and bolted from camera view. During interview, he elaborated on what is shown on video, stating to ERAU that he first approached the cell after smelling a very strong, foul odor.¹⁷⁶ He noticed sheets on the bed were positioned in a fashion that suggested the detainee was on the bunk. When he opened the door, he saw HERNANDEZ hanging from the top bunk, in the right corner of the cell. He ran out because he had never seen anything like that before and felt ill.

Immediately after Captain (b)(6); (b)(7)(C) left camera view, Lieutenant (b)(6); (b)(7)(C) approached the cell, lifted the window flap and peered in for approximately four seconds before opening the cell door.¹⁷⁷ He backed away and raised his radio. Deputy (b)(6); (b)(7)(C) who was in the immediate area when (b)(6); (b)(7)(C) first approached the cell, looked in and immediately turned and left. Lieutenant (b)(6); (b)(7)(C) re-entered LD 3 and stood in the doorway for approximately six seconds, then backed out and raised his hands to his head.

Asked about his training in responding to a suicide attempt by hanging, (b)(6); (b)(7)(C) stated the requirement is to first lift the detainee upward, then cut him down and start cardio pulmonary resuscitation (CPR).¹⁷⁸ His intention was cut HERNANDEZ down once medical

¹⁷² *Id.*

¹⁷³ ERAU interview with Deputy Arnold, dated November 20, 2019. ERAU cannot explain why a classification tag was on the cell. Documentation and staff reports indicate HERNANDEZ was in the cell.

¹⁷⁴ Deputy (b)(6); (b)(7)(C) did not recall telling Deputy (b)(6); (b)(7)(C) HERNANDEZ was in medical. ERAU interview with Deputy (b)(6); (b)(7)(C), dated November 20, 2019.

¹⁷⁵ *Id.*

¹⁷⁶ ERAU interview with Captain (b)(6); (b)(7)(C), dated November 20, 2019.

¹⁷⁷ Video surveillance footage, dated October 15, 2019.

¹⁷⁸ ERAU interview with Lieutenant (b)(6); (b)(7)(C), dated November 20, 2019. Captain (b)(6); (b)(7)(C) C training coordinator at the time, confirmed staff are trained to respond to a suicide attempt by hanging in the manner described by Lieutenant (b)(6); (b)(7)(C). ERAU interview with Captain (b)(6); (b)(7)(C), dated November 19, 2019.

staff arrived with the cut down tool but in the meantime, his superiors directed that that not happen (see below). During interview of Deputy (b)(6); (b)(7)(C) he stated that after seeing HERNANDEZ, he did not consider entering the cell to lift and cut him down because it was clear he was already dead.¹⁷⁹ He also stated he does not know where a cut down tool is located.

Lieutenant (b)(6); (b)(7)(C) confirmed that as observed on video, he used his radio to call (b)(7)(E) radio code for an emergency of any type.¹⁸⁰ He stated that Captain (b)(6); (b)(7)(C) had also called 10-19 when he moved away from the cell and out of camera view. According to Captain (b)(6); (b)(7)(C) his 10-19 radio call was for (b)(6); (b)(7)(C) and Acting Warden (AW) (b)(6); (b)(7)(C) to respond to the area.¹⁸¹

At 2:06 p.m. (b)(6); (b)(7)(C) arrived in camera view, immediately followed by multiple nurses.¹⁸² Reports as to what transpired in the following minutes vary considerably; however, all responding staff stated that upon his arrival (b)(6); (b)(7)(C) was in command. The video shows (b)(6); (b)(7)(C) did not approach the cell and although nurses looked in, they did not enter. Major (b)(6); (b)(7)(C) informed ERAU and documented in a post-incident statement that he learned from a nurse, (b)(6); (b)(7)(C)¹⁸³ that a detainee hanged himself and had no pulse.¹⁸⁴ However, video evidence does not support that she ever entered the cell. There is no record of who informed (b)(6); (b)(7)(C) of the situation inside the cell.

(b)(6); (b)(7)(C) arrived within two minutes, describing the scene as chaotic.¹⁸⁵ He said staff were everywhere but no one was doing anything. The cell door was open and when he entered, he observed HERNANDEZ hanging from the top bunk, obviously dead. He then exited the cell and spoke with (b)(6); (b)(7)(C) whom he presumed had looked in the cell himself. They made the decision to declare the cell a crime scene and directed staff not to cut HERNANDEZ down. AW Stinson stated the decision was a judgment call, not based on policy or protocol. He was not aware HERNANDEZ was on hunger strike and although he was in a lockdown cell, (b)(6); (b)(7)(C) could not be certain he was housed alone. For that reason, he said he could not be certain he had taken his own life. Asked about the decision, (b)(6); (b)(7)(C) informed ERAU he advocated declaring the cell a crime scene based on his 28 years in law enforcement. He said that in his experience, the scene of an apparent suicide is a crime scene until determined otherwise by law

¹⁷⁹ ERAU interview with Deputy (b)(6); (b)(7)(C) dated November 20, 2019.

¹⁸⁰ ERAU interview with Lieutenant (b)(6); (b)(7)(C) dated November 20, 2019.

¹⁸¹ See Captain (b)(6); (b)(7)(C) Unusual Occurrence Report, dated October 15, 2019.

¹⁸² Video surveillance footage, dated October 15, 2019.

¹⁸³ Major (b)(6); (b)(7)(C) did not provide her last name during interview but referenced (b)(6); (b)(7)(C) in his October 15, 2019 written statement. Presumably, he was referring to LPN (b)(6); (b)(7)(C) who was leaving A Hall following pill call when the 10-19 was called.

¹⁸⁴ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019, and memorandum, dated October 15, 2019. When interviewed (b)(6); (b)(7)(C) was on administrative leave pending finalization of LaSalle Corrections' investigation into the incident.

¹⁸⁵ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019. When interviewed, (b)(6); (b)(7)(C) was on administrative leave pending finalization of LaSalle Corrections' investigation into the incident.

enforcement.¹⁸⁶ According to Regional Director (b)(6); (b)(7)(C) there is no policy basis or precedent for (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) decision to declare the cell a crime scene.¹⁸⁷

Among the responding nursing staff were (b)(6); (b)(7)(C) 88, (b)(6); (b)(7)(C) LPN (b)(6); (b)(7)(C) was first to arrive followed closely by others, and although (b)(6); (b)(7)(C) stated she immediately entered the cell¹⁸⁹, video evidence shows she entered approximately six minutes later after speaking with (b)(6); (b)(7)(C) see below).¹⁹⁰ As noted, (b)(6); (b)(7)(C) and other nurses looked in the cell when they arrived on scene, (b)(6); (b)(7)(C) reporting to ERAU that she did not expect to encounter a suicide and that she was surprised no one had cut HERNANDEZ down.¹⁹¹ She stated she was even more surprised when (b)(6); (b)(7)(C) prohibited entry into the cell on grounds it was a crime scene. (b)(6); (b)(7)(C) reported she and (b)(6); (b)(7)(C) adamantly expressed their objections,¹⁹² information supported by (b)(6); (b)(7)(C) who observed the interactions.¹⁹³

In the meantime, upon discovering the emergency was a suicide, (b)(6); (b)(7)(C) went to retrieve a cut down tool from medical; (b)(6); (b)(7)(C) retrieved one from the control center.¹⁹⁴ Both stated that when they returned to scene with the tools, (b)(6); (b)(7)(C) stated they could not enter because it was a crime scene. (b)(6); (b)(7)(C) confirmed that nurses made repeated requests to cut HERNANDEZ down.¹⁹⁵

At 2:11 p.m., (b)(6); (b)(7)(C) arrived at the scene.¹⁹⁶ He conversed with (b)(6); (b)(7)(C) before looking into the cell. He left the cell and walked halfway down the hall, then stopped to briefly speak with (b)(6); (b)(7)(C) before departing. (b)(6); (b)(7)(C) informed ERAU that he could not recall what they discussed, beyond his stating that he would notify the Deputy Field Office Director.¹⁹⁷ He also informed ERAU it was obvious HERNANDEZ had been dead for quite some time and for that reason, it did not occur to him to direct that the detainee be cut down. He said that even if it had, he would have left the decision to the facility.

¹⁸⁶ When interviewed, (b)(6); (b)(7)(C) was on administrative leave pending finalization of LaSalle Corrections' investigation into the incident.

¹⁸⁷ ERAU discussion with Regional Director (b)(6); (b)(7)(C)

¹⁸⁸ RN (b)(6); (b)(7)(C) was charge nurse this date and therefore, was lead medical responder.

¹⁸⁹ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019. Also, see her Unusual Occurrence Report, dated October 15, 2019.

¹⁹⁰ Video surveillance footage, dated October 15, 2019.

¹⁹¹ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

¹⁹² ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

¹⁹³ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

¹⁹⁴ ERAU interviews with (b)(6); (b)(7)(C) dated November 18, 2019.

¹⁹⁵ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

¹⁹⁶ See Video surveillance footage, dated October 15, 2019.

¹⁹⁷ ERAU interviews with (b)(6); (b)(7)(C) dated November 26, 2019.

Immediately after SDDO (b)(6); (b)(7)(C) came back to the area near LD 3 and spoke to the nurses.¹⁹⁸ (b)(6); (b)(7)(C) then donned gloves and at 2:12 p.m., entered the cell. (b)(6); (b)(7)(C) stated that although they did not recall exactly what (b)(6); (b)(7)(C) he allowed them into the cell to confirm HERNANDEZ had no pulse.¹⁹⁹ Upon entry, the nurses could not find a radial or carotid pulse, and did not see or hear respirations.²⁰⁰ HERNANDEZ was pale in color and nurses noted red mottling in both arms and hands. They exited approximately 26 seconds later.²⁰¹ and numerous times, told security personnel HERNANDEZ must be cut down.²⁰² (b)(6); (b)(7)(C) repeated that was not to happen because the cell was crime scene.

At approximately 2:14 p.m. (b)(6); (b)(7)(C) directed Captain (b)(6); (b)(7)(C) to have Main Control call for emergency medical services (EMS).²⁰³ (b)(6); (b)(7)(C) the deputy assigned to Main Control, stated she made the call at (b)(6); (b)(7)(C) s direction, but did not document the direction or the time of the call in the control log.²⁰⁴ She explained she was new to the Main Control post and at the time, was not aware of her responsibility to log events surrounding an emergency, including EMS notification and the time of ambulance and law enforcement arrival.²⁰⁵ The Prehospital Care Report Summary from the Quachita County Acadian Ambulance Services documents the 911 call was received at 2:14 p.m.²⁰⁶

At 2:17 p.m., (b)(6); (b)(7)(C) appeared to prepare his phone to take a picture, and then gave it to (b)(6); (b)(7)(C) stood in the cell doorway and appeared to take a picture, then he entered the cell where he remained for 23 seconds. Upon his exit from the cell, Captain (b)(6); (b)(7)(C) returned the phone to (b)(6); (b)(7)(C). (b)(6); (b)(7)(C) confirmed he took pictures at (b)(6); (b)(7)(C) direction and using his phone.²⁰⁸ (b)(6); (b)(7)(C) did not recall giving Captain (b)(6); (b)(7)(C) his phone and commented that he did not know why he would have.²⁰⁹ He did recall that someone sent him a picture of the scene but said he deleted it.

¹⁹⁸ Video surveillance footage, dated October 15, 2019.

¹⁹⁹ ERAU interviews with (b)(6); (b)(7)(C) and with (b)(6); (b)(7)(C) dated November 19, 2019.

²⁰⁰ See Unusual Occurrence Report, (b)(6); (b)(7)(C) dated October 15, 2019. See also, written statement of (b)(6); (b)(7)(C) dated October 15, 2019 and (b)(6); (b)(7)(C) s nurse's note, dated October 15, 2019.

²⁰¹ Video surveillance footage, dated October 15, 2019.

²⁰² See (b)(6); (b)(7)(C) Unusual Occurrence Report, dated October 15, 2019 and written statement of (b)(6); (b)(7)(C) dated October 15, 2019.

²⁰³ See (b)(6); (b)(7)(C) Unusual Occurrence Report, dated October 15, 2019.

²⁰⁴ ERAU interview with Deputy (b)(6); (b)(7)(C) dated November 20, 2019.

²⁰⁵ ERAU interview with Deputy (b)(6); (b)(7)(C) dated November 20, 2019.

²⁰⁶ See Prehospital Care Report Summary, Quachita County Acadian Ambulance Services, dated October 15, 2019.

²⁰⁷ Video surveillance footage, dated October 15, 2019.

²⁰⁸ ERAU interview with (b)(6); (b)(7)(C) dated November 20, 2019.

²⁰⁹ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

At 2:19 p.m., three EMS responders arrived on scene and entered the cell.²¹⁰ The responders documented the following²¹¹:

- HERNANDEZ's pupils were fixed and dilated.
- HERNANDEZ exhibited no respiration effort.
- HERNANDEZ's skin was pale, mottled and cool to touch at his core. Lividity²¹² was noted in the lower extremities.
- HERNANDEZ's vital signs were absent, and an electro cardiogram (EKG) was flat-lined.²¹³
- HERNANDEZ was not bleeding.
- HERNANDEZ had to have had the ability to stand based on the height of the hanging and the fact his feet were on the ground.

The EMS responders did not document whether they cut HERNANDEZ from his hanging position. According to (b)(6); (b)(7)(C) they did not.²¹⁴ The EMS team exited the cell at 2:21 p.m. and departed the area.²¹⁵

At 2:30 p.m., Chief Cleveland (first name unknown) of the Richwood Police Department arrived and called the Ouachita Parish Sheriff's Office to ask that they handle the investigation.²¹⁶

Starting at 3:07 p.m., uniformed and civilian-attired Ouachita Parish personnel arrived on scene and entered the cell, including Sheriff's Office crime scene investigators.²¹⁷ According to (b)(6); (b)(7)(C), the Sheriff's Office notified the Ouachita Parish Coroner's Office after completing its investigation.²¹⁸ The coroner arrived and pronounced HERNANDEZ deceased, then called Mulhearn Funeral Home. (b)(6); (b)(7)(C) informed ERAU that the coroner cut HERNANDEZ down.²¹⁹ ERAU estimates that more than an hour elapsed between discovery of HERNANDEZ hanging and the time he was cut down by the coroner.

At 3:49 p.m., two persons from the Mulhearn Funeral Home arrived on scene, entered the cell, and departed within a minute with HERNANDEZ on the gurney.²²⁰ All other external personnel followed.

²¹⁰ Video surveillance footage, dated October 15, 2019.

²¹¹ See Prehospital Care Report Summary from the Ouachita County Acadian Ambulance Services, dated October 15, 2019.

²¹² Lividity is the process in which the body's blood supply stops moving.

²¹³ An EKG records the electrical activity of the heart. A flat line means there is no electrical activity.

²¹⁴ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

²¹⁵ Video surveillance footage, dated October 15, 2019.

²¹⁶ See (b)(6); (b)(7)(C)'s memorandum, dated October 15, 2019. The video does not show Chief Cleveland at the scene.

²¹⁷ Video surveillance footage, dated October 15, 2019.

²¹⁸ See (b)(6); (b)(7)(C) memorandum, dated October 15, 2019.

²¹⁹ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

²²⁰ Video surveillance footage, dated October 15, 2019.

Post-Incident Actions

- (b)(6); (b)(7)(C) summarized the emergency response in a lengthy Nurse's Note timed 2:14 p.m.²²¹ Based on ERAU's analysis of events, her account is largely accurate except for her statement that EMS cut HERNANDEZ down. Given the timing of her note, ERAU concludes she may have been unaware that EMS left without cutting him down.
- All staff involved in the response submitted written statements. According to Regional Director (b)(6); (b)(7)(C) LaSalle Corrections did not conduct a security de-briefing or an after-action review.²²² (b)(6); (b)(7)(C) stated she conducted a de-briefing with nurses and participated in an internal morbidity review for LaSalle Corrections leadership.²²³
- According to Deputy (b)(6); (b)(7)(C) he retrieved HERNANDEZ's stored property from the property room and took it to (b)(6); (b)(7)(C)'s office.²²⁴ He was not involved in collection of any property from HERNANDEZ's cell. RCC did not provide documentation of release of his personal property.
- HERNANDEZ's remaining funds balance of \$51.18 was released by money order dated October 17, 2019 to (b)(6); (b)(7)(C)²²⁵
- All staff interviewed stated LaSalle Corrections offered employee assistance services, some sharing that they were also offered and took administrative leave. ERAU observed both security and nursing staff still struggled to process the events of October 15, 2019. Many became very emotional during interview. Staff, particularly nurses, expressed that not being allowed to cut HERNANDEZ down and attempt CPR exacerbated the shocking nature of what they observed when they looked in the cell.

CONCLUSIONS

MEDICAL

ERAU cites the following deficiencies in the ICE PBNDS 2011 governing healthcare:

1. ICE PBNDS 2011, Medical Care, Section (V)(A)(2), which states, "Every facility shall directly or contractually provide its detainee population with the following: Medically

²²¹ See Nurse's Note, dated October 15, 2019.

²²² ERAU discussion with Regional Director McCormick,

²²³ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019. She stated that if not proprietary, she would provide the morbidity review to ERAU.

²²⁴ ERAU interview with Deputy (b)(6); (b)(7)(C) dated November 19, 2019.

²²⁵ See receipt, dated xxx.

necessary and appropriate medical, dental, and mental health care and pharmaceutical services.”

- Special diet orders on June 21, 2019 and June 24, 2019 were not processed; consequently, HERNANDEZ continued to receive the standard diet.
 - Nurses did not recheck HERNANDEZ’s blood pressure on June 24, 2019 as ordered by the provider.
 - Occult blood tests ordered by a provider on July 5, 2019 were not completed until reordered by another provider on August 8, 2019.
2. ICE PBNDS 2011, Medical Care, Section (V)(E), which states, “Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care. Where appropriate staff interpretation is not available, facilities will make use of professional interpretation services.”
- The form presented to HERNANDEZ on October 14, 2019 requesting consent for treatment while on hunger strike and providing education on symptoms was in English.
3. ICE PBNDS 2011, Medical Care, Section (V)(M), which states, “The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.”
- The CMA did not sign the health assessment conducted by (b)(6); (b)(7)(C) following intake screening on June 13, 2019. The CMA did not produce designation of authority for providers to conduct initial health assessments without review by the CMA or other designated provider.
 - A midlevel provider reviewed the health appraisal conducted by (b)(6); (b)(7)(C) on June 20, 2019 six weeks later, on August 6, 2019. Although (b)(6); (b)(7)(C) had conducted an examination on June 13, 2019, the appraisal conducted by RN (b)(6); (b)(7)(C) was scheduled as the initial, requiring review by the CMA. As noted, the CMA has not designated authority to review health appraisals to other providers. The standard does not specify a review timeframe; however, six weeks does not assure timely determination of treatment priority.
4. ICE PBNDS 2011, Medical Care, Section (V)(O)(1)(b)(4), which states, “Each facility shall have an in-house or contractual mental health program, approved by the appropriate medical authority that provides: referral as needed for evaluation, diagnosis, treatment and monitoring of mental illness by a competent mental health professional. Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.”
- On September 4, 2019, (b)(6); (b)(7)(C) referred HERNANDEZ to mental health. The scheduled appointment was ten days later, September 14, 2019.

5. ICE PBNDS 2011, Medical Care, Section (V)(U), which states, “Distribution of medication (including over the counter) shall be performed in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all prescribed medications given to or refused by detainees shall be maintained.”
- Nurses left 126 boxes on the MAR blank. Blank entries included the periods of time HERNANDEZ was on segregation.
 - Nurses did not consistently enter their initials on MARs to document administration. Instead, they entered checkmarks or indistinguishable symbols.
 - A nurse incorrectly transcribed the provider’s order for psyllium fiber on June 24, 2019. The provider ordered one scoop of fiber; the nurse wrote two scoops on the MAR.
 - Nurses continued to administer dicyclomine three days after a provider ordered its discontinuation on July 5, 2019.
 - Although Pinaverium was not available, nurses documented two doses were given on August 30, 2019.
 - A nurse incorrectly transcribed Levsin onto the MAR by recording 0.12 mg instead of 0.125 mg.
 - Nurses first administered Levsin four days after the August 26, 2019 order date.
 - Nurses administered Levsin two days beyond expiration of the 30-day prescription.
6. ICE PBNDS 2011, Medical Care, Sections (V)(AA)(7,8,9), which state, “If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment. Medical staff shall ensure that the detainee’s questions regarding the treatment are answered by appropriate medical personnel. Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee’s medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment.”
- For the 126 scheduled doses nurses left MARs blank, ERAU cannot determine whether HERNANDEZ refused medications or if nurses did not offer them. The only medication-related refusal form in the medical record is dated June 23, 2019. (b)(6); (b)(7)(C) stated that standing practice at the time was for deputies, not nurses, to take refusal forms to detainees for signature; therefore, nurses did not provide education on the risks of refusing medication treatment.
7. ICE PBNDS 2011, Hunger Strike, Sections (V)(C)(1)(c) and (d), which state, “During the initial evaluation of a detainee on a hunger strike, medical staff shall: c) perform urinalysis; d) conduct psychological/psychiatric evaluation.”

- On October 14, 2019, (b)(6); (b)(7)(C) did not attempt to conduct urinalysis and did not refer HERNANDEZ for mental health evaluation.
8. ICE PBNDS 2011, Hunger Strike, Sections (V)(C)(2), which states, “Medical staff shall measure and record weight and vital signs at least once every 24 hours during the hunger strike and repeat other procedures as medically indicated.”
 - Nurses did not attempt to take HERNANDEZ’s weight and vital signs within the 24 hours following initiation of the hunger strike protocol at 8:00 a.m. on October 14, 2019.
 9. ICE PBNDS 2011, Hunger Strike, Section (V)(C)(5), which states, “If the detainee refuses the initial medical evaluation or any treatment or other medical procedures, medical staff must attempt to secure the detainee’s signature on a ‘Refusal of Treatment’ form. If the detainee will not cooperate by signing, staff shall note this on the ‘Refusal of Treatment’ form.”
 - (b)(6); (b)(7)(C) did not complete a Refusal of Treatment form on October 14, 2019 when HERNANDEZ refused to cooperate with the initial hunger strike evaluation.
 10. ICE PBNDS 2011, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(H), which states, “Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel.”
 - Security staff did not initiate life-saving measures and security command staff did not allow medical staff to do so.

DEVIATIONS FROM RCC POLICY

1. RCC policy HC 4.2, *Hunger Strikes*, Section (D)(2), which states, “Detainee will be provided education regarding risks to health, as well as, an educational pamphlet will be available in preferred language.”
 - On October 14, 2019, (b)(6); (b)(7)(C) did not provide LaSalle Corrections Patient Handout: Hunger Strike Fact Sheet, outlining the expected sequence of hunger strike symptoms.
2. RCC policy HC 4.2, *Hunger Strikes*, Section (D)(5), which states, “CMA, or designee, shall review and document in the medical record initial hunger strike placement evaluation orders, and plan of care.”
 - There is no documentation nurses referred HERNANDEZ to a provider for baseline review of his hunger strike status as of October 14, 2019.

AREAS OF CONCERN

1. RCC has not yet pursued NCCHC accreditation.
2. RCC has not yet implemented a system of internal review and quality assurance.
3. As noted in above deficiencies, ERAU identified multiple issues with nurses' documentation of medication administration. ERAU also identified the following concerns related to documentation in the medical record:
 - Nurses documented sick call encounters on HERNANDEZ's sick call requests and not in nurse's notes.
 - Nurse's notes did not follow the SOAPE format.
 - Although (b)(6); (b)(7)(C) stated LaSalle Corrections has a comprehensive set of nursing protocols, only one was used during a sick call encounter.
 - Nurses' and providers' signatures were often illegible, and name stamps were seldom used.
 - Nurses did not consistently record pain levels when HERNANDEZ reported pain.
 - On two occasions, a provider did not document an in-person encounter with HERNANDEZ. She stated was confident she had seen him, but documented orders, only.
 - Multiple forms did not have titles identifying their purpose.
4. (b)(6); (b)(7)(C) health appraisal on June 20, 2019 did not reflect HERNANDEZ's known history of IBS and current medications, and did not note that by request dated the day before, he complained the medications were ineffective.
5. Cells used for medical observation are not within sight and sound proximity of medical staff.
6. Documentation addressing HERNANDEZ's placement in segregation on June 20, 2019 and October 10, 2019 is ambiguous. Available records do not clearly document whether his placement was for monitoring meal consumption, or whether he met criteria for initiation of the hunger strike protocol. If the former, there is no record of meal consumption during the first period of segregation. If the latter, the record of meal consumption by security staff was incomplete and not verified by nurses. Also, as noted in the above deficiency, on October 14, 2019 when (b)(6); (b)(7)(C) initiated the hunger strike protocol, she did not attempt to conduct urinalysis or refer HERNANDEZ to mental health or a medical provider.
7. Upon discovering HERNANDEZ hanging, Captain (b)(6); (b)(7)(C) Lieutenant Coleman or Deputy (b)(6); (b)(7)(C) did not enter the cell to lift him to relieve pressure to the neck until he could be cut down. None of the three retrieved the cut down tool from control, Lieutenant

Coleman stating that medical is responsible for bringing the tool and Deputy (b)(6); (b)(7)(C) stating he did not know where cut down tools are located. When nurses arrived on scene, they did not bring a cut down tool because the radio code 10-19 is not specific to the type of emergency. Two nurses did, however, leave the scene to retrieve cut down tools.

8. Although HERNANDEZ appeared dead when discovered (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) interfered with performance of emergency medical care by denying nurses' entry to the cell to cut the detainee down and attempt CPR.

SECURITY

ERAU cites the following deficiencies in the ICE PBNDS 2011 governing security operations.

1. ICE PBNDS 2011, Special Management Units, Section (V)(A)(2)(a), which states, "Prior to a detainee's placement in administrative segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation."
 - On June 20, 2019, HERNANDEZ was placed in segregation cell SM2 for hunger strike monitoring. (b)(6); (b)(7)(C) initiated the Administrative Segregation Order, which was signed the next day by (b)(6); (b)(7)(C). A security supervisor did not sign the order.
2. ICE PBNDS 2011, Special Management Units, Section (V)(A)(2)(e), which states, "The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility."
 - There is no documentation staff provided HERNANDEZ the Administrative Segregation Orders dated June 20, 2019 and October 10, 2019.
3. ICE PBNDS 2011, Special Management Units, Section (V)(M), which states, "Detainees in SMU shall be personally observed at least every 30 minutes on an irregular schedule."
 - On October 15, 2019, security staff did not observe HERNANDEZ between 11:28 a.m. and 2:04 p.m. when (b)(6); (b)(7)(C) looked in the cell after noticing a foul odor. (b)(6); (b)(7)(C) who was responsible for security rounds after 10:50 a.m., documented five that video evidence shows she did not make, at 11:53 a.m., 12:34 p.m., 1:19 p.m., 1:24 p.m., and 1:54 p.m.
4. ICE PBNDS 2011, Terminal Illness, Advance Directives and Death, Section (V)(F), which states, "Facilities shall turn over the property of the decedent to ICE/ERO within one week for processing and disposition. Unless property of a decedent is being held as

part of an investigation into the circumstances of death, that property should be returned to the decedent's next of kin, if known, within two weeks."

- Deputy Arnold stated he placed HERNANDEZ's property in Major Pilcher's officer; however, there is no documentation of its disposition, including release to ERO and ERO's return of the property to next of kin.
5. ICE PBNDS 2011, Funds and Personal Property, Section (V)(G)(1), which states, "For recordkeeping and accounting purposes, use of the G-589 Property Receipt form or its equivalent is mandatory to inventory any funds removed from a detainee's possession, and a separate G-589 form or its equivalent is required for each kind of currency and negotiable instrument. Removal and inventory of detainee funds shall be conducted by at least two officers and in the presence of the detainee. Separate documentation should be made for each kind of currency and negotiable instrument, and should include detainee identification information and a description of the amount and type of currency or other negotiable instrument inventoried. Officers should then deposit the funds with a copy of the documentation in the drop safe or similarly secured depository."
 - Admission records do not include documentation supporting compliance with the standard. The records include only a detainee funds report showing HERNANDEZ's account history.
 6. ICE PBNDS 2011, Funds and Personal Property, Section (V)(I), which states, "An itemized inventory of all detainee baggage and property (separate from funds and valuables) shall be completed during admissions processing using the personal property inventory form. Each facility shall inventory all property, even in the event the property was previously inventoried by another facility and is contained in a sealed bag."
 - Admission documentation does not include an itemized inventory of HERNANDEZ's property.

DEVIATION FROM RCC POLICY

1. RCC Post Orders, Main Control Room Officer, Section 2, (5), which states, "The Main Control Room Officer shall be responsible for maintaining an accurate account of all activities occurring during assignment at this duty post and shall document the following:
 - f) Document all unusual occurrences or incidents reported through the control room; and
 - h) Document any other information relevant to activities during assignment."
 - The Main Control officer did not document EMS notification, arrival, and departure, the arrival and departure of personnel from external agencies following HERNANDEZ's death.

AREAS OF CONCERN

1. RCC does not have a special management unit; therefore, detainees assigned to segregation are placed in cells which open onto a high traffic corridor through which general population detainees regularly traverse. RCC does not have procedures prohibiting staff from routinely opening the segregation cells when general population detainees are in the area, procedures which would approximate the purpose sally ports serve in special management units.
2. Following HERNANDEZ's death, RCC took steps to improve visibility into cells used for segregation, including removing the window flaps and repositioning the bunk beds. However, small bars running vertically on the security windows remain, obscuring the view of the cell side to side.
3. The security reviewer endorses medical concerns related to security staff's failure to immediately enter the cell to lift HERNANDEZ to relieve pressure on his neck and retrieve a cut down tool themselves. The reviewer also endorses the concern related to (b)(6); (b)(7)(C) decision to declare the cell a crime scene.

AUTOPSY REPORT

Case No: LA459-19

Date of Examination: October 17, 2019

Name: DIAZ, Roylan

Age: 43 years

Race: Hispanic

Sex: Male

Investigating Agency: Ouachita Parish Coroner's Office

FINDINGS:

- I. Hanging.
 - A. Ligature consisting of sheet wrapped tightly around neck.
 - B. Petechial hemorrhages of epiglottic and laryngeal mucosa.
- II. Contusion, left hand.

Name: DIAZ, Roylan

Parish: Ouachita

Case No.: LA459-19

CAUSE OF DEATH: Hanging.

OPINION:

This 43-year-old Hispanic male, Roylan Diaz, died of hanging.

Investigation of the circumstances of death revealed that the decedent was an inmate at the Richwood Correctional Center when he was found hanging on the bedrail of his bunk with a white sheet wrapped around his neck. Reportedly, he was the lone occupant of the cell and had been participating in his second documented "hunger strike" since his detention in June of 2019. There was no evidence of foul play reported at the scene.

Autopsy demonstrated a ligature consisting of a sheet wrapped tightly around the neck. Other injuries included a small bruise of the left hand. There was no evidence of disease present. Toxicology detected no drugs or alcohol in the blood. Vitreous chemistries detected a markedly elevated urea nitrogen level.

(b)(6); (b)(7)(C)

11-18-19/mkh

EXTERNAL EXAMINATION

Received for examination was the body of a well-developed, well-nourished, Hispanic male clad in a prison uniform consisting of a green shirt and pants, a white t-shirt, boxers which were markedly soiled with feces and disposed of and white socks. Two pieces of a cut white sheet were present on top of the body. A ligature was present around the neck and will be described further below in detail. The body weighed 180 pounds, measured 68 inches in length and appeared compatible with the age of 43 years. The body was cold. Rigor mortis was present and fixed to an equal degree in all extremities. Livor mortis was present and fixed on the posterior surface of the body and the legs except for the areas exposed to pressure. The scalp hair was brown gray. The deceased wore a mustache and beard. The irides were hazel. The corneas were clear. The sclerae and conjunctivae showed no petechial hemorrhages. The external nares and oral cavity contained a slight amount of serosanguinous fluid. The teeth were natural and in good condition. The neck will be described further below in detail. The chest was unremarkable with no evidence of injury to the ribs or sternum externally. The abdomen was flat with no scars or injuries noted. On the shaft of the penis was a 1-inch surgical scar. Below this scar was a ½ x ¼ inch raised prosthetic implant consisting of a piece of clear plastic. The external genitalia were free of injury. The lower extremities showed a few old, irregular scars along with slight bilateral loss of hair growth. On the posterior surface of the left thigh was a nevus. The ankles and feet were clean. No tattoos, needle tracks or wrist scars were noted. A vaccination scar was present on the left deltoid region. The posterior torso was unremarkable.

EVIDENCE OF MEDICAL ATTENTION:

EKG electrodes were present on the front of the chest and the lower extremities.

EVIDENCE OF INJURY:**EVIDENCE OF HANGING:**

Situated tightly and wrapped multiple times around the neck was a white bedsheet situated respectively 3 inches inferior to the right external auditory meatus and 3 ¾ inches to the left external auditory meatus. The ligature was situated on and above the thyroid

eminence and completely encircled the neck tightly. The knot was present on the right side of the neck.

Upon removal of the ligature, there was a tan brown ligature furrow measuring 1 – 1 ½ inches in width with approximately ¼ - ½ indentation into the neck. The furrow canted up on the left side of the neck and faded into the hairline. Underlying ligature on the posterior neck was a band of pallor.

Subsequent layer wise dissection of the neck demonstrated no sternocleidomastoid or strap muscle hemorrhages. The hyoid bone and laryngeal cartilages were intact. A few scattered petechial hemorrhages were present on the epiglottic and laryngeal mucosa.

OTHER INJURIES:

On the back of the left hand at the thumb was a 1 ½ x 1 inch blue contusion.

INTERNAL EXAMINATION

The subcutaneous fat layer measured up to 2 inches. No adhesions or abnormal collections of fluid were present in the body cavities. Petechiae were not present on the thoracic organs. All body organs were present in normal anatomic position and were diffusely congested. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth and glistening. The pericardial sac contained a few milliliters of fluid. The heart was normal in size, shape and configuration. The coronary arteries arose normally, followed the usual distribution and were widely patent, without evidence of luminal stenosis or acute thrombosis. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red brown and firm with no focal lesions. The atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 260 grams.

RESPIRATORY SYSTEM:

The pleural surfaces were smooth and glistening. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The mucosal surfaces were unremarkable. The upper and lower airways contained bloody, frothy mucoid secretions. The pulmonary parenchyma was grayish purple and diffusely congested. The right lung weighed 500 grams; the left 400 grams.

NECK:

Injuries to the neck have been previously described. No other abnormalities were noted.

ALIMENTARY TRACT:

The tongue, esophagus, small and large bowels, rectum and anus showed no lesions or abnormalities. The stomach contained a scant amount of mucus. The appendix was present.

LIVER AND BILIARY SYSTEM:

The hepatic parenchyma was maroon with no focal lesions. The gallbladder contained a few milliliters of bile. The liver weighed 1200 grams.

GENITOURINARY SYSTEM:

The cortical surfaces were red-brown and smooth. The cortex was unremarkable. The urinary bladder contained 50 ml of dark yellow urine. The prostate and testes were unremarkable. The right kidney weighed 120 grams; the left 130 grams.

RETICULOENDOTHELIAL SYSTEM:

The spleen had a smooth, intact capsule covering a red purple, firm parenchyma. The regional lymph nodes were not enlarged and appeared normal. The spleen weighed 140 grams.

Name: DIAZ, Roylan

Parish: Ouachita

Case No.: LA459-19

ENDOCRINE AND EXOCRINE SYSTEMS:

The pituitary gland, thyroid gland, adrenal glands and pancreas were unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscles were red brown and within normal development. No bone or joint abnormalities were noted. The cervical, thoracic and lumbar spine showed no obvious old fractures or other abnormalities.

CENTRAL NERVOUS SYSTEM:

The scalp showed no edema or hemorrhage. The calvarium and base of the skull showed no fractures. The dura and falx cerebri were intact. There was no epidural, subdural or subarachnoid hemorrhage present. The leptomeninges were clear. The cerebral hemispheres were symmetric and diffusely congested. The circle of Willis and related blood vessels were normal in caliber and distribution. Sections through the cerebral hemispheres, cerebellum and brain stem showed no lesions or hemorrhage. The spinal cord was not examined. The brain weighed 1450 grams.

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e-mail: nms@nmslabs.com

(b)(6); (b)(7)(C) PhD, F-ABFT, DABCC-TC, Laboratory Director

Toxicology Report**Report Issued** 10/27/2019 15:08

Patient Name DIAZ, ROYLAN
Patient ID LA459-19 OUACHITA
Chain 30243374
Age 43 Y **DOB** Not Given
Gender Male
Workorder 19319915

To: 10885
(b)(6); (b)(7)(C)
8710 Faulkner Lake Road

North Little Rock, AR 72117

Page 1 of 3

Positive Findings:

<u>Compound</u>	<u>Result</u>	<u>Units</u>	<u>Matrix Source</u>
Creatinine (Vitreous Fluid)	0.79	mg/dL	003 - Vitreous Fluid
Sodium (Vitreous Fluid)	143	mmol/L	003 - Vitreous Fluid
Potassium (Vitreous Fluid)	14	mmol/L	003 - Vitreous Fluid
Chloride (Vitreous Fluid)	128	mmol/L	003 - Vitreous Fluid
Urea Nitrogen (Vitreous Fluid)	52	mg/dL	003 - Vitreous Fluid

See Detailed Findings section for additional information

Testing Requested:

<u>Analysis Code</u>	<u>Description</u>
8042B	Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic)
1919FL	Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic)

Specimens Received:

<u>ID</u>	<u>Tube/Container</u>	<u>Volume/ Mass</u>	<u>Collection Date/Time</u>	<u>Matrix Source</u>	<u>Miscellaneous Information</u>
001	Gray Top Tube	8.75 mL	10/17/2019	Cardiac Blood	
002	Gray Top Tube	8.75 mL	10/17/2019	Cardiac Blood	
003	Red Top Tube	4 mL	10/17/2019	Vitreous Fluid	
004	White Plastic Container	30 mL	10/17/2019	Urine	

All sample volumes/weights are approximations.

Specimens received on 10/18/2019.

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Workorder 19319915
Chain 30243374
Patient ID LA459-19 OUACHITA

Page 2 of 3

Detailed Findings:

Analysis and Comments	Result	Units	Rpt. Limit	Specimen Source	Analysis By
Creatinine (Vitreous Fluid)	0.79	mg/dL	0.050	003 - Vitreous Fluid	Colorimetry
Sodium (Vitreous Fluid)	143	mmol/L	80	003 - Vitreous Fluid	Chemistry Analyzer
Potassium (Vitreous Fluid)	14	mmol/L	1.0	003 - Vitreous Fluid	Chemistry Analyzer
Chloride (Vitreous Fluid)	128	mmol/L	70	003 - Vitreous Fluid	Chemistry Analyzer
Glucose (Vitreous Fluid)	None Detected	mg/dL	35	003 - Vitreous Fluid	Chemistry Analyzer
Urea Nitrogen (Vitreous Fluid)	52	mg/dL	3.0	003 - Vitreous Fluid	Chemistry Analyzer

Other than the above findings, examination of the specimen(s) submitted did not reveal any positive findings of toxicological significance by procedures outlined in the accompanying Analysis Summary.

Unless alternate arrangements are made by you, the remainder of the submitted specimens will be discarded one (1) year from the date of this report; and generated data will be discarded five (5) years from the date the analyses were performed.

Workorder 19319915 was electronically signed on 10/27/2019 14:03 by:

(b)(6); (b)(7)(C)

Forensic Toxicologist

Analysis Summary and Reporting Limits:

All of the following tests were performed for this case. For each test, the compounds listed were included in the scope. The Reporting Limit listed for each compound represents the lowest concentration of the compound that will be reported as being positive. If the compound is listed as None Detected, it is not present above the Reporting Limit. Please refer to the Positive Findings section of the report for those compounds that were identified as being present.

Acocde 1919FL - Electrolytes and Glucose Panel (Vitreous), Fluid (Forensic) - Vitreous Fluid

-Analysis by Chemistry Analyzer for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Chloride (Vitreous Fluid)	70 mmol/L	Sodium (Vitreous Fluid)	80 mmol/L
Glucose (Vitreous Fluid)	35 mg/dL	Urea Nitrogen (Vitreous Fluid)	3.0 mg/dL
Potassium (Vitreous Fluid)	1.0 mmol/L		

-Analysis by Colorimetry (C) for:

Compound	Rpt. Limit	Compound	Rpt. Limit
Creatinine (Vitreous Fluid)	0.050 mg/dL		

Acocde 8042B - Postmortem, Expanded w/Vitreous Alcohol Confirmation, Blood (Forensic) - Cardiac Blood

-Analysis by Enzyme-Linked Immunosorbent Assay (ELISA) for:

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Workorder 19319915
Chain 30243374
Patient ID LA459-19 OUACHITA

Page 3 of 3

Analysis Summary and Reporting Limits:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Barbiturates	0.040 mcg/mL	Gabapentin	5.0 mcg/mL
Cannabinoids	10 ng/mL	Salicylates	120 mcg/mL

-Analysis by Headspace Gas Chromatography (GC) for:

<u>Compound</u>	<u>Rpt. Limit</u>	<u>Compound</u>	<u>Rpt. Limit</u>
Acetone	5.0 mg/dL	Isopropanol	5.0 mg/dL
Ethanol	10 mg/dL	Methanol	5.0 mg/dL

-Analysis by High Performance Liquid Chromatography/Time of Flight-Mass Spectrometry (LC/TOF-MS) for: The following is a general list of compound classes included in this screen. The detection of any specific analyte is concentration-dependent. Note, not all known analytes in each specified compound class are included. Some specific analytes outside these classes are also included. For a detailed list of all analytes and reporting limits, please contact NMS Labs.

Amphetamines, Anticonvulsants, Antidepressants, Antihistamines, Antipsychotic Agents, Benzodiazepines, CNS Stimulants, Cocaine and Metabolites, Hallucinogens, Hypnotosedatives, Hypoglycemics, Muscle Relaxants, Non-Steroidal Anti-Inflammatory Agents, Opiates and Opioids.

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STATE OF LOUISIANA

CERTIFICATION OF VITAL RECORD

CERTIFICATION OF DEATH

BIRTH NUMBER:

STATE FILE NUMBER: 2019-039-00198

7302954

DECEDENT	DECEDENT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		DATE OF BIRTH	DATE OF DEATH	TIME OF DEATH
	HERNANDEZ DIAZ, ROYLAN		09/25/1976	10/15/2019	02:15 PM
	PLACE OF BIRTH - (CITY, STATE, COUNTRY)		SEX	SOCIAL SECURITY NUMBER	
	PINAR DEL RIO, CUBA		MALE	UNKNOWN	
	DECEDENT'S ALIAS NAME(S) - (LAST, FIRST, MIDDLE, SUFFIX):				
PERSONAL	RESIDENCE OF DECEDENT - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		WITHIN CITY LIMITS?		PARISH/COUNTY
	180 PINE BAYOU CIR., RICHWOOD, LA 71202 UNITED STATES		YES		OUACHITA
	EVER IN U.S. ARMED FORCES?		OCCUPATION	INDUSTRY OF OCCUPATION	
	NO		MAINTENANCE	PROPERTY MANAGEMENT	
	MARITAL STATUS		NAME OF SURVIVING SPOUSE - (LAST, FIRST, MIDDLE, SUFFIX)		
	NEVER MARRIED				
	FATHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		FATHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY)		
	(b)(6); (b)(7)(C)		PINAR DEL RIO, CUBA		
	MOTHER/PARENT NAME - (LAST, FIRST, MIDDLE, SUFFIX)		MOTHER/PARENT PLACE OF BIRTH - (CITY, STATE, COUNTRY)		
	(b)(6); (b)(7)(C)		PINAR DEL RIO, CUBA		
INFORMANT'S NAME - (LAST, FIRST, MIDDLE, SUFFIX)		RELATIONSHIP TO DECEDENT	INFORMANT'S ADDRESS		
(b)(6); (b)(7)(C)		FIANCEE	4905 PLANTATION DR., TAMPA, FL 33615 UNITED STATES		
EDUCATION: HIGH SCHOOL GRADUATE, OR GED COMPLETED					
OF HISPANIC ORIGIN?: YES, CUBAN					
RACE: OTHER (CUBAN)					
DEATH INFO	PLACE OF DEATH			FACILITY NAME	
	OTHER RICHWOOD CORRECTIONAL CENTER				
	FACILITY ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)			PARISH/COUNTY	
180 PINE BAYOU DR., RICHWOOD, LA 71202 UNITED STATES			OUACHITA		
DISPOSITION	METHOD OF DISPOSITION			PLACE OF DISPOSITION	
	REMOVAL FROM STATE			CUBA	
	PLACE OF DISPOSITION - (CITY, STATE, COUNTRY)			DATE OF DISPOSITION	
MIAMI, FL UNITED STATES			11/13/2019		
FUNERAL FACILITY	FUNERAL FACILITY NAME		ADDRESS OF FUNERAL FACILITY		
	MULHEARN FUNERAL HOME, INC. - MONROE		2308 STERLINGTON RD., MONROE, LA 71203 UNITED STATES		
	NAME OF FUNERAL DIRECTOR (LAST, FIRST, MIDDLE, SUFFIX)		LICENSE NUMBER	CORONER NOTIFIED?	
	ANTIS, GUS		E2592	Y	
	SIGNATURE OF FUNERAL DIRECTOR		DATE		
"e-sign"		11/27/2019			
MEDICAL INFO	MANNER OF DEATH		SUICIDE		
	IF FEMALE?		NOT APPLICABLE		
	DID TOBACCO USAGE CONTRIBUTE TO DEATH?		NO		
CAUSE OF DEATH	PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE.				APPROXIMATE INTERVAL: Onset to Death
	IMMEDIATE CAUSE - (Final disease or condition resulting in death)				a. HANGING
	Sequentially list conditions, if any, leading to the cause listed on line a.				b.
	Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST				c.
					d.
	PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
	WAS AN AUTOPSY PERFORMED?				
	YES				
	FINDINGS USED IN DETERMINING CAUSE?				
	YES				
INJURY INFORMATION	PLACE OF INJURY		DATE OF INJURY	TIME OF INJURY	INJURY AT WORK
	JAIL		10/15/2019	99:99 PM	N
	LOCATION OF INJURY - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)		PARISH/COUNTY		
	180 PINE BAYOU CIRCLE, MONROE, LA 71202 UNITED STATES		OUACHITA		
	DESCRIBE HOW INJURY OCCURRED				
HANGING					
CERTIFIER	I CERTIFY THIS "CORONER CASE" BASED ON MY EXAMINATION OR INVESTIGATION AND, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.				
	SIGNATURE OF CERTIFIER:		"e-sign"	DATE	
				11/28/2019	
	CERTIFIER NAME - (LAST, FIRST, MIDDLE, SUFFIX)		O'NEAL, TERI B		
	CERTIFIER TITLE: CORONER				
	CERTIFIER ADDRESS - (STREET ADDRESS, CITY, STATE, ZIP CODE, COUNTRY)				
	103 MCMILLAN RD., WEST MONROE, LA 71291 UNITED STATES				
REGISTRAR	BURIAL TRANSIT PERMIT		PARISH OF ISSUE	DATE OF ISSUE	DATE FILED WITH REGISTRAR
	335101		ORLEANS	11/07/2019	11/27/2019
	SIGNATURE OF REGISTRAR		DEVIN GEORGE "e-sign"		

ISSUED BY: Thompson, Kimberly R.

Issued On: 12/2/2019 4:40:00 PM



007302954

I CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF A CERTIFICATE OR DOCUMENT REGISTERED WITH THE VITAL RECORDS REGISTRY OF THE STATE OF LOUISIANA, PURSUANT TO LSA - R.S.40:32, ET SEQ.

A REPRODUCTION OF THIS DOCUMENT IS VOID AND INVALID.
DO NOT ACCEPT

Devin George
DEVIN GEORGE
STATE REGISTRAR

DHS-20-0638-G-000058



U.S. Immigration
and Customs
Enforcement

MEMORANDUM FOR: Enrique M. Lucero
Executive Associate Director
Enforcement and Removal Operations

THROUGH: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)
Associate Director

FROM: (b)(6); (b)(7)(C)
Division Chief, Inspections and Detention Oversight

SUBJECT: Detainee Death Review Findings – Roylan HERNANDEZ-Diaz
(b)(6); (b)(7)(C); (b)(7)(E)

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) External Reviews and Analysis Unit (ERAU) has completed its review of the death of Roylan HERNANDEZ-Diaz (HERNANDEZ), a 43-year-old citizen of Cuba, who died on October 15, 2019, while in ICE custody at the Richwood Correctional Center (RCC) in Richwood, Louisiana (LA). The Ouachita Parish Coroner's Office documented HERNANDEZ's official cause of death as hanging.¹

Abbreviated Chronology²

On May 18, 2019, HERNANDEZ applied for admission to the United States at the Paso Del Norte Port of Entry in El Paso, Texas (TX). HERNANDEZ claimed credible fear. U.S. Customs and Border Protection (CBP) charged HERNANDEZ with inadmissibility pursuant to Section 212(a)(7)(A)(i)(I) of the Immigration and Nationality Act, as an alien present in the United States who is not in possession of a valid unexpired immigrant visa or other entry document at the time of admission and subsequently processed him for expedited removal pending a credible fear determination.

On May 20, 2019, CBP released HERNANDEZ into the custody of the ICE Enforcement and Removal Operations (ERO) El Paso, and transferred him to the El Paso Service Processing Center in El Paso, TX. ERO El Paso subsequently transferred him to the West Texas Detention Center in Sierra Blanca, TX.

¹ See Ouachita Parish Coroner's Autopsy Report, dated November 18, 2019

² See accompanying Detainee Death Review for complete chronology.

On May 23, 2019, ERO El Paso transferred HERNANDEZ into the custody of ERO New Orleans, who transferred him to Tallahatchie County Correctional Facility (TCCF) in Tutwiler, Mississippi. While at TCCF, HERNANDEZ received an intake screening, a physical examination, and a comprehensive mental health screening, all of which resulted in normal findings.

On June 13, 2019, ERO New Orleans transferred HERNANDEZ to RCC. Upon arrival, a nurse practitioner (NP) completed HERNANDEZ's intake screening, noting a history of irritable bowel syndrome (IBS) and continued his current medication for that condition as prescribed.

On June 14, 2019, a licensed practical nurse (LPN) documented a medication order but listed the incorrect provider as the ordering physician. Furthermore, during HERNANDEZ's stay at RCC, nursing staff did not clearly or consistently document medication administration.

On June 19, 2019, a registered nurse (RN) attempted to evaluate HERNANDEZ pursuant to his sick call request on June 18, 2019 for abdominal pain and ineffective medication; however, he refused to be seen. Also, on this date, a security lieutenant completed an unusual occurrence report stating HERNANDEZ missed six consecutive meals and two days of medication, and that HERNANDEZ requested to speak with an ICE officer.

On June 20, 2019, an RN completed a health assessment which did not include his IBS history, current medications, complaint from his sick call, or his refusal to take medication or eat. On this same date, an RN initiated a pre-segregation health evaluation and approved HERNANDEZ for administrative segregation; however, the RN's documentation related to his placement was lacking pertinent information.

On June 21, 2019, an RN evaluated HERNANDEZ and observed him drinking two cups of juice and one bottle of Ensure. Later that day, an LPN also observed HERNANDEZ drink a bottle of Ensure and eat 25% of his lunch. A Medical Doctor (MD) evaluated HERNANDEZ, ordered a bland diet with extra vegetables, and discharged him from segregation to general population.

On June 23, 2019, an LPN documented HERNANDEZ refused to report to pill call. A refusal form was signed by the LPN and RN and noted that HERNANDEZ refused to sign.

On June 24, 2019, an NP evaluated HERNANDEZ for a complaint of not receiving a bland diet. The NP ordered a bland diet for a second time and added an additional medication to his regimen. The NP noted an abnormal blood pressure and ordered it to be rechecked; however, the order was never documented as being carried out. Furthermore, the additional medication was incorrectly transcribed on the medication administration record (MAR).

On July 5, 2019, an RN assessed HERNANDEZ pursuant to a sick call stating his current medication worsened his IBS symptoms and referred him to a provider. On the same day, the provider, discontinued the medication, and ordered a test to check for blood in the stool (hemoccult testing).

On August 6, 2019, an RN evaluated HERNANDEZ during a sick call for colon pain and a medication change request. The RN referred him to a provider for further evaluation.

On August 8, 2019, an NP evaluated HERNANDEZ pursuant to the above referral and documented normal findings. The NP reordered the hemoccult test as the July 5, 2019 order was never carried out, which resulted in normal findings. HERNANDEZ also submitted an ICE Detainee Request form regarding his parole, which was never responded to or signed.

On August 26, 2019, an NP evaluated HERNANDEZ for an IBS follow-up appointment. One medication was discontinued and, although another was prescribed, the medication was unavailable. A different version of the medication was ordered but not administered until four days later and the LPN erroneously transcribed the incorrect dose on the MAR. Furthermore, the medication was also continued for two doses after the medication prescription had expired. The NP recommended a mental health referral but HERNANDEZ refused. The NP documented discussing techniques for coping with stress with HERNANDEZ after his refusal.

On September 4, 2019, an RN triaged HERNANDEZ's sick call request for a mental health consult and submitted a referral to the provider.

On September 10, 2019, an LPN evaluated HERNANDEZ during a sick call for abdominal pain due to not receiving his medication. The LPN referred HERNANDEZ to a provider for evaluation.

On September 13, 2019, an MD evaluated HERNANDEZ for abdominal pain. The MD diagnosed HERNANDEZ with chronic constipation and abdominal pain. Medication was discontinued and a previous medication was re-prescribed.

On September 14, 2019, an RN documented HERNANDEZ's refusal for a mental health appointment.

On October 10, 2019, after HERNANDEZ threatened a hunger strike, an RN completed HERNANDEZ's pre-segregation health evaluation. HERNANDEZ refused vital signs and a weight assessment.

From October 10 until October 15, 2019, HERNANDEZ remained in administrative segregation for hunger strike monitoring. During this time, HERNANDEZ did not receive any medications and missed 10 consecutive meals. On October 15, 2019, an LPN notified ERO New Orleans and ICE Health Service Corps of HERNANDEZ's hunger strike.

On October 15, 2019 at 10:04 a.m., a lieutenant observed HERNANDEZ in his cell when he opened the door and spoke with him. From 11:53 a.m. until 1:54 p.m., although the deputy on duty documented four security checks, she conducted these rounds without looking into HERNANDEZ's cell. At 2:04 p.m., a security captain and lieutenant approached HERNANDEZ's cell. After smelling a strong odor, the captain looked into HERNANDEZ's cell window but could not see him; after stepping away briefly, the captain then entered the cell and observed HERNANDEZ hanging from the top bunk bed. The captain immediately called a medical emergency, and shortly after, two additional security staff personnel entered the cell.

Although multiple security staff were on-scene, none attempted to alleviate pressure from HERNANDEZ's neck or retrieve a cut down tool. The security major and medical staff arrived within one minute of the medical emergency call. Medical staff reported the major prevented them from cutting HERNANDEZ down because he perceived it to be a crime scene. Two minutes later, the acting warden arrived on-scene. At 2:12 p.m., medical staff were allowed to enter the cell to check for a pulse, which they were unable to find. The major and acting warden continued to instruct all staff not to cut HERNANDEZ down.

At 2:19 p.m., emergency medical services (EMS) arrived on scene and entered the cell. The EMS report documented cardiopulmonary resuscitation (CPR) was not initiated as there was no electrical activity in the heart, and vital signs were unobtainable. At 3:07 p.m., Ouachita Parish Sheriff's Department arrived on-scene. After the sheriff's office investigation was completed, the coroner cut HERNANDEZ down and declared him dead at an unknown time. At 3:49 p.m., the funeral home arrived on scene and departed within one minute with HERNANDEZ's body.

Identified Deficiencies with ICE Detention Standards

ERAU reviewed the medical care RCC provided HERNANDEZ, as well as their efforts to ensure he was safe and secure while detained at the facility, during his time in ICE custody. In the attached report, ERAU assessed RCC's compliance with the ICE PBNDS 2011 standards and documented 19 findings.

1. **Medical Care, Section (V)(A)(2):** RCC staff did not process multiple special diet orders, re-check HERNANDEZ's blood pressure or timely complete hemocult tests as ordered by providers.
2. **Medical Care, Section (V)(E):** On multiple occasions, medical staff did not document the use of interpretation services during appointments. Furthermore, medical staff presented an English-version form to HERNANDEZ which requested consent for treatment while on hunger strike and provided education on symptoms related to hunger strike; if interpretation services were utilized, it was not documented on the form.
3. **Medical Care, Section (V)(F)(3)(a)(3):** Cells located in A-Hall used for medical observation are not within sight or sound proximity of medical staff.
4. **Medical Care, Section (V)(M):** The Clinical Medical Authority (CMA) did not sign comprehensive health assessments as required. The CMA did not produce designation of authority for providers to conduct initial health assessments without review by the CMA or another designated provider.
5. **Medical Care, Section (V)(O)(4):** Medical staff did not schedule HERNANDEZ for a mental health appointment until 10 days after the initial referral.
6. **Medical Care, Section (V)(U):** There were multiple issues identified with the distribution or refusal of medication, to include distributing in accordance with specific instructions

and procedures established by the Health Services Administrator or CMA and record keeping of the distribution or refusal of medication.

7. **Medical Care, Sections (V)(AA)(7), (8), and (9):** Although there are 126 blanks where medication administration should have been noted on the MAR (to include if medication was refused), there was only one medication-related refusal form in the medical record. Furthermore, refusal documentation was not obtained for known medication refusals during HERNANDEZ's hunger strike from October 10 until the date of his death.
8. **Hunger Strike, Sections (V)(C)(1)(c) and (d):** A nurse did not attempt to perform a urinalysis test or refer HERNANDEZ for a mental health evaluation during her initial hunger strike evaluation of HERNANDEZ.
9. **Hunger Strike, Section (V)(C)(5):** A nurse did not complete a Refusal of Treatment form when HERNANDEZ refused to cooperate with the initial hunger strike evaluation.
10. **Hunger Strike, Sections (V)(C)(2):** Nurses did not attempt to take HERNANDEZ's weight or vital signs within the 24 hours following initiation of the hunger strike protocol.
11. **Significant Self-harm and Suicide Prevention and Intervention, Section (V)(H):** After initially finding HERNANDEZ hanging, security staff did not initiate life-saving measures. Furthermore, the acting warden and major interfered with performance of emergency medical care by denying nurses' entry to the cell to cut the detainee down and attempt CPR.
12. **Significant Self-harm and Suicide Prevention and Intervention, Section (V)(K):** LaSalle Corrections did not conduct a security de-briefing or an after-action review.
13. **Special Management Units, Section (V)(A)(2)(a):** Although a nurse initiated the Administrative Segregation Order form, the facility administrator or designee did not complete the form prior to HERNANDEZ's placement in segregation.
14. **Special Management Units, Section (V)(A)(2)(e):** There is no documentation staff provided HERNANDEZ copies of the June 20, 2019 or October 10, 2019 Administrative Segregation Orders.
15. **Special Management Units, Section (V)(M):** Staff did not personally observe HERNANDEZ at least every 30 minutes on an irregular schedule. On October 15, 2019, between 11:28 a.m. and 2:04 p.m., security staff did not observe HERNANDEZ. The deputy responsible for security rounds after 10:50 a.m., documented five rounds that video evidence supports she did not make.
16. **Terminal Illness, Advance Directives and Death, Section (V)(F):** Although a deputy stated he placed HERNANDEZ's property in the major's office, there is no documentation of its disposition, including release to ERO or ERO's return of the property to the next of kin.

17. ***Funds and Personal Property, Section (V)(G)(1)***: RCC could not supply documentation that the staff complied with this standard. The records include only a detainee funds report showing HERNANDEZ's account history.
18. ***Funds and Personal Property, Section (V)(I)***: RCC could not supply admission documentation inclusive of an itemized inventory of HERNANDEZ's property.
19. ***Staff-Detainee Communication, Section (V)(B)(1)(b)***: ERO did not document a response to HERNANDEZ's request regarding his parole hearing; therefore, it is unknown if his request was ever answered.

Furthermore, although not violations of the ICE PBNDS 2011, ERAU noted 11 areas of concern regarding HERNANDEZ's medical care, safety, and security at RCC.

If you have any questions, please contact me or have a member of your staff contact OPR ERAU Unit Chief (b)(6); (b)(7)(C) at (202) 732-(b)(6); (b)(7)(C)

Enclosure

HERNANDEZ-Diaz Detainee Death Review Report



Detainee Death Review Report

Roylan HERNANDEZ-Diaz

Date of Death: October 15, 2019

Alien File Number: 203 637 060

Joint Integrity Case Management System (JICMS) Number: (b)(6); (b)(7)(C);
(b)(7)(F)

June 4, 2020

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

TABLE OF CONTENTS

Details of Review	2
Facility Profile	2
Immigration and Criminal History	2
Chronology of Events	5
Findings	26
Areas of Concern	31
Exhibits	33

DETAILS OF REVIEW

From November 18 to 21, 2019, U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) staff visited the Richwood Correctional Center (RCC) in Richwood, Louisiana (LA), to review the circumstances surrounding Roylan HERNANDEZ-Diaz's (HERNANDEZ) 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.¹ As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to HERNANDEZ, in addition to conducting in-person interviews of individuals employed by RCC and the local ICE Enforcement and Removal Operations (ERO) field office.

On June 13, 2019, ICE transferred HERNANDEZ from Tallahatchie County Correctional Facility (TCCF) to RCC, where he remained until his death. The Ouachita Parish Coroner documented the official cause of death as hanging.²

FACILITY PROFILE

RCC is owned and operated by La Salle Corrections under an Intergovernmental Service Agreement (IGSA), which requires the facility to comply with the ICE Performance-Based National Detention Standards (PBNDS) 2011. La Salle Corrections provides both security and medical care. ICE ERO began housing detainees at RCC in April of 2019, under the oversight of the ERO Field Office Director (FOD) in New Orleans, LA. The RCC houses male detainees for periods longer than 72 hours, and at the time of HERNANDEZ's death, RCC housed approximately 988 ICE male detainees with an average ICE detainee population is 998.³

IMMIGRATION AND CRIMINAL HISTORY

(b)(6); (b)(7)(C); (b)(3)-Unspecified Statute

¹ See Exhibit 1: Creative Corrections Healthcare and Security Compliance Analysis.

² See Exhibit 2: Ouachita Parish Coroner's Office, dated November 18, 2019.

³ See ERO Facility List Report, dated October 28, 2019; see also ERO Records Request, dated October 18, 2019.

⁴ See Record of Deportable/Inadmissible Alien (DHS Form I-213), dated May 20, 2019. ERAU notes there are conflicting dates of arrival on CBP and ICE documents.

⁵ *Id.*

(b)(6); (b)(7)(C)

While in CBP custody, HERNANDEZ complained of right-side abdominal pain, right flank pain, nausea, vomiting and diarrhea.⁸ At an unknown time, CBP transported HERNANDEZ to The Hospitals of Providence Memorial Campus.⁹ At 2:09 a.m., HERNANDEZ arrived at the hospital.¹⁰ The emergency department physician diagnosed HERNANDEZ with abdominal pain in the right lower quadrant, nausea, and vomiting. The hospital conducted radiology and laboratory testing, both of which produced negative results. The physician prescribed HERNANDEZ with acetaminophen (500 mg),¹¹ one tablet three times a day, Bifidobacterium-lactobacillus,¹² one capsule daily, and ondansetron (4 mg),¹³ one tablet every six hours as needed.

(b)(6); (b)(7)(C)

On May 21, 2019, at approximately 2:04 p.m., HERNANDEZ arrived at the West Texas Detention Center.¹⁶

(b)(6); (b)(7)(C)

On May 31, 2019, at approximately 7:38 a.m., Asylum Officer (b)(6); (b)(7)(C) conducted

(b)(6); (b)(7)(C)

⁶ See Record of Sworn Statement in Proceedings under Section 235(b)(1) of the Act (DHS Form I-867A), dated May 20, 2019.

⁷ See DHS Form M-444, dated May 20, 2019.

⁸ See Order to Detail or Release Alien remarks field (DHS Form I-203), dated May 20, 2019. Documentation from the Hospitals of Providence Memorial Campus clarified that HERNANDEZ experienced these symptoms for four days.

⁹ See DHS CBP Medical Care/Medpas Tracking, dated May 20, 2019.

¹⁰ See Hospitals of Providence Memorial Campus, Patient Education & Visit Summary, dated May 20, 2019.

¹¹ Acetaminophen, brand name Tylenol Extra Strength, is a medication used to treat minor aches and pains.

¹² Bifidobacterium-Lactobacillus is a medical food used as a probiotic, or friendly bacteria, to maintain a healthy digestive tract.

¹³ Ondansetron, brand name Zofran, is a medication used to prevent nausea and vomiting.

¹⁴ ERAU notes CBP and the Providence Memorial Campus documents in HERNANDEZ's Alien File do not note a discharge time. See ENFORCE Alien Removals Module (EARM) database Detention History, entry dated May 20, 2019.

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ See EARM Comments, entry dated May 23, 2019.

(b)(6); (b)(7)(C)

On June 5, 2019, HERNANDEZ was served with a Notice to Appear (DHS Form I-862).¹⁹ Deportation Officer (b)(6); (b)(7)(C) notified HERNANDEZ of his parole case review set for June 8, 2019.²⁰ HERNANDEZ signed the notification.

On June 8, 2019, ERO New Orleans Acting FOD George Lund signed a Notification Declining to Grant Parole, as HERNANDEZ had not established that he was not a flight risk.²¹

On June 13, 2019, ERO New Orleans transferred HERNANDEZ to RCC.²²

On June 24, 2019, Supervisory Detention and Deportation Officer (SDDO) (b)(6); (b)(7)(C) scheduled a review of HERNANDEZ's case for August 20, 2019.²³ HERNANDEZ signed the notification.

On August 8, 2019, HERNANDEZ submitted an ICE Detainee Request form regarding his parole.²⁴ ICE did not respond or sign the form.

On August 21, 2019, ERO New Orleans Acting FOD Scott Sutterfield signed a Notification Declining to Grant Parole.²⁵ It was documented that HERNANDEZ was considered a flight risk.

On September 14, 2019, HERNANDEZ submitted an ICE Detainee Request form regarding his parole.²⁶ (b)(6); (b)(7)(C) ERO's facility liaison responded two days later documenting that the request was forwarded to the case agent, (b)(6); (b)(7)(C)

On September 17, 2019 (b)(6); (b)(7)(C) notified HERNANDEZ of his parole case review set for October 7, 2019.²⁷ HERNANDEZ signed the notification.

On October 8, 2019, ERO New Orleans Acting FOD William Joyce signed a Notification Declining to Grant Parole as HERNANDEZ was considered a flight risk.²⁸ (b)(6); (b)(7)(C) stated he had a copy of this notification to give to HERNANDEZ prior to his suicide on October 15, 2019, but did not deliver it to him.²⁹

¹⁹ See DHS Form I-862, dated June 5, 2019.

²⁰ See Parole Advisal and Scheduling Notification (ICE Form 71-012), dated June 5, 2019.

²¹ See ICE Notification Declining to Grant Parole, dated June 8, 2019.

²² See EARM Detention History, entry dated June 13, 2019.

²³ See EARM Comments, entry dated June 24, 2019.; see also ICE Form 71-012, undated.

²⁴ See ICE RCC Detainee Request to ICE Staff Member form, dated August 8, 2019.

²⁵ See ICE Notification Declining to Grant Parole, dated August 21, 2019.

²⁶ See ICE RCC Detainee Request to ICE Staff Member form, dated September 14, 2019.

²⁷ See ICE Form 71-012, dated September 17, 2019.

²⁸ See ICE Notification Declining to Grant Parole, dated October 8, 2019.

²⁹ ERAU Interview with (b)(6); (b)(7)(C) dated November 21, 2019.

On October 9, 2019, the Executive Office for Immigration Review (EOIR) sent a Notice of Hearing in Removal Proceedings, for a hearing scheduled January 30, 2020.³⁰

CHRONOLOGY OF EVENTS

May 23, 2019

At approximately 5:31 p.m., HERNANDEZ arrived at TCCF.³¹

May 24, 2019

At 3:13 a.m., (b)(6); (b)(7)(C), Registered Nurse (RN), completed HERNANDEZ's intake using interpretation services.³² (b)(6); (b)(7)(C) documented³³ the following:

- HERNANDEZ's vital signs were within normal limits and his mental health screening was normal.³⁴
- HERNANDEZ reported stomach problems to include colon problems and acid reflux,³⁵ and about being careful with what he ate to avoid symptoms.
- HERNANDEZ reported pain located bilaterally in the lower abdomen and back pain at a level of eight.³⁶
- HERNANDEZ reported taking medication; however, he refused to take them stating they did not help.³⁷
- HERNANDEZ reported no history of tuberculosis (TB),³⁸ and his TB symptom check was negative.³⁹
- (b)(6); (b)(7)(C) gave HERNANDEZ sick call information in Spanish and approved him for housing in general population.

³⁰ See EOIR Notice of Hearing in Removal Proceedings, dated October 9, 2019.

³¹ See EARM Detention History, entry dated May 23, 2019.

³² Throughout the remainder of the report, only instances in which interpretation services were not used will be noted.

³³ See Initial Intake Screening, dated May 24, 2019.

³⁴ 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 less than 120/80.

³⁵ Acid reflux, commonly referred to as heart burn, is a digestive disease in which stomach acid or bile flows into the esophagus and irritates the lining.

³⁶ The pain level is based on the standardized pain scale of zero to ten measuring a patient's self-report of pain. Zero is no pain and ten is the worst pain ever experienced.

³⁷ The initial intake document does not specify what medication HERNANDEZ was taking, only "See MAR." TCCF did not provide a MAR in the medical record.

³⁸ TB is a potentially serious infectious bacterial disease that mainly affects the lungs; symptoms include a prolonged cough, fever, chills, night sweats, unexplained weight loss and fatigue, and chest pain.

³⁹ See TB Intake/TB Annual Symptom Screening form, dated May 24, 2019.

May 29, 2019

At approximately 10:38 a.m. [REDACTED], Licensed Professional Counselor (LPC), completed HERNANDEZ's comprehensive mental health screening.⁴⁰ LPC [REDACTED] documented all normal findings and included a note that HERNANDEZ reported being threatened in his home country. HERNANDEZ denied thoughts of self-harm or the need for mental health services. [REDACTED] documented that she informed HERNANDEZ on how to access mental health and health services.

At 3:36 p.m., [REDACTED], Nurse Practitioner (NP), signed off on HERNANDEZ's physical examination, documenting⁴¹ the following:

- HERNANDEZ's vital signs were within normal limits.
- HERNANDEZ reported a history of irritable bowel syndrome (IBS)⁴² and constipation.⁴³
- HERNANDEZ reported a history of foot surgery in 2002 and an endoscopy of the colon in 2003.
- HERNANDEZ arrived with the medications Senosidos A-B,⁴⁴ (8.6 mg), and Nesajar,⁴⁵ (100/300 mg).

[REDACTED] documented that she replaced Nesajar with Benyt⁴⁶ at the instruction of Dr. [REDACTED] (first name unknown) because Nesajar was unavailable to order. NP [REDACTED] also ordered dicyclomine HCL, (10 mg), every 12 hours, and Senokot, (8.6 mg), two tablets at bedtime. [REDACTED] also referred HERNANDEZ for a chronic care appointment.

June 12, 2019

[REDACTED] Licensed Practical Nurse (LPN), completed HERNANDEZ's transfer summary documenting⁴⁷ HERNANDEZ had a history of IBS, his medications were dispensed with him for transport, and his chest x-ray was negative for tuberculosis.⁴⁸ Furthermore, although [REDACTED] documented HERNANDEZ was quarantined for mumps and would remain in cohort⁴⁹ until June 26, 2019, she cleared him for transfer. ERAU confirmed in HERNANDEZ's case, he was not diagnosed with mumps but rather quarantined with other detainees who potentially had contact

⁴⁰ See Comprehensive Mental Health Evaluation, dated May 29, 2019.

⁴¹ See Inmate/Resident Health Appraisal, dated May 29, 2019.

⁴² IBS, also referred to as spastic colon, is a common intestinal disorder causing belly pain, gas, diarrhea, and constipation.

⁴³ Constipation is having fewer than three bowel movements a week.

⁴⁴ Senosidos A-B, an alternative brand of Senokot, is a natural medicine derived from the senna plant that is used as a laxative and to treat constipation.

⁴⁵ Nesajar is a medication used to treat IBS.

⁴⁶ Bentyl, brand name for dicyclomine, is an antispasmodic drug used to treat spasms of the colon.

⁴⁷ See Prisoner Transit Medical Summary, dated June 12, 2019.

⁴⁸ See Express Mobile Radiology Interpretation, dated June 12, 2019. TCCF medical staff documented they performed the chest x-ray due to a nonspecific reaction to a PPD skin test. Because of an apparent system outage, [REDACTED] RN, documented that [REDACTED] (first name unknown) planted a PPD skin test on HERNANDEZ on an unspecified date; records do not further indicate when the test was read.

⁴⁹ Cohorts are utilized to decrease the spread of infectious diseases.

with a positive case of mumps. The cohort group was not housed with the actively infected detainee. Creative Corrections advised medical professionals with infectious disease training can use their clinical judgement to determine when a cohort group or member of that group can be safely removed at any given time.

June 13, 2019

At approximately 9:15 a.m., ERO New Orleans transferred HERNANDEZ to RCC.⁵⁰

At 11:07 a.m., HERNANDEZ arrived at RCC.⁵¹ RN (b)(6); (b)(7)(C) noted HERNANDEZ was cleared for TB at RCC by way of chest X-ray.

At 2:05 p.m. (b)(6); (b)(7)(C) NP, completed HERNANDEZ's medical and mental health intake assessment and documented⁵² the following:

- HERNANDEZ's vital signs were within normal limits.
- HERNANDEZ reported a history of IBS, constipation, and daily lower abdomen pain.
- HERNANDEZ reported a colonoscopy⁵³ in Peru in 2018.
- HERNANDEZ reported currently taking Bentyl and Senakoto⁵⁴ although he had not taken his medication in several weeks due to a misunderstanding.⁵⁵ (b)(6); (b)(7)(C) administered these medications during the encounter.
- HERNANDEZ reported being a victim of physical assault while in Cuba but declined a referral to mental health.

(b)(6); (b)(7)(C) documented a diagnosis of IBS, and a plan to continue HERNANDEZ's current medication with follow-up in three months.⁵⁶

At an unknown time, HERNANDEZ signed consent for treatment and healthcare information release forms.⁵⁷

During intake,⁵⁸ Deputy (b)(6); (b)(7)(C) appropriately classified HERNANDEZ as low custody; Sergeant (Sgt. (b)(6); (b)(7)(C)) approved the rating the same day.⁵⁹ HERNANDEZ arrived with \$19.58 in funds, and RCC staff deposited those funds into his account.⁶⁰ Deputy (b)(6); (b)(7)(C)

⁵⁰ See EARM Detention History, entry dated June 13, 2019.

⁵¹ See TB Screening and Testing form, dated June 13, 2019.

⁵² *Id.*

⁵³ A colonoscopy is an exam used to detect changes or abnormalities in the large intestine (colon) and rectum.

⁵⁴ (b)(6); (b)(7)(C) noted Senakoto which is believed to be a misspelling error for Senokot.

⁵⁵ (b)(6); (b)(7)(C) did not further note context regarding the misunderstanding.

⁵⁶ See Doctor's Orders, dated June 13, 2019.

⁵⁷ See RCC Medical Consent form, dated June 13, 2019; *see also* RCC Authorization to Release Healthcare Information form, dated June 13, 2019.

⁵⁸ See EARM Detention History, entry dated June 13, 2019.

⁵⁹ See ICE Custody Classification Worksheet, dated June 13, 2019.

⁶⁰ See Inmate Financial History, dated October 18, 2019.

was noted as the property officer at intake;⁶¹ however, there was no property inventory form located within HERNANDEZ's detention file.

Security staff assigned HERNANDEZ to general population unit C, upper bunk 88, in F building.⁶²

June 14, 2019

At an unknown time, (b)(6); (b)(7)(C), RN, documented an order for dicyclomine (20 mg), twice a day for six months, and Senakot⁶³ (8.6 mg), every evening for three months.⁶⁴ (b)(6); (b)(7)(C) listed (b)(6); (b)(7)(C) medical doctor (MD), as the ordering physician; however, as noted previously, (b)(6); (b)(7)(C) ordered the medication during the intake assessment. A provider did not sign the Medication Order Form as required.

ERAU notes review of the Medication Administration Record (MAR) for dicyclomine, Senokot, and subsequent medications found that nurses did not clearly document administration. They often did not enter their initials, made checks or indistinguishable marks, circled the boxes, or left them blank, such that it remained unclear whether the medications were given, offered, and refused, or not offered. In addition, two pages of the MAR did not show the month and year, and three remaining pages were labeled with the wrong month. Additional administration issues identified from the review of the MAR are further addressed in the findings section of this report.

June 19, 2019

At approximately 10:41 a.m., (b)(6); (b)(7)(C), RN, attempted to evaluate HERNANDEZ pursuant to a sick call request submitted the day prior for abdominal pain, to include that his medication was not helping.⁶⁶ (b)(6); (b)(7)(C) documented that HERNANDEZ refused to be seen or sign the refusal line on the sick call request form, and that HERNANDEZ stated he was not going to eat.⁶⁷

During interview, (b)(6); (b)(7)(C) stated that when a detainee says they will not eat, their consumption is monitored by security and medical staff, but the detainee is not necessarily moved to a cell for initiation of hunger strike protocol.⁶⁸

⁶¹ See Intake Booking, dated June 13, 2019.

⁶² See Activity Sheet, dated June 13, 2019.

⁶³ (b)(6); (b)(7)(C) noted Senakot which is believed to be a misspelling error for Senokot.

⁶⁴ See Medication Order Form, dated June 14, 2019. RCC's Medication Order Form is an internal form that provides secondary documentation of provider orders. Primary documentation consists of the doctor's orders themselves, which must be signed by the provider and noted by nurses, and MARs, onto which nurses must transcribe the orders. ERAU addresses Medication Order Forms in this report because although not necessary, they are part of the medical record.

⁶⁵ At the time of HERNANDEZ's detention, (b)(6); (b)(7)(C) was the corporate Clinical Director and designated RCC Clinical Director.

⁶⁶ See RCC Sick Call Request Form, dated June 19, 2019. (b)(6); (b)(7)(C) did not document use of interpretation services during this encounter.

⁶⁷ See Nurse's Notes, by (b)(6); (b)(7)(C) dated June 19, 2019.

⁶⁸ ERAU's interview with (b)(6); (b)(7)(C) dated November 19, 2019.

At approximately 7:10 p.m., Lieutenant (Lt.) (b)(6); (b)(7)(C) responded to HERNANDEZ's housing unit after he stated he was not going to eat or take his medication.⁶⁹ (b)(6); (b)(7)(C) documented that HERNANDEZ asked to speak with ICE. (b)(6); (b)(7)(C) advised HERNANDEZ to submit an ICE request rather than refuse food and medication, to which HERNANDEZ replied that ICE was not responding. (b)(6); (b)(7)(C) further documented HERNANDEZ had missed six consecutive meals and two days of medication.⁷⁰ (b)(6); (b)(7)(C) also documented that he notified his immediate supervisor.

ERAU notes that according to RCC policy HC 4.2, *Hunger Strikes*, if a detainee has missed meals for 72-hours or declares a hunger strike, certain actions are required, including referral to mental health, notification to the Health Services Administrator (HSA), and placement in a single-occupancy cell. Furthermore, the policy states that security and medical staff will monitor, measure, and document all food intake, water intake, and total output.

June 20, 2019

At approximately 10:00 a.m., (b)(6); (b)(7)(C), RN, completed an initial health assessment documenting⁷¹ the following:

- HERNANDEZ's vital signs were within normal limits except for an elevated blood pressure of 129/74.⁷²
- HERNANDEZ was missing teeth but did not notate which teeth.
- HERNANDEZ reported being physically assaulted in Cuba in 1994 and 2000.
- HERNANDEZ was instructed on how to access medical care.

(b)(6); (b)(7)(C) did not document HERNANDEZ's IBS history, current medications, complaint from the day prior of ineffective medication, or his refusal to take medication or eat. During her interview, (b)(6); (b)(7)(C) did not have an explanation for why she did not notate the information, she stated she did not recall the assessment.⁷³

At approximately 3:55 p.m., (b)(6); (b)(7)(C) initiated a pre-segregation health evaluation, documenting⁷⁴ the following:

⁶⁹ See RCC Unusual Occurrence Report (UOR) by (b)(6); (b)(7)(C) dated June 20, 2019. (b)(6); (b)(7)(C) documented he used Deputy (b)(6); (b)(7)(C) to interpret; however, he did not document who informed him of HERNANDEZ's refusals.

⁷⁰ (b)(6); (b)(7)(C) did not note who or where he obtained this information from. ERAU notes there was no other documentation provided from RCC detailing HERNANDEZ had missed six consecutive meals and two days of medication.

⁷¹ See Physical/Health Assessment, dated June 20, 2019. (b)(6); (b)(7)(C) did not document use of interpretation services.

⁷² An elevated blood pressure encompasses different stages of hypertension as defined by the American Heart Association (AHA). The first time a reading for each blood pressure category is introduced in this report, it is defined; this blood pressure falls within the AHA parameters for elevated blood pressure. Elevated blood pressure is categorized by a systolic reading of 120 to 129 and a diastolic reading less than 80. Mildly elevated blood pressure can be the result of dehydration, stress, salty food intake, smoking, some medications, or activity prior to testing.

⁷³ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

⁷⁴ See Pre-Segregation Health Evaluation, dated June 20, 2019.

- HERNANDEZ appeared disheveled, listless,⁷⁵ and had a disorganized and illogical thought processes.
- HERNANDEZ had limited range of motion in his upper and lower extremities.

(b)(6); (b)(7)(C) approved HERNANDEZ for administrative housing placement due to his hunger strike for a period of three days.⁷⁶ R(b)(6); created an Administrative Segregation Order, which was signed by (b)(6); (b)(7)(C), the following day.⁷⁷ ERAU notes (b)(6); (b)(7)(C) did not (i) document when HERNANDEZ stopped eating or his declaration to refuse to eat; (ii) obtain his vitals; or (iii) refer him to mental health, despite her observations.⁷⁸

At 4:04 p.m., security staff noted HERNANDEZ was placed in SM-2, a single occupancy cell.⁷⁹ Although requested, RCC could not produce a copy of the Administrative Segregation Form (Form I-888).⁸⁰

June 21, 2019

At an unknown time, (b)(6); (b)(7)(C) evaluated HERNANDEZ, documenting the following:⁸¹

- HERNANDEZ's blood pressure was elevated at 138/98.⁸²
- HERNANDEZ drank two cups of juice and was provided a bottle of Ensure⁸³ for later.
- HERNANDEZ was not in acute distress.
- (b)(6); (b)(7)(C) documented plans to continue monitoring HERNANDEZ for signs and symptoms of dehydration.

At approximately 7:50 a.m. (b)(6); (b)(7)(C) evaluated HERNANDEZ and documented⁸⁴ the following:

- HERNANDEZ's blood pressure was elevated at 124/86.⁸⁵
- HERNANDEZ drank an 8-ounce bottle of Ensure and 16 ounces of juice at 9:00 p.m. the night before.
- HERNANDEZ weighed 160.6 pounds.

⁷⁵ A person may be listless when s/he is lacking energy or enthusiasm.

⁷⁶ See Segregation Placement Checklist, dated June 20, 2019; *see also* Nurse's Note, dated June 20, 2019.

⁷⁷ See Administrative Segregation Order, dated June 20, 2019.

⁷⁸ ERAU could not confirm the amount of meals missed or how many additional meals HERNANDEZ refused as of his placement in segregation, as the records provided do not document this information.

⁷⁹ See Activity Log, dated June 20, 2019.

⁸⁰ The Form I-888 is used to document all activities in segregation to include meals and security checks.

⁸¹ See Nurse's Notes, dated June 21, 2019. (b)(6); did not document the use of interpretation services.

⁸² According to the AHA, this blood pressure reading indicated stage two hypertension. Stage two hypertension is characterized by a systolic reading of at least 140 or diastolic reading of at least 90.

⁸³ Ensure is a liquid nutritional supplement.

⁸⁴ See Nurse's Notes, dated June 21, 2019.

⁸⁵ According to the AHA, this blood pressure reading indicated stage one hypertension. Stage one hypertension is characterized by a systolic reading of 130 to 139 or diastolic reading of 80 to 89.

- HERNANDEZ provided a urinalysis urine sample and used the restroom twice that morning.⁸⁶

At approximately 9:00 a.m., (b)(6); (b)(7)(C) documented HERNANDEZ was resting and drank 8 ounces of Ensure.⁸⁷

At approximately 11:45 a.m., (b)(6); (b)(7)(C) documented HERNANDEZ ate 25-30 percent of his lunch.⁸⁸ HERNANDEZ requested to return to general population; however, (b)(6); (b)(7)(C) instructed him to continue eating and drinking. (b)(6); (b)(7)(C) informed ERAU that she personally observed the amount of the lunch meal HERNANDEZ consumed, as nurses are responsible for looking at each tray.⁸⁹

At approximately 12:10 p.m., (b)(6); (b)(7)(C) documented a verbal order from (b)(6); (b)(7)(C) to continue monitoring HERNANDEZ in isolation through the weekend.⁹⁰ According to (b)(6); (b)(7)(C) the verbal order resulted after she shared her concerns with (b)(6); (b)(7)(C) that HERNANDEZ might start refusing meals again.⁹¹ Although the verbal order was documented in the nurse's notes, there was no accompanying Doctor's Order included in the medical record.

At approximately 4:35 p.m., (b)(6); (b)(7)(C) evaluated HERNANDEZ.⁹² (b)(6); (b)(7)(C) ordered HERNANDEZ a bland diet with no spices and extra vegetables.⁹³ During the interview, Dr. (b)(6); (b)(7)(C) recalled HERNANDEZ was refusing to eat, not as a protest but because he could not tolerate the food; for that reason, she discontinued hunger strike monitoring and ordered him a bland diet.⁹⁴ However, RCC did not provide documentation to confirm that the order was forwarded to Food Service or that HERNANDEZ ever received the special diet while detained at RCC.⁹⁵ Furthermore, (b)(6); (b)(7)(C) did not document this encounter within a progress note or the use of interpretation services; she stated she evaluated HERNANDEZ in person before issuing her orders and typically uses deputies for interpretation.⁹⁶

⁸⁶ Results of a urinalysis were not included in the RCC medical record provided to ERAU. (b)(6); (b)(7)(C) stated to ERAU on November 18, 2019, that she could not recall if the urine sample was sent for laboratory testing or if it was tested in-house by way of dipstick.

⁸⁷ See Nurse's Notes, dated June 21, 2019.

⁸⁸ *Id.*

⁸⁹ ERAU interview with (b)(6); (b)(7)(C), dated November 18, 2019. This is the only occasion during this stay in administrative segregation that a nurse documented the percentage of food items HERNANDEZ consumed within a nurse's note. As noted below, security personnel did not initiate Meal Intake Logs until the time of HERNANDEZ's second placement in segregation for hunger strike monitoring on October 10, 2019.

⁹⁰ See Nurse's Notes, dated June 21, 2019.

⁹¹ ERAU interview with (b)(6); (b)(7)(C), dated November 18, 2019.

⁹² See Doctor's Order, dated June 21, 2019.

⁹³ See Medical Diet Order, dated June 21, 2019.

⁹⁴ ERAU interview with (b)(6); (b)(7)(C), dated November 19, 2019.

⁹⁵ During interview, (b)(6); (b)(7)(C) stated that at the time, orders were not always provided to Food Service because high turnover among nursing staff often left them unfilled. Furthermore, (b)(6); (b)(7)(C), the case manager responsible for managing food service in September and October of 2019, stated she discovered her predecessor did not have a system for documenting receipt of special diet orders. ERAU interviews with (b)(6); (b)(7)(C) and Case Manager (b)(6); (b)(7)(C), both dated November 19, 2019.

⁹⁶ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

(b)(6); (b)(7)(C) discharged HERNANDEZ to general population, noting he was not on hunger strike or suicidal.⁹⁷ At 5:16 p.m., security staff documented HERNANDEZ was transferred out of the single occupancy cell SM-2.⁹⁸

June 23, 2019

At 12:00 p.m., (b)(6); (b)(7)(C) (first name unknown) documented that HERNANDEZ refused to report for pill call.⁹⁹ (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) both signed the form noting HERNANDEZ refused to sign (b)(6); (b)(7)(C). (b)(6); (b)(7)(C) explained that at the time, if a detainee did not report for pill call, the nurse initiated a refusal form and the unit deputy obtained the detainee's signature; the process did not necessarily involve communication between the detainee and nurse, including inquiry into the reason for the refusal and counseling the detainee on the risks.¹⁰⁰

June 24, 2019

At an unknown time, (b)(6); (b)(7)(C) evaluated HERNANDEZ, documenting¹⁰¹ the following:

- HERNANDEZ's blood pressure was elevated at 160/85.
- HERNANDEZ's physical exam was normal except for hypoactive bowel sounds.¹⁰²
- HERNANDEZ requested a diet change, as standard meals consisted of low fiber and spicy foods.

(b)(6); (b)(7)(C) ordered a bland diet, Psyllium fiber powder,¹⁰³ one scoop daily for three months, and for HERNANDEZ's blood pressure to be re-checked in 30 minutes. RCC did not provide evidence that the second bland diet order was either submitted to or fulfilled by Food Service or that HERNANDEZ received it. Furthermore, there was no documentation within the medical record to confirm medical staff re-checked HERNANDEZ's blood pressure. Although (b)(6); (b)(7)(C) noted the order for Psyllium fiber powder, medical staff did not complete the Medication Order Form, and incorrectly transcribed the order to the MAR by noting HERNANDEZ was to receive two scoops once daily.¹⁰⁴

⁹⁷ See Doctor's Order, dated June 21, 2019; *see also* Administrative Segregation Order, dated June 20, 2019.

⁹⁸ See Activity Log, dated June 21, 2019. RCC did not provide documentation detailing HERNANDEZ's new general population assignment.

⁹⁹ See Refusal Form, dated June 23, 2019.

¹⁰⁰ ERAU interview with (b)(6); (b)(7)(C), dated November 18, 2019.

¹⁰¹ See RCC Untitled Document, dated June 24, 2019. (b)(6); (b)(7)(C) did not document the use of interpretation services.

¹⁰² Hypoactive bowel sounds indicate a reduction in intestinal activity and possible constipation.

¹⁰³ Psyllium fiber powder is an over the counter dietary supplement used to reduce constipation. Fiber is typically ordered on an open-ended basis with periodic review.

¹⁰⁴ See MAR, dated June 2019.

June 30, 2019

At an unknown time, (b)(6); (b)(7)(C) LPN, administered a measles, mumps, and rubella (MMR) vaccination.¹⁰⁵

July 5, 2019

At approximately 8:30 a.m., (b)(6); (b)(7)(C) assessed HERNANDEZ pursuant to a sick call request.¹⁰⁶ (b)(6); (b)(7)(C) documented HERNANDEZ's vital signs were all within normal limits. HERNANDEZ stated dicyclomine was causing side effects such as dizziness and weakness, and he continued to experience stomach pain. HERNANDEZ reported taking fiber every morning and having regular bowel movements. HERNANDEZ requested and was referred to a provider by RN (b)(6); (b)(7)(C)

At approximately 5:13 p.m., (b)(6); (b)(7)(C) ordered three occult cards¹⁰⁸ for hemoccult tests and the discontinuation of dicyclomine.¹⁰⁹ Although an LPN signed under (b)(6); (b)(7)(C)'s order, there was no corresponding medication order form and discontinuation of dicyclomine was not transcribed on the MAR until three days later; as a result, nurses continued to administer dicyclomine for three days following the discontinuation order.¹¹⁰ Furthermore, the occult blood tests were not completed for over a month, and only after (b)(6); (b)(7)(C) reordered the test as noted on August 8, 2019.¹¹¹ (b)(6); (b)(7)(C) stated she was unaware the tests were not completed per her order.¹¹²

July 13, 2019

At approximately 11:00 a.m., (b)(6); (b)(7)(C) assessed HERNANDEZ pursuant to his sick call request submitted the day prior, documenting¹¹³ the following:

- HERNANDEZ's vital signs were within normal limits except for an elevated blood pressure of 133/82.

¹⁰⁵ See Consentimiento para la vacuna MMR, dated June 30, 2019. MMR is a vaccination which combines protection for the communicable diseases of measles, mumps, and rubella.

¹⁰⁶ See RCC Sick Call Request Form, dated July 5, 2019. The submission date of this request (and others discussed in this report) is unknown as HERNANDEZ input his birth date instead. Furthermore, (b)(6); (b)(7)(C) documented her encounter on the sick call request rather than in a nursing note following standard practice for documenting patient encounters, which requires recording subjective history (S), objective findings (O), nursing assessment (A), plan (P), and patient education (E).

¹⁰⁷ See Referral Slip, dated July 5, 2019.

¹⁰⁸ Patients are given blood occult cards for placement of fecal samples for laboratory testing and detection of hidden blood, which might indicate cancer or polyps.

¹⁰⁹ See Doctor's Order, dated July 5, 2019. ERAU notes there was no assessment filled out showing (b)(6); (b)(7)(C) saw HERNANDEZ in person. During her interview with ERAU on November 19, 2019, (b)(6); (b)(7)(C) stated it would be unusual for her to write orders without seeing a patient.

¹¹⁰ See MAR.

¹¹¹ See Untitled Form, dated August 8, 2019.

¹¹² ERAU Interview with (b)(6); (b)(7)(C) dated November 19, 2019.

¹¹³ See RCC Sick Call Request Form, dated July 13, 2019. (b)(6); (b)(7)(C) did not document the use of interpretation services.

- HERNANDEZ complained of pain in his toe and requested the toenail be cut and lifted to prevent infection.
- HERNANDEZ showed no signs of an ingrown toenail and there was no redness or swelling.

(b)(6); (b)(7)(C) directed HERNANDEZ to return to his dorm and submit a sick call request, if necessary.

July 30, 2019

At an unknown time, (b)(6); (b)(7)(C) evaluated HERNANDEZ pursuant to his sick call request submitted the day prior for itchy skin.¹¹⁴ (b)(6); (b)(7)(C) documented that HERNANDEZ's vital signs were within normal limits and his skin was negative for any rash, bumps, fungal areas, or other symptoms of rash. (b)(6); (b)(7)(C) advised HERNANDEZ to apply the lotion available in the housing unit every morning, evening and after showering, and submit a sick call request if the condition worsened.

August 6, 2019

At an unknown time, (b)(6); (b)(7)(C) evaluated HERNANDEZ pursuant to his sick call request submitted the day prior for colon pain.¹¹⁵ (b)(6); (b)(7)(C) noted HERNANDEZ's vital signs were within normal limits, and that HERNANDEZ stated he voluntarily stopped taking dicyclomine because of the side effects, and wanted to try a different medication. (b)(6); (b)(7)(C) completed an ASAP Provider Referral Slip noting HERNANDEZ's complaints.¹¹⁶

August 8, 2019

At approximately 9:55 a.m., NP (b)(6); (b)(7)(C) evaluated HERNANDEZ pursuant to RN (b)(6); (b)(7)(C) referral, documenting HERNANDEZ's vital signs were normal except for an elevated blood pressure at 123/78 and a normal physical assessment with no abdominal tenderness and active bowel sounds.¹¹⁷ (b)(6); (b)(7)(C) re-ordered the hemoccult test, as the July 5, 2019 order was never completed. (b)(6); (b)(7)(C) LPN, confirmed HERNANDEZ was given the hemoccult cards.¹¹⁸ The results for the hemoccult tests were normal.¹¹⁹

¹¹⁴ See RCC Sick Call Request Form, dated July 30, 2019. (b)(6); (b)(7)(C) documented the assessment on the sick call request form rather than a nursing note. (b)(6); (b)(7)(C) did not document the use of interpretation services.

¹¹⁵ See RCC Sick Call Request Form, dated August 6, 2019. (b)(6); (b)(7)(C) documented her assessment on the sick call request rather than a nursing note. (b)(6); (b)(7)(C) did not document the use of interpretation services.

¹¹⁶ See ASAP Provider Referral Slip, dated August 6, 2019. During her interview with ERAU on November 19, 2019, (b)(6); (b)(7)(C) stated she used the only form available and that she meant for it to be a routine referral.

¹¹⁷ See RCC Untitled Form, dated August 8, 2019.

¹¹⁸ See Doctors Orders, dated August 8, 2019.

¹¹⁹ See Nurses Notes, dated August 8, 2019. The results of one of the hemoccult tests came back same day and the other two on August 9, 2019.

August 26, 2019

At approximately 8:50 a.m., (b)(6); (b)(7)(C) evaluated HERNANDEZ for an abdominal pain follow-up appointment. (b)(6); (b)(7)(C) documented¹²⁰ the following:

- HERNANDEZ's vital signs were normal except for an elevated blood pressure of 125/74.
- HERNANDEZ stated the pain in his abdomen was stress-induced and that he had a reaction to dicyclomine.
- HERNANDEZ had bloating and pain in the lower left quadrant of the abdomen on palpation.¹²¹

(b)(6); (b)(7)(C) assessment conclusion was chronic IBS and documented to discontinue senna and prescribe Pinaverium bromide,¹²² noting if the medication was unavailable, to order Levsin¹²³ (0.125 mg), twice a day for one month, and continue fiber.¹²⁴ Furthermore, (b)(6); (b)(7)(C) recommended a mental health referral but HERNANDEZ refused. (b)(6); (b)(7)(C) documented discussing stress relieving techniques, encouraging medication compliance, and to schedule follow-up with a provider as needed.

(b)(6); (b)(7)(C) did not accurately document the orders as written by (b)(6); (b)(7)(C) as she did not address the continuation of fiber and added both Pinaverium bromide and Levsin to the MAR.¹²⁵ Although (b)(6); (b)(7)(C) completed a Medication Order Form, she dated it for two days prior to the order date, and (b)(6); (b)(7)(C) did not sign the form.¹²⁶ Also, though Pinaverium bromide was unavailable, nurses documented administering the medication on the morning and evening of August 30, 2019. The medication Levsin was ultimately ordered, but (b)(6); (b)(7)(C) erroneously transcribed it as 0.12 mg instead of 0.125 mg, and medical staff did not administer it until four days later. During the 30-day prescription period, nurses documented they gave HERNANDEZ 38 of 60 doses; available records indicate that he refused two; 20 were unaccounted for. Furthermore, nurses administered two doses of the medication after the prescription expired.

September 4, 2019

At approximately 1:15 p.m., (b)(6); (b)(7)(C) triaged HERNANDEZ's undated sick call request for a mental health consult for stress.¹²⁷ (b)(6); (b)(7)(C) submitted a mental health referral to the provider documenting HERNANDEZ stated he was unable to sleep and had increased levels of stress and anxiety since being housed in Unit C.¹²⁸

¹²⁰ See RCC Untitled Form, dated August 26, 2019. (b)(6); (b)(7)(C) used interpretation services during this encounter.

¹²¹ Palpation is an examination method, using one's hands to press or feel areas of the patient's body to determine presence, size, shape, firmness, or location.

¹²² Pinaverium bromide is a medication used to restore normal contractions of the bowel.

¹²³ Levsin is used to relieve spasms caused by lower abdominal disorders.

¹²⁴ See Doctor's Order, dated August 26, 2019.

¹²⁵ See MAR.

¹²⁶ See Medication Order form, dated August 24, 2019.

¹²⁷ See RCC Sick Call Request Form, dated September 4, 2019.

¹²⁸ See Mental Health Referral Slip, dated September 4, 2019. (b)(6); (b)(7)(C) did not document the use of interpretation services.

September 10, 2019

An LPN evaluated HERNANDEZ pursuant to an undated sick call request¹²⁹ for abdominal pain due to not receiving his medication and documented¹³⁰ the following:

- HERNANDEZ's documented vital signs were normal, but the LPN omitted a diastolic blood pressure finding, noting only an elevated systolic blood pressure of 129.
- HERNANDEZ's last bowel movement was four days ago.
- HERNANDEZ's abdomen was soft and non-distended, with bowel sounds present but sluggish in all four quadrants.

The LPN referred HERNANDEZ to a provider for evaluation of constipation, noting on the referral that HERNANDEZ also requested senna be restarted, as it was the one medication that worked for him.¹³¹

September 13, 2019

At approximately 2:50 p.m., (b)(6); (b)(7)(C) evaluated HERNANDEZ for abdominal pain and reviewed his current medication (b)(6); (b)(7)(C) documented¹³² the following:

- HERNANDEZ's vital signs were within normal limits except an elevated blood pressure of 132/90.
- HERNANDEZ was tender in the right lower quadrants of the abdomen and complained of right-side back pain.
- HERNANDEZ stated he did not like fiber but felt Senokot worked.

(b)(6); (b)(7)(C) diagnosed HERNANDEZ with chronic constipation and abdominal pain, and ordered Pinaverium bromide to be discontinued, but re-prescribed Senokot (8.6 mg), two tablets at nighttime for six months.¹³³

(b)(6); (b)(7)(C) completed a Medication Order Form noting (b)(6); (b)(7)(C) orders, but (b)(6); (b)(7)(C) did not sign the form.¹³⁴ Furthermore, nurses maintained compliance with Senokot administration throughout the month of September but only accounted for seven doses during the month of October.¹³⁵

September 14, 2019

¹²⁹ See RCC Sick Call Request Form, dated September 10, 2019. The LPN's name is illegible and could not be determined by medical staff. The LPN did not document the use of interpretation services.

¹³⁰ See Constipation Protocol Form, dated September 10, 2019.

¹³¹ See Chronic Provider Referral Slip, undated.

¹³² See Doctor's Notes, dated September 13, 2019. (b)(6); (b)(7)(C) did not document the use of interpretation services.

¹³³ See Doctor's Order, dated September 13, 2019. As noted earlier, Pinaverium bromide was not available; therefore, Levsin was given instead. Levsin was not discontinued on this date.

¹³⁴ See Medication Order Form, dated September 13, 2019.

¹³⁵ See MAR.

(b)(6); (b)(7)(C) documented HERNANDEZ refused a follow-up mental health appointment with J. (b)(6); (b)(7)(C) Forensic Nurse (first name unknown).¹³⁶ HERNANDEZ signed the refusal form.¹³⁷

October 10, 2019

At approximately 10:00 a.m., security staff placed HERNANDEZ in SM-2 after he threatened hunger strike.¹³⁸ (b)(6); (b)(7)(C) completed HERNANDEZ's pre-segregation health evaluation, documenting that HERNANDEZ appeared fully oriented with no signs of distress but refused vital signs and a weight assessment.¹³⁹

(b)(6); (b)(7)(C) cleared HERNANDEZ for segregation, initiated and signed the Administrative Segregation Order, and documented the reason as medical observation.¹⁴⁰ (b)(6); (b)(7)(C) signed the order, further noting the placement was for threatening hunger strike. Available security and medical documentation does not clarify when or to whom HERNANDEZ threatened or declared hunger strike, or if he missed meals. Consequently, ERAU cannot determine whether (b)(6); (b)(7)(C) should have initiated hunger strike protocol, or whether HERNANDEZ was placed in segregation for monitoring of meal consumption before declaring a hunger strike or missing consecutive meals.

At approximately 2:31 p.m., security staff moved HERNANDEZ to lockdown cell 3 (LD-3), where he remained until his death on October 15, 2019.¹⁴¹ LD-3 is one of five cells on A Hall used for segregation and medical observation.¹⁴²

Nurses did not conduct any additional rounds on this date following HERNANDEZ's assignment to segregation.¹⁴³ Deputies documented¹⁴⁴ irregular 30-minute security checks and created the first Meal Intake Log,¹⁴⁵ detailing that HERNANDEZ consumed zero percent of his supper meal.

¹³⁶ See Nurse's Notes, dated September 14, 2019; see also Mental Health Referral Slip, dated September 4, 2019.

¹³⁷ See Medication Refusal form, dated September 14, 2019.

¹³⁸ See Administrative Segregation Order, dated October 10, 2019.

¹³⁹ See Pre-Segregation Health Evaluation, dated October 10, 2019.

¹⁴⁰ See Administrative Segregation Order, dated October 10, 2019.

¹⁴¹ See Activity Sheet, dated October 10, 2019.

¹⁴² The cell has a combination toilet/sink fixture in the corner to the left of the door. At the time of HERNANDEZ's detention, there was a heavy rubberized window flap covering the window, and a bunk bed positioned along the right-side wall with one end up against the back wall opposite the door. Without opening the cell door, observation of the space between the other end of the bunk and adjoining wall required careful effort. Following HERNANDEZ's death, RCC removed the flaps.

¹⁴³ The materials provided by RCC did not include policy addressing nursing requirements for detainees placed on medical observation, including frequency and expectations during the rounds.

¹⁴⁴ See Form I-888, dated October 10, 2019.

¹⁴⁵ See RCC Meal Intake Log, dated October 10, 2019. Deputies utilize Meal Intake Logs to record items on meal trays and the percentage consumed by the detainee. The log also includes instruction stating trays are not to be removed before inspected by medical staff; however, there is no signature line for medical to confirm an inspection of the tray.

RCC provided Meal Intake Logs starting with the October 10, 2019, supper meal through the lunch meal on October 14, 2019, the day before HERNANDEZ's death.¹⁴⁶ ERAU notes entries on the Meal Intake Logs were incomplete and do not notate who reviewed HERNANDEZ's consumption, making it impossible to determine if the instruction for medical inspection of trays was followed by either deputies or nurses.

October 11, 2019

At approximately 4:00 a.m., an unknown nurse documented observing HERNANDEZ resting in bed and that he showed no signs or symptoms of distress.¹⁴⁷

At approximately 7:00 a.m., (b)(6); (b)(7)(C) documented that HERNANDEZ refused vital signs, but was fully oriented with no apparent distress, and voiced no complaints or sick call needs.¹⁴⁸

At approximately 9:20 p.m., (b)(6); (b)(7)(C) documented HERNANDEZ did not eat dinner, denied needs, and was not in distress.¹⁴⁹

On this date, deputies documented irregular 30-minute security checks, and that HERNANDEZ accepted only the supper meal.¹⁵⁰ However, security staff did not document acceptance or refusal or the amount of consumption of the supper meal on the Meal Intake Log.¹⁵¹

October 12, 2019

At approximately 10:50 a.m., (b)(6); (b)(7)(C) noted HERNANDEZ had no complaints or requests.

At 12:30 p.m., (b)(6); (b)(7)(C) documented checking Main Control records and the segregation chart, noting HERNANDEZ ate supper the previous night and breakfast on this date.¹⁵² However, ERAU notes (b)(6); (b)(7)(C) record of meals consumed is not consistent with security records or RN Reed's nursing note from the night before.

At 8:30 p.m., (b)(6); (b)(7)(C) noted HERNANDEZ had no complaints.¹⁵³

On this date, deputies documented irregular 30-minute security checks.¹⁵⁴ HERNANDEZ accepted his breakfast tray and refused his lunch and supper meals. The deputy recorded on the Meal Intake Log that HERNANDEZ consumed nothing from the breakfast tray.¹⁵⁵

¹⁴⁶ See RCC Meal Intake Logs, dated October 10 – 14, 2019.

¹⁴⁷ See Nurses Notes, dated October 11, 2019. The nurse's signature is illegible.

¹⁴⁸ *Id.*

¹⁴⁹ *Id.*

¹⁵⁰ See Form I-888, dated October 11, 2019.

¹⁵¹ See RCC Meal Intake Log, dated October 10 – 13, 2019.

¹⁵² See Nurse's Notes, dated October 12, 2019.

¹⁵³ *Id.*

¹⁵⁴ See Form I-888, dated October 12, 2019.

¹⁵⁵ See RCC Meal Intake Log, dated October 10 – 13, 2019.

October 13, 2019

At 9:05 a.m., (b)(6); (b)(7)(C) noted HERNANDEZ was resting, displayed no signs or symptoms of distress, and responded when addressed but refused to talk otherwise.¹⁵⁶

At 11:05 p.m., (b)(6); (b)(7)(C) noted HERNANDEZ had refused lunch and supper on the previous day and all three meals on this date.¹⁵⁷ HERNANDEZ was resting and calm, with even and unlabored respirations, and voiced no concerns.

Deputies documented irregular 30-minute security checks.¹⁵⁸ HERNANDEZ accepted the breakfast tray but refused the lunch and supper meals. The deputy documented HERNANDEZ consumed nothing from the breakfast tray.¹⁵⁹

October 14, 2019

At 8:00 a.m., (b)(6); (b)(7)(C) documented the only encounter with HERNANDEZ on this date.¹⁶⁰ RN (b)(6); (b)(7)(C) noted HERNANDEZ was fully oriented and was not in acute distress but refused to have his vital signs taken or sign a Hunger-Strike Consent and Expected/Possible Medical Sequence of Symptoms form.¹⁶¹ (b)(6); (b)(7)(C) completed another form documenting HERNANDEZ refused initial vital signs after missing his ninth meal.¹⁶² (b)(6); (b)(7)(C) documented that she provided water to and educated HERNANDEZ on the risks and possible symptoms of hunger strike, encouraged him to consume approximately two liters of water daily, and explained he would be given three meals a day and a daily supply of water.¹⁶³ (b)(6); (b)(7)(C) did not contact a provider to receive orders after she initiated the hunger strike protocol and did not submit a referral to mental health.

Deputies documented irregular 30-minute security checks.¹⁶⁴ HERNANDEZ refused his breakfast and lunch trays but accepted his supper tray. A deputy documented on the Meal Intake Log that HERNANDEZ consumed nothing from his supper tray.¹⁶⁵

¹⁵⁶ See Nurse's Note, dated October 13, 2019.

¹⁵⁷ *Id.*

¹⁵⁸ See Form I-888, dated October 13, 2019.

¹⁵⁹ See Meal Intake Log, dated October 10 – 13, 2019.

¹⁶⁰ See Nurse's Note, dated October 14, 2019.

¹⁶¹ *Id.*; see also RCC Hunger-Strike Consent and the Expected/Possible Medical Sequence of Symptoms, dated October 14, 2019. The consent form is specific to treatment while on hunger strike and lists the possible sequence of symptoms. ERAU notes the form given to HERNANDEZ was in English and (b)(6); (b)(7)(C) did not document if she used interpretation services.

¹⁶² See RCC Untitled Form, October 14, 2019.

¹⁶³ *Id.*

¹⁶⁴ See Form I-888, dated October 14, 2019.

¹⁶⁵ See Meal Intake Log, dated October 14, 2019.

October 15, 2019¹⁶⁶

At 8:35 a.m., (b)(6); (b)(7)(C) notified ERO via e-mail that HERNANDEZ was on hunger strike.¹⁶⁷ (b)(6); (b)(7)(C) acknowledged receiving notification of the hunger strike, commenting that there was confusion as to when HERNANDEZ missed his last meal.¹⁶⁸ He then asked DO (b)(6); (b)(7)(C) to see HERNANDEZ because he was on hunger strike and refused lab work.¹⁶⁹ DO (b)(6); (b)(7)(C) stated he planned to see HERNANDEZ to discuss the hunger strike and serve notice that his parole was denied but did not have the opportunity prior to the detainee's death.¹⁷⁰

At 10:04 a.m., (b)(6); (b)(7)(C) approached LD-3, lifted the window flap, and peered in.¹⁷¹ He opened the cell door and spoke with HERNANDEZ for approximately 11 seconds, then secured the door and made a notation in the log. (b)(6); (b)(7)(C) stated to ERAU that HERNANDEZ told him he did not want to eat and waved him off.¹⁷²

At 10:17 a.m. and 10:50 a.m., (b)(6); (b)(7)(C) approached LD-3, lifted the window flap and peered in.¹⁷³ He logged his round, then departed. He stated to ERAU that HERNANDEZ was either on the floor or on his bunk when he made these security checks.¹⁷⁴

At 11:28 a.m., Deputy (b)(6); (b)(7)(C) lifted the window flap on LD-3 and peered into the cell. She logged the round and departed the area.¹⁷⁵

At 11:53 a.m., (b)(6); (b)(7)(C) removed the log from the wall pocket outside LD-3 and made notations but did not lift the window flap for any of the rounds.¹⁷⁶

At 12:00 p.m., (b)(6); (b)(7)(C) documented that HERNANDEZ missed breakfast and lunch, making it the tenth meal missed.¹⁷⁷ She further noted that per (b)(6); (b)(7)(C) he refused vital signs, a shower, and labs. During her interview, (b)(6); (b)(7)(C) stated she did not conduct an encounter with HERNANDEZ on this date and that no nurse made a round to attempt taking his vital signs or

¹⁶⁶ ERAU notes there is considerable inconsistency between staff accounts of events on this date; consequently, reference to facility video footage was the most reliable way to account for certain events hereafter.

¹⁶⁷ See (b)(6); (b)(7)(C) email 'Hunger Strike,' dated October 15, 2019.

¹⁶⁸ ERAU interview with (b)(6); (b)(7)(C), dated November 19, 2019.

¹⁶⁹ See (b)(6); (b)(7)(C) email 'FW: Hunger Strike,' dated October 15, 2019.

¹⁷⁰ ERAU interview with (b)(6); (b)(7)(C), dated November 20, 2019.

¹⁷¹ See Video surveillance footage, dated October 15, 2019.

¹⁷² ERAU interview with (b)(6); (b)(7)(C), dated November 20, 2019.

¹⁷³ See Video surveillance footage, dated October 15, 2019.

¹⁷⁴ ERAU interview with (b)(6); (b)(7)(C), dated November 20, 2019.

¹⁷⁵ See Video surveillance footage, dated October 15, 2019. According to (b)(6); (b)(7)(C) he assigned (b)(6); (b)(7)(C) to take over conducting security checks so that he could perform other duties.

¹⁷⁶ See Form I-888, dated October 15, 2019; see also Video surveillance footage, dated October 15, 2019. Deputy (b)(6); (b)(7)(C) conducted four additional rounds at 12:34 p.m., 1:19 p.m., 1:24 p.m., and 1:54 p.m. in the same manner as her 11:53 a.m. round. ERAU did not interview (b)(6); (b)(7)(C) because her employment at RCC ended prior to the on-site visit.

¹⁷⁷ See Nurse's Notes, dated October 15, 2019. As previously noted (b)(6); (b)(7)(C) documented that HERNANDEZ had missed his ninth meal at 8:00 a.m. the preceding day. By 12:00 p.m. this date, HERNANDEZ would have missed three additional meals.

weight.¹⁷⁸ As previously discussed, HERNANDEZ refused a vital sign assessment during RN (b)(6); (b)(7)(C)'s October 14, 2019 morning encounter, but there is no other mention in the medical record concerning refusal of a shower or labs between the time of (b)(6); (b)(7)(C)'s encounter and I (b)(6); (b)(7)(C)'s nursing note.

At 1:26 p.m., Deputies (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) approached LD-3.¹⁷⁹ Deputy (b)(6); (b)(7)(C) lifted the window flap, twice peering into the cell. (b)(6); (b)(7)(C) informed ERAU he had arrived early for the next shift and decided to begin checking the cells as his duties included offering detainees in segregation cells showers, phone calls, hygiene items and laundry services. While walking down A Hall with (b)(6); (b)(7)(C) noticed there was a classification tag suggesting the cell was not occupied but saw the logbook in the wall pocket suggesting otherwise.¹⁸⁰ When he looked in the cell, he did not see HERNANDEZ; Deputy (b)(6); (b)(7)(C) then informed him HERNANDEZ was in medical.¹⁸¹

At 2:04 p.m., (b)(6); (b)(7)(C) approached LD-3 with (b)(6); (b)(7)(C).¹⁸² During his interview, (b)(6); (b)(7)(C) elaborated on what is shown on video by stating he first approached the cell after smelling a very strong, foul odor.¹⁸³ (b)(6); (b)(7)(C) lifted the window flap and peered into the cell for approximately ten seconds, then knocked on the door three times before walking away.¹⁸⁴ He returned within a minute with (b)(6); (b)(7)(C) following, and again lifted the window flap to peer into the cell. (b)(6); (b)(7)(C) stated he noticed sheets on the bed positioned in a fashion that suggested the detainee was on the bunk.¹⁸⁵ He unlocked and slightly opened the cell door, then pushed it open further and looked to the right. (b)(6); (b)(7)(C) quickly backed out, secured the door, lunged backward covering his mouth with his hand, and left from camera view. Capt. (b)(6); (b)(7)(C) explained that when he opened the door, he saw HERNANDEZ hanging from the top bunk, in the right corner of the cell.

Immediately after (b)(6); (b)(7)(C) left camera view, (b)(6); (b)(7)(C) approached the cell, lifted the window flap, and peered in for approximately four seconds before opening the cell door.¹⁸⁶ He then backed away and raised his radio, which he confirmed was to call a 10-19, RCC's radio code for an emergency of any type.¹⁸⁷ He added that (b)(6); (b)(7)(C) also called 10-19 when he moved away from the cell and out of camera view. According to (b)(6); (b)(7)(C), his 10-19 radio call was for (b)(6); (b)(7)(C) to respond to the area.¹⁸⁸ Deputy (b)(6); (b)(7)(C), who was in the immediate area when (b)(6); (b)(7)(C) first approached the cell, also looked in and then immediately left from camera view. At 2:05 p.m., Lt.

¹⁷⁸ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019.

¹⁷⁹ *Id.*

¹⁸⁰ ERAU interview with (b)(6); (b)(7)(C), dated November 20, 2019. See (b)(6); (b)(7)(C)'s Unusual Occurrence Report, dated October 15, 2019. ERAU cannot explain why a classification tag was on the cell.

¹⁸¹ During interview with Deputy (b)(6); (b)(7)(C) on November 20, 2019, he did not recall telling Deputy (b)(6); (b)(7)(C) HERNANDEZ was in medical.

¹⁸² See Video surveillance footage, dated October 15, 2019.

¹⁸³ ERAU interview with (b)(6); (b)(7)(C) dated November 20, 2019.

¹⁸⁴ See Video surveillance footage, dated October 15, 2019.

¹⁸⁵ ERAU interview with (b)(6); (b)(7)(C), dated November 20, 2019.

¹⁸⁶ See Video surveillance footage, dated October 15, 2019.

¹⁸⁷ ERAU interview with (b)(6); (b)(7)(C), dated November 20, 2019.

¹⁸⁸ See (b)(6); (b)(7)(C)'s Unusual Occurrence Report, dated October 15, 2019.

(b)(6);
(b)(7)(C)

re-entered LD-3 and stood in the doorway for approximately six seconds, then backed out and raised his hands to his head.

When asked about his training in responding to a suicide attempt by hanging, (b)(6); (b)(7)(C) stated that the training required the responder to first lift the detainee upward, then cut him down and start cardio pulmonary resuscitation (CPR).¹⁸⁹ He communicated that his intention was to cut HERNANDEZ down once medical staff arrived with the cut-down tool, but his superiors directed otherwise. During interview, Deputy (b)(6); (b)(7)(C) stated that after seeing HERNANDEZ, he did not consider entering the cell to lift and cut him down because it was clear he was already dead; he also stated he did not know where a cut-down tool was located.¹⁹⁰

At 2:06 p.m., (b)(6); (b)(7)(C) arrived at A Hall.¹⁹¹ Reports as to what transpired in the following minutes vary; however, all responding staff stated that upon his arrival, Major Pilcher was in command. (b)(6); (b)(7)(C) informed ERAU and documented in a post-incident statement that he learned from a nurse¹⁹² that a detainee hanged himself and had no pulse.¹⁹³ The video shows (b)(6); (b)(7)(C) did not approach the cell and although nurses looked in, they did not enter.

(b)(6); (b)(7)(C) arrived within two minutes of the 10-19 call.¹⁹⁴ (b)(6); (b)(7)(C) described the scene as chaotic, with staff everywhere but no one was doing anything.¹⁹⁵ (b)(6); (b)(7)(C) entered LD-3 and observed HERNANDEZ hanging from the top bunk.¹⁹⁶ He exited the cell and spoke with Major (b)(6); (b)(7)(C) whom he presumed had looked in the cell himself.¹⁹⁷ (b)(6); (b)(7)(C) made the decision to declare the cell a crime scene and directed staff not to cut HERNANDEZ down.¹⁹⁸

(b)(6); (b)(7)(C) stated the decision was a judgement call, not based on policy or protocol. At the time of the incident, (b)(6); (b)(7)(C) was not aware why HERNANDEZ was in LD-3, and although it is a lockdown cell, (b)(6); (b)(7)(C) could not be certain he was housed alone. For that reason, he said he could not be certain he had taken his own life. (b)(6); (b)(7)(C) stated he declared the cell a crime

¹⁸⁹ ERAU interview with (b)(6); (b)(7)(C) dated November 20, 2019. During interview with ERAU on November 19, 2019, Capt. (b)(6); (b)(7)(C), RCC Training Coordinator at the time, confirmed staff are trained to respond to a suicide attempt by hanging in the manner described by (b)(6); (b)(7)(C).

¹⁹⁰ ERAU interview with (b)(6); (b)(7)(C) dated November 20, 2019.

¹⁹¹ See Video surveillance footage, dated October 15, 2019.

¹⁹² (b)(6); (b)(7)(C) did not provide her last name during interview but referenced (b)(6); (b)(7)(C) in his October 15, 2019 written statement. There is no (b)(6); (b)(7)(C) staff, but LPN (b)(6); (b)(7)(C) was on-site this date, specifically leaving A Hall following pill call around the time of the emergency call. Video evidence does not support that she ever entered the cell.

¹⁹³ See Re: Detainee Roylan Hernandez Diaz A# A203637060/Cuba Memorandum dated October 15, 2019; ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019. When interviewed (b)(6); (b)(7)(C) was on administrative leave pending completion of LaSalle Corrections' investigation into the incident. As of November 20, 2019, Major Pilcher is no longer employed by LaSalle Corrections.

¹⁹⁴ See Video surveillance footage, dated October 15, 2019.

¹⁹⁵ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019. When interviewed (b)(6); (b)(7)(C) was on administrative leave pending completion of LaSalle Corrections' investigation into the incident. As of November 20, 2019, (b)(6); (b)(7)(C) is no longer employed by LaSalle Corrections.

¹⁹⁶ See Video surveillance footage, dated October 15, 2019.

¹⁹⁷ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

¹⁹⁸ ERAU interviews with (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) both dated November 18, 2019.

scene based on his 28 years in law enforcement, and that in his experience the scene of an apparent suicide is a crime scene until determined otherwise by law enforcement.¹⁹⁹ However, LaSalle Corrections Regional Director (b)(6); (b)(7)(C) stated there is no policy basis or precedent for (b)(6); (b)(7)(C) decision to declare the cell a crime scene.²⁰⁰

Shortly after (b)(6); (b)(7)(C) arrival, (b)(6); (b)(7)(C) arrived, followed closely by (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C), and (b)(6); (b)(7)(C) medical staff looked into LD-3, but did not enter.²⁰² (b)(6); (b)(7)(C) stated she did not expect to encounter a suicide and that she was surprised no one had cut HERNANDEZ down.²⁰³ (b)(6); (b)(7)(C) stated she was also surprised when (b)(6); (b)(7)(C) prohibited entry into the cell stating it was a crime scene. (b)(6); (b)(7)(C) reported she and (b)(6); (b)(7)(C) adamantly expressed their objections,²⁰⁴ and those representations were supported by (b)(6); (b)(7)(C) who observed the interactions.²⁰⁵

Upon discovering the emergency was a suicide, (b)(6); (b)(7)(C) went to retrieve a cut down tool from medical, while (b)(6); (b)(7)(C) retrieved one from the control center.²⁰⁶ Both stated when they returned to the scene with the tools, (b)(6); (b)(7)(C) stated they could not enter because it was a crime scene. (b)(6); (b)(7)(C) confirmed that nurses made repeated requests to cut HERNANDEZ down.²⁰⁷

At 2:11 p.m., (b)(6); (b)(7)(C) arrived on scene.²⁰⁸ (b)(6); (b)(7)(C) spoke with (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) then looked into LD-3, then spoke to (b)(6); (b)(7)(C) again before departing. (b)(6); (b)(7)(C) stated he could not recall what they discussed, beyond stating he would notify the Deputy Field Office Director.²⁰⁹ (b)(6); (b)(7)(C) recalled that HERNANDEZ appeared to have been dead for quite some time, and for that reason, it did not occur to him to direct the facility to cut him down; he further added he would have left the decision to the facility.

After (b)(6); (b)(7)(C) left the scene, (b)(6); (b)(7)(C) returned and spoke to the nurses.²¹⁰ At 2:12 p.m., (b)(6); (b)(7)(C) entered the cell. (b)(6); (b)(7)(C) stated that although they did not recall exactly what (b)(6); (b)(7)(C) said, he allowed them into the cell to confirm HERNANDEZ had no pulse.²¹¹ Upon entry, the nurses could not find a radial²¹²

¹⁹⁹ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

²⁰⁰ ERAU discussion with Regional Director McCormick, dated November 20, 2019.

²⁰¹ On this date, (b)(6); (b)(7)(C) was the charge nurse and therefore, was the lead medical responder.

²⁰² See Video surveillance footage, dated October 15, 2019.

²⁰³ ERAU interview with (b)(6); (b)(7)(C) dated November 19, 2019. See Unusual Occurrence Report, dated October 15, 2019. Although (b)(6); (b)(7)(C) stated in her Unusual Occurrence Report that she immediately entered the cell, video evidence shows she entered approximately six minutes later after speaking with (b)(6); (b)(7)(C).

²⁰⁴ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

²⁰⁵ ERAU interview with (b)(6); (b)(7)(C), dated November 18, 2019.

²⁰⁶ ERAU interviews with (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) dated November 18, 2019.

²⁰⁷ ERAU interview with (b)(6); (b)(7)(C), dated November 18, 2019.

²⁰⁸ See Video surveillance footage, dated October 15, 2019.

²⁰⁹ ERAU interview with (b)(6); (b)(7)(C) dated November 26, 2019.

²¹⁰ See Video surveillance footage, dated October 15, 2019.

²¹¹ ERAU interviews with (b)(6); (b)(7)(C) dated November 19, 2019.

²¹² A radial pulse is felt at the wrist.

or carotid pulse,²¹³ and did not see or hear respirations.²¹⁴ The nurses further noted HERNANDEZ was pale in color and had red mottling²¹⁵ in both arms and hands. Approximately 26 seconds later, the nurses exited the cell.²¹⁶ The nurses documented that on numerous occasions, they told security personnel HERNANDEZ must be cut down, to which (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) repeated the cell was a crime scene.²¹⁷

At 2:14 p.m. (b)(6); (b)(7)(C) to have Main Control²¹⁸ call for emergency medical services (EMS).²¹⁹

At 2:17 p.m., (b)(6); (b)(7)(C) gave his cell phone to (b)(6); (b)(7)(C)²²⁰ Capt (b)(6); (b)(7)(C) stood in the cell doorway and appeared to take a picture, then he entered the cell where he remained for 23 seconds. Upon his exit from the cell (b)(6); (b)(7)(C) returned the phone to (b)(6); (b)(7)(C) Capt. (b)(6); (b)(7)(C) confirmed he took pictures at (b)(6); (b)(7)(C)'s direction and using (b)(6); (b)(7)(C) cell phone.²²¹ (b)(6); (b)(7)(C) did not recall giving (b)(6); (b)(7)(C) his phone and commented that he did not know why he would have; however, he did recall that someone sent him a picture of the scene, but said he deleted it.²²²

At 2:19 p.m., three EMS responders arrived on scene and entered the cell.²²³ The responders documented the following:²²⁴

- HERNANDEZ's pupils were fixed and dilated. He exhibited no respiration effort and was not bleeding.
- HERNANDEZ's skin was pale, mottled, and cool to touch at his core. Lividity²²⁵ was noted in the lower extremities.

²¹³ A carotid pulse is felt in the neck.

²¹⁴ See (b)(6); (b)(7)(C) Unusual Occurrence Report, dated October 15, 2019; see also written statement by (b)(6); (b)(7)(C), dated October 15, 2019; see also (b)(6); (b)(7)(C) nurse's note, dated October 15, 2019.

²¹⁵ Mottling refers to red or purple blotching of the skin, occurring when the heart is no longer able to pump blood effectively, causing blood flow to slow or stop.

²¹⁶ See Video surveillance footage, dated October 15, 2019.

²¹⁷ See (b)(6); (b)(7)(C) Unusual Occurrence Report, dated October 15, 2019 and written statement by LPI (b)(6); (b)(7)(C), dated October 15, 2019.

²¹⁸ During her interview with ERAU on November 20, 2019, Deputy (b)(6); (b)(7)(C) assigned to Main Control on this date, stated she made the call to EMS at (b)(6); (b)(7)(C) direction but did not document the direction or the time of the call in the control log. She explained she was new to the Main Control post, and at the time, was unaware of her responsibility to log events surrounding an emergency, including EMS notification and the time of ambulance and law enforcement arrival. ERAU notes the Quachita County Acadian Ambulance Service documented receipt of the 911 call at 2:14 p.m. See Prehospital Care Report Summary, Quachita County Acadian Ambulance Services, dated October 15, 2019.

²¹⁹ See (b)(6); (b)(7)(C) Unusual Occurrence Report, dated October 15, 2019.

²²⁰ See Video surveillance footage, dated October 15, 2019.

²²¹ ERAU interview with (b)(6); (b)(7)(C) dated November 20, 2019.

²²² ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019.

²²³ See Video surveillance footage, dated October 15, 2019.

²²⁴ See Prehospital Care Report Summary from the Quachita County Acadian Ambulance Services, dated October 15, 2019.

²²⁵ Lividity is the process in which the body's blood supply stops moving.

- HERNANDEZ's vital signs were absent and an electrocardiogram (EKG) was flat-lined.²²⁶
- HERNANDEZ had to have had the ability to stand based on the height of the hanging and the fact his feet were on the ground.

At 2:21 a.m., the EMS team exited the cell and departed the area without HERNANDEZ.²²⁷

At 2:30 p.m., Richwood Police Department arrived and Chief Cleveland (first name unknown) called the Ouachita Parish Sheriff's Office to ask that they handle the investigation.²²⁸

Starting at 3:07 p.m., Ouachita Parish personnel arrived on scene and entered the cell, including the sheriff's office crime scene investigators.²²⁹ According to (b)(6); (b)(7)(C) the sheriff's office notified the Ouachita Parish Coroner's Office after completing its investigation and that the Coroner cut HERNANDEZ down.²³⁰ ERAU estimates that more than an hour elapsed between discovery of HERNANDEZ hanging and the time he was cut down.

At 3:49 p.m., Mulhearn Funeral Home employees arrived on scene, entered the cell, and departed within a minute with HERNANDEZ on the gurney.²³¹ All other external personnel followed.

Post-Death Actions

All staff involved in the response submitted written statements. According to Regional Director McCormick, LaSalle Corrections did not conduct a security de-briefing or an after-action review.²³² Immediately following the incident, HSA (b)(6); (b)(7)(C) conducted a debrief with nursing staff.²³³ Furthermore, (b)(6); (b)(7)(C) stated that on October 17 and 18, 2019, she participated in an internal mortality review with LaSalle Corrections leadership.²³⁴

Deputy (b)(6); (b)(7)(C) stated he retrieved HERNANDEZ's stored property from the property room and took it to Major (b)(6); (b)(7)(C) office and that he was not involved in collection of any property from HERNANDEZ's cell.²³⁵ With the exception of a money order documenting a remaining funds balance of \$51.18 directed to HERNANDEZ's next of kin, RCC did not provide documentation of the release of HERNANDEZ's personal property.²³⁶

²²⁶ An EKG records the electrical activity of the heart. A flat line means there is no electrical activity.

²²⁷ See Video surveillance footage, dated October 15, 2019.

²²⁸ See (b)(6); (b)(7)(C) memorandum, dated October 15, 2019. ERAU notes video footage provided does not show Chief Cleveland at the scene.

²²⁹ See Video surveillance footage, dated October 15, 2019.

²³⁰ See (b)(6); (b)(7)(C) memorandum, dated October 15, 2019. ERAU interview with (b)(6); (b)(7)(C), dated November 18, 2019.

²³¹ See Video surveillance footage, dated October 15, 2019.

²³² ERAU discussion with Regional Director (b)(6); (b)(7)(C) dated November 20, 2019.

²³³ See Debrief, dated October 15, 2019.

²³⁴ ERAU interview with (b)(6); (b)(7)(C) dated November 18, 2019. See Mortality Review A208637060, dated October 21, 2019.

²³⁵ ERAU interview with Deputy (b)(6); (b)(7)(C) dated November 19, 2019.

²³⁶ See ICE Detainee Released Funds Receipt, dated October 18, 2019.

Interviews with staff members confirmed LaSalle Corrections offered employee assistance services to all, some further sharing that they were also offered and took administrative leave. ERAU observed both security and nursing staff still struggling to process the events of October 15, 2019. Many became very emotional during their interviews, and staff, particularly nurses, expressed that not being allowed to cut HERNANDEZ down and attempt CPR exacerbated the shocking nature of what they observed when they looked in the cell.

On October 15, 2019, Acting FOD Joyce signed a condolence letter to HERNANDEZ's next-of-kin.²³⁷

On October 17, 2019, Ouachita Parish Coroner's Office conducted HERNANDEZ's autopsy and documented the official cause of death as hanging.

On November 7, 2019, the State of Louisiana issued HERNANDEZ's death certificate documenting hanging as the cause of death.²³⁸

FINDINGS

ERAU reviewed the medical care RCC provided HERNANDEZ, as well as the facility's efforts to ensure that he was safe and secure while detained at the facility. ERAU found 19 deficiencies in RCC's compliance with the ICE PBNDS 2011. Additionally, ERAU has included other areas of concern that are not covered by the ICE PBNDS 2011. These deficiencies and areas of concern are noted for informational purposes only and should not be construed as contributory to the detainee's death.

1. **Medical Care, Section (V)(A)(2)**, "Every facility shall directly or contractually provide its detainee population with the following: Medically necessary and appropriate medical, dental, and mental health care and pharmaceutical services."
 - RCC staff did not process special diet orders on June 21, 2019, and June 24, 2019; consequently, HERNANDEZ continued to receive the standard diet.
 - Nurses did not re-check HERNANDEZ's blood pressure on June 24, 2019, as ordered by the provider.
 - Occult blood tests ordered by a provider on July 5, 2019, were not completed until re-ordered by another provider on August 8, 2019.
2. **Medical Care, Section (V)(E)**, "Facilities shall provide appropriate interpretation and language services for LEP detainees related to medical and mental health care. Where appropriate staff interpretation is not available, facilities will make use of professional interpretation services."
 - On multiple occasions, medical staff did not document the use of interpretation services during appointments. (b)(6); (b)(7)(C) stated to ERAU that nurses document

²³⁷ See Condolence Letter, dated October 15, 2019. The condolence letter was routed through the Assistant Attaché for Cuba the same day.

²³⁸ See Exhibit 3: State of Louisiana – Certification of Death, dated November 7, 2019.

interpretation assistance only when they use the telephonic service, not when a deputy interprets. (b)(6); (b)(7)(C) concurred, stating there are designated deputies on every shift who provide interpretation assistance.

- On October 14, 2019, medical staff presented an English-version form to HERNANDEZ which requested consent for treatment while on hunger strike and provided education on symptoms related to hunger strike. If interpretation services were utilized, it was not documented on the form.
3. **Medical Care, Section (V)(F)(3)(a)(3)**, “If there is a specific area, separate from other housing areas, where detainees are admitted for health observation and care under the supervision and direction of health care personnel, consideration shall be given to the detainee’s age, gender, medical requirements and custody classification and the following minimum standards shall be met: ... Staff member within sight or sound of all patients.”
- Cells located in A-Hall used for medical observation are not within sight or sound proximity of medical staff.
4. **Medical Care, Section (V)(M)**, “The CMA [Clinical Medical Authority] shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.”
- The CMA (b)(6); (b)(7)(C) did not sign the health assessment conducted by (b)(6); (b)(7)(C) following intake screening on June 13, 2019. The CMA did not produce designation of authority for providers to conduct initial health assessments without review by the CMA or another designated provider.
 - (b)(6); (b)(7)(C) reviewed the June 20, 2019 health appraisal conducted by (b)(6); (b)(7)(C) six weeks later, on August 6, 2019. Although (b)(6); (b)(7)(C) had conducted an examination on June 13, 2019, the appraisal conducted by (b)(6); (b)(7)(C) was scheduled as the initial, requiring review by the CMA. As noted, the CMA has not designated authority to review health appraisals to other providers.
5. **Medical Care, Section (V)(O)(4)**, “Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.”
- On September 4, 2019, (b)(6); (b)(7)(C) referred HERNANDEZ to mental health. Medical staff scheduled the related appointment for ten days later, September 14, 2019.
6. **Medical Care, Section (V)(U)**, “Distribution of medication (including over the counter) shall be performed in accordance with specific instructions and procedures established by the HSA in consultation with the CMA. Written records of all prescribed medications given to or refused by detainees shall be maintained.”

- On June 24, 2019, a nurse incorrectly transcribed the provider's order for psyllium fiber. The provider ordered one scoop of fiber, but the nurse wrote two scoops on the MAR.
 - Nurses continued to administer dicyclomine three days after a provider ordered its discontinuation on July 5, 2019.
 - Although Pinaverium bromide was not available, nurses documented two doses were given on August 30, 2019.
 - On August 24, 2019, a nurse incorrectly transcribed Levsin onto the MAR by recording 0.12 mg instead of 0.125 mg.
 - Nurses first administered Levsin four days after the August 26, 2019 order date.
 - Nurses administered Levsin two days beyond the 30-day prescription expiration date of September 26, 2019.
 - Nurses left 126 boxes on the MAR blank, to include periods of time that HERNANDEZ was in segregation.
 - Nurses did not consistently enter their initials on MARs to document administration. Instead, they entered checkmarks or indistinguishable symbols.
 - Nurses did not account for doses of the medications scheduled for June 18 – 22, 2019.
 - Nurses did not account for morning doses of dicyclomine scheduled for July 1 – 4, 2019, and evening doses scheduled for July 2, 6, and 7, 2019.
 - Nurses did not account for Senokot doses on July 2, August 4, 13, 19, and 20, 2019.
7. **Medical Care, Sections (V)(AA)(7), (8) and (9)**, “7.) If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment. 8.) Medical staff shall ensure that the detainee’s questions regarding the treatment are answered by appropriate medical personnel. 9.) Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee’s medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment.”
- The only medication-related refusal form in the medical record is dated June 23, 2019, although there are 126 blank doses on the MAR. ERAU could not determine whether HERNANDEZ refused, was not offered, or nursing staff did not document medication administration for these doses. Furthermore, refusal documentation was not obtained for known medication refusals during his hunger strike from October 10, 2019, until the date of his death.
8. **Hunger Strike, Sections (V)(C)(1)(c) and (d)**, “During the initial evaluation of a detainee on a hunger strike, medical staff shall: ... c) perform urinalysis; d) conduct psychological/psychiatric evaluation.”
- On October 10, 2019, (b)(6); (b)(7)(C) documented the reason for segregation placement as hunger strike, but she did not attempt to perform a urinalysis test, nor did she refer HERNANDEZ for a mental health evaluation.

9. **Hunger Strike, Section (V)(C)(5)**, “If the detainee refuses the initial medical evaluation or any treatment or other medical procedures, medical staff must attempt to secure the detainee’s signature on a “Refusal of Treatment” form. If the detainee will not cooperate by signing, staff shall note this on the “Refusal of Treatment” form.”
- On October 14, 2019, RN Welch did not complete a Refusal of Treatment form when HERNANDEZ refused to cooperate with the initial hunger strike evaluation.
10. **Hunger Strike, Sections (V)(C)(2)**, “Medical staff shall measure and record weight and vital signs at least once every 24 hours during the hunger strike and repeat other procedures as medically indicated.”
- Nurses did not attempt to take HERNANDEZ’s weight or vital signs within the 24 hours following initiation of the hunger strike protocol on October 14, 2019 at 8:00 a.m.
11. **Significant Self-harm and Suicide Prevention and Intervention, Section (V)(H)**, “Following a suicide attempt, security staff shall initiate and continue appropriate life-saving measures until relieved by arriving medical personnel. Arriving medical personnel shall perform appropriate medical evaluation and intervention.”
- After initially finding HERNANDEZ hanging, security staff did not initiate life-saving measures.
 - (b)(6); (b)(7)(C) interfered with performance of emergency medical care by denying nurses’ entry to the cell to cut the detainee down and attempt CPR.
12. **Significant Self-harm and Suicide Prevention and Intervention, Section (V)(K)**, “A critical incident debriefing following a suicide or serious suicide attempt shall be offered to all affected staff and detainees within 24 to 72 hours after the critical incident.”
- LaSalle Corrections did not conduct a security de-briefing or an after-action review.
13. **Special Management Units, Section (V)(A)(2)(a)**, “Prior to a detainee’s placement in administrative segregation, the facility administrator or designee shall complete the administrative segregation order (Form I-885 or equivalent), detailing the reasons for placing a detainee in administrative segregation.”
- On June 20, 2019, HERNANDEZ was placed in segregation cell SM-2 for hunger strike monitoring. (b)(6); (b)(7)(C) initiated the Administrative Segregation Order, which was signed the next day by (b)(6); (b)(7)(C). A security supervisor did not sign the order.
14. **Special Management Units, Section (V)(A)(2)(e)**, “The administrative segregation order shall be immediately provided to the detainee in a language or manner the detainee can understand, unless delivery would jeopardize the safe, secure, or orderly operation of the facility.”

- There is no documentation that staff provided HERNANDEZ the June 20, 2019 or October 10, 2019 Administrative Segregation Orders.

15. ***Special Management Units, Section (V)(M)***, “Detainees in SMU shall be personally observed at least every 30 minutes on an irregular schedule.”

- On October 15, 2019, between 11:28 a.m. and 2:04 p.m., security staff did not observe HERNANDEZ. (b)(6); (b)(7)(C) who was responsible for security rounds after 10:50 a.m., documented five rounds that video evidence supports she did not make.

16. ***Terminal Illness, Advance Directives and Death, Section (V)(F)***, “Facilities shall turn over the property of the decedent to ICE/ERO within one week for processing and disposition. Unless property of a decedent is being held as part of an investigation into the circumstances of death, that property should be returned to the decedent’s next of kin, if known, within two weeks.”

- (b)(6); (b)(7)(C) stated he placed HERNANDEZ’s property in (b)(6); (b)(7)(C) office; however, there is no documentation of its disposition, including release to ERO or ERO’s return of the property to the next of kin.

17. ***Funds and Personal Property, Section (V)(G)(1)***, “For recordkeeping and accounting purposes, use of the G-589 Property Receipt form or its equivalent is mandatory to inventory any funds removed from a detainee’s possession, and a separate G-589 form or its equivalent is required for each kind of currency and negotiable instrument. Removal and inventory of detainee funds shall be conducted by at least two officers and in the presence of the detainee. Separate documentation should be made for each kind of currency and negotiable instrument and should include detainee identification information and a description of the amount and type of currency or other negotiable instrument inventoried. Officers should then deposit the funds with a copy of the documentation in the drop safe or similarly secured depository.”

- RCC could not supply documentation that the staff complied with this standard. The records include only a detainee funds report showing HERNANDEZ’s account history.

18. ***Funds and Personal Property, Section (V)(I)***, “An itemized inventory of all detainee baggage and property (separate from funds and valuables) shall be completed during admissions processing using the personal property inventory form. Each facility shall inventory all property, even in the event the property was previously inventoried by another facility and is contained in a sealed bag.”

- RCC could not supply admission documentation inclusive of an itemized inventory of HERNANDEZ’s property.

19. *Staff-Detainee Communication, Section (V)(B)(1)(b)* “In facilities without ICE/ERO Onsite Presence, each detainee request shall be forwarded to the ICE/ERO office of jurisdiction within two business days and answered as soon as practicable, in person or in writing, but no later than within three business days of receipt. All dates shall be documented.”

- On August 8, 2019, HERNANDEZ submitted an ICE Detainee Request Form regarding his parole. There was no documented response from ICE present on the form.

AREAS OF CONCERN

Although not violations of the ICE PBNDS 2011, ERAU noted the following concerns regarding HERNANDEZ’s medical care, safety, and security at RCC:

1. RCC policy HC 4.2, *Hunger Strikes*, Section (D)(2), “Detainee will be provided education regarding risks to health, as well as, an educational pamphlet will be available in preferred language.”
 - On October 14, 2019, although (b)(6); (b)(7)(C) documented HERNANDEZ was on hunger strike, she did not provide LaSalle Corrections Patient Handout: Hunger Strike Fact Sheet, outlining the expected sequence of hunger strike symptoms to HERNANDEZ.
2. RCC policy HC 4.2, *Hunger Strikes*, Section (D)(5), “CMA, or designee, shall review and document in the medical record initial hunger strike placement evaluation orders, and plan of care.”
 - There was no documentation that nurses referred HERNANDEZ to a provider for review of his hunger strike status as of October 14, 2019.
3. RCC Post Orders, Main Control Room Officer, Section (2)(5), “The Main Control Room Officer shall be responsible for maintaining an accurate account of all activities occurring during assignment at this duty post and shall document the following: ... f) Document all unusual occurrences or incidents reported through the control room; ... and h) Document any other information relevant to activities during assignment.”
 - The Main Control officer did not document EMS notification, arrival, and departure, or the arrival and departure of personnel from external agencies following HERNANDEZ’s death.
4. RCC has not yet implemented a system of internal review and quality assurance.
5. As of the date of ERAU’s site visit, RCC had not yet pursued National Commission on Correctional Health Care accreditation; per their contract with ICE, they have 18 months to receive the aforementioned accreditation.

6. As noted in above deficiencies, ERAU identified multiple issues with nurses' documentation of medication administration. ERAU also identified the following concerns related to documentation in the medical record:

- Nurses documented sick call encounters on HERNANDEZ's sick call requests but not in the nurse's notes.
- Nurse's notes did not follow the SOAPE format.
- Although (b)(6); (b)(7)(C) stated LaSalle Corrections has a comprehensive set of nursing protocols, September 10, 2019 was the only instance where a medical staff member used a protocol during a sick call encounter.
- Nurses' and providers' signatures were often illegible, and name stamps were seldom used.
- Nurses did not consistently record pain levels when HERNANDEZ reported pain.
- On June 21 and July 5, 2019, a provider did not document an in-person encounter with HERNANDEZ. The provider stated she was confident she had seen him but documented orders only.
- Multiple forms did not have titles identifying their purpose.
- RCC does not have an electronic medical record system. ERAU found the hard-copy system disorganized and set up in a way that made it difficult to chronologically track HERNANDEZ's care. During his interview, (b)(6); (b)(7)(C) stated locating files for patient encounters has been problematic. (b)(6); (b)(7)(C) stated LaSalle Corrections planned to consider converting to an electronic system within calendar year 2020.

7. (b)(6); (b)(7)(C)'s June 20, 2019 initial health appraisal did not reflect HERNANDEZ's known history of IBS and current medications, his complaint from the day prior of ineffective medication, or his refusal to take medication or eat.

8. Documentation addressing HERNANDEZ's placement in segregation on June 20, 2019 and October 10, 2019, is ambiguous. Available records do not clearly document whether his placement was for monitoring meal consumption or whether he met criteria for initiation of the hunger strike protocol. If the former, there is no record of meal consumption during the first period of segregation. If the latter, the record of meal consumption by security staff was incomplete and not verified by nurses. Additionally, documents were void of responses from either the medical or detention file due to the lack of communication between medical and security staff related to processes that required a coordinated effort.

9. Upon discovering HERNANDEZ hanging, neither (b)(6); (b)(7)(C) nor (b)(6); (b)(7)(C) entered the cell to lift him to relieve pressure to the neck until he could be cut down. For differing reasons, none of the three retrieved a cut-down tool: (b)(6); (b)(7)(C) stated that medical is responsible for bringing the tool, and Deputy (b)(6); (b)(7)(C) stated he did not know where cut-down tools are located. Although RCC has a policy on suicide prevention and intervention, it does not speak to the protocols security should take when finding a detainee attempting suicide. When nurses arrived on scene, they did not bring a cut down

tool because the radio code used (i.e. 10-19) is not specific to the type of emergency; however, two nurses did leave the scene to retrieve cut down tools.

10. RCC does not have a dedicated special management unit; therefore, detainees assigned to segregation are placed in cells which open onto a high traffic corridor through which general population detainees regularly traverse. RCC does not have procedures prohibiting staff from routinely opening the segregation cells when general population detainees are in the area.
11. Following HERNANDEZ's death, RCC took steps to improve visibility into cells used for segregation, including removing the window flaps and repositioning the bunk beds. However, small bars running vertically on the security windows remain, obscuring the view of the cell side-to-side.

EXHIBITS

1. Creative Corrections Healthcare and Security Compliance Analysis
2. Ouachita Parish Coroner's Autopsy Report, dated November 18, 2019
3. State of Louisiana – Certification of Death, dated November 7, 2019

From: (b)(6); (b)(7)(C)
Sent: 15 Oct 2019 21:07:15 +0000
To: JOINT INTAKE
Cc: (b)(6); (b)(7)(C)
Subject: Notification of the death of an ICE detainee:

Joint Intake:

Pursuant to ICE policy, I am providing notification of the death of an ICE detainee: Roylan HERNANDEZ-Diaz, A203637060, a 43-year old citizen of Cuba, at the Richwood Correctional Center, Richwood, LA.

The medical staff pronounced HERNANDEZ deceased at 2:21p.m CDT. Medical staff identified the preliminary cause of death as suicide by hanging.

Regards,

(b)(6); (b)(7)(C)

Acting Field Office Director
ERO Field Office New Orleans

(b)(6); (b)(7)(C) @ice.dhs.gov

cell 973-332 (b)(6); (b)(7)(C)

 DEPARTMENT OF HOMELAND SECURITY Immigration and Customs Enforcement REPORT OF INVESTIGATION		1. CASE NUMBER (b)(6); (b)(7)(C)
		PREPARED BY (b)(6); (b)(7)(C)
		2. REPORT NUMBER 001
3. TITLE HERNANDEZ DIAZ, Roylan/Non-Employee/0107 Death-Detainee/Alien (Suicide)/RICHWOOD, OUACHITA, LA		
4. FINAL RESOLUTION		
5. STATUS Initial Report	6. TYPE OF REPORT Allegation	7. RELATED CASES
8. TOPIC Notification of detainee suicide at Richwood Correctional Center.		
9. SYNOPSIS On October 15, 2019, the Joint Intake Center (JIC) received information from Enforcement and Removal Operations (ERO) Acting Field Office Director ((A)FOD) William Joyce, stationed in New Orleans, LA (ERO New Orleans) that earlier on the same date, detainee Roylan HERNANDEZ DIAZ (203637060) died at the Richwood Correctional Center in Richwood, LA. The preliminary cause of death was identified as suicide by hanging.		
10. CASE OFFICER (Print Name & Title) (b)(6); (b)(7)(C) Joint Intake Specialist	11. COMPLETION DATE 15-OCT-2019	14. ORIGIN OFFICE Joint Intake Center
12. APPROVED BY (Print Name & Title) (b)(6); (b)(7)(C) - ICE-OPR Special Agent Supervisor	13. APPROVED DATE 15-OCT-2019	15. TELEPHONE NUMBER No Phone Number
THIS DOCUMENT IS LOANED TO YOU FOR OFFICIAL USE ONLY AND REMAINS THE PROPERTY OF THE DEPARTMENT OF HOMELAND SECURITY. ANY FURTHER REQUEST FOR DISCLOSURE OF THIS DOCUMENT OR INFORMATION CONTAINED HEREIN SHOULD BE REFERRED TO HEADQUARTERS, DEPARTMENT OF HOMELAND SECURITY, TOGETHER WITH A COPY OF THE DOCUMENT.		
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 DEPARTMENT OF HOMELAND SECURITY REPORT OF INVESTIGATION CONTINUATION	1. CASE NUMBER (b)(6); (b)(7)(C)
	PREPARED BY (b)(6); (b)(7)(C)
	2. REPORT NUMBER 001
10. NARRATIVE On October 15, 2019, the JIC received information from ERO (A)FOD (b)(6); (b)(7)(C) (ERO New Orleans) that earlier on the same date, detainee Roylan HERNANDEZ DIAZ (203637060) died at the Richwood Correctional Center in Richwood, LA. The preliminary cause of death was identified as suicide by hanging. Originating documentation is attached to the case file. End of Report.	

 DEPARTMENT OF HOMELAND SECURITY REPORT OF INVESTIGATION Exhibit List	1. CASE NUMBER (b)(6); (b)(7)(C)
	PREPARED BY (b)(6); (b)(7)(C)
	2. REPORT NUMBER 001

None

Richwood Correctional Center, L.L.C.

180 Pine Bayou Circle

Richwood, LA 71202

Tel. (318) 325-8409 Fax (318) 325-5186

(b)(6); (b)(7)(C)

Chief of Operations

(b)(6); (b)(7)(C)

Asst. Warden

October 15, 2019

To: (b)(6); (b)(7)(C)

From: Major (b)(6); (b)(7)(C)

**Re: Detainee Roylan Hernandez Diaz
A# A203637060 / Cuba**

On Oct. 15, 2019 detainee Roylan Hernandez Diaz was found by (b)(6); (b)(7)(C) hanging with a sheet attached to his neck from the top rail of his bunk, not moving and unresponsive. Detainee was housed in administrative segregation cell #3 / A-Hall.

Upon finding subject hanging, (b)(6); (b)(7)(C) notified myself and Medical Dept. Upon arriving on A-Hall, I was met by medical staff on site. I spoke to LPN (b)(6); (b)(7)(C) who was in the lockdown cell. Hawkins advised there was no pulse on Diaz. At 1413 hours, notification was made with Acadian Ambulance to be enroute. At this time, the scene was preserved as a crime scene and the area was secured. At 1420, Acadian Ambulance arrived on scene. The ambulance attendant checked Diaz for vital signs and found none.

At 1420 hours, Richwood Police Dept., Ouachita Parish Sheriff's Office, and ICE agent (b)(6); (b)(7)(C) was contacted.

At 1430 hours, Richwood Police Dept. arrived and Chief Cleveland called Ouachita Parish Sheriff's Office to handle the investigation.

At 1509 hours, Ouachita Parish Sheriff's Office arrived along with investigators and the Crime Scene Unit. Upon conclusion of their investigation, they notified Ouachita Parish Coroner's Office, who arrived and pronounced Diaz deceased. The Coroner's Office called Mulhearn's Funeral Home, who picked up Diaz. The Coroner's Office advised they were sending Diaz to Little Rock, Arkansas for an autopsy.

(b)(6); (b)(7)(C)

Richwood Correctional Center

UNUSUAL OCCURRENCE REPORT

Name: Roylan Hernandez Diaz	A203637060	L/D # 3	Date of Incident: 10-15-19	TIME: 2:05 PM
LOCATION OF INCIDENT: L/D # 3			WITNESSES: Captain (b)(6); (b)(7)(C)	

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

ASSAULT ON STAFF	MAJOR DISTURBANCE	ROOF SHAKEDOWN	PROTECTION REQUESTED	MAINTENANCE
AGG. WORK OFFENSE	SEX OFFENSE	SHIFT SHAKEDOWN	VIOLENT DEATH	REPAIR REQUEST
AGGRAVATED FIGHT	USE OF FORCE	FRONT GATE SHAKEDOWN	DEATH DUE TO ILLNESS	FENCE CHECK
FIGHT	MINOR DISTURBANCE	MATTRESS SHAKEDOWN	MENTAL HEALTH	WEEKLY INSPECTION
ESCAPE	SEARCH OF INMATE	GROUND SHAKEDOWN	MEDICAL	MONTHLY INSPECTION
CONTRABAND	OTHER: Investigation			
CHEMICAL AGENTS USED		MECHANICAL RESTRAINT(S) USED		

Description of Incident (Include all relevant information - "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On the above date approximate time: I (b)(6); (b)(7)(C) While passing Administrative Segregation L/D # 3 along with Captain (b)(6); (b)(7)(C) which he smelled a loud odor coming from the cell. I, (b)(6); (b)(7)(C) then observed Captain (b)(6); (b)(7)(C) turned around and raised the flap up and look inside the cell he then close the flap down and walk towards A-hall foyer Captain (b)(6); (b)(7)(C) then conduct another cell check which he open the Lockdown # 3 cell door and observed Detainee Roylan Hernandez Diaz A203637060 hanging from his assigned bed with his personal sheet tied around his neck I, (b)(6); (b)(7)(C) also enter the cell and observed Detainee Diaz hanging from his assigned bed I, (b)(6); (b)(7)(C) along with (b)(6); (b)(7)(C) immediately notified medical and advised main-control Deputy (b)(6); (b)(7)(C) to call (AMR) medical staff arrived to L/D # 3 and took over the situation. End of the Report

(b)(6); (b)(7)(C)

10/15/19 2:05pm
DATE AND TIME COMPLETED

Richwood Correctional Center

UNUSUAL OCCURRENCE REPORT

Name: Roylan Hernandez Diaz	A203637060	L/D # 3	Date of Incident: 10-15-19	TIME: 1:55 PM
LOCATION OF INCIDENT: L/D # 3			WITNESSES: Captain (b)(6); (b)(7)(C)	

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

ASSAULT ON STAFF	MAJOR DISTURBANCE	ROOF SHAKEDOWN	PROTECTION REQUESTED	MAINTENANCE
AGG. WORK OFFENSE	SEX OFFENSE	SHIFT SHAKEDOWN	VIOLENT DEATH	REPAIR REQUEST
AGGRAVATED FIGHT	USE OF FORCE	FRONT GATE SHAKEDOWN	DEATH DUE TO ILLNESS	FENCE CHECK
FIGHT	MINOR DISTURBANCE	MATTRESS SHAKEDOWN	MENTAL HEALTH	WEEKLY INSPECTION
ESCAPE	SEARCH OF INMATE	GROUND SHAKEDOWN	MEDICAL	MONTHLY INSPECTION
CONTRABAND	OTHER: Investigation			
CHEMICAL AGENTS USED		MECHANICAL RESTRAINT(S) USED		

Description of Incident (Include all relevant information -- "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On the above date approximate time: I Deputy (b)(6); (b)(7)(C) was in the process of conducting an administrative segregation cell check on cell #3, which contained detainee Roylan Hernandez Diaz #A203637060, and as I was in the process of looking inside of the security flap I was called by Deputy (b)(6); (b)(7)(C) in regards to who was next to go to chow. After I had spoken with Deputy (b)(6); (b)(7)(C) I then placed the admin folder back inside of the box and was in route to the chow hall but realized I didn't notate the time and returned and wrote the time down in the admin folder and placed it back in the box.

(b)(6); (b)(7)(C)

10-15-19 5:19 pm
DATE AND TIME COMPLETED

Richwood Correctional Center

UNUSUAL OCCURRENCE REPORT

NAME: Rolan Hernandez Diaz	ICE Number 203637060	DORM/CELL 3	DATE: 10-15-19	TIME: 2:17pm
LOCATION OF INCIDENT: Cell Three			WITNESSES: See attached documents	

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

☐ ASSAULT ON STAFF	☐ MAJOR DISTURBANCE	☐ ROOF SHAKEDOWN	☐ PROTECTION REQUESTED	☐ MAINTENANCE
☐ AGG. WORK OFFENSE	☐ SEX OFFENSE	☐ SHIFT SHAKEDOWN	☐ VIOLENT DEATH	☐ REPAIR REQUEST
☐ AGGRAVATED FIGHT	☐ USE OF FORCE	☐ FRONT GATE SHAKEDOWN	☒ DEATH DUE TO ILLNESS	☐ FENCE CHECK
☐ FIGHT	☐ MINOR DISTURBANCE	☐ MATTRESS SHAKEDOWN	☐ MENTAL HEALTH	☐ WEEKLY INSPECTION
☐ ESCAPE	☐ SEARCH OF INMATE	☐ GROUNDS SHAKEDOWN	☐ MEDICAL	☐ MONTHLY INSPECTION
☐ CONTRABAND	☐ OTHER:			
☐ CHEMICAL AGENTS USED			☐ MECHANICAL RESTRAINT(S) USED	

Description of Incident (Include all relevant information – "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On 10-15-19 approx. 2:17pm I Captain (b)(6); (b)(7)(C) received a call from the on duty captain(Hardwell). Captain (b)(6); (b)(7)(C) informed me of a facility incident and advised me to report to duty. Upon arriving to the facility I entered the main hall of the facility and noticed Acadian Ambulance Service inside administration segregation cell three. I was told detainee Rolan Hernandez Diaz A#203637060 was unresponsive. During that time Acadian Ambulance Service began to communicate with Warden Stinson. Ouachita Parish Sheriff Officer later arrived on the scene and began their investigation. Upon completion of the investigation Detainee Rolan Hernandez Diaz body was removed from the cell by Mullhearn Funeral Home. End Of Report.

(b)(6); (b)(7)(C)

10-15-19 2:30pm
DATE AND TIME COMPLETED

Richwood Correctional Center, L.L.C.

180 Pine Bayou Circle

Richwood, LA 71202

Tel. (318) 325-8409 Fax (318) 325-5186

(b)(6); (b)(7)(C)

Chief of Operations

Chris Stinson

Asst. Warden

October 15, 2019

To: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Asst. Warden

**Re: Detainee Roylan Hernandez Diaz
A# A203637060 / Cuba**

On Oct. 15, 2019 detainee Roylan Hernandez Diaz was found by Capt. (b)(6); (b)(7)(C) hanging with a sheet attached to his neck and top rail of his bunk, not moving and unresponsive. Detainee was housed in administrative segregation cell #3 / A-Hall.

Upon finding subject hanging, (b)(6); (b)(7)(C) notified myself and Medical Dept. Upon arriving on A-Hall there were several staff members, including medical staff on site.

Notification with Richwood Police Dept., Ouachita Parish Sheriff Dept., Acadian Ambulance service and ICE Agent (b)(6); (b)(7)(C) was made.

Ouachita Parish Detectives and Crime Scene Investigators arrived and conducted an investigation of this incident. Upon conclusion of their investigation they notified Mulhern's Funeral Home who arrived and retrieved the body. I was advised by the sheriff's dept. that the body was being sent to Little Rock, AK. for an autopsy.

Detainee was placed in ad. seg on October 10, 2019 at 1000 hrs. Subject had declared himself to be on hunger strike. Between initial placement in ad. seg. and time of death, detainee did eat several meals. (Please See Nurse's Notes).

Statements from all staff involved have been taken and are accompanying in this email. An entire packet of the detainee's initial intake process, booking information, medical notes, ad. seg. information is accompanying this email.

When we are able to get information from the Ouachita SO I will forward.

(b)(6); (b)(7)(C)

RICHWOOD CORRECTIONAL CENTER
DISCIPLINARY REPORT
Richwood Correctional Center

(b)(6); (b)(7)(C)

UNUSUAL OCCURRENCE REPORT

INMATE: Roylan Hernandez Diaz		DORM: L/D#3	DATE: 10/15/2019	TIME: Approx: 2:05 (p.m)
LOCATION OF INCIDENT: L/D#3		WITNESSES: (b)(6); (b)(7)(C)		

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

AGG. WORK OFFENSE	SEX OFFENSE	SHIFT SHAKEDOWN	VIOLENT DEATH	REPAIR REQUEST
AGGRAVATED FIGHT	USE OF FORCE	FRONT GATE SHAKEDOWN	DEATH DUE TO ILLNESS	FENCE CHECK
FIGHT	MINOR DISTURBANCE	MATTRESS SHAKEDOWN	MENTAL HEALTH	WEEKLY INSPECTION
ESCAPE	SEARCH OF INMATE	GROUND SHAKEDOWN	MEDICAL	MONTHLY INSPECTION
CONTRABAND	OTHER: Hanging			
CHEMICAL AGENTS USED		MECHANICAL RESTRAINT (S) USED		

Description of Incident (Include all relevant information – "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On the above date and approximate time: While I Cp (b)(6); (b)(7)(C) was coming down the bottom of A-Hall, and as I passed administrative segregation cell #3, I smelled a strong odor coming from inside of cell #3. At the approximate time of 2:04 (p.m), I conducted a visual check on cell #3 in which I was unable to visually see a physical body. I then left the cell and begin to walk through the foyer between A and B hall and realized i wanted to double check to make sure the detainee was in the cell, so at the approximate time of 2:05 (p.m), I returned to the cell and called detainee Roylan Hernandez Diaz name 3 times. After no response, I then breached the cell door were (b)(6); (b)(7)(C) in which was present and as I entered the cell I looked to the (right) and observed detainee Roylan Herndandez Diaz with a white sheet tide around his neck that was tied to the top bunk rail at the foot of the bed in which he was hanging there unresponsive. I immediately radioed for Warden Christopher Stinson and Major (b)(6); (b)(7)(C) to 10-19 to the bottom of A-Hall asap. Upon the arrival of my superior officers I informed them of the situation and I was notified of by Warden Stinson at the approximate time of 2:14 (p.m) to have main control call AMR due to the situation, in which they arrived at 2:20 (p.m). End of Report.

(b)(6); (b)(7)(C)

10-15-19 3:19 (p.m)
DATE AND TIME COMPLETED

Visitors from Ouachita Parish:

3:10 pm

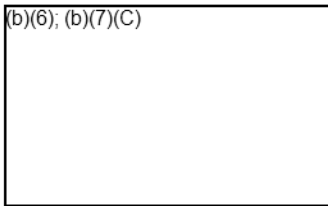
(b)(6); (b)(7)(C)



tor

3:21

(b)(6); (b)(7)(C)



Problem List

~~1/2~~ Irritable Bowel Syndrome

DDA: 6-13-19

1. IDENTIFYING INFORMATION

Name: HERNANDEZ DIAZ, ROYLAN

Age: 43

Gender: M

D.O.B: 09/25/1976

USMS #: A203637060 - ICE

Departure Date: 06/13/2019

Departed From: TCOE

Destinated To: RICHWOOD CORRECTIONAL CENTER

Mode of Transport (Check all that apply):

☐ Air☒ Ground

3. CURRENT MEDICAL ISSUES

Check all that apply to the prisoner and explain in the comments section:

☐ Hospitalizations within past month☒ Contagious illness or quarantine within past month☐ Seizure activity within past month☐ Cardiac chest pain within past month☐ Seizure disorder requiring medications☐ Stroke within past month☐ Limited mobility (crutches, wheelchair)☐ Surgery within past month☐ Has hard or air cast, splint or brace☐ Diabetes requiring insulin or other medications☐ Prescription narcotic pain medications dispensed for travel☐ Suicide watch/psychiatric decompensation within past month

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO☐ YES

If yes, how many weeks?

251843

5. LIST ALLERGIES (Include drugs, foods, latex, etc.):

NKA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD:

Date Placed:

Date Read:

Size in mm:

Tuberculosis Blood Test / IGRA (if applicable):

☐ Positive

Date:

☐ Negative☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date:

Results:

06/12/2019

Negative

Prisoner is cleared for transfer:

☐ NO☒ YES

4. SICKLE CELL SCREENING

Prisoner has a history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

Irritable bowel syndrome

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Dicyclomine HCl; take 1 capsule every 12 hours po

Senokot 8.6 mg; take 2 tablets at bedtime po

7. COMMENTS (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

Cohort for mumps until 06/26/2019

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL

Signature:

(b)(6); (b)(7)(C)

Title: LPN

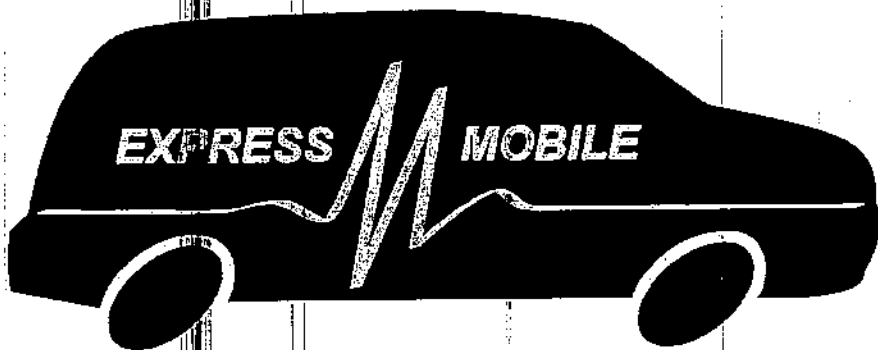
Date: 06/12/2019

Phone Number:

662-34(b)(6)

Form USM-553

Rev. 02/15



Any questions regarding reports please call
1-877-602-2847
Radiology Interpretation

PATIENT NAME: ROYLAN HERNANDEZ-DIAZ_5625197

DATE OF BIRTH: 09/25/1976

ID/MRN: HERNANDEZ-R760925

CLINICIAN: (b)(6), (b)(7)(C)

FACILITY: Tallahatchie Correctional Facility-CoreCivic

DATE OF EXAM: 06/12/2019

HISTORY: R7611-NONSPECIFIC REACTION TO TUBERCULIN SKIN TEST WITHO, Z11.1-ENCOUNTER FOR SCREENING FOR RESPIRATORY TUBERCULOS

CHEST, 2 VIEW (AP, LAT):

Findings:

The heart is normal in size. There are no infiltrates or masses.

Hilar and mediastinal structures are normal.

There are no acute osseous abnormalities.

IMPRESSION:

No infiltrates or masses. There are no findings to suggest active TB.

Electronically Signed By: (b)(6), (b)(7)(C) 06/12/2019 23:02:02 EDT

Tech: (b)(6), (b)(7)(C)

This transmission is proprietary, privileged and confidential. It is intended to be communication only for the use of the addressee; access to this message by anyone else is unauthorized. If you are not the intended recipient and have received this communication in error, please notify us immediately at 1-877-602-2847. Any other action taken, including but not limited to the disclosure, copying or distribution of this communication is prohibited by law.
ID: 5d01e692dbe9a

Tallahatchie County Corr Facility

295 U.S. Hwy 49 South
Tutwiler, MS 38963
(662) 345-6567

Patient: HERNANDEZ DIAZ, ROYLAN
TCCFJ
B 73 B

Age/DOB: 42 years 25Sep1976
MRN #: 5625197
Agency #: A203637060

Medication List

<u>Medication</u>	<u>Days</u>	<u>Qty</u>	<u>Refills</u>	<u>Start</u>	<u>End</u>	<u>Provider</u> <u>Status</u>
Dicyclomine HCl - 10 MG Oral Capsule TAKE 1 CAPSULE Every twelve hours	30	60 Capsule	0	29May2019	29Jun2019	Russell-McAdory, Deniece Active
Senokot 8.6 MG Oral Tablet TAKE 2 TABLET BEDTIME	30	60 Tablet	0	29May2019		Russell-McAdory, Deniece Active

TB Screening and Testing

Form M2.s

Section A

☐ **CLEARED AT PREVIOUS FACILITY via**☒ CXR – next CXR Due 6-12-20 (must have copy of CXR Results on file)☐ Negative PPD – next PPD Due _____ (must have documentation of Negative PPD on file)**OR**☐ **CLEARANCE REQUIRED AT THIS FACILITY**☐ CXR required and scheduled

OR

(b)(6); (b)(7)(C)

Staff Signature / Title

6-13-19 1107
Date Time

Date PPD Planted _____ Dose 0.1cc Tuberculin Aplisol

Administered by (signature) _____

Date PPD Read _____ Results _____ mm Induration

Results Read by (signature) _____

LICE TREATMENT SHAMPOO _____

Section B

Detainees Preferred Language

English _____ Spanish ☒ Proficient: Yes/No

Other _____

Translators Name: _____

Translator Service-ID# 251843 Name _____

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000115

Section C

Vitals

DATE/TIME OF ARRIVAL: 06/13/19 1107		Allergies NKA	O2 98%	Height 169.5
BP 114/68	Pulse 74	Resp 20	Temp 98.3	Weight 172.5
If BP is $\geq$ 140/90 or $<$ 90/60 then 5 day BP Check ☐				

Section D

Current medical, mental or dental problems that need attention now? ☐ NONE ☒ YES - explain:
include any special health or dietary needs. **Note Detainee should be instructed on sick call process for any non-urgent healthcare needs.

Is the Detainee Experiencing any Pain? ☐ NO ☒ YES explain:

Location: Abdomen Rate: 2/10 Duration: Intermittent, daily

0 2 4 6 8 10

Any physical injuries, open wounds, cuts or bruises or signs of trauma? ☒ NONE NOTED/DENIES ☐ YES
If yes, Describe:

Do you have any piercings specifically dermal piercings?
If yes, Describe: None

~~Female Only~~ - Does Detainee know or suspect she might be pregnant? ☐ NO ☒ YES

Date of Last Period (LMP) _____ Urine Pregnancy Test ☒ Negative ☐ Positive _____ Initials

G _____ P _____ A _____ Date of Last Well Woman Exam: _____

Any history of Physical Illness, Surgeries or Dental Problems? ☒ NO ☐ YES
(include past hospitalizations, surgeries and treatments - to include past medications)

Any past history of serious infectious or communicable illness (to include TB)? ☒ NO ☐ YES
(include any treatment or previous symptoms)

Any Chronic Diagnosis? ☐ NO ☒ YES If yes, Note Diagnosis below and refer to Chronic Clinic
HTN DM SZR RESP HIV Other: TBS
MENTAL HEALTH DX: _____

IF DIABETIC: What is Blood Glucose Level? _____

5 Day Blood Glucose Check ☐

Respiratory Diagnosis/complaints: What is the O2 reading? _____

Does this Detainee identify as a Transgender? ☒ NO ☐ YES Identifies as Male or Female?
(If so, document history of transition-related care and notify security supervisor)

Would you prefer to be in GP or SEG? GP

Detainee currently taking any medications?

☐ NO ☒ YES

If yes, list:

Bentyl
Seroquel

(Given now)

If yes

☒ Current Medications listed on transfer paperwork. See Orders

☐ Detainee states he/she is on the current medications (as listed below), however they are not listed on any transfer paperwork or transfer paperwork was not received.

(b)(6); (b)(7)(C)

6/13/19
Date

1405
Time

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB: 06/25/76
CUBA
DOA: 06/13/19
RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000116

Richwood Correctional Center
180 Pine Bayou Circle
Monroe, LA 71202

Phone (318) 325-8409
Fax (318) 387-8606

Section H

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

I request and authorize _____ to release healthcare information of the patient named above to:

Richwood Correctional Center
180 Pine Bayou Circle
Monroe, LA 71202

Purpose: Continuity of care while detained

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition or dates:

☒ All healthcare information

☐ Other: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma, venereum, HIV, AIDS, and gonorrhea.

☒ Yes ☐ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these results to anyone.

☒ Yes ☐ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

I understand that my records are protected under state and/or federal privacy laws and cannot be disclosed without my written consent unless otherwise (b)(6); (b)(7)(C) the state or federal law. I understand that I may revoke this consent at any time or it will a one year from today.

Patient Signature: _____

Date Signed: _____

10/13/19

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

DOA: 06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000118

Section: K

TREATMENT PLAN

SPECIAL NEEDS & RESTRICTIONS

BUNK ASSIGNMENT: ☒ No Restriction ☐ Lower Only
☐ Other housing need _____

Duration: _____ Expiration: _____

WORK/PROGRAM ASSIGNMENT:

☒ NO RESTRICTIONS
OR

- ☐ Unassigned per medical/psychiatry
- ☐ No reaching over shoulder
- ☐ Sedentary Work Only
- ☐ Four hour work restriction
- ☐ Excuse from school thru _____
- ☐ Limited Standing > _____ hrs.
- ☐ No walking > _____ yds
- ☐ No lifting > _____ lbs.
- ☐ No bending at the waist
- ☐ No squatting
- ☐ No climbing
- ☐ Limited sitting

- ☐ No Food Service
- ☐ No repetitive use of hands
- ☐ No walking on wet or uneven surfaces
- ☐ No work in direct sunlight
- ☐ No temperature extremes
- ☐ No humidity extremes
- ☐ No exposure to environmental pollutants
- ☐ No work with chemicals or irritants
- ☐ No work requiring safety boots
- ☐ No work around machines or moving parts
- ☐ No work exposure to loud noises
- ☐ No work requiring complex instructions

DISCIPLINARY PROCESS: ☒ NO RESTRICTION OR

- ☐ Consult representative of medical department before taking disciplinary action

SPECIAL NEEDS:

- ☐ Chronically Ill
- ☐ On Dialysis
- ☐ Adolescent in Adult facility
- ☐ Infected with serious communicable disease - Precautions required: _____
- ☐ Physically Disabled
- ☐ Pregnant
- ☐ Frail or elderly
- ☐ Terminally ill
- ☐ Mentally ill or suicidal
- ☐ Developmentally Disabled

(b)(6); (b)(7)(C)

Medical Staff Signature

6/13/19
 Date

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

DOA: 06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000119

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name: HERNANDEZ DIAZ, ROYLAN

Age: 43 Gender: M D.O.B: 09/25/1976

USMS #: A203637060 ICE Departure Date: 06/13/2019

Departed From: TCCF

Destinated To: RICHWOOD CORRECTIONAL CENTER

Mode of Transport (Check all that apply): ☐ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check all that apply to the prisoner and explain in the comments section:

- | | |
|--|--|
| ☐ Hospitalizations within past month | ☒ Contagious illness or quarantine within past month |
| ☐ Seizure activity within past month | ☐ Cardiac chest pain within past month |
| ☐ Seizure disorder requiring medications | ☐ Stroke within past month |
| ☐ Limited mobility (crutches, wheelchair) | ☐ Surgery within past month |
| ☐ Has hard or air cast, splint or brace | ☐ Diabetes requiring insulin or other medications |
| ☐ Prescription narcotic pain medications dispensed for travel | |
| ☐ Suicide watch/psychiatric decompensation within past month | |

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO ☐ YES If yes, how many weeks?

5. LIST ALLERGIES (Include drugs, foods, latex, etc.):

NKA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD:

Date Placed: Date Read: Size in mm:

Tuberculosis Blood Test / IGRA (if applicable):

- ☐ Positive Date:
☐ Negative
☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date: Results:

06/12/2019 Negative

Prisoner is cleared for transfer:

☐ NO ☒ YES

4. SICKLE CELL SCREENING

Prisoner has a history of (check appropriate box):

- ☐ Sickle Cell Disease
☐ Sickle Cell Trait
☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO ☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

Irritable bowel syndrome

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Dicyclomine HCl; take 1 capsule every 12 hours po

Senokot 8.6 mg; take 2 tablets at bedtime po

7. COMMENTS (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

Cohort for mumps until 06/26/2019

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL

Signature: (b)(6); (b)(7)(C)

Title: LPN

Date: 06/12/2019

Phone Number: 662-345 (b)(6); (b)(7)(C)

Form USM-553

Rev. 02/15

DHS-20-0638-G-000120

NURSE'S NOTES

Allergies: NKDA

DATE/TIME	
10/10/19	1000 detainee moved to SMZ for hunger strike. detainee Refused pre seg vitals/weight. APOX4. O/S/S distress Resp even/non labored. Wctm (b)(6); (b)(7)(C)
10/11/19	0400 NO S/S distress- resting in bed - APOX3 - NO complaints present - will cont to monitor (b)(6); (b)(7)(C)
10-11-19	0700 Seg rounds done. Cont on hunger strike. No sick call request made. No distress noted. Refuses VS this m. Is APOX4 (b)(6); (b)(7)(C)
10-11-19	1200 Seg rounds done. Continues hunger strike. None of dinner eaten. No distress noted. Denies needs (b)(6); (b)(7)(C)
10-12-19	1050 Seg rounds made. No requests made, continues hunger strike. (b)(6); (b)(7)(C)
10-12-19	1230 Continued to main control records + hall seg chart. Detainee ate supper on 10/11, + breakfast on 10/12. Will continue to monitor for missed meals. (b)(6); (b)(7)(C)
10-12-19	2030 Seg rounds done. No complaints voiced. Stable (b)(6); (b)(7)(C)
10-13-19	0915 Seg rounds made. Resting, No S/S distress. Responds to verbal, refuses to talk + stop. (b)(6); (b)(7)(C)
10-13-19	2305 Detainee has missed refused meals lunch and supper on 10/12 and all 3 meals for today. Detainee resting and calm. Resp even and unlabored. No needs or concerns voiced. No distress (b)(6); (b)(7)(C)
10/14	0800 detainee refused to get vitals taken. Refused to sign consent form. Wctm. APOX3. O/S/S distress (b)(6); (b)(7)(C)
10-15-19	12pm missed breakfast/lunch which makes 10th meal missed. Refused VS/shower/labs per (b)(6); (b)(7)(C)
10-15-19	1227p Sent M. Rankin Email on detainee (b)(6); (b)(7)(C)
10-15-19	100p Sent L. Williams Daily In Report (b)(6); (b)(7)(C)

A203637060
 HERNANDEZ DIAZ, ROYLAN
 DOB: 09/25/76 DOA: 06/13/19
 CUBA RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000121

NURSE'S NOTES

Allergies: N/K

DATE/TIME	
6/19/19 11:45	detainee refused to come to sick call. Detainee refused to sign refusal. detainee stated he is also going to refuse to eat. — Nurse Den, RN
6/20/19 15:55	detainee placed in sm2 for medical & security observation for hunger strike x 3 down. VS obtained. Admin seg paperwork completed. — (b)(6); (b)(7)(C)
6/21/19	detainee up; alert upon entry V/S 138/98 P-98. Two cups of juice provided and taken orally. Ensure given for later. No signs of acute distress noted. Will continue to monitor for S/Sx of dehydration. — (b)(6); (b)(7)(C)
6-21-19	6:50A Detainee resting - Alert. B/p 124/96 P 90. Last night at approx 9pm had 8oz Ensure + 16 oz juice - No signs of distress noted. UA collected - To continue to monitor for S/Sx of dehydration - Has been going to restroom x 2 this am. — (b)(6); (b)(7)(C)
6-21-19	9A Resting - Has had 8oz Ensure — (b)(6); (b)(7)(C)
6-21-19 11:45A	Ate 25-30% of lunch meal - Requesting to go in Dorm. Inst. detainee to continue eating/drinking. Detainee verbalized understanding. — (b)(6); (b)(7)(C)
6-21-19 12:10P	I, Nurse (b)(6); (b)(7)(C) spoke to (b)(6); (b)(7)(C) - To continue to monitor him in isolation for the weekend - Verbal order written. — (b)(6); (b)(7)(C)
9-4-19 1300	Sick call (a mental health request). — (b)(6); (b)(7)(C)
9/10/19	pt. seen on routine sick call for chronic GI issue - Referred to MD for further eval d/t extensive hx etc. — (b)(6); (b)(7)(C)
9-14-19	Refused mental health clinic — (b)(6); (b)(7)(C) Signed refusal. — (b)(6); (b)(7)(C)

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

UBA

DOA: 06/13/19

RICHWOOD

ID#

DOA:

Country:

DOB:

Revised 04/11/19

DHS-20-0638-G-000122

NURSE'S NOTES

Allergies:

[illegible]

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

RICHWOOD

CUBA

	ID#	DOA:	Country:	DOB:
		Revised 04/11/19		

RICHWOOD CORRECTIONAL CENTER

HUNGER-STRIKE CONSENT AND THE EXPECTED/ POSSIBLE MEDICAL SEQUENCE OF SYMPTOMS:

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB:09/25/76 DOA:06/13/19
CUBA RICHWOOD

I consent to have treatment while I am on hunger strike, (I have missed 9 meals without eating) consent includes labs, daily vitals signs, height, weight, mental health evaluation, record keeping of intake and output.

Also, by signing this consent I am agreeing that the nurse, provider, or clinical director has explained/discussed with me the expected/possible medical sequence of symptoms if I choose to continue hunger strike.

Signature of detainee:

Refused

Date:

10/14/19

Witness:

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

Date:

10/14/19

The Expected/Possible Medical Sequence of Symptoms of Continue Hunger-Strike:

(the timeline is based on those ingesting only water; further nourishment prolongs the sequence)

- In the first 3-7 days, the healthy adult hunger striker will feel reasonably normal, as long as adequate water (2 liters) is ingested. Feelings of hunger abate after the second or third day.
- Shortly after, the striker will begin to experience symptoms of dizziness, fatigue and weakness when it might be difficult to stand.
- After the first few weeks, the hunger striker may develop a sensation of feeling cold, and abdominal pain is common.
 - During the later part of the month, mental lethargy and irritability may develop.
 - By the 4th week, hospitalization may be necessary.
- By 4-5 weeks, if the hunger striker is not taking vitamins, double vision. Severe vertigo, vomiting and difficulty swallowing will occur due to nerve damage.
- From about 40 days onward, progressive confusion, incoherence, loss of hearing, blindness and bleeding may occur, Death eventually ensues from cardiovascular collapse and heart arrhythmias at between 55 and 75 days into the hunger strike.
- Other complications of malnutrition include kidney, liver, immune, and cardiac function. Wound healing is impaired and susceptibility to infection is increased throughout the duration of the hunger strike.

RICHWOOD CORRECTIONAL CENTER

Initial Vital Signs after missing the 9th meal P

Standing blood pressure P sitting blood pressure P

temp P resp P pulse P

height P weight P

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

CUBA

RICHWOOD

Interpreter #: _____

Nursing notes: _____

EDUCATION:

- ☒ Consent for medical treatment while on Hunger strike is obtained after missing the 9th meal, Detainee is educated on the risk of Hunger- strike and as signed the expected/ possible medical sequence of symptoms form that has been discussed with the detainee
- ☒ Encouragement of to consume approximately 2 liters of water daily
- ☒ The detainee is provided a clean water pitcher/ bottle of water for fluid intake
- ☒ The detainee (b)(6), (b)(7)(C) provided three meals a day and daily supply of water.

Nurse signature

DATE: 10/14/19

Orders:

CBC, CMP, PREALBUMIN, ALBUMIN AND URINALYSIS DIPSTICK

Signature NP/MD: _____ DATE: _____

Date the detainee eats: _____

Removal from hunger strike: _____

Mental Health Evaluation: _____

MEDICATION REFUSAL

Roylan

This is to certify that I, Hernandez-Dea
A detainee alien in the custody of Immigration and Customs
Enforcement (ICE), have refused to consent to the following:

- A) INMATE SCREENING
- B) MEDICAL TREATMENT
- C) MEDICAL PROCEDURE(S)
- D) MEDICATION(S)
- E) LABS
- F) MONITORING BP/BG
- G) SICK CALL
- H) OFFICE VISIT
- I) DIET

RECHAZO DE MEDICACION

Con la presente certifico que yo, _____
extranjero(a) detenido(a) bajo custodia del Servicio de
Inmigracion y Control de Aduanas (ICE, siglas en ingles), me
he negado a recibir losiguiente:

- A) Valoracion Medica
- B) Tratamiento medico
- C) Procedimiento(s) Medico(s)
- D) Medicamento(s)
- E) Laboratorios
- F) Monitoreo BP/BG
- G) enfermedad ilamada
- H) visita de oficina
- I) dieta

Specify treatment or medication being refused/ Especifique el tratamiento o medicamento rechazado:

Mental Health

State reason/Explique la razon:

Doesnt want to be seen

The heath care provider whose signature below has
explained the necessity for the above described I
understand that the possible or probable consequences
of my refusal include:

El proveedor de servicios de salud cuya firma aparece
al final me ha explicado la necesidad de llevar a cabo
lo descrito arriba. Entiendo que las posibles o probables
consecuencias de mi negafivaincluyen:

In a language that I understand, I have been informed that
refusal of this treatment or procedure may jeopardize my
health and/or life, but it is, nonetheless, my wish that my
refusal be honored. I hereby release the U.S. Immigration
and Custom Enforcement (ICE), and the United States of
America from any liability that I might assert for not pro-
viding the treatment or procedure(s) described herein. I
attest that I am over the age of eighteen years and I am
mentally competent to execute this release.

En un idioma que yo entiendo, fui informado/a que
rechazo de este tratamiento o procedimiento puedo
poner en peligro mi salud y/o mi vida, pero, sin
embargo, es mi deseo que mi denegacion sea respetada.
Por el presente medio libero a la Oficina de Inmigracion
y Aduanas (ICE), y los Estados Unidos de America de
cualquier responsabilidad que pudieran tener por no
proporcionar el tratamiento o procedimiento(s) aqui
descritos. Doy fe de que soy mayor de dieciocho anos y
que me encuentro en plenas facuitades mentales
para ejecutar esta responsbilidad.

9/4/19 NOZAM
(b)(6), (b)(7)(C)

Time and Date

Hora and Fecha

Firma del Detenido

PLACE STICKER OF DETAINEE
HERE

If detainee unwilling to sign -- Signature of Witness

Medical Diet Order

Inmates Name: Hernandez-Diaz, Roylan Diet Start Date: 6/21/19
 Inmates ID #: A203637060 Diet End Date: _____
 Inmates Location: _____

- ☐ CARDIAC DIET
- ☐ 1800 DIABETIC/CALORIE CONTROLLED DIET (SNACK INCLUDED)
- ☐ 2200 DIABETIC/CALORIE CONTROLLED DIET (SNACK INCLUDED)
- ☐ 2500 DIABETIC/CALORIE CONTROLLED DIET (SNACK INCLUDED)
- ☐ 2800 DIABETIC/CALORIE CONTROLLED DIET (SNACK INCLUDED)
- ☐ GI (GASTRO-INTESTINAL) SOFT DIET
- ☐ NO CONCENTRATED SWEETS DIET
- ☐ PREGANANCY DIET (SNACK INCLUDED)
- ☐ ADOLESCENT HOUSED AS ADULT
- ☐ HIGH PROTIEH/HIGH CALORIE DIET (SNACK INCLUDED)
- ☐ HIGH FIBER
- ☐ MILK INTOERANCE
- ☐ DENTAL SOFT
- ☐ RENAL PRE-DIALYSIS (RESTRICTED PROTIEH) DIET
- ☐ RENAL DIALYSIS (INCREASED PROTIEH) DIET
- ☐ CLEAR LIQUID DIET
- ☐ FILL LIQUID DIET (BROKEN JAW) DIET
- ☐ FINGER FOODS DIET
- ☐ GLUTEN RESTRICTED DIET
- ☒ OTHER Bland diet, extra vegetables, no spices

AUTHORIZED MEDICAL SIGNATURE

(b)(6); (b)(7)(C)

 Date: 6/21/19

DIETARY STAFF SIGNATURE: _____

Date: _____

aramark

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

DOA: 06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000127

sm2

Pre-Segregation Health Evaluation

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB: 09/25/76 DOA: 06/13/19
CUBA RICHWOOD

DOB

PRESENTLY ON MEDS

☒ YES ☐ NO

WEIGHT

TEMP

PULSE

RESP

B/P

CHECK APPROPRIATE RESPONSE BOX BELOW

PHYSICAL OBSERVATIONS

General Appearance

☐ Clean

☐ Neat

☐ Dirty

☒ Disheveled

Skin

1. Turgor

☒ Good

☐ Poor

2. Lacerations

☒ Yes

☐ No

3. Contusions

☐ Yes

☐ No

4. Bruises

☐ Yes

☒ No

Respiratory

1. Breath Sounds

☒ Clear

☐ Wheeze

2. Dyspnea

☐ Yes

☒ No

3. Cough/Congestions

☐ Yes

☒ No

Cardiovascular

1. Rhythm

☒ Regular

☐ Irregular

2. Edema

☐ Yes

☒ No

3. Chest Pain

☐ Yes

☒ No

4. Bleeding Tendencies

☐ Yes

☒ No

Gastrointestinal

1. Distention

☐ Yes

☒ No

2. Constipation/Diarrhea

☐ Yes

☒ No

3. Nausea/Vomiting

☐ Yes

☒ No

4. Abdominal Pain

☐ Yes

☒ No

Genitourinary

1. Flank pain

☐ Yes

☒ No

2. Burning/Frequency

☐ Yes

☒ No

3. Discharge

☐ Yes

☒ No

Neurological

1. Headache/Dizziness

☐ Yes

☒ No

2. Speech

☒ Normal

☐ Slurred

3. Pupils

☒ Equal

☐ Unequal

4. Gait

☒ Normal

☐ Abnormal

Psychiatric

1. Orientation

☒ Person

☐ Place

☒ Time

2. Coherence of thought processed

☐ Organized

☒ Disorganized

☐ Logical

☒ Illogical

3. Emotional State

☐ Social

☐ Withdrawn

☐ Agitated

☒ Listless

☐ Anxious

☐ Fearful

☐ Negative

☐ Childlike

Musculoskeletal

1. Range of Motion

☒ Upper extremities

☐ Normal

☒ Limited

☒ Lower extremities

☐ Normal

☒ Limited

Cleared for AD seg

☐ Yes

☐ No

Referred for further evaluation

☐ Psych. Services

☒ M.D.

Other Considerations at the facility

(b)(6); (b)(7)(C)

Examine

Title

PN

Date

11/20/19

Time

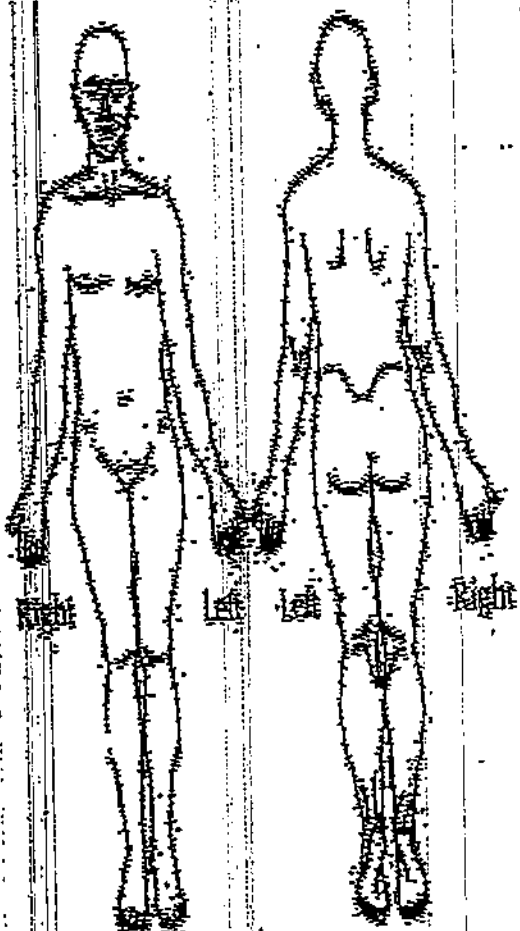
1555

Richwood Correctional Center
180 Pine Bayou Circle
Monroe, LA 71202

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB:09/25/76 DOA:06/13/19
CUBA RICHWOOD

Comments requires on all abnormalities

Identify any marks on inmate's body at the time of the Pre-Seg Evaluation

	Lacerations: _____
	Abrasions: _____
	Scars: _____
	Moles/Birthmarks: _____
	Bruises: _____
	Tattoos: _____
	Deformities: _____
	Other (specify): _____

(b)(6); (b)(7)(C)

Examiner

Title

RN

Date

01/20/2019 1555

Segregation Placement

Checklist

A203637060
 HERNANDEZ DIAZ, ROYLAN
 DOB:09/25/76 DOA:06/13/19
 CUBA RICHWOOD

Inmate Number:

Inmate Classification:

Reason for Segregation Placement:

MUNDO STRIKE

Segregation Type:

☐ Protective Custody- LID is completed

☐ Disciplinary Segregation- Disciplinary Report completed

☐ Administrative Segregation (PHD not to exceed 72 hours) - Administrative Segregation Order is completed

If inmate is a USM inmate, document date, time, and USM official that was notified of segregation placement.

Date: _____ Time: _____ USM Official: _____

Supervisor who made notification: _____

Booking Officer Notified of Segregation Placement:

Officer Notified: _____

Date: _____ Time: _____ Notified By: _____

Staff Member Who Inventoried Property-

Staff Member Who Provided Inmate Property on PHD-

Was inmate involved in a Use of Force or Critical Incident?

☒ Yes ☐ No

If yes, Use of Force or Critical Incident Report Number

A Pre-Segregation Evaluation was completed by a Nurse and the inmate was approved to be housed in a single cell prior to Segregation Placement.

Nurse (b)(6), (b)(7)(C) _____ and approved for the inmate to be housed in a single cell. Date: 06/01/2019 Time: 10:05

I have verified the above information to be complete with by signature below.

Shift Supervisor Signature: _____

Date: _____

RCC-837-S Segregation Placement Checklist

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

ADMINISTRATIVE SEGREGATION ORDER

To: _____
From: _____
A203637060
Detainee: HERNANDEZ DIAZ, ROYLAN
DOB: 09/25/76 DOA: 06/13/19
CUBA RICHWOOD

Title: _____
A#: _____

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection.
I do ☐ do not ☐ request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

hunger strike

Medical Officer: (b)(6); (b)(7)(C)

Admitted by: _____

Admitted (Date): _____

Released by: _____

Released (Date): _____

Title: RM

Time: 1505

Title: _____

Time: _____

Chronic Provider Referral Slip

Detainee Name: Hernandez Diaz, Rolyan ID# A203637060

Chronic DX: GI upset / Constipation

This detainee is to be referred to the provider in clinic for (Be descriptive with reason):

It was seen today c/o constipation & t. being taken off
on Senna. States that's the one medication that has
worked for him and wants to get back on it regularly.

Medication(s) taking for chronic condition:

1) Pinauerium Bromide + PO BID x 1 mo - pt states he's not taking

Previous protocol(s) done prior to referral if applicable (Date and Treatment given):

	Date:	Type of protocol:	Treatment given:
Protocol #1	<u>7/5/19</u>		<u>Dipylomine 2mg PO BID x 6mo - 6/13/19</u> <u>Dec'd 7/5/19</u>
Protocol #2			
Protocol #3			

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

CPI
9/11/19

Referring nurse (Printed): _____ Date: _____

Hernandez Diaz, Rolyan
A203637060

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000132

Constipation

Subjective:

Onset: 4 days ☐ New Onset ☒ Chronic Pain Scale (1-10)
Last BM: 9/16/19 Consistency: described as 'hard'
Color Change: ☐ Yes ☒ No
Associated Symptoms:
☐ Nausea ☐ Vomiting ☐ Hemorrhoids ☐ Cramping
☐ Flatulence ☒ History of Laxative Use: Type Senna - Recently Discontinued Pt requesting Back
History of dietary habits/fluid intake or restriction: Bland diet, ↑ fluid intake

Objective:

Vital Signs: Temp Pulse 67 Resp. 18 B/P 129 Weight
General Appearance: ☒ No Acute Distress ☐ Acute Distress:
Abdomen: ☒ WNL: Flat, Soft, Bowel Sounds Present X 4 Quads OR ☐ OTHER hypoaesthesia
Pain Induced/Increased with: ☐ Gentle Abd. Palpation ☐ Walking ☒ Not Applicable
Hemorrhoids (if applicable) ☐ protruding ☐ bleeding ☐ none visualized

Assessment/Decision:

Does the patient have any of the following objective findings present?

- ☐ Temp > 101
- ☐ Distended or Rigid abdomen
- ☐ Persistent Nausea/Vomiting
- ☐ Severe Pain

If Yes:

Contact or Refer to MD/NP/PA

Date & Time Contacted:

Person Contacted:

- ☐ See T.O.
- ☐ See Progress Note
- ☐ No further orders received
- ☐ Rx scheduled for

If NO:

See Plan as outlined below.

ABD soft / non distended.
- Chronic GI issues!!

Plan:

If none of the above symptoms are present, you may administer the following OTC medications as previously determined by the physician.

- ☐ No action indicated at this time - instructed to RTC if symptoms persist or worsen
- ☐ Refer to Commissary for elective OTC products
- ☐ For c/o gas, bloating, or pressure to abdomen, give:

(b)(6); (b)(7)(C)

- ☐ Simethicone 80mg X 2 tabs po BID prn gas X 5 days
- ☐ Sodium Bicarbonate 1g po BID X up to 5 days prn

(note, if this is an ongoing problem for the patient, contact the MD/PA/NP for extended order)

Occasional Constipation, no BM X 2 days (bowel sounds must be detected & no rigidity to abdomen present), give:

- ☒ Bisacodyl 5mg 2 tabs po QHS X up to 3 days prn OR
- ☐ MCM 30 cc po QHS X up to 3 days prn OR

(note, if this is an ongoing problem for the patient, contact the MD for possibly other orders, such as stool softeners, or Fiber Therapy)

Education:

- ☒ Instructions to return in 6 hours if condition worsens or if no improvement within 24 hours
- ☒ Instructed on medication(s), dosage, administration times, and expected outcome of each medication.
- ☒ Education of Bowel elimination; high fiber foods to decrease risk of constipation
- ☒ Instructions to exercise and avoid straining when passing stool
- ☒ Instructed to increase water intake to 8 glasses daily

- ☒ Patient states understanding
- ☒ Patient states understanding
- ☒ Patient states understanding
- ☒ Patient states understanding
- ☒ Patient states understanding

Note above med orders have been approved by the physician. No changes in dosage, duration, or medication may be made unless prior approval by a provider (b)(6); (b)(7)(C) Order documented in chart.

Medical Staff Member Signature:

Date: 9/10/19

Time: 1450

Name: Hernandez-Diaz-Rafael # A703637060 Allergies: NKA/PCA

BHS
Revised 12/11/ed

DHS-20-0638-G-000133

Fecha de solicitud	Nombre <i>Roylan Hernandez Diaz</i>		
Fecha de Nacimiento <i>25/9/19</i>	Numero de ID <i>20363706</i>	Vivienda <i>C</i>	
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.			
Brevemente escriba la Razon de su solicitud:			
<i>Por Favor, necesito ver a la Doctora para que se me de mi medicamento para ir al baño. Llevo cuatro dias sin corrijal y tengo problema de Colon. Gracias.</i>			

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

suena al
(b)(6); (b)(7)(C)

Received by Medical Staff

Note: _____

Date: _____ Time: _____ Initials: _____

☐ INMATE REFUSED TO BE SEEN FOR SICK CALL

INMATE SIGNATURE

DATE

WITNESS SIGNATURE

DATE

Roylan Hernandez Diaz / Hernandez Diaz, Roylan

Fecha de Nacimiento: 25/09/1996
Numero de ID: 203637060
Vive: D/C

SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.

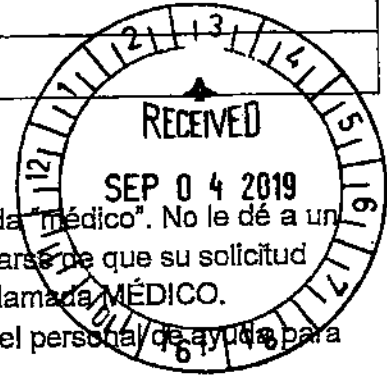
Brevemente escriba la Razon de su solicitud:

Necesito una Consulta con el Psicologo o Psicologa debido a que me encuentro muy "estresado". Gracias.

Mental health Consult for stress
9-4-19 dm

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "Médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.



Note: (b)(6), (b)(7)(C)

Date: 9-4-19 Time: 13:05 Initials: dm

☐ INMATE REFUSED TO BE SEEN FOR SICK CALL

INMATE SIGNATURE

DATE

WITNESS SIGNATURE

DATE

Revised 9/7/18 FG

Revised 9/7/18 FG

U

RACE / SEX:	
-------------	--

FNP

8/12/19

AMERICAN
OVERSIGHT

④

ASAP Provider Referral Slip

Detainee Name: _____ ID# _____

This detainee is to be referred to the provider in clinic for (Be descriptive with reason):

c/o medication Dicyclanone ineffective. Experiencing Abdominal pain rated 7/10. Abdominal pain is chronic and feels exacerbated. Reports medication makes him feel "nauseated, dizzy and giving headaches." Reports has stopped taking meds due to not working and side effects.

Previous protocol(s) done prior to referral if applicable (Date and Treatment given):

	Date:	Type of protocol:	Treatment given:
Protocol #1	8/8/19	See MUP note	(b)(6); (b)(7)(C)
Protocol #2			
Protocol #3			

Referring nurse (Printed):

(b)(6); (b)(7)(C)

Date: 8/6/19

A2019060119

Name:	Hernandez Diaz, Roylon	ID#	DOA:	Country:	DOB:
Facility:	Richwood Correctional Center		Revised 04/11/19		9/25/76
			DHS-20-0638-G-000137		

Hernandez Diaz Roylan

ASALLE
CORRECTIONS

Richwood Correctional Center

Fecha de solicitud 29/07/19	Nombre Roylan Hernandez Diaz	
Fecha de Nacimiento 25/09/76	Numero de ID 203637060	Vivienda 4
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		

Brevemente escriba la Razon de su solicitud:

Necesito ver al Medico por tengo Picason
en algunas Partes del Cuerpo.
7-30-19 / 108/50, 62, 18, 97" — Sick call for
itchy skin. Rash, bumps, fungal areas. Doctor
reports skin gets itchy. Inst to apply lotion (provided
in dorm) post shower @ 11:5 & in AM. Otherwise there
is a rash on skin. RTC if condition worsens.

(b)(6); (b)(7)(C)

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

Note:	Received by Medical Staff		
	Date:	Time:	Initials:

AMERICAN
OVERSIGHT

INMATE REFUSED TO BE SEEN FOR SICK CALL

2020-ICLI-00057 2553

DHS-20-0638-G-000138

Section 1

Physical / Health Assessment

HEIGHT 1109.5	WEIGHT 173 lbs	PULSE 79	BP 129/74	RESP 16	TEMP 97.2
------------------	-------------------	-------------	--------------	------------	--------------

Subjective Complaints? NOAE

Health History? ⊖ foot surgery 2008

Mental Health Evaluation

☒ Review of intake screening for mental health issues and agree with findings. Referral made for further evaluation if necessary - as noted below.		Notations r/t abnormalities:
☒ YES	☐ NO	Any report or evidence of past or current mental, physical, or sexual abuse? <u>physical assault in Cuba 1994 2000</u>
☐ YES	☒ NO	History of Mental Retardation - age diagnosed
☐ YES	☒ NO	Developmental Disability
☐ YES	☒ NO	Any indication of suicide risk at this time?
☒ YES	☐ NO	Alert and Oriented to Person, Place and Time
☒ WNL	☐ ABN	Appearance - Clean, well groomed
☒ YES	☐ NO	Speech - able to voice needs and communicate with assessor without difficulties
☒ YES	☐ NO	Behavior appropriate for interview and physical assessment.

Physical Health Evaluation

☒ Review of intake screening for general medical issues and agree with findings. Referral made if necessary - as noted below		Notations r/t abnormalities:
☐ WNL	☐ ABN	Face, Neck and Scalp/Neck Thyroid
☐ WNL	☐ ABN	Nose / Sinuses - symmetrical, no obstructions
☐ WNL	☐ ABN	Mouth / Throat - symmetrical, no obstructions
☐ WNL	☐ ABN	Eyes - Pupils equal and dilate to light
☐ WNL	☐ ABN	Ears - Adequate hearing
☐ WNL	☐ ABN	Lungs - CTA
☐ WNL	☐ ABN	Heart- HR Strong and Reg.
☐ WNL	☐ ABN	Abdomen - Soft, palpable, without distention
☐ WNL	☐ ABN	Genitals - no concerns voiced
☐ WNL	☐ ABN	Rectal - no concerns voiced
☐ WNL	☐ ABN	Upper Extremities - no deformities, FROM
☐ WNL	☐ ABN	Lower Extremities - no deformities, FROM
☐ WNL	☐ ABN	Spine- no deformities, FROM
☒ WNL	☐ ABN	Skin - warm, dry and intact

Education

☒ Instructed on how to access medical care via sick call process and emergency referral process

☐ Other:

ROUTINE REFERRALS / OTHER ORDERS

☒ None	☐ Mental Health Services	☐ Dental Clinic
☐ MD/NP/PA	☐ Chronic Clinic	☐ Lab for _____
☐ Other Orders:		

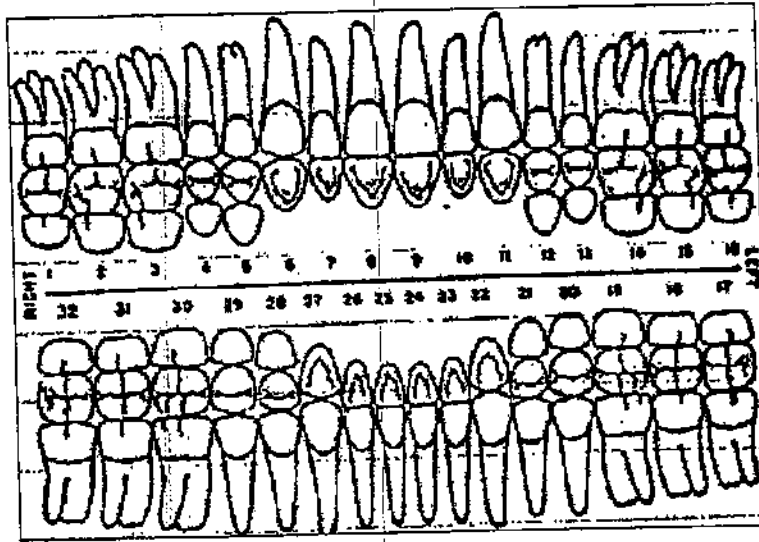
(b)(6); (b)(7)(C)

6/2/19 1000
Date Time
8/6/19 1440
Date Time

Name:	ID#	DOA:	Country:	DOB:
Facility:	Revised 04/11/19			
Richwood Correctional Center		DHS-20-0638-G-000139		

Section J

Dental Assessment



☐ YES

☒ NO Review of intake screening for dental health issues and agree with findings.

☐ YES

☒ NO Any emergent complaints? If yes, explain:

☐ YES

☒ NO Dental Hygiene discussed?

☐ YES

☒ NO Gums look healthy?

☒ YES

☐ NO Any missing teeth?

☐ YES

☒ NO Any Lesions? If yes, describe:

☐ YES

☒ NO Dentures or Partial Present (circle)

☐ YES

☒ NO Referral to Dental Staff for further evaluation and/or treatment

(b)(6); (b)(7)(C)

6/20/19
Date

1000
Time

Name: [REDACTED]	ID# [REDACTED]	DOA: [REDACTED]	Country: [REDACTED]	DOB: [REDACTED]
Facility: Richwood Correctional Center		Revised 04/11/19 DHS-20-0638-G-000140		

Fecha de solicitud 12/07/19	Nombre Roylan Hernandez	
Fecha de Nacimiento 25/09/76	Numero de ID 203637060	Vivienda 4
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		
Brevemente escriba la Razon de su solicitud:		
Necesito ver a la enfermera, tengo una uña encarnada en el dedo gordo del Pie.		
Ingrown toe nail & pain.		
No Redness or Swelling Noted.		
No signs of ingrown toenail seen upon exam.		
Requested toenail be "cut + lifted"		
BP - 133/52 P-63 T-97.0 R-18		

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

NO VISUAL SIGNS OF ANY PROBLEMS. States he wants to "prevent infection".
Returned to dorm 10# 762620
Return when necessary

Note:

No visible signs of reported concern to @

7-13-19

Time:

Initials:

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

greater toe.



INMATE REFUSED TO BE SEEN FOR SICK CALL

Fecha de solicitud 5/08/19	Nombre Roylan Hernandez Diaz	
Fecha de Nacimiento 25/09/19	Numero de ID 203637060	Vivienda 4
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		
Brevemente escriba la Razon de su solicitud: Por favor necesito ver al porg' estoy con las ciccis del Colon, estoy muy lastorido. Gracias.. 96.3, 120/77, 64 100% KA reports Diclofenac caused headache, dizziness and nausea. Reports medication was not effective still experiencing abd discomfort. Stopped taking medication voluntarily. Would like to try another medication for colon. seen (b)(6); (b)(7)(C) CW		

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- ~~Si usted tiene una emergencia médica, por favor notifique a un oficial.~~
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

Received by Medical Staff	
Note: _____	
Date: _____	Time: _____ Initials: _____

☐ INMATE REFUSED TO BE SEEN FOR SICK CALL

Fecha de Nacimiento 25/9/96	Numero de ID 205637060	Vivienda 41
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		

Brevemente escriba la Razon de su solicitud:

Tengo una Enfermedad de Colon Irritable y me encuentro muy adolorido ahora, Necesito ser atendido por el Medico.

B 11/83 59 16 97.4 90 Stomach pain. Detainee states
Dicyclanil 20mg being taken has side effects, dizziness and
weakness / he presents today saying he is experiencing
these. Still having stomach pain & requesting to

Forma para solicitar ayuda medica

be examined by
MD/NP.

- La solicitud para el medico se debe poner en la caja llamada "medico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

States he has chronic colon issues. He is taking
the Psyllium Fiber 9am. No problems c BM, goes good.
Pain in Stomach & Lower quadrant. Refer to NP/NP for

(b)(6); (b)(7)(C)	Medical Staff	medication MGT.
No		
Date: 7/5/19	Time: 1830	Initials: _____

☐ INMATE REFUSED TO BE SEEN FOR SICK CALL

Raylan Hernandez 4/06/19
INMATE SIGNATURE DATE

WITNESS SIGNATURE DATE

Revised 9/3/18 PG

Revised 3/7/18 PG

AMERICAN
OVERSIGHT

Prisoner
referral made to
2020-CL-00057 2558

DHS-20-0638-G-000143

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

ADMINISTRATIVE SEGREGATION ORDER

To: _____
From: _____
Detainee: A203637060 Title: _____
DOB: 09/25/76 DOA: 06/13/19 A#: _____
CUBA RICHWOOD

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection.
I do ☐ do not ☐ request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

hunger strike

Medical Officer: _____

(b)(6); (b)(7)(C)

Admitted by: _____

Admitted (Date): _____

Released by: _____

Released (Date): _____

(b)(6); (b)(7)(C)

Title: RN

Time: 1555

Title: MD

Time: 455

Richwood Correctional Center

UNUSUAL OCCURRENCE REPORT

NAMES: Hernandez Diaz, Roylan	Dorms Unit-4	DATE: 06/19/2019	TIME: 07:10pm
LOCATION: Main Building			

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

ASSAULT ON STAFF	MAJOR DISTURBANCE	ROOF SHAKEDOWN	PROTECTION REQUESTED	MAINTENANCE
AGG. WORK OFFENSE	SEX OFFENSE	SHIFT SHAKEDOWN	VIOLENT DEATH	REPAIR REQUEST
AGGRAVATED FIGHT	USE OF FORCE	FRONT GATE SHAKEDOWN	DEATH DUE TO ILLNESS	FENCE CHECK
FIGHT	☒ MINOR DISTURBANCE	MATTRESS SHAKEDOWN	MENTAL HEALTH	WEEKLY INSPECTION
ESCAPE	SEARCH OF INMATE	GROUND SHAKEDOWN	MEDICAL	MONTHLY INSPECTION
CONTRABAND	OTHER:			
CHEMICAL AGENTS USED		MECHANICAL RESTRAINT(S) USED		

Description of Incident (Include all relevant information - "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On 06/19/2019 at approximately 7:10pm (b)(6); (b)(7)(C) responded to Unit-4 officer calling for assistance. Hernandez Diaz, Roylan of unit-4 peacefully refused to eat and take medication. (b)(6); (b)(7)(C) accompanied by (b)(6); (b)(7)(C) (translator) asked detainee why he is refusing to food and medication. The detainee responded by saying he is trying to get I.C.E attention because he feel like I.C.E is ignoring them (b)(6); (b)(7)(C) told the translator to suggest to him to submit I.C.E form rather than refusing to food and medication. Detainee said no one is responding to the I.C.E requests forms. Detainee has not eaten 6 consecutive meals and has refused medication 2 consecutive days. (b)(6); (b)(7)(C) contacted immediate supervisor and completed UOR. End of report.

(b)(6); (b)(7)(C)

REPORTING OFFICER/TITLE

06-20-19 549 AM
DATE AND TIME COMPLETED

RICHWOOD CORRECTIONAL CENTER
INMATE IDENTIFICATION
Booking #: 2019060119
HERNANDEZ DIAZ, ROYLAN
DOC#/Jacket#: A203637060/66983
Hgt: Wgt:
DOB: 09/25/1976 (42)
Intake Date: 06/13/2019

Fecha de solicitud <i>18/6/19</i>	Nombre <i>Roylan Hernandez Diaz</i>	
Fecha de Nacimiento <i>25/09/76</i>	Numero de ID <i>203637060</i>	Vivienda <i>#4</i>
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		
Brevemente escriba la Razon de su solicitud:		
<i>Yo padecoo de la enfermedad de Colon Irritable y ahora me encuentro con las Crisis, estoy muy dolida y el medicamento q' estoy tomando no me esta ayudando Mucho. Necesito ser atendido lo más pronto posible (Por Favor).</i>		
A203637060 HERNANDEZ DIAZ, ROYLAN DOB:09/25/76 DOA:06/13/19 CUBA RICHWOOD		

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

I Suffer From Irritated Irritated Colon and right now I am suffering a Crisis the medicine I am taking doesn't help I need medical attention

Received by Medical Staff	
Note: _____	_____
Date: _____	Time: _____ Initials: _____

☒ INMATE REFUSED TO BE SEEN FOR SICK CALL	(b)(6); (b)(7)(C)
<i>Refused to sign 6/19/19</i>	<i>510 1041</i>
INMATE SIGNATURE	DATE

Richwood Correctional Center, L.L.C.

180 Pine Bayou Circle

Richwood, LA 71202

Tel. (318) 325-8409 Fax (318) 325-5186

(b)(6); (b)(7)(C)

Chief of Operations

(b)(6); (b)(7)(C)

Asst. Warden

October 15, 2019

To: (b)(6); (b)(7)(C)

From: Major (b)(6); (b)(7)(C)

**Re: Detainee Roylan Hernandez Diaz
A# A203637060 / Cuba**

On Oct. 15, 2019 detainee Roylan Hernandez Diaz was found by (b)(6); (b)(7)(C) hanging with a sheet attached to his neck from the top rail of his bunk, not moving and unresponsive. Detainee was housed in administrative segregation cell #3 / A-Hall.

Upon finding subject hanging, Capt. Hardwell notified myself and Medical Dept. Upon arriving on A-Hall, I was met by medical staff on site. I spoke to (b)(6); (b)(7)(C) who was in the lockdown cell. (b)(6); (b)(7)(C) advised there was no pulse on Diaz. At 1413 hours, notification was made with Acadian Ambulance to be enroute. At this time, the scene was preserved as a crime scene and the area was secured. At 1420, Acadian Ambulance arrived on scene. The ambulance attendant checked Diaz for vital signs and found none.

At 1420 hours, Richwood Police Dept., Ouachita Parish Sheriff's Office, and ICE agent (b)(6); (b)(7)(C) was contacted.

At 1430 hours, Richwood Police Dept. arrived and Chief Cleveland called Ouachita Parish Sheriff's Office to handle the investigation.

At 1509 hours, Ouachita Parish Sheriff's Office arrived along with investigators and the Crime Scene Unit. Upon conclusion of their investigation, they notified Ouachita Parish Coroner's Office, who arrived and pronounced Diaz deceased. The Coroner's Office called Mulhearn's Funeral Home, who picked up Diaz. The Coroner's Office advised they were sending Diaz to Little Rock, Arkansas for an autopsy.

(b)(6); (b)(7)(C)

Richwood Correctional Center

UNUSUAL OCCURRENCE REPORT

Name: Roylan Hernandez Diaz	A203637060	L/D # 3	Date of Incident: 10-15-19	TIME: 2:05 PM
LOCATION OF INCIDENT: L/D # 3			WITNESSES: Captain (b)(6); (b)(7)(C)	

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

ASSAULT ON STAFF	MAJOR DISTURBANCE	ROOF SHAKEDOWN	PROTECTION REQUESTED	MAINTENANCE
AGG. WORK OFFENSE	SEX OFFENSE	SHIFT SHAKEDOWN	VIOLENT DEATH	REPAIR REQUEST
AGGRAVATED FIGHT	USE OF FORCE	FRONT GATE SHAKEDOWN	DEATH DUE TO ILLNESS	FENCE CHECK
FIGHT	MINOR DISTURBANCE	MATTRESS SHAKEDOWN	MENTAL HEALTH	WEEKLY INSPECTION
ESCAPE	SEARCH OF INMATE	GROUND SHAKEDOWN	MEDICAL	MONTHLY INSPECTION
CONTRABAND	OTHER: Investigation			
CHEMICAL AGENTS USED		MECHANICAL RESTRAINT(S) USED		

Description of Incident (Include all relevant information - "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On the above date approximate time: I (b)(6); (b)(7)(C) While passing Administrative Segregation L/D # 3 along with Captain (b)(6); (b)(7)(C) which he smelled a loud odor coming from the cell. I, (b)(6); (b)(7)(C) then observed Captain (b)(6); (b)(7)(C) turned around and raised the flap up and look inside the cell he then close the flap down and walk towards A-hall foyer Captain (b)(6); (b)(7)(C) then conduct another cell check which he open the Lockdown # 3 cell door and observed Detainee Roylan Hernandez Diaz A203637060 hanging form his assigned bed with his personal sheet tied around his neck I, (b)(6); (b)(7)(C) also enter the cell and observed Detainee Diaz hanging from his assigned bed I, (b)(6); (b)(7)(C) along with (b)(6); (b)(7)(C) immediately notified medical and advised main-control Deputy (b)(6); (b)(7)(C) to call (AMR) medical staff arrived to L/D # 3 and took over the situation. End of the Report

(b)(6); (b)(7)(C)

10/15/19 2:05pm
DATE AND TIME COMPLETED

Richwood Correctional Center

UNUSUAL OCCURRENCE REPORT

Name: Roylan Hernandez Diaz	A203637060	L/D # 3	Date of Incident: 10-15-19	TIME: 1:55 PM
LOCATION OF INCIDENT: L/D # 3			WITNESSES: Captain (b)(6); (b)(7)(C)	

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

ASSAULT ON STAFF	MAJOR DISTURBANCE	ROOF SHAKEDOWN	PROTECTION REQUESTED	MAINTENANCE
AGG. WORK OFFENSE	SEX OFFENSE	SHIFT SHAKEDOWN	VIOLENT DEATH	REPAIR REQUEST
AGGRAVATED FIGHT	USE OF FORCE	FRONT GATE SHAKEDOWN	DEATH DUE TO ILLNESS	FENCE CHECK
FIGHT	MINOR DISTURBANCE	MATTRESS SHAKEDOWN	MENTAL HEALTH	WEEKLY INSPECTION
ESCAPE	SEARCH OF INMATE	GROUND SHAKEDOWN	MEDICAL	MONTHLY INSPECTION
CONTRABAND	OTHER: Investigation			
CHEMICAL AGENTS USED		MECHANICAL RESTRAINT(S) USED		

Description of Incident (Include all relevant information -- "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On the above date approximate time: I Deputy (b)(6); (b)(7)(C) was in the process of conducting an administrative segregation cell check on cell #3, which contained detainee Roylan Hernandez Diaz #A203637060, and as I was in the process of looking inside of the security flap I was called by Deputy (b)(6); (b)(7)(C) in regards to who was next to go to chow. After I had spoken with Deputy (b)(6); (b)(7)(C) I then placed the admin folder back inside of the box and was in route to the chow hall but realized I didn't notate the time and returned and wrote the time down in the admin folder and placed it back in the box.

(b)(6); (b)(7)(C)

10-15-19 5:19 pm
DATE AND TIME COMPLETED

Richwood Correctional Center

UNUSUAL OCCURRENCE REPORT

NAME: Rolan Hernandez Diaz	ICE Number 203637060	DORM/CELL 3	DATE: 10-15-19	TIME: 2:17pm
LOCATION OF INCIDENT: Cell Three			WITNESSES: See attached documents	

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

☐ ASSAULT ON STAFF	☐ MAJOR DISTURBANCE	☐ ROOF SHAKEDOWN	☐ PROTECTION REQUESTED	☐ MAINTENANCE
☐ AGG. WORK OFFENSE	☐ SEX OFFENSE	☐ SHIFT SHAKEDOWN	☐ VIOLENT DEATH	☐ REPAIR REQUEST
☐ AGGRAVATED FIGHT	☐ USE OF FORCE	☐ FRONT GATE SHAKEDOWN	☒ DEATH DUE TO ILLNESS	☐ FENCE CHECK
☐ FIGHT	☐ MINOR DISTURBANCE	☐ MATTRESS SHAKEDOWN	☐ MENTAL HEALTH	☐ WEEKLY INSPECTION
☐ ESCAPE	☐ SEARCH OF INMATE	☐ GROUNDS SHAKEDOWN	☐ MEDICAL	☐ MONTHLY INSPECTION
☐ CONTRABAND	☐ OTHER:			
☐ CHEMICAL AGENTS USED		☐ MECHANICAL RESTRAINT(S) USED		

Description of Incident (Include all relevant information – "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On 10-15-19 approx. 2:17pm I Captain (b)(6); (b)(7)(C) received a call from the on duty (b)(6); (b)(7)(C) Captain (b)(6); informed me of a facility incident and advised me to report to duty. Upon arriving to the facility I entered the main hall of the facility and noticed Acadian Ambulance Service inside administration segregation cell three. I was told detainee Rolan Hernandez Diaz A#203637060 was unresponsive. During that time Acadian Ambulance Service began to communicate with Warden Stinson. Ouachita Parish Sheriff Officer later arrived on the scene and began their investigation. Upon completion of the investigation Detainee Rolan Hernandez Diaz body was removed from the cell by Mullhearn Funeral Home. End Of Report.

(b)(6); (b)(7)(C)

10-15-19 2:30pm
DATE AND TIME COMPLETED

Richwood Correctional Center, L.L.C.

180 Pine Bayou Circle

Richwood, LA 71202

Tel. (318) 325-8409 Fax (318) 325-5186

(b)(6); (b)(7)(C)

Chief of Operations

Chris Stinson

Asst. Warden

October 15, 2019

To:

(b)(6); (b)(7)(C)

From:

(b)(6); (b)(7)(C)

Asst. Warden

**Re: Detainee Roylan Hernandez Diaz
A# A203637060 / Cuba**

On Oct. 15, 2019 detainee Roylan Hernandez Diaz was found by (b)(6); (b)(7)(C) hanging with a sheet attached to his neck and top rail of his bunk, not moving and unresponsive. Detainee was housed in administrative segregation cell #3 / A-Hall.

Upon finding subject hanging, (b)(6); (b)(7)(C) notified myself and Medical Dept. Upon arriving on A-Hall there were several staff members, including medical staff on site.

Notification with Richwood Police Dept., Ouachita Parish Sheriff Dept., Acadian Ambulance service and ICE Agent (b)(6); (b)(7)(C) was made.

Ouachita Parish Detectives and Crime Scene Investigators arrived and conducted an investigation of this incident. Upon conclusion of their investigation they notified Mulhern's Funeral Home who arrived and retrieved the body. I was advised by the sheriff's dept. that the body was being sent to Little Rock, AK. for an autopsy.

Detainee was placed in ad. seg on October 10, 2019 at 1000 hrs. Subject had declared himself to be on hunger strike. Between initial placement in ad. seg. and time of death, detainee did eat several meals. (Please See Nurse's Notes).

Statements from all staff involved have been taken and are accompanying in this email. An entire packet of the detainee's initial intake process, booking information, medical notes, ad. seg. information is accompanying this email.

When we are able to get information from the Ouachita SO I will forward.

(b)(6); (b)(7)(C)

RICHWOOD CORRECTIONAL CENTER
DISCIPLINARY REPORT
Richwood Correctional Center

(b)(6); (b)(7)(C)

UNUSUAL OCCURRENCE REPORT

INMATE: Roylan Hernandez Diaz		DORM: L/D#3	DATE: 10/15/2019	TIME: Approx: 2:05 (p.m)
LOCATION OF INCIDENT: L/D#3		WITNESSES: (b)(6); (b)(7)(C)		

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

AGG. WORK OFFENSE	SEX OFFENSE	SHIFT SHAKEDOWN	VIOLENT DEATH	REPAIR REQUEST
AGGRAVATED FIGHT	USE OF FORCE	FRONT GATE SHAKEDOWN	DEATH DUE TO ILLNESS	FENCE CHECK
FIGHT	MINOR DISTURBANCE	MATTRESS SHAKEDOWN	MENTAL HEALTH	WEEKLY INSPECTION
ESCAPE	SEARCH OF INMATE	GROUND SHAKEDOWN	MEDICAL	MONTHLY INSPECTION
CONTRABAND	OTHER: Hanging			
CHEMICAL AGENTS USED		MECHANICAL RESTRAINT (S) USED		

Description of Incident (Include all relevant information – "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

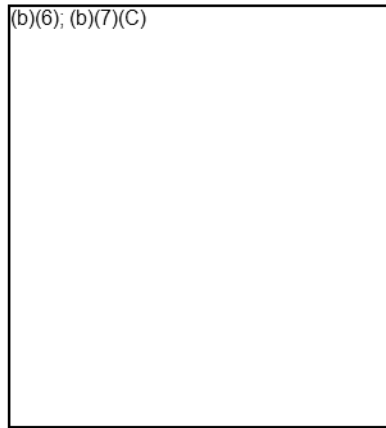
On the above date and approximate time: While I Cpt (b)(6); (b)(7)(C) was coming down the bottom of A-Hall, and as I passed administrative segregation cell #3, I smelled a strong odor coming from inside of cell #3. At the approximate time of 2:04 (p.m), I conducted a visual check on cell #3 in which I was unable to visually see a physical body. I then left the cell and begin to walk through the foyer between A and B hall and realized i wanted to double check to make sure the detainee was in the cell, so at the approximate time of 2:05 (p.m), I returned to the cell and called detainee Roylan Hernandez Diaz name 3 times. After no response, I then breached the cell door were (b)(6); (b)(7)(C) in which was present and as I entered the cell I looked to the (right) and observed detainee Roylan Herndandez Diaz with a white sheet tide around his neck that was tied to the top bunk rail at the foot of the bed in which he was hanging there unresponsive. I immediately radioed for Warden Christopher Stinson and Major (b)(6); (b)(7)(C) to 10-19 to the bottom of A-Hall asap. Upon the arrival of my superior officers I informed them of the situation and I was notified of by Warden Stinson at the approximate time of 2:14 (p.m) to have main control call AMR due to the situation, in which they arrived at 2:20 (p.m). End of Report.

(b)(6); (b)(7)(C)

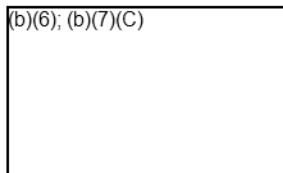
10-15-19 3:19 (p.m)
DATE AND TIME COMPLETED

Visitors from Ouachita Parish:

3:10 pm



3:21



Problem List

~~1/2~~ Irritable Bowel Syndrome

DDA: 6-13-19

1. IDENTIFYING INFORMATION

Name: HERNANDEZ DIAZ, ROYLAN

Age: 43

Gender: M

D.O.B: 09/25/1976

USMS #: A203637060 - ICE

Departure Date: 06/13/2019

Departed From: TCOE

Destinated To: RICHWOOD CORRECTIONAL CENTER

Mode of Transport (Check all that apply):

☐ Air☒ Ground

3. CURRENT MEDICAL ISSUES

Check all that apply to the prisoner and explain in the comments section:

☐ Hospitalizations within past month☐ Seizure activity within past month☐ Seizure disorder requiring medications☐ Limited mobility (crutches, wheelchair)☐ Has hard or air cast, splint or brace☐ Prescription narcotic pain medications dispensed for travel☐ Suicide watch/psychiatric decompensation within past month☒ Contagious illness or quarantine within past month☐ Cardiac chest pain within past month☐ Stroke within past month☐ Surgery within past month☐ Diabetes requiring insulin or other medications

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO☐ YES

If yes, how many weeks?

251843

5. LIST ALLERGIES (Include drugs, foods, latex, etc.):

NKA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD:

Date Placed:

Date Read:

Size in mm:

Tuberculosis Blood Test / IGRA (if applicable):

☐ Positive

Date:

☐ Negative☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date:

Results:

06/12/2019

Negative

Prisoner is cleared for transfer:

☐ NO☒ YES

4. SICKLE CELL SCREENING

Prisoner has a history of (check appropriate box):

☐ Sickle Cell Disease☐ Sickle Cell Trait☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

Irritable bowel syndrome

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Dicyclomine HCl; take 1 capsule every 12 hours po

Senokot 8.6 mg; take 2 tablets at bedtime po

7. COMMENTS (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

Cohort for mumps until 06/26/2019

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL

Signature:

(b)(6); (b)(7)(C)

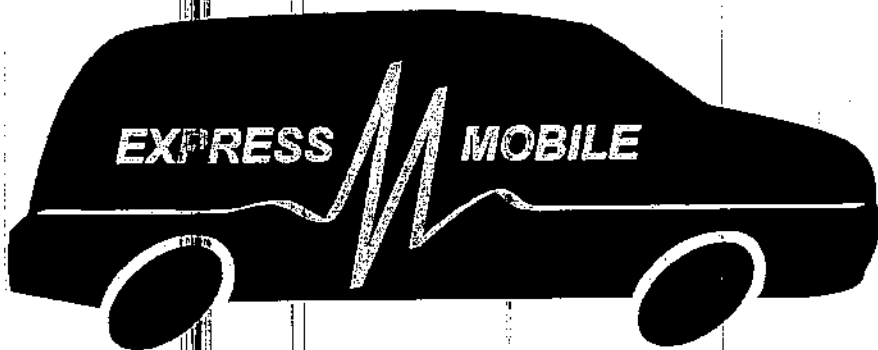
Title: LPN

Date: 06/12/2019

Phone Number: 662-345-2032

Form USM-553

Rev. 02/15



Any questions regarding reports please call
1-877-602-2847
Radiology Interpretation

PATIENT NAME: ROYLAN HERNANDEZ-DIAZ_5625197

DATE OF BIRTH: 09/25/1976

ID/MRN: HERNANDEZ-R760925

CLINICIAN: (b)(6); (b)(7)(C)

FACILITY: Tallahatchie Correctional Facility-CoreCivic

DATE OF EXAM: 06/12/2019

HISTORY: R7611-NONSPECIFIC REACTION TO TUBERCULIN SKIN TEST WITHO, Z11.1-ENCOUNTER FOR SCREENING FOR RESPIRATORY TUBERCULOS

CHEST, 2 VIEW (AP, LAT):

Findings:

The heart is normal in size. There are no infiltrates or masses.

Hilar and mediastinal structures are normal.

There are no acute osseous abnormalities.

IMPRESSION:

No infiltrates or masses. There are no findings to suggest active TB.

Electronically Signed By: (b)(6); (b)(7)(C) 06/12/2019 23:02:02 EDT
Tech: (b)(6); (b)(7)(C)

This transmission is proprietary, privileged and confidential. It is intended to be communication only for the use of the addressee; access to this message by anyone else is unauthorized. If you are not the intended recipient and have received this communication in error, please notify us immediately at 1-877-602-2847. Any other action taken, including but not limited to the disclosure, copying or distribution of this communication is prohibited by law.
ID: 5d01e692dbe9a

Tallahatchie County Corr Facility

295 U.S. Hwy 49 South
Tutwiler, MS 38963
(662) 345-6567

Patient: HERNANDEZ DIAZ, ROYLAN
TCCFJ
B 73 B

Age/DOB: 42 years 25Sep1976
MRN #: 5625197
Agency #: A203637060

Medication List

<u>Medication</u>	<u>Days</u>	<u>Qty</u>	<u>Refills</u>	<u>Start</u>	<u>End</u>	<u>Provider</u> <u>Status</u>
Dicyclomine HCl - 10 MG Oral Capsule TAKE 1 CAPSULE Every twelve hours	30	60 Capsule	0	29May2019	29Jun2019	(b)(6); (b)(7)(C)
Senokot 8.6 MG Oral Tablet TAKE 2 TABLET BEDTIME	30	60 Tablet	0	29May2019		

Printed By:

(b)(6); (b)(7)(C)

1 of 1

06/12/2019 05:51 PM

DHS-20-0638-G-000159

2020-ICLI-00057 2574

TB Screening and Testing

Form M2.s

Section A

☐ **CLEARED AT PREVIOUS FACILITY via**☒ CXR – next CXR Due 6-12-20 (must have copy of CXR Results on file)☐ Negative PPD – next PPD Due _____ (must have documentation of Negative PPD on file)**OR**☐ **CLEARANCE REQUIRED AT THIS FACILITY**☐ CXR required and scheduled

OR

☐ PPD TEST required

(b)(6); (b)(7)(C)

6-13-19 1107
Date Time

Date PPD Planted _____ Dose 0.1cc Tuberculin Aplisol

Administered by (signature) _____

Date PPD Read _____ Results _____ mm Induration

Results Read by (signature) _____

LICE TREATMENT SHAMPOO _____

Section B

Detainees Preferred Language

English _____ Spanish ☒ Proficient: Yes/No

Other _____

Translators Name (b)(6); (b)(7)(C)

Translator Service-ID# _____ Name _____

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000160

Section C

Vitals

DATE/TIME OF ARRIVAL: 06/13/19 1107		Allergies NKA	O2 98%	Height 169.5
BP 114/68	Pulse 74	Resp 20	Temp 98.3	Weight 172.5
If BP is $\geq$ 140/90 or $<$ 90/60 then 5 day BP Check ☐				

Section D

Current medical, mental or dental problems that need attention now? ☐ NONE ☒ YES - explain:
include any special health or dietary needs. *Note Detainee should be instructed on sick call process for any non-urgent healthcare needs.*

Is the Detainee Experiencing any Pain? ☐ NO ☒ YES explain:

Location: Abdomen Rate: 2/10 Duration: Intermittent, daily

0 2 4 6 8 10

Any physical injuries, open wounds, cuts or bruises or signs of trauma? ☒ NONE NOTED/DENIES ☐ YES
If yes, Describe:

Do you have any piercings specifically dermal piercings?
If yes, Describe: None

~~Female Only~~ - Does Detainee know or suspect she might be pregnant? ☐ NO ☒ YES

Date of Last Period (LMP) _____ Urine Pregnancy Test ☒ Negative ☐ Positive _____ Initials

G _____ P _____ A _____ Date of Last Well Woman Exam: _____

Any history of Physical Illness, Surgeries or Dental Problems? ☒ NO ☐ YES
(include past hospitalizations, surgeries and treatments - to include past medications)

Any past history of serious infectious or communicable illness (to include TB)? ☒ NO ☐ YES
(include any treatment or previous symptoms)

Any Chronic Diagnosis? ☐ NO ☒ YES If yes, Note Diagnosis below and refer to Chronic Clinic
HTN DM SZR RESP HIV Other: TBS
MENTAL HEALTH DX: _____

IF DIABETIC: What is Blood Glucose Level? _____

5 Day Blood Glucose Check ☐

Respiratory Diagnosis/complaints: What is the O2 reading? _____

Does this Detainee identify as a Transgender? ☒ NO ☐ YES Identifies as Male or Female?
(If so, document history of transition-related care and notify security supervisor)

Would you prefer to be in GP or SEG? GP

Detainee currently taking any medications?

☐ NO ☒ YES
If yes, list: Dental
Senacate

If yes

☒ Current Medications listed on transfer paperwork. See Orders

☐ Detainee states he/she is on the current medications (as listed below), however they are not listed on any transfer paperwork or transfer paperwork was not received.

(b)(6); (b)(7)(C)

Sta

Date

Time

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB: 06/25/76
CUBA
DOA: 06/13/19
RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000161

Section E

Intake Summary

MENTAL HEALTH

Any history of Mental Illness? ☒ NO ☐ YES If yes, continue below:

Treatment: INPT OUTPT During Previous Incarcerations

Hallucinations: Auditory Visual

Diagnosis: _____

Any history of Previous Physical or Sexual Assault? ☐ NO ☒ YES If yes, PERPETRATOR OR VICTIM

Date: _____

Sexually assaulted prior to arrival at this facility? ☒ NO ☐ YES If yes, notify Security Supervisor immediately.Any use of Tobacco? ☒ NO ☐ YES If yes:

Type: Cigarettes Pipe Oral

How Much? _____

How Often? _____

Any history of Alcohol or Substance Abuse? ☒ NO ☐ YES If yes:

Type: Alcohol Marijuana Cocaine Meth Heroin Inhalants Other

How Much? _____

How Often? _____

Method: IV Smoke Ingest

Last drug(s) used? _____

When? _____

Do you get sick when you quit using these drugs? YES NO (example: convulsions)

If yes, what happens? _____

SUICIDE SCREEN

Have you ever thought about killing yourself? ☒ NO ☐ YES If yes, when and why? _____Have you ever tried to kill yourself? ☒ NO ☐ YES If yes, when, how and why? _____Do you want to kill yourself now? ☒ NO ☐ YES If yes, do you have a plan? _____Do you want to kill someone else? ☒ NO ☐ YES If yes, explain? _____

Is there anyone at this facility who is a threat to you? YES NO (If yes, notify Security Supervisor immediately!)

Other Notations: _____

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

Date

Time

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000162

Richwood Correctional Center
180 Pine Bayou Circle
Monroe, LA 71202

Phone (318) 325-8409
Fax (318) 387-8606

Section H

AUTHORIZATION TO RELEASE HEALTHCARE INFORMATION

I request and authorize _____ to release healthcare information of the patient named above to:

Richwood Correctional Center
180 Pine Bayou Circle
Monroe, LA 71202

Purpose: Continuity of care while detained

This request and authorization applies to:

☐ Healthcare information relating to the following treatment, condition or dates:

☒ All healthcare information

☐ Other: _____

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma, venereum, HIV, AIDS, and gonorrhea.

☒ Yes ☐ No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these results to anyone.

☒ Yes ☐ No I authorize the release of any records regarding drug, alcohol, or mental health treatment to the person(s) listed above.

I understand that my records are protected under state and/or federal privacy laws and cannot be disclosed without my written consent unless otherwise provided by the state or federal law. I understand that I may revoke this consent at any time or it will au (b)(6); (b)(7)(C) year from today.

Patient Signature: _____

Date Signed: 10/13/19

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

DOA: 06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000163

Section: K

TREATMENT PLAN SPECIAL NEEDS & RESTRICTIONS

BUNK ASSIGNMENT: ☒ No Restriction ☐ Lower Only
☐ Other housing need _____

Duration: _____ Expiration: _____

WORK/PROGRAM ASSIGNMENT:

☒ NO RESTRICTIONS
OR

- ☐ Unassigned per medical/psychiatry
- ☐ No reaching over shoulder
- ☐ Sedentary Work Only
- ☐ Four hour work restriction
- ☐ Excuse from school thru _____
- ☐ Limited Standing > _____ hrs.
- ☐ No walking > _____ yds
- ☐ No lifting > _____ lbs.
- ☐ No bending at the waist
- ☐ No squatting
- ☐ No climbing
- ☐ Limited sitting

- ☐ No Food Service
- ☐ No repetitive use of hands
- ☐ No walking on wet or uneven surfaces
- ☐ No work in direct sunlight
- ☐ No temperature extremes
- ☐ No humidity extremes
- ☐ No exposure to environmental pollutants
- ☐ No work with chemicals or irritants
- ☐ No work requiring safety boots
- ☐ No work around machines or moving parts
- ☐ No work exposure to loud noises
- ☐ No work requiring complex instructions

DISCIPLINARY PROCESS: ☒ NO RESTRICTION OR

- ☐ Consult representative of medical department before taking disciplinary action

SPECIAL NEEDS:

- ☐ Chronically Ill
- ☐ On Dialysis
- ☐ Adolescent in Adult facility
- ☐ Infected with serious communicable disease - Precautions required: _____
- ☐ Physically Disabled
- ☐ Pregnant
- ☐ Frail or elderly
- ☐ Terminally ill
- ☐ Mentally ill or suicidal
- ☐ (b)(6); (b)(7)(C)

Medical Staff Signature

6/13/19
Date

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

DOA: 06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000164

Prisoner in Transit Medical Summary

1. IDENTIFYING INFORMATION

Name: HERNANDEZ DIAZ, ROYLAN

Age: 43

Gender: M

D.O.B: 09/25/1976

USMS #: A203637060 ICE

Departure Date: 06/13/2019

Departed From: TCCF

Destinated To: RICHWOOD CORRECTIONAL CENTER

Mode of Transport (Check all that apply): ☐ Air ☒ Ground

3. CURRENT MEDICAL ISSUES

Check all that apply to the prisoner and explain in the comments section:

- | | |
|--|--|
| ☐ Hospitalizations within past month | ☒ Contagious illness or quarantine within past month |
| ☐ Seizure activity within past month | ☐ Cardiac chest pain within past month |
| ☐ Seizure disorder requiring medications | ☐ Stroke within past month |
| ☐ Limited mobility (crutches, wheelchair) | ☐ Surgery within past month |
| ☐ Has hard or air cast, splint or brace | ☐ Diabetes requiring insulin or other medications |
| ☐ Prescription narcotic pain medications dispensed for travel | |
| ☐ Suicide watch/psychiatric decompensation within past month | |

FEMALE PRISONERS: Is prisoner pregnant?

☐ NO

☐ YES

If yes, how many weeks?

5. LIST ALLERGIES (Include drugs, foods, latex, etc.):

NKA

2. TUBERCULOSIS SCREENING

Tuberculosis Skin Test (TST) / PPD:

Date Placed:

Date Read:

Size in mm:

Tuberculosis Blood Test / IGRA (if applicable):

☐ Positive

Date:

☐ Negative

☐ Indeterminate/Borderline

Chest x-ray done within past year (if indicated):

Date:

Results:

06/12/2019

Negative

Prisoner is cleared for transfer:

☐ NO

☒ YES

4. SICKLE CELL SCREENING

Prisoner has a history of (check appropriate box):

☐ Sickle Cell Disease

☐ Sickle Cell Trait

☒ No History of Disease or Trait

If prisoner has disease or trait and is traveling by air, has JPATS Sickle Cell Protocol and Clearance been completed?

☐ NO

☐ YES

Attach clearance to transfer summary

6a. OTHER MEDICAL PROBLEMS

Irritable bowel syndrome

6b. MEDICATIONS DISPENSED WITH PRISONER FOR TRANSPORT

Dicyclomine HCl; take 1 capsule every 12 hours po

Senokot 8.6 mg; take 2 tablets at bedtime po

7. COMMENTS (If additional space is needed, write on back, attach separate sheet of paper, or check this box to create a second page:

Cohort for mumps until 06/26/2019

8. CERTIFYING HEALTH AUTHORITY

THIS PRISONER IS MEDICALLY CLEARED FOR TRAVEL

Signature:

(b)(6); (b)(7)(C)

Title:

LPN

Date:

06/12/2019

Phone Number:

(b)(6);
(b)(7)(C)
662-345

Form USM-553

Rev. 02/15

DHS-20-0638-G-000165

NURSE'S NOTES

Allergies: NKDA

DATE/TIME	
10/10/19	1000 detainee moved to SMZ for hunger strike. detainee refused pre sec vitals/weight. APOX4. O/S/S distress Resp even/non labored. Wctm (b)(6); (b)(7)(C)
10/11/19	0400 NO S/S distress- resting in bed - APOX3 - NO complaints present - will cont to monitor (b)(6); (b)(7)(C)
10-11-19	0700 Sec rounds done. Cont on hunger strike. No other sick call request made. No distress noted. this m. Is APOX4 (b)(6); (b)(7)(C) 45
10-11-19	1200 Sec rounds done. Continues hunger strike. None of dinner eaten. No distress noted. Denies needs. (b)(6); (b)(7)(C)
10-12-19	1050 Sec rounds made. No requests made, continues hunger strike. (b)(6); (b)(7)(C)
10-12-19	1230 Continued to main control records + hall sec chart. Detainee ate supper on 10/11, + breakfast on 10/12. Will continue to monitor for missed meals. (b)(6); (b)(7)(C)
10-12-19	2030 Sec rounds done. No complaints voiced. stable (b)(6); (b)(7)(C)
10-13-19	0915 Sec rounds made. Resting, No S/S distress. Responds to verbal, refuses to talk & stop. (b)(6); (b)(7)(C)
10-13-19	2305 Detainee has missed refused meals lunch and supper on 10/12 and all 3 meals for today. Detainee resting and calm. Resp even and unlabored. No needs or concerns voiced. No distress (b)(6); (b)(7)(C)
10/14	0800 detainee refused to get vitals taken. refused to sign consent form. Wctm. APOX3. O/S/S distress (b)(6); (b)(7)(C)
10-15-19	12pm missed breakfast/lunch which makes 10th meal missed. Refused H/S/shower/labs per (b)(6); (b)(7)(C)
10-15-19	1227p Sent M. Rank Email on detainee (b)(6); (b)(7)(C)
10-15-19	100p Sent L. Williams Daily In Report (b)(6); (b)(7)(C)

A203637060
 HERNANDEZ DIAZ, ROYLAN
 DOB: 09/25/76 DOA: 06/13/19
 CUBA RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000166

2020-ICLI-00057 2581

NURSE'S NOTES

Allergies: N/K

DATE/TIME	
6/19/19	detainee refused to come to sick call. Detainee
11:45	refused to sign refusal. detainee stated he is
	also going to refuse to eat. — (b)(6); (b)(7)(C)
6/20/19	detainee placed in sm2 for medical & security
15:55	observation for hunger strike x 3 down. VS obtained
	admin seg paperwork completed. — (b)(6); (b)(7)(C)
6/21/19	detainee up; alert upon entry V/S 138/98
	P-98. Two cups of juice provided and taken
	orally. Ensure given for later. No signs of
	acute distress noted. will continue to monitor
	for S/Sx of dehydration. — (b)(6); (b)(7)(C)
6-21-19	1500A Detainee resting - Alert. B/p 124/96 P 90-
	last night at approx 9pm had 8oz Ensure +
	16 oz juice - No signs of distress noted. Wt 160.6
	UA collected - To continue to monitor for S/Sx
	of dehydration - Has been going to c. room
	x 2 this am. — (b)(6); (b)(7)(C)
6-21-19	9A Resting - Has had 8oz Ensure — (b)(6); (b)(7)(C)
6-21-19	11:45A Ate 25-30% of lunch meal - Requesting to go
	in Dorm. Inst. detainee to continue eating/drinking.
	Detainee verbalized understanding. — (b)(6); (b)(7)(C)
6-21-19	12:10P I, Nurse (b)(6); (b)(7)(C) spoke to (b)(6); (b)(7)(C) — To
	continue to monitor him in isolation for the
	weekend - Verbal order written
9-4-19 1300	Sick call (a mental health request. — (b)(6); (b)(7)(C)
9/10/19	pt. seen on routine sick call for chronic GI issue. Referred to MD
	for further eval d/t extensive hx etc. — (b)(6); (b)(7)(C)
9-14-19	Refused mental health clinic. — (b)(6); (b)(7)(C)
	Signed refusal. — (b)(6); (b)(7)(C)
	— (b)(6); (b)(7)(C)

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

UBA

DOA: 06/13/19

RICHWOOD

ID#

DOA:

Country:

DOB:

Revised 04/11/19

DHS-20-0638-G-000167

NURSE'S NOTES

Allergies:

[illegible]

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

RICHWOOD

CUBA

	ID#	DOA:	Country:	DOB:
		Revised 04/11/19		

RICHWOOD CORRECTIONAL CENTER

HUNGER-STRIKE CONSENT AND THE EXPECTED/ POSSIBLE MEDICAL SEQUENCE OF SYMPTOMS:

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB:09/25/76 DOA:06/13/19
CUBA RICHWOOD

I consent to have treatment while I am on hunger strike, (I have missed 9 meals without eating) consent includes labs, daily vitals signs, height, weight, mental health evaluation, record keeping of intake and output.

Also, by signing this consent I am agreeing that the nurse, provider, or clinical director has explained/discussed with me the expected/possible medical sequence of symptoms if I choose to continue hunger strike.

Signature of detainee:

Refused

Date:

10/14/19

Witness:

(b)(6); (b)(7)(C)

Date:

10/14/19

The Expected/Possible Medical Sequence of Symptoms of Continue Hunger-Strike:

(the timeline is based on those ingesting only water; further nourishment prolongs the sequence)

- In the first 3-7 days, the healthy adult hunger striker will feel reasonably normal, as long as adequate water (2 liters) is ingested. Feelings of hunger abate after the second or third day.
- Shortly after, the striker will begin to experience symptoms of dizziness, fatigue and weakness when it might be difficult to stand.
- After the first few weeks, the hunger striker may develop a sensation of feeling cold, and abdominal pain is common.
 - During the later part of the month, mental lethargy and irritability may develop.
 - By the 4th week, hospitalization may be necessary.
- By 4-5 weeks, if the hunger striker is not taking vitamins, double vision. Severe vertigo, vomiting and difficulty swallowing will occur due to nerve damage.
- From about 40 days onward, progressive confusion, incoherence, loss of hearing, blindness and bleeding may occur, Death eventually ensues from cardiovascular collapse and heart arrhythmias at between 55 and 75 days into the hunger strike.
- Other complications of malnutrition include kidney, liver, immune, and cardiac function. Wound healing is impaired and susceptibility to infection is increased throughout the duration of the hunger strike.

RICHWOOD CORRECTIONAL CENTER

Initial Vital Signs after missing the 9th meal (P)

Standing blood pressure (P) sitting blood pressure (P)

temp (P) resp (P) pulse (P)

height (P) weight (P)

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

CUBA

RICHWOOD

Interpreter #: _____

Nursing notes: _____

EDUCATION:

- ☒ Consent for medical treatment while on Hunger strike is obtained after missing the 9th meal, Detainee is educated on the risk of Hunger- strike and as signed the expected/ possible medical sequence of symptoms form that has been discussed with the detainee
- ☒ Encouragement of to consume approximately 2 liters of water daily
- ☒ The detainee is provided a clean water pitcher/ bottle of water for fluid intake
- ☒ The detainee ^{(b)(6); (b)(7)(C)} is explained that they will be provided three meals a day and daily supply of water.

Nurse signature

DATE: 10/14/19

Orders:

CBC, CMP, PREALBUMIN, ALBUMIN AND URINALYSIS DIPSTICK

Signature NP/MD: _____ DATE: _____

Date the detainee eats: _____

Removal from hunger strike: _____

Mental Health Evaluation: _____

MEDICATION REFUSAL

Roylan

This is to certify that I, Hernandez-Dea
A detainee alien in the custody of Immigration and Customs
Enforcement (ICE), have refused to consent to the following:

- A) INMATE SCREENING
- B) MEDICAL TREATMENT
- C) MEDICAL PROCEDURE(S)
- D) MEDICATION(S)
- E) LABS
- F) MONITORING BP/BG
- G) SICK CALL
- H) OFFICE VISIT
- I) DIET

RECHAZO DE MEDICACION

Con la presente certifico que yo, _____
extranjero(a) detenido(a) bajo custodia del Servicio de
Inmigracion y Control de Aduanas (ICE, siglas en ingles), me
he negado a recibir losiguiente:

- A) Valoracion Medica
- B) Tratamiento medico
- C) Procedimiento(s) Medico(s)
- D) Medicamento(s)
- E) Laboratorios
- F) Monitoreo BP/BG
- G) enfermedad llamada
- H) visita de oficina
- I) dieta

Specify treatment or medication being refused/ Especifique el tratamiento o medicamento rechazado:

Mental Health

State reason/Explique la razon:

Doesnt want to be seen

The health care provider whose signature below has
explained the necessity for the above described I
understand that the possible or probable consequences
of my refusal include:

El proveedor de servicios de salud cuya firma aparece
al final me ha explicado la necesidad de llevar a cabo
lo descrito arriba. Entiendo que las posibles o probables
consecuencias de mi negafivaincluyen:

In a language that I understand, I have been informed that
refusal of this treatment or procedure may jeopardize my
health and/or life, but it is, nonetheless, my wish that my
refusal be honored. I hereby release the U.S. Immigration
and Custom Enforcement (ICE), and the United States of
America from any liability that I might assert for not pro-
viding the treatment or procedure(s) described herein. I
attest that I am over the age of eighteen years and I am
mentally competent to execute this release.

En un idioma que yo entiendo, fui informado/a que
rechazo de este tratamiento o procedimiento puedo
poner en peligro mi salud y/o mi vida, pero, sin
embargo, es mi deseo que mi denegacion sea respetada.
Por el presente medio libero a la Oficina de Inmigracion
y Aduanas (ICE), y los Estados Unidos de America de
cualquier responsabilidad que pudieran tener por no
proporcionar el tratamiento o procedimiento(s) aqui
descritos. Doy fe de que soy mayor de dieciocho anos y
que me encuentro en plenas facultades mentales
para ejecutar esta responsabilidad.

9/4/19 NOZAM

Time and Date

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

Hora and Fecha

Firma del Detenido

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

PLACE STICKER OF DETAINEE
HERE

Signature of Health Care Provider

If detainee unwilling to sign -- Signature of Witness

Medical Diet Order

Inmates Name: Hernandez-Diaz, Roylan Diet Start Date: 6/21/19
 Inmates ID #: A203637060 Diet End Date: _____
 Inmates Location: _____

- ☐ CARDIAC DIET
- ☐ 1800 DIABETIC/CALORIE CONTROLLED DIET (SNACK INCLUDED)
- ☐ 2200 DIABETIC/CALORIE CONTROLLED DIET (SNACK INCLUDED)
- ☐ 2500 DIABETIC/CALORIE CONTROLLED DIET (SNACK INCLUDED)
- ☐ 2800 DIABETIC/CALORIE CONTROLLED DIET (SNACK INCLUDED)
- ☐ GI (GASTRO-INTESTINAL) SOFT DIET
- ☐ NO CONCENTRATED SWEETS DIET
- ☐ PREGANANCY DIET (SNACK INCLUDED)
- ☐ ADOLESCENT HOUSED AS ADULT
- ☐ HIGH PROTIEH/HIGH CALORIE DIET (SNACK INCLUDED)
- ☐ HIGH FIBER
- ☐ MILK INTOERANCE
- ☐ DENTAL SOFT
- ☐ RENAL PRE-DIALYSIS (RESTRICTED PROTIEH) DIET
- ☐ RENAL DIALYSIS (INCREASED PROTIEH) DIET
- ☐ CLEAR LIQUID DIET
- ☐ FILL LIQUID DIET (BROKEN JAW) DIET
- ☐ FINGER FOODS DIET
- ☐ GLUTEN RESTRICTED DIET
- ☒ OTHER Bland diet, extra vegetables, no spices

AUTHORIZED MEDICAL SIGNATURE _____

(b)(6); (b)(7)(C)

Date: 6/21/19

DIETARY STAFF SIGNATURE: _____

Date: _____



A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

DOA: 06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000172

sm2

Pre-Segregation Health Evaluation

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB: 09/25/76 DOA: 06/13/19
CUBA RICHWOOD

DOB

PRESENTLY ON MEDS

☒ YES ☐ NO

WEIGHT

TEMP

PULSE

RESP

B/P

CHECK APPROPRIATE RESPONSE BOX BELOW

PHYSICAL OBSERVATIONS

General Appearance

☐ Clean

☐ Neat

☐ Dirty

☒ Disheveled

Skin

1. Turgor

☒ Good

☐ Poor

2. Lacerations

☒ Yes

☐ No

3. Contusions

☐ Yes

☐ No

4. Bruises

☐ Yes

☒ No

Respiratory

1. Breath Sounds

☒ Clear

☐ Wheeze

2. Dyspnea

☐ Yes

☒ No

3. Cough/Congestions

☐ Yes

☒ No

Cardiovascular

1. Rhythm

☒ Regular

☐ Irregular

2. Edema

☐ Yes

☒ No

3. Chest Pain

☐ Yes

☒ No

4. Bleeding Tendencies

☐ Yes

☒ No

Gastrointestinal

1. Distention

☐ Yes

☒ No

2. Constipation/Diarrhea

☐ Yes

☒ No

3. Nausea/Vomiting

☐ Yes

☒ No

4. Abdominal Pain

☐ Yes

☒ No

Genitourinary

1. Flank pain

☐ Yes

☒ No

2. Burning/Frequency

☐ Yes

☒ No

3. Discharge

☐ Yes

☒ No

Neurological

1. Headache/Dizziness

☐ Yes

☒ No

2. Speech

☒ Normal

☐ Slurred

3. Pupils

☒ Equal

☐ Unequal

4. Gait

☒ Normal

☐ Abnormal

Psychiatric

1. Orientation

☒ Person

☐ Place

☒ Time

2. Coherence of thought processed

☐ Organized

☒ Disorganized

☐ Logical

☒ Illogical

3. Emotional State

☐ Social

☐ Withdrawn

☐ Agitated

☒ Listless

☐ Anxious

☐ Fearful

☐ Negative

☐ Childlike

Musculoskeletal

1. Range of Motion

☒ Upper extremities

☐ Normal

☒ Limited

☒ Lower extremities

☐ Normal

☒ Limited

Cleared for AD seg

☐ Yes

☐ No

Referred for further evaluation

☐ Psych. Services

☒ M.D.

Other Considerations at the facility

(b)(6); (b)(7)(C)

Examiner

Title

PN

Date

11/20/19

Time

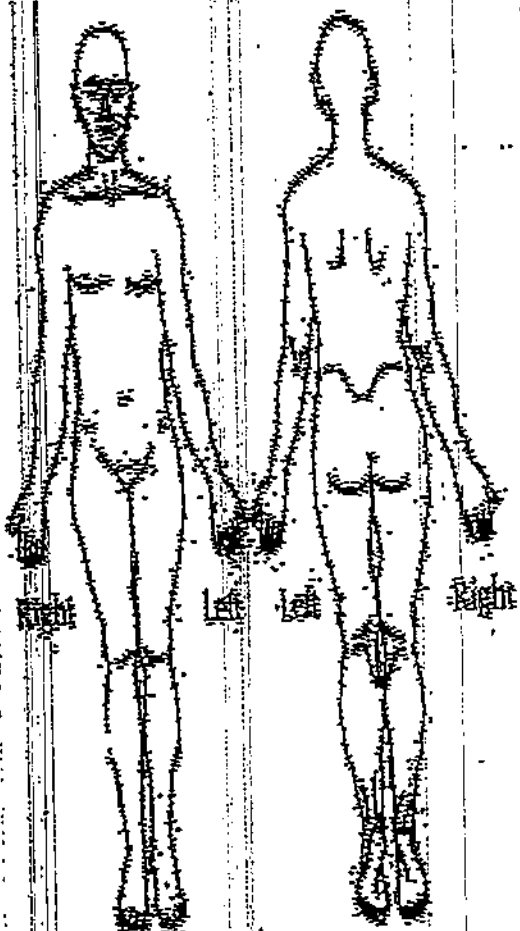
1555

Richwood Correctional Center
180 Pine Bayou Circle
Monroe, LA 71202

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB:09/25/76 DOA:06/13/19
CUBA RICHWOOD

Comments requires on all abnormalities

Identify any marks on inmate's body at the time of the Pre-Seg Evaluation

	Lacerations: _____
	Abrasions: _____
	Scars: _____
	Moles/Birthmarks: _____
	Bruises: _____
	Tattoos: _____
	Deformities: _____
	Other (specify): _____

(b)(6); (b)(7)(C)

Examiner

RN Title RN

Date

01/20/2019 1555

AMERICAN
OVERSIGHT

Segregation Placement

Checklist

A203637060
 HERNANDEZ DIAZ, ROYLAN
 DOB:09/25/76 DOA:06/13/19
 CUBA RICHWOOD

Inmate Number:

Inmate Classification:

Reason for Segregation Placement:

MURDER STRIKE

Segregation Type:

- ☐ Protective Custody- LID is completed
☐ Disciplinary Segregation- Disciplinary Report completed
☐ Administrative Segregation (PHD not to exceed 72 hours) - Administrative Segregation Order is completed

If inmate is a USM inmate, document date, time, and USM official that was notified of segregation placement.

Date: _____ Time: _____ USM Official: _____

Supervisor who made notification: _____

Booking Officer Notified of Segregation Placement:

Officer Notified: _____

Date: _____ Time: _____ Notified By: _____

Staff Member Who Inventoried Property-

Staff Member Who Provided Inmate Property on PHD-

Was inmate involved in a Use of Force or Critical Incident?

☒ Yes ☐ No

If yes, Use of Force or Critical Incident Report Number

A Pre-Segregation Evaluation was completed by a Nurse and the inmate was approved to be housed in a single cell prior to Segregation Placement.

Nurse (b)(6), (b)(7)(C) _____ Evaluation and approved for the inmate to be housed in a single cell. Date: 06/01/2019 Time: 10:05

I have verified the above information to be complete with by signature below.

Shift Supervisor Signature: _____

Date: _____

RCC-837-S Segregation Placement Checklist

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

ADMINISTRATIVE SEGREGATION ORDER

To: _____
From: _____
A203637060
Detainee: HERNANDEZ DIAZ, ROYLAN
DOB: 09/25/76 DOA: 06/13/19
CUBA RICHWOOD

Title: _____
A#: _____

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection.
I do ☐ do not ☐ request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

hunger strike

Medical Officer: _____

(b)(6); (b)(7)(C)

Admitted by: _____

Admitted (Date): _____

Released by: _____

Released (Date): _____

Title: _____

Time: _____

Title: _____

Time: _____

Chronic Provider Referral Slip

Detainee Name: Hernandez Diaz, Rolyan ID# A203637060

Chronic DX: GI upset / Constipation

This detainee is to be referred to the provider in clinic for (Be descriptive with reason):

It was seen today c/o constipation & t. being taken off
on Senna. States that's the one medication that has
worked for him and wants to get back on it regularly.

Medication(s) taking for chronic condition:

1) Pinauerium Bromide + PO BID x 1 mo - pt states he's not taking

Previous protocol(s) done prior to referral if applicable (Date and Treatment given):

	Date:	Type of protocol:	Treatment given:
Protocol #1	<u>7/5/19</u>		<u>Dipylidomine 75mg PO BID x 6mo - 6/13/19</u> <u>Do'd 7/5/19</u>
Protocol #2			<u>VOID</u>
Protocol #3			

Referring nurse (Printed): _____ Date: _____

Hernandez Diaz, Rolyan
A203637060

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000177

Constipation

Subjective:

Onset: 4 days ☐ New Onset ☒ Chronic Pain Scale (1-10)
Last BM: 9/10/19 Consistency: described as 'hard'
Color Change: ☐ Yes ☒ No
Associated Symptoms:
☐ Nausea ☐ Vomiting ☐ Hemorrhoids ☐ Cramping
☐ Flatulence ☒ History of Laxative Use: Type Senna - Recently Discontinued Pt requesting Back
History of dietary habits/fluid intake or restriction: Bland diet, ↑ fluid intake

Objective:

Vital Signs: Temp Pulse 67 Resp. 18 B/P 129 Weight
General Appearance: ☒ No Acute Distress ☐ Acute Distress:
Abdomen: ☒ WNL: Flat, Soft, Bowel Sounds Present X 4 Quads OR ☐ OTHER hypoaesthesia
Pain Induced/Increased with: ☐ Gentle Abd. Palpation ☐ Walking ☒ Not Applicable
Hemorrhoids (if applicable) ☐ protruding ☐ bleeding ☐ none visualized

Assessment/Decision:

Does the patient have any of the following objective findings present?

- ☐ Temp > 101
- ☐ Distended or Rigid abdomen
- ☐ Persistent Nausea/Vomiting
- ☐ Severe Pain

If Yes:

Contact or Refer to MD/NP/PA

Date & Time Contacted:

Person Contacted:

- ☐ See T.O.
- ☐ See Progress Note
- ☐ No further orders received
- ☐ Rx scheduled for

ABD soft / non distended.
- Chronic GI issues!!

If NO:

See Plan as outlined below.

Plan:

If none of the above symptoms are present, you may administer the following OTC medications as previously determined by the physician.

- ☐ No action indicated at this time - instructed to RTC if symptoms persist or worsen
- ☐ Refer to Commissary for elective OTC products
- ☐ For c/o gas, bloating, or pressure to abdomen, give:

- ☐ Simethicone 80mg X 2 tabs po BID prn gas X 5 days
 - ☐ Sodium Bicarbonate 1g po BID X up to 5 days prn
- (note, if this is an ongoing problem for the patient, contact the MD/PA/NP for extended order)

- ☐ For c/o occasional Constipation, no BM X 2 days (bowel sounds must be detected & no rigidity to abdomen present), give:

- ☒ Bisacodyl 5mg 2 tabs po QHS X up to 3 days prn OR
- ☐ MCM 30 cc po QHS X up to 3 days prn OR

(note, if this is an ongoing problem for the patient, contact the MD for possibly other orders, such as stool softeners, or Fiber Therapy)

Education:

- ☒ Instructions to return in 6 hours if condition worsens or if no improvement within 24 hours
- ☒ Instructed on medication(s), dosage, administration times, and expected outcome of each medication.
- ☒ Education of Bowel elimination; high fiber foods to decrease risk of constipation
- ☒ Instructions to exercise and avoid straining when passing stool
- ☒ Instructed to increase water intake to 8 glasses daily

- ☒ Patient states understanding
- ☒ Patient states understanding
- ☒ Patient states understanding
- ☒ Patient states understanding
- ☒ Patient states understanding

Note above med orders have been approved by the physician. No changes in dosage, duration, or medication may be made unless prior approval by a provider has been obtained i.e. Telephone Order documented in chart.

(b)(6); (b)(7)(C)

Medical Staff Member Signature:

Date: 9/10/19

Time: 1450

Name: Hernandez-Diaz-Rafael

A703637060

Allergies: NKA/PCA

BHS
Revised 12/11cd

DHS-20-0638-G-000178

2026-GLI-00057-2593

Fecha de solicitud	Nombre <i>Roylan Hernandez Diaz</i>		
Fecha de Nacimiento <i>25/9/19</i>	Numero de ID <i>20363700</i>	Vivienda <i>C</i>	
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.			
Brevemente escriba la Razon de su solicitud:			
<i>Por Favor, necesito ver a la Doctora para que se me de mi medicamento para ir al baño. Llevo cuatro dias sin corrijal y tengo problema de Colon. Gracias.</i>			

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

suena
al
(b)(6), (b)(7)(C)

Received by Medical Staff			
Note: _____			
Date: _____	Time: _____	Initials: _____	



INMATE REFUSED TO BE SEEN FOR SICK CALL

INMATE SIGNATURE

DATE

WITNESS SIGNATURE

DATE

Roylan Hernandez Diaz / Hernandez Diaz, Roylan

Fecha de Nacimiento: 25/09/1996
Numero de ID: 203637060
Vive: D/C

SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.

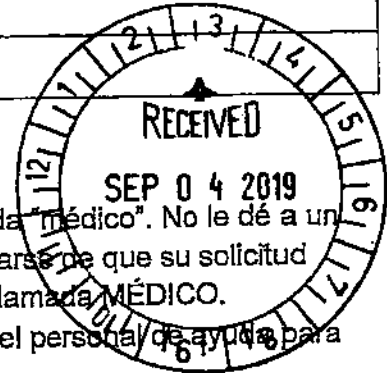
Brevemente escriba la Razon de su solicitud:

Necesito una Consulta con el Psicologo o Psicologa debido a que me encuentro muy "estresado". Gracias.

Mental health Consult for stress
9-4-19 due

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "Médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.



Note:	(b)(6); (b)(7)(C)	Staff
		Ru
Date:	9-4-19	Time: 13:15
		Initials: de

☐ INMATE REFUSED TO BE SEEN FOR SICK CALL

INMATE SIGNATURE

DATE

WITNESS SIGNATURE

DATE

Revised 9/7/18 FG

Revised 9/7/18 FG

U

U

RACE / SEX:					
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ENP

DHS-20-0638-G-000181

ASAP Provider Referral Slip

Detainee Name: _____ ID# _____

This detainee is to be referred to the provider in clinic for (Be descriptive with reason):

c/o medication Dicyclanone ineffective. Experiencing Abdominal pain rated 7/10. Abdominal pain is chronic and feels exacerbated. Reports medication makes him feel "nauseated, dizzy and giving headaches." Reports has stopped taking meds due to not working and side effects.

Previous protocol(s) done prior to referral if applicable (Date and Treatment given):

	Date:	Type of protocol:	Treatment given	(b)(6); (b)(7)(C)
Protocol #1	8/8/19	See MUP note	—	
Protocol #2				
Protocol #3				

Referring nurse (Printed):

(b)(6); (b)(7)(C)

Date: 8/6/19

A2019060119

Name:	Hernandez Diaz, Roylon	ID#	DOA:	Country:	DOB:
Facility:	Richwood Correctional Center		Revised 04/11/19		9/25/76
			DHS-20-0638-G-000182		

Hernandez Diaz Roylan

ASALLE
CORRECTIONS

Richwood Correctional Center

Fecha de solicitud 29/07/19	Nombre Roylan Hernandez Diaz	
Fecha de Nacimiento 25/09/76	Numero de ID 203637060	Vivienda 4
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		

Brevemente escriba la Razon de su solicitud:

Necesito ver al Medico por tengo Picason en algunas Partes del Cuerpo.
7-30-19 / 108/50, 62, 18, 97" — Sick call for itchy skin. Rash, bumps, fungal areas. Doctor reports skin gets itchy. Inst to apply lotion (provided in dorm) post shower @ 11:5 & in AM. Otherwise there is a rash on skin. RTC if condition is

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

Note:	Received by Medical Staff		
	Date:	Time:	Initials:

Section 1

Physical / Health Assessment

HEIGHT 1109.5	WEIGHT 173 lbs	PULSE 79	BP 129/74	RESP 16	TEMP 97.2
------------------	-------------------	-------------	--------------	------------	--------------

Subjective Complaints? NOAE

Health History?

⊖ foot surgery 2008

Mental Health Evaluation

☒ Review of intake screening for mental health issues and agree with findings. Referral made for further evaluation if necessary - as noted below.		Notations r/t abnormalities:
☒ YES	☐ NO	Any report or evidence of past or current mental, physical, or sexual abuse? <u>physical assault in Cuba 1994 2000</u>
☐ YES	☒ NO	History of Mental Retardation - age diagnosed
☐ YES	☒ NO	Developmental Disability
☐ YES	☒ NO	Any indication of suicide risk at this time?
☒ YES	☐ NO	Alert and Oriented to Person, Place and Time
☒ WNL	☐ ABN	Appearance - Clean, well groomed
☒ YES	☐ NO	Speech - able to voice needs and communicate with assessor without difficulties
☒ YES	☐ NO	Behavior appropriate for interview and physical assessment.

Physical Health Evaluation

☒ Review of intake screening for general medical issues and agree with findings. Referral made if necessary - as noted below		Notations r/t abnormalities:
☒ WNL	☐ ABN	Face, Neck and Scalp/Neck Thyroid
☒ WNL	☐ ABN	Nose / Sinuses - symmetrical, no obstructions
☒ WNL	☐ ABN	Mouth / Throat - symmetrical, no obstructions
☒ WNL	☐ ABN	Eyes - Pupils equal and dilate to light
☒ WNL	☐ ABN	Ears - Adequate hearing
☒ WNL	☐ ABN	Lungs - CTA
☒ WNL	☐ ABN	Heart- HR Strong and Reg.
☒ WNL	☐ ABN	Abdomen - Soft, palpable, without distention
☒ WNL	☐ ABN	Genitals - no concerns voiced
☒ WNL	☐ ABN	Rectal - no concerns voiced
☒ WNL	☐ ABN	Upper Extremities - no deformities, FROM
☒ WNL	☐ ABN	Lower Extremities - no deformities, FROM
☒ WNL	☐ ABN	Spine- no deformities, FROM
☒ WNL	☐ ABN	Skin - warm, dry and intact

Education

☒ Instructed on how to access medical care via sick call process and emergency referral process

☐ Other:

ROUTINE REFERRALS / OTHER ORDERS

☒ None	☐ Mental Health Services	☐ Dental Clinic
☐ MD/NP/PA	☐ Chronic Clinic	☐ Lab for _____
☐ Other Orders:		

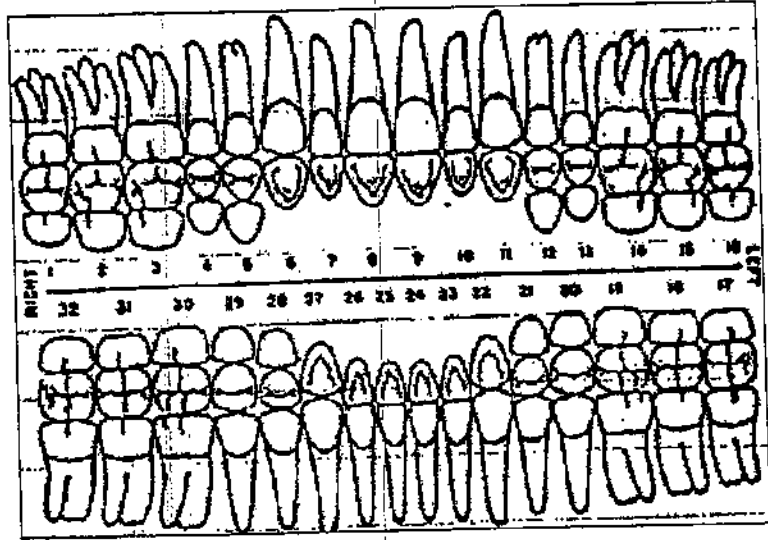
(b)(6); (b)(7)(C)

Date 8/6/19 Time 1000
Date 8/6/19 Time 1440

Name:	ID#	DOA:	Country:	DOB:
Facility:	Revised 04/11/19			
Richwood Correctional Center		DHS-20-0638-G-000184		

Section J

Dental Assessment



- ☐ YES ☒ NO Review of intake screening for dental health issues and agree with findings.
- ☐ YES ☒ NO Any emergent complaints? If yes, explain:
- ☐ YES ☒ NO Dental Hygiene discussed?
- ☐ YES ☒ NO Gums look healthy?
- ☒ YES ☐ NO Any missing teeth?
- ☐ YES ☒ NO Any Lesions? If yes, describe:
- ☐ YES ☒ NO Dentures or Partial Present (circle)
- ☐ YES ☒ NO Referral to Dental Staff for further evaluation and/or treatment

(b)(6); (b)(7)(C)
 Signature / Title

6/20/19 Date 1000 Time

Name: [redacted]	ID# [redacted]	DOA: [redacted]	Country: [redacted]	DOB: [redacted]
Facility: Richwood Correctional Center		Revised 04/11/19 DHS-20-0638-G-000185		

Fecha de solicitud 12/07/19	Nombre Roylan Hernandez	
Fecha de Nacimiento 25/09/76	Numero de ID 203637060	Vivienda 4
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		
Brevemente escriba la Razon de su solicitud:		
Necesito ver a la enfermera, tengo una uña encarnada en el dedo gordo del Pie.		
Ingrown toe nail & pain.		
No Redness or Swelling Noted.		
No signs of ingrown toenail seen upon exam.		
Requested toenail be "cut + lifted"		
BP - 133/52 P-63 T-97.0 R-18		

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

NO VISUAL SIGNS OF ANY PROBLEMS. States he wants to "prevent infection".
Returned to dorm 10# 762620
Return when necessary

Note:

No visible signs of reported concern to @

7-13-19

Time:

Initials:

(b)(6);
(b)(7)(C)

(b)(6); (b)(7)(C)

greater toe.



INMATE REFUSED TO BE SEEN FOR SICK CALL

Fecha de solicitud 5/08/19	Nombre Roylan Hernandez Diaz	
Fecha de Nacimiento 25/09/19	Numero de ID 203637060	Vivienda 4
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		
Brevemente escriba la Razon de su solicitud:		
Por favor necesito ver al parg' estoy con las		
cicis del Colon, estoy muy lastorido. Gracias..		
96.3, 120/77, 64 10020 (b)(6); (b)(7)(C)		
reports. Dicyclomine caused headache, dizziness and		
nausea. Reports medication was not effective still experiencing		
abd discomfort. Stopped taking medication voluntarily. Would		
like to try another medication for colon. seen (b)(6); (b)(7)(C)		

Forma para solicitar ayuda medica

8/6/19

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- ~~Si usted tiene una emergencia médica, por favor notifique a un oficial.~~
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

Received by Medical Staff	
Note: _____	
Date: _____	Time: _____ Initials: _____

☐ INMATE REFUSED TO BE SEEN FOR SICK CALL

Fecha de Nacimiento 25/9/76	Numero de ID 205637060	Vivienda 41
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		

Brevemente escriba la Razon de su solicitud:

Tengo una Enfermedad de Colon Irritable y me encuentro muy adolorido ahora, Necesito ser atendido por el Medico.

B 11/83 59 16 97.4 90 Stomach pain. Detainee states
Dicyclanil 20mg being taken has side effects, dizziness and
weakness / he presents today saying he is experiencing
these. Still having stomach pain & requesting to
be examined by MD/NP.

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

States he has chronic colon issues. He is taking
the Psyllium Fiber gum. No problems w/ BM, goes good.
Pain in Stomach & Lower quadrant. Refer to NP/NP for

Note	(b)(6); (b)(7)(C)	Medical Staff	medication mg.
	Date: 7/5/17 Time: 1830 Initials: _____		

(b)(6); (b)(7)(C)	SEEN FOR SICK CALL
	4/06/19
	DATE

WITNESS SIGNATURE _____ DATE _____

Revised 9/2/18 PG

Revised 9/7/18 PG

AMERICAN
OVERSIGHT

Prisoner
referral made to
2020-CL-00057 2603

DHS-20-0638-G-000188

DEPARTMENT OF HOMELAND SECURITY
U.S. Immigration and Customs Enforcement

ADMINISTRATIVE SEGREGATION ORDER

To: _____
From: _____
Title: _____
A#: _____
A203637060
HERNANDEZ DIAZ, ROYLAN
DOB: 09/25/76 DOA: 06/13/19
CUBA RICHWOOD

The Above Named Detainee Is to Be Admitted to Administrative Segregation For The Following Reason(s):

- (A) Is pending an investigation/hearing for the commission of a prohibited act or rule violation and requires pre-hearing detention.
- (B) Is under medical observation (medical staff must comment and sign this Order).
- (C) Is pending a transfer or release within 24 hours.
- (D) Is terminating confinement in Disciplinary Segregation and has been ordered in Administrative Segregation by the Disciplinary Panel.
- (E) Is a security risk to him/herself or the security of the facility.
- (F) Detainee has requested admission for Protective Custody.

I hereby request placement in the Administrative Segregation unit for my own protection.
I do ☐ do not ☐ request a hearing concerning my segregation.

Detainee: _____ A-number: _____ Date: _____

Record below, a brief outline of the circumstances and the names of any witnesses to events leading to placement in Administrative Segregation.

hunger strike

Medical Officer: _____

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

Admitted by: _____

Admitted (Date): _____

Released by: _____

Released (Date): _____

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

Title: _____

Time: _____

Title: _____

Time: _____

Richwood Correctional Center

UNUSUAL OCCURRENCE REPORT

NAMES: Hernandez Diaz, Roylan	Dorms Unit-4	DATE: 06/19/2019	TIME: 07:10pm
LOCATION: Main Building			

TYPE OF INCIDENT CHECK APPROPRIATE BOX (ES)

ASSAULT ON STAFF	MAJOR DISTURBANCE	ROOF SHAKEDOWN	PROTECTION REQUESTED	MAINTENANCE
AGG. WORK OFFENSE	SEX OFFENSE	SHIFT SHAKEDOWN	VIOLENT DEATH	REPAIR REQUEST
AGGRAVATED FIGHT	USE OF FORCE	FRONT GATE SHAKEDOWN	DEATH DUE TO ILLNESS	FENCE CHECK
FIGHT	☒ MINOR DISTURBANCE	MATTRESS SHAKEDOWN	MENTAL HEALTH	WEEKLY INSPECTION
ESCAPE	SEARCH OF INMATE	GROUND SHAKEDOWN	MEDICAL	MONTHLY INSPECTION
CONTRABAND	OTHER:			
CHEMICAL AGENTS USED		MECHANICAL RESTRAINT(S) USED		

Description of Incident (Include all relevant information - "unusual inmate behavior, staff witnesses, physical evidence & disposition, immediate action including use of force"; use other side if necessary)

On 06/19/2019 at approximately 7:10pm (b)(6); (b)(7)(C) responded to Unit-4 officer calling for assistance. Hernandez Diaz, Roylan of unit-4 peacefully refused to eat and take medication. (b)(6); (b)(7)(C) accompanied by (b)(6); (b)(7)(C) (translator) asked detainee why he is refusing to food and medication. The detainee responded by saying he is trying to get I.C.E attention because he feel like I.C.E is ignoring them. (b)(6); (b)(7)(C) told the translator to suggest to him to submit I.C.E form rather than refusing to food and medication. Detainee said no one is responding to the I.C.E requests forms. Detainee has not eaten 6 consecutive meals and has refused medication 2 consecutive days. (b)(6); (b)(7)(C) contacted immediate supervisor and completed UOR. End of report.

(b)(6); (b)(7)(C)

TITLE

06-20-19 549 AM
DATE AND TIME COMPLETED

RICHWOOD CORRECTIONAL CENTER
INMATE IDENTIFICATION
Booking #: 2019060119
HERNANDEZ DIAZ, ROYLAN
DOC#/Jacket#: A203637060/66983
Hgt: Wgt:
DOB: 09/25/1976 (42)
Intake Date: 06/13/2019

Fecha de solicitud 18/6/19	Nombre Roylan Hernandez Diaz	
Fecha de Nacimiento 25/09/76	Numero de ID 203637060	Vivienda #4
SI USTED TIENE UNA EMERGENCIA, NOTIFIQUE A UN OFICIAL PARA QUE SEA LLEVADO AL MEDICO.		
Brevemente escriba la Razon de su solicitud:		
<i>Yo padecio de la enfermedad de Colon Irritable y ahora me encuentro con las Crisis, estoy muy debilitada y el medicamento q' estoy tomando no me esta ayudando Mucho. Necesito ser atendido lo más pronto posible (Por Favor).</i>		
A203637060 HERNANDEZ DIAZ, ROYLAN DOB:09/25/76 DOA:06/13/19 CUBA RICHWOOD		

Forma para solicitar ayuda medica

- La solicitud para el medico se debe poner en la caja llamada "médico". No le dé a un oficial o a un personal médico. La única manera de asegurarse de que su solicitud asido recibida por médico es colocar la solicitud en la caja llamada MÉDICO.
- Si usted no puede escribir, por favor pídale a un miembro del personal de ayuda para completar este formulario.
- Si usted tiene una emergencia médica, por favor notifique a un oficial.
- Las solicitud serán recogidas al menos una vez al día.
- Usted debe tener su identificación con usted para recibir tratamiento.

I Suffer from Irritated Irritated Colon and right now I am suffering a Crisis the medicine I am taking doesn't help I need medical attention

Received by Medical Staff	
Note: _____	_____
Date: _____	Time: _____ Initials: _____

☒ INMATE REFUSED TO BE SEEN FOR SICK CALL

Refused to sign 6/19/19

INMATE SIGNATURE

DATE

DATE

Refusal Form/ Formulario de negativa a recibir tratamiento médico

1. This is to certify that I, _____, a detained alien in the custody of Immigration and Customs Enforcement (ICE), have refused to consent to the following:

1. Con la presente certifico que yo, _____, extranjero(a) detenido(a) bajo custodia del Servicio de Inmigración y Control de Aduanas (ICE, siglas en inglés), me he negado a recibir los siguientes:

☐ a) Intake Screening
a) Valoración Médica

☒ b) Medical Treatment
b) Tratamiento Médico

☐ c) Medical Procedure(s)
c) Procedimiento(s) Médico(s)

☐ d) Medication(s)
d) Medicamento(s)

☐ e) labs
e) Laboratorios

☐ f) monitoring BP/ BG
f) Monitoreo BP / BG

☒ g) Sick Call
g) enfermedad llamada

☐ h) Office Visit
h) visita de oficina

☐ i) Diet
i) dieta

Specify treatment or medication been refused: /Especifique el tratamiento o medicamento rechazado:

State reason: /Explique la razón:

The health care provider whose signature appears below has explained the necessity for the above described. I understand that the possible or probable consequences of my refusal include:

El proveedor de servicios de salud cuya firma aparece al final me ha explicado la necesidad de llevar a cabo lo descrito arriba. Entiendo que las posibles o probables consecuencias de mi negativa incluyen:

In a language that I understand, I have been informed that refusal of this treatment or procedure may jeopardize my health and/or life, but it is, nonetheless, my wish that my refusal be honored. I hereby release the U.S. Immigration and Customs Enforcement (ICE), and the United States of America from any liability that I might assert for not providing the treatment or procedure(s) described herein. I attest that I am over the age of eighteen years and I am mentally competent to execute this release.

y/o mi vida, sin embargo, es mi deseo que mi negativa sea cumplida. Por el presente me libero a la Oficina de Inmigración y Aduanas (ICE), y los Estados Unidos de América de cualquier responsabilidad que pudieran tener por no proporcionar el tratamiento o procedimiento(s) aquí descritos. Doy fe de que soy mayor de dieciocho años y que me encuentro en plenas facultades mentales para ejecutar esta responsabilidad.

1045

Time/Hora

6/19/19

Date/Fecha

Refused to sign

Signature of Detainee/Firma del Detenido

(b)(6); (b)(7)(C)

RN

(b)(6); (b)(7)(C)

este tratamiento o procedimiento puede poner en peligro mi salud
If detainee unwilling to sign—

Signature of Witness/Firma del testigo

Printed Signature/Firma con Letra de Imprenta

Printed Signature/Firma con Letra de Imprenta

Page 1 of 1

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

CUBA

RICHWOOD

AMERICAN
OVERSIGHT

DHS-20-0638-G-000193

2020-ICLI-00057 2608

DOCTOR'S NOTES

Allergies:

DATE/TIME	
9/13/19 144	5) Still c/o colon pain - He thinks Senohat works ocult blood x3 - negative. He doesn't like Fiber. If he doesn't take Senohat he gets constipated and has pain. Has Resisted back pain → RLQ every morning. 6) BP 132/90, P 58, T 96.9 SpO2 97% Abd: tender RLQ + LLQ A/p: chronic constipation + abd pain Restart Senohat
	(b)(6); (b)(7)(C)

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

DOA: 06/13/19

CUBA

RICHWOOD

ID#

DOA:

Country:

DOB:

Revised 04/11/19

DHS-20-0638-G-000194

2020-ICLI-00057 2609

AMERICAN OVERSIGHT

mental Health

Dental Referral Slip

Detainee Name: Hernandez Diaz, Roylan ID# A203637060

This detainee is to be referred to the provider in clinic for (Be descriptive with reason):

Requesting to see mental health.
Since being moved to unit "C" he has been unable to sleep
& is having stress & anxiety.

Previous protocol(s) done prior to referral if applicable (Date and Treatment given):

	Date:	Type of protocol:	Treatment given:
Protocol #1			
Protocol #2			
Protocol #3		9-14-19	Refused mental

Heard in clinic
 (b)(6); (b)(7)(C)

Referring nurse (Printed)

Date: 9-4-19

Name:	ID#	DOA:	Country:	DOB:
Hernandez, Roylan	A203637060	6-3-19	CUBA	9-25-76
Facility:	Revised 04/11/19			
Richwood Correctional Center	DHS-20-0638-G-000195			

8/26/19
0850

A203637060

RICHWOOD CORRECTIONAL CENTER

HERNANDEZ DIAZ, ROYLAN
DOB: 09/25/76 DOA: 06/13/19
CUBA RICHWOODAGE: 42 SEX: M RACE: 14 MARITAL STATUS: M S D
CHART#: _____

C/O/HPI:

P/O abd pain. History of recurring abd pain for years.

Reports stressed induced. Diagnosed in Peru w/ "inflamed colon". Reports reaction to dicyclanide (nausea/headache)

ROS: Gen: Denies weakness, fatigue. Cardio: Denies ICP, SOB, edema

GI: Denies bloody stools, denies active nausea or vomiting

ALLERGIES: NKDA

PMH: "Inflamed colon"

MEDS: see MAR

SX/HX:

SOCIAL HX- ETOH:

TOB:

DRUGS:

IMMUNIZATIONS:

SEX HX: ACTIVE:

LMP:

MAMMO:

PAP:

FM HX: CA, HTN, CVD, MI, DM, CVD, SEIZURES, HIGH CHOL

PE: GEN: A, A, O X 3

VS: BP- 125/74, HR- 61, R- 18, 96-8

NEURO: grips equal bilaterally

HEAD:

EARS:

MOUTH:

NECK: B

LUNGS: BBS CTA in A/P lobes

HEART: S₁, S₂ RRR No murmur/gallup

ABDOMEN: BS @ x 4 quads. Bloating, pain

RECTAL: to palpation of LLQ

EYES: Sclera PERLLA

NOSE:

THROAT:

CHEST:

BREAST:

BACK:

PELVIS:

EXTREMITIES: Neg for edema

LAB: X

RAD: X

ASSESSMENT: 1) Irritable Bowel Syndrome - C

PLAN: 1) P/C senna GS. 2) Continue fiber. 3) Attempt to get pirararium bromide (pt got relief w/ this in Peru). If unavailable Lewis n 20 BDO. 4) Pt refused mental health referral at this time. 5) Discussed stress relieving techniques. Encouraged meditation.

(b)(6); (b)(7)(C)

RICHWOOD CORRECTIONAL CENTER

NAME: A203637060
 DATE: HERNANDEZ DIAZ, ROYLAN
 AGE: DOB: 09/25/76 DOA: 06/13/19
 CUBA RICHWOOD MARITAL STATUS: M S D

CO/H:

42 y/o spanish speaking hispanic male seen today for SC referral for Abdominal pain at Diclofenac not working. He had 3 Diclofenac stopped 7/5/19. He did not do the Hemocult. 3 were given in office, 2 in instructions.
 ROS: (+) LUQ dis. (-) N (-) V (-) unknown Wkly AIV in 2 wks (b)(6); (b)(7)(C)

ALLERGIES: NKDA

PMH: Abdominal pain, Inflamed Colon

MEDS: Pylidium, Sero-Ket

SX/HX:

SOCIAL HX- ETOH:

TOB:

DRUGS:

IMMUNIZATIONS:

SEX HX: ACTIVE:

LMP:

MAMMO:

PAP:

No Family Hx Cancer

FM HX: CA, HTN, CVD, MI, DM, CVD, SEIZURES, HIGH CHOL

PE: GEN: WO, WN, NAT

VS: 123/78. 77. 18. 96 98 10

NEURO: A/A/Ox3

HEAD:

EARS:

MOUTH:

NECK:

LUNGS: CTA bilateral

HEART: Normal S1S2

ABDOMEN: (-) tenderness, Active AS

RECTAL:

EYES: 4 irises

NOSE:

THROAT:

CHEST:

BREAST:

BACK:

PELVIS:

EXTREMITIES: 4 edema

LAB:

RAD:

ASSESSMENT: Abdominal pain

PLAN: Hemocult Cards given 2 instructions. Verbal understanding

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

RICHWOOD CORRECTIONAL CENTER

A203637060
HERNANDEZ DIAZ, ROYLAN
DOB: 09/25/76 DOA: 06/13/19
CUBA RICHWOOD

6/24/19

CHART#: _____
RACE: _____ MARITAL STATUS: M S D

C/O/HPI:

Wants diet change. C/O spicy food & low fiber.
was isolated over weekend for hunger strike but is
now eating.

ROS: Neuro HA dizziness

ALLERGIES: NKDA

PMH: IBS? (see prev. note)

GI N/V/D Quelena
GI hematocytic

MEDS: See MAR

SX HX:

SOCIAL HX- ETOH: _____ TOB: _____ DRUGS: _____

IMMUNIZATIONS: _____

SEX HX: ACTIVE: _____ LMP: _____ MAMMO: _____ PAP: _____

FM HX: CA, HTN, CVE, MI, DM, CVD, SEIZURES, HIGH CHOL

PE: GEN: distr Normal gits: BP 160/85 P-69 T-16

NEURO: ADHD CN II-VII T-97.6 O2

HEAD: WNL EYES: PERLA ECM

EARS: _____ NOSE: _____

MOUTH: _____ THROAT: _____

NECK: FLM CLAD CHEST: _____

LUNGS: CTAB BREAST: _____

HEART: S/S R/R Qm/L/R BACK: _____

ABDOMEN: BSx4 Hypoaactive PELVIS: OC HA TTP

RECTAL: _____ EXTREMITIES: (B) pulse at rad DP PT
Dedema

LAB: _____ RAD: _____

ASSESSMENT: 1) IBS? → states confirmed via colonoscopy in Peru

PLAN: 1) Bland Diet
2) Psyllium Fiber powder 2 scoop PO QDX 3mo
3) Repeat BP in 30min

(b)(6); (b)(7)(C)

6/13

Refusal Form/Formulario de Negativa a Recibir Tratamiento Médico

1. This is to certify that I, Hernandez, Diaz, Royan, Con la presente certifico que yo, extranjero(a) detenido(a) bajo custodia del Servicio de Inmigración y Control de Aduanas (ICE, siglas en inglés), me he negado a recibir losiguiente:
a detained alien in the custody of Immigration and Customs Enforcement (ICE), have refused to consent to the following:

- ☐ a) Intake Screening
a) Valoración Médica
- ☐ b) Medical Treatment
b) Tratamiento Médico
- ☐ c) Medical Procedure(s)
c) Procedimiento(s) Médico(s)
- ☒ d) Medication(s)
d) Medicamento(s)
- ☐ e) labs
e) Laboratorios
- ☐ f) monitoring BP/ BG
f) Monitoreo BP / BG
- ☐ g) Sick Call
g) enfermedad llamada
- ☐ h) Office Visit
h) visita de oficina
- ☐ i) Diet
i) dieta

Specify treatment or medication been refused: /Especifique el tratamiento o medicamento rechazado:

Dicyclamine, Serenol

State reason: /Explique la razón: Refused pill call

The health care provider whose signature appears below has explained the necessity for the above described. I understand that the possible or probable consequences of my refusal include:

El proveedor de servicios de salud cuya firma aparece al final me ha explicado la necesidad de llevar a cabo lo descrito arriba. Entiendo que las posibles o probables consecuencias de mi negativa incluyen:

In a language that I understand, I have been informed that refusal of this treatment or procedure may jeopardize my health and/or life, but it is, nonetheless, my wish that my refusal be honored. I hereby release the U.S. Immigration and Customs Enforcement (ICE), and the United States of America from any liability that I might assert for not providing the treatment or procedure(s) described herein. I attest that I am over the age of eighteen years and I am mentally competent to execute this release.

y/o mi vida, sin embargo, es mi deseo que mi negativa sea cumplida. Por el presente medio libero a la Oficina de Inmigración y Aduanas (ICE), y los Estados Unidos de América de cualquier responsabilidad que pudieran tener por no proporcionar el tratamiento o procedimiento(s) aquí descritos. Doy fe de que soy mayor de dieciocho años y que me encuentro en plenas facultades mentales para ejecutar esta responsabilidad.

Refused to sign

Signature of Detainee/Firma del Detenido

(b)(6); (b)(7)(C)

Signature of Health Care Provider

Firma del Proveedor de Servicios de Salud

En un lenguaje que entiendo, se me ha informado que la negativa de este tratamiento o procedimiento puede poner en peligro mi salud if detainee unwilling to sign—

Signature of Witness/Firma del testigo

6/23/19

1200

Time/Hora
(b)(6); (b)(7)(C)

Date/Fecha

Printed Signature/Firma con Letra de Imprenta

DOCTOR'S ORDER

Allergies: NKRA

(b)(6); (b)(7)(C)

DATE/TIME

8/8/19

0955

① Hemocult cards given & instructions
② DTC 2 wks & occult blood results

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

8/26/19

0920

Pinaverium bromide 1 tab PO BID x 1 month
If unable to get above listed medication then
order Levsin 0.125 mg 1 tab PO BID x 1
month. E/U mp/np PRN
W/C senna GS 2 tabs in evening.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Noted

(b)(6); (b)(7)(C)

9/13/19

14:50

6 Senokot 8.6 π tabs PM x 6 months.
2 Stop Pinaverium

(b)(6); (b)(7)(C)

7.14.19

(b)(6); (b)(7)(C)

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

CUBA

RICHWOOD

ID#

DOA:

Country:

DOB:

Revised 04/13/19

DHS-20-0638-G-000201

DOCTOR'S ORDER

Allergies: NKDA

DATE/TIME	Rx:	Dicyclanil 10mg PO BID x 1 month Sertraline 8.1mg tabs QPM x 3 months
6/13/19		
	F/U in 3 months.	(b)(6); (b)(7)(C)
		(b)(6); (b)(7)(C)
		6/14/19 @ 2210
6-21-19 11035	1. Diet: Bland (no spices) More vegetables. 2. Does not need to be in isolation. He is not on a hunger strike. He is not suicidal.	(b)(6); (b)(7)(C)
		(b)(6); (b)(7)(C)
		6/21/19 @ 1640
6/24/19	Bland Diet Psyllium Fiber powder 1 scoop PO QAM mixed c 8oz water juice x 3 months Repeat BP in 30 min.	(b)(6); (b)(7)(C)
Noted		(b)(6); (b)(7)(C)
		6/24/2019 1143
7/5/19 1713	1. Stop dicyclanil. 2. occult blood card x 3.	(b)(6); (b)(7)(C)

203637060
HERNANDEZ DIAZ, ROYLAN
DOB: 09/25/76 DOA: 06/13/19
CUBA RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000202

180 FIVE DARTON CIRCLE
MONROE, LA 71202
PHONE: 318-325-8409 FAX: 318-325-8066

MEDICATION ORDER FORM FACILITY/CODE: **RICHWOOD CORRECTIONAL CTR (RP)(LA)**

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

LAST NAME: Heenandez Diaz		FIRST NAME: Roy lan		SS #:		BIRTHDATE: 9.25.76									
BILL TO: (PLEASE CIRCLE ONE) RICHWOOD PARISH detainee				ALLERGY NADA		CELL BLOCK C									
WORK RELEASE		DOC		CITY OF MONROE		PRE-TRIAL									
ALIAS IF KNOWN:		BOOK IN # A203637 D60		PERSON COMPLETING FORM: (b)(6); (b)(7)(C)		ORDER DATE 9.13.19									
DRUG NAME		STRENGTH		DIRECTIONS		PHYSICIAN		HOUR(S) GIVEN		START DATE		QTY		REFILLS	
Senna		8.6mg		2 tabs qhs		(b)(6); (b)(7)(C)		qhs		9.14.19		600		5	
d/c pravenum				d/c				—		↓		0		0	

(b)(6); (b)(7)(C)

☐ DISPENSE AS WRITTEN

MD./P.A./F.N.P./G.R.N.P. SIGNATURE REQUIRED

IHS Pharmacy

Independent Health Services, Inc.
Post Office Box 1428
Rainsville, AL 35986

Phone: 1(800)838-3104
Fax: 1(800)838-9459

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT, EMPLOYEE NOR AGENT RESPONSIBLE FOR DELIVERING THIS INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, ETC., IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 1(800)838-3104.

DHS-20-0638-G-000203

2020-ICLI-00057 2618

MEDICATION ORDER FORM

FACILITY/CODE:

RICHWOOD CORRECTIONAL CTR (RP)(LA)

PLEASE PRINT CLEARLY AND COMPLETE ALL FIELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

LAST NAME: Hernandez-Diaz		FIRST NAME: Roylan		SS #:	BIRTHDATE: 09/25/76		
BILL TO: (PLEASE CIRCLE ONE) RICHWOOD PARISH				ALLERGY		CELL BLOCK C	
WORK RELEASE DOC CITY OF MONROE PRE-TRIAL							
ALIAS IF KNOWN:		BOOK IN #		(b)(6); (b)(7)(C)	FORM:	ORDER DATE 8/24/19	
DRUG NAME		STRENGTH	DIRECTIONS	PHYSICIAN	HOUR(S) GIVEN	START DATE	QTY
Pinaverium Bromide		one tab	PO BID x one Month	(b)(6); (b)(7)(C)			
If med is unable order *							
*Levsin		0.125mg	PO BID x 1 month	(b)(6); (b)(7)(C)			
Dic Senna GS 1. tabs q evening							

FORMS MED INFO FORM CUSTOM 2001.DOC

(b)(6); (b)(7)(C)

☐ DISPENSE AS WRITTEN

MD. / P.A. / F.N.P. / C.R.N.P. SIGNATURE REQUIRED



IHS Pharmacy

Independent Health Services, Inc.
Post Office Box 1428
Rainsville, AL 35886

Phone: 1(800)638-3104
Fax: 1(800)638-9459

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEE LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT, EMPLOYEE NOR AGENT RESPONSIBLE FOR DELIVERING THIS INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, ETC., IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 1(800)638-3104.

AMERICAN
COURT
SIGHT

DHS-20-0638-G-000204

2020-ICLI-00057 2619

MEDICATION ADMINISTRATION RECORD

RICHWOOD(RPI) CORR CTR
 FERNANDEZ-DIAZ ROYLAN
 REPORT DATE : 06/19

MEDICATIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
REGULOID POWDER POWPO MIX WITH LIQUID & DRINK TWO BY MOUTH ORALLY DAILY	06/26/19 09/23/19 0400																																
SENNA GS 8.6MG TAB TAKE 2 TABLET(S) BY MOUTH EVERY EVENING	06/15/19 09/12/19 1600																																
DICYCLOMINE 20MG TAB TAKE 1 TABLET(S) BY MOUTH TWICE DAILY	06/15/19 12/31/19 0400 2000																																
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

	1	2	3	4	5	6	7	8	9	10
B										
L										
S										
BT										
	11	12	13	14	15	16	17	18	19	20
B										
L										
S										
BT										
	21	22	23	24	25	26	27	28	29	30
B										
L										
S										
BT										

HARTING FOR (b)(6); (b)(7)(C) THROUGH 7/31/2019 Page 80 Of 211

Physician Telephone No. Medical Record No. 203637060

Alt. Telephone

Rehabilitative Potential

Psyllium Fiber
under 2 scoop
Q AM mixed c
oz water or
ice x 3mo
6/25/19

[illegible][illegible]

Physician	Telephone No.	Medical Record No.
Physician	Alt. Telephone	
Physician	Rehabilitative Potential	

A203637060
 HERNANDEZ DIAZ, ROYLAN
 DOB:09/25/76 DOA:06/13/19
 CUBA RICHWOOD

By: _____

DOB.

Sex

Room	
------	--

2020-ICLI-00057

26214

Patient
Code

Title:

Date:

DHS-20-0638-G-0000200

Date _____

[illegible]

HERNANDEZ DIAZ, ROYLAN
DOB:09/25/76 DOA:06/13/19
CUBA RICHWOOD

Approved By Doctor:		Title:		Date:
By:		DHS-20-0638-G-000207		
D.O.B.	Sex	Room	Patient Code	Date
2020-ICLI-00057		2622		

MD/NP

Chronic Provider Referral Slip

Detainee Name: _____ ID# _____

Chronic DX: _____

This detainee is to be referred to the provider in clinic for (Be descriptive with reason):

Detainee here for side call & reported chronic colon issues. Currently taking Dicyclomine 20mg BID & feels he has side effects from medication and states its not effective. Requesting to see provider to discuss as he continues to have stomach pain, w/ abd. pain. Reports daily BM's.

Medication(s) taking for chronic condition:Previous protocol(s) done prior to referral if applicable (Date and Treatment given):

	Date:	Type of protocol:	Treatment given:
Protocol #1			Dicyclomine 20mg PO BID x 6 months (6-14-19)
Protocol #2			Psyllium Fiber 94m x 3 months.
Protocol #3			

Referring nurse (Printed)

(b)(6); (b)(7)(C)

Date:

4-5-19

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB: 09/25/76

DOA: 06/13/19

CUBA

RICHWOOD

ID#	DOA:	Country:	DOB:
Revised 04/11/19			

DHS-20-0638-G-000208

Richwood Correctional Center
180 Pine Bayou Circle
Monroe, LA 71202

Consentimiento para la vacuna MMR

(SARAMPION, PAPERAS, RUBEOLA)

NOMBRE: Roylan FECHA DE NACIMIENTO: 25/09/19 A# 203637060

LEA CUIDADOSAMENTE ANTES DE RECIBIR SU VACUNA MMR (SARAMPION, PAPERAS, RUBEOLA)

		SI	NO
1.	¿Está enfermo en este momento con algo más grave que un resfriado o tiene fiebre?		X
2.	¿Tiene una enfermedad de inmunodeficiencia (cáncer VIH / SIDA)?		X
3.	¿Toma medicamentos, tratamiento o radiación para las enfermedades mencionadas?		X
4.	¿Alguna vez ha tenido una reacción alérgica grave u otro problema con la vacuna MMR?		X
5.	¿Alguna vez ha tenido una reacción alérgica grave después de comer huevos de gallina?		X
6.	¿Eres alérgico a la gelatina o la neomicina?		X
7.	¿Ha recibido transfusiones de sangre o plasma, inmunoglobulina o le han dicho que tiene una cuenta baja de plaquetas en los últimos 3 meses?		X
8.	¿Tiene tuberculosis activa o no tratada?		X
9.	¿Es usted alérgico al látex o sensible a los productos que contienen látex?		X

Si ha respondido SÍ a cualquiera de las preguntas anteriores, debe consultar al médico para su aprobación antes de que se pueda administrar la vacuna MMR (sarampión, paperas, rubéola). Si ha respondido NO, lea y firme a continuación. He recibido y revisado la Declaración de información de vacunación. Por la presente doy mi consentimiento para recibir la vacuna MMR. Líbero a River

Correctional Center, Inc. (b)(6); (b)(7)(C) habilidad por cualquier reacción (b)(6); (b)(7)(C)
inmunización

FIRMA DE

FECHA

6/30/19

Physician's Order: MMR (measles, mumps rubella) Vaccine 0.5 ml given Sub Q with 25 gauge, 5/8" needle Site: Posterior upper arm LEFT RIGHT

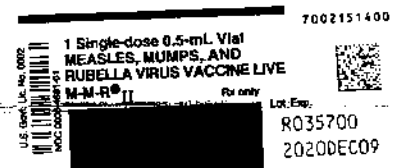
Manufacturer: _____

LOT# _____

EXP DATE: _____

Date Given: 6/30/19

Nurse Sign: (b)(6); (b)(7)(C)



PHONE: 318-325-8409 FAX: 318-325-8066

MEDICATION ORDER FORM FACILITY/CODE: **RICHWOOD CORRECTIONAL CTR (RP)(LA)**

AND COMPLETE ALL FIELDS, SO THAT WE MAY PROCESS EACH ORDER ACCURATELY

A203637060

HERNANDEZ DIAZ, ROYLAN
DOB:09/25/76 DOA:06/13/19
CUBA RICHWOOD

FIRST NAME:

SS #:

BIRTHDATE:

MUST HAVE SSN & DOB TO FILL ANY CONTROLLED SUBSTANCES

BILL TO: (PLEASE CIRCLE ONE) RICHWOOD PARISH

WORK RELEASE DOC CITY OF MONROE PRE-TRIAL

ALLERGY

CELL BLOCK

nkda

4

ALIAS IF KNOWN:

BOOK IN #

PERSON COMPLETING FORM:
(b)(6), (b)(7)(C)

ORDER DATE

6/4/19

DRUG NAME

STRENGTH

DIRECTIONS

PHYSICIAN:
(b)(6), (b)(7)(C)

HOUR(S)
GIVEN

START
DATE

QTY

REFILLS

Dicyclomine

20mg

po bid
x 6 mo

Senakot

8.6mg

prn tabs
q pm x 3 mo

FORMS/MED INFO FORM CUSTOM 2001.DOC

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

☐ DISPENSE AS WRITTEN

MD. / P.A. / F.N.P. / C.R.N.P. SIGNATURE REQUIRED



IHS Pharmacy

Independent Health Services, Inc.
Post Office Box 1428
Rainville, AL 35986

Phone: 1(800)638-3104
Fax: 1(800)638-9459

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED FOR THE USE OF THE ADDRESSEES LISTED ABOVE. IF YOU ARE NEITHER THE INTENDED RECIPIENT, EMPLOYEE NOR AGENT RESPONSIBLE FOR DELIVERING THIS INFORMATION, YOU ARE HEREBY NOTIFIED THAT ANY DISCLOSURE, COPYING, DISTRIBUTION, ETC., IS STRICTLY PROHIBITED. IF YOU RECEIVED THIS FACSIMILE IN ERROR, PLEASE CALL 1(800)638-3104.

AMERICAN
OVERSIGHT

DHS-20-0638-G-000210

2020-ICLI-00057 2625

PRISON RAPE ELIMINATION ACT (PREA)
SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Hernandez Diaz Raydon A-1271489 707

9-25-16

Male ☒ Female ☐

Name

#

DOB

	Item description	Initial Intake	30 Day Review
1.	Physical build and age of the individual	Slight Physical Stature ☐ Medium Physical Stature ☒ Large Physical Stature ☐ Under the age of 17 or over age of 60 ☐	Slight Physical Stature ☐ Medium Physical Stature ☐ Large Physical Stature ☐ Under the age of 17 or over age of 60 ☐
2.	First time offender?	☒ Yes ☐ No	☐ Yes ☐ No
3.	Previous incarceration?	☐ Yes ☒ No	☐ Yes ☐ No
4.	Prior or current convictions for sexual offenses?	☐ Yes ☒ No	☐ Yes ☐ No
5.	Prior or current convictions for Institutional violence?	☒ Yes ☐ No	☐ Yes ☐ No
6.	Does the individual, by history or presentation, appear to have any of the following conditions:	Mental Health Problems ☐ Physical Disability ☒ <i>Chronic Illness in colon</i> Developmental Disability ☐ None ☐	Mental Health Problems ☐ Physical Disability ☐ Developmental Disability ☐ None ☐
7.	Has the individual been a victim of sexual abuse (institutional or community) in the past?	☐ Yes ☒ No ☐ Will not disclose	☐ Yes ☐ No ☐ Will not disclose
8.	Is the individual a member of a gang?	☐ Yes ☒ No	☐ Yes ☐ No
9.	Does the individual report or perceived to be the following:	☐ Gay/Lesbian ☐ Bisexual ☐ Transgender ☐ Intersex ☐ Gender non-conforming ☒ None	☐ Gay/Lesbian ☐ Bisexual ☐ Transgender ☐ Intersex ☐ Gender non-conforming ☐ None
10.	What is individual's perception to be the following:	☐ Very vulnerable ☒ Somewhat vulnerable ☐ Not vulnerable ☐ Will not disclose	☐ Very vulnerable ☐ Somewhat vulnerable ☐ Not vulnerable ☐ Will not disclose
11.	Does the individual feel vulnerable?	☒ Yes ☐ No	☐ Yes ☐ No
12.	Does the individual have a history of being extorted?	☐ Yes ☒ No	☐ Yes ☐ No
13.	Was the Prison Rape pamphlet handed out?	☒ Yes ☐ No	☐ Yes ☐ No
14.	Based on the answers to the screener: interviewer's Objective Assessment of Risk for Sexual Victimization:	☒ Low Risk ☐ Medium Risk ☐ High Risk	☐ Low Risk ☐ Medium Risk ☐ High Risk
15.	Interviewer's Objective Assessment of Risk for Sexual Perpetration:	☒ Low Risk ☐ Medium Risk ☐ High Risk	☐ Low Risk ☐ Medium Risk ☐ High Risk
16.	Based on the screening does the individual require special housing?	☐ Yes ☒ No	☐ Yes ☐ No

(b)(6); (b)(7)(C)

social housing?

(b)(6); (b)(7)(C)

6-14-19

Date

6-14-19

Date

Reviewing Medical Staff

Referred to Mental Health? Yes ☒ No ☐

If you are sexually assaulted or if someone is attempting to extort something from you or if you know of someone who has been assaulted or is being extorted, DO Notify a member of the security staff or an employee of the LaSalle (Rolling Plains Regional Jail and Detention Center) as soon as possible and provide as much of the following information as possible: Names and/or AKA's, housing locations, physical description, times, places, witnesses, type of assault (physical or sexual) or extortion (money set to books, property, commissary or sexual), kites or any physical evidence you can think of.

ZERO TOLERANCE

All LaSalle Corrections personnel and detainees shall understand via policy and training that sexual behavior of any kind is illegal and is strictly prohibited in a correctional setting.

Date of 30 Day Review: _____

Any new information from 30 day review that requires changes in the individuals housing assignment? Yes / No

If yes, please explain: _____

Reviewer's Signature: _____

AMERICAN
OVERSIGHT

DHS-20-0638-G-000211

2020-ICLI-00057 2626

PRISON RAPE ELIMINATION ACT (PREA)
SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Roylan Hernandez 203637060 25/09/19 Male ☒ Female ☐
Name # DOB

	Item description	Initial Intake	30 Day Review
1.	Physical build and age of the individual	Slight Physical Stature ☐ Medium Physical Stature ☒ Large Physical Stature ☐ Under the age of 17 or over age of 60 ☐	Slight Physical Stature ☐ Medium Physical Stature ☐ Large Physical Stature ☐ Under the age of 17 or over age of 60 ☐
2.	First time offender?	☒ Yes ☐ No	☐ Yes ☐ No
3.	Previous incarceration?	☐ Yes ☒ No	☐ Yes ☐ No
4.	Prior or current convictions for sexual offenses?	☐ Yes ☒ No	☐ Yes ☐ No
5.	Prior or current convictions for Institutional violence?	☐ Yes ☒ No	☐ Yes ☐ No
6.	Does the individual, by history or presentation, appear to have any of the following conditions:	Mental Health Problems ☐ Physical Disability ☐ Developmental Disability ☐ None ☒	Mental Health Problems ☐ Physical Disability ☐ Developmental Disability ☐ None ☐
7.	Has the individual been a victim of sexual abuse (institutional or community) in the past?	☐ Yes ☒ No ☐ Will not disclose	☐ Yes ☐ No ☐ Will not disclose
8.	Is the individual a member of a gang?	☐ Yes ☒ No	☐ Yes ☐ No
9.	Does the individual report or perceived to be the following:	☐ Gay/Lesbian ☐ Bisexual ☐ Transgender ☐ Intersex ☐ Gender non-conforming ☒ None	☐ Gay/Lesbian ☐ Bisexual ☐ Transgender ☐ Intersex ☐ Gender non-conforming ☐ None
10.	What is individual's perception to be the following:	☐ Very vulnerable ☐ Somewhat vulnerable ☒ Not vulnerable ☐ Will not disclose	☐ Very vulnerable ☐ Somewhat vulnerable ☐ Not vulnerable ☐ Will not disclose
11.	Does the individual feel vulnerable?	☐ Yes ☒ No	☐ Yes ☐ No
12.	Does the individual have a history of being extorted?	☐ Yes ☒ No	☐ Yes ☐ No
13.	Was the Prison Rape pamphlet handed out?	☐ Yes ☒ No	☐ Yes ☐ No
14.	Based on the answers to the screener, interviewer's Objective Assessment of Risk for Sexual Victimization:	☒ Low Risk ☐ Medium Risk ☐ High Risk	☐ Low Risk ☐ Medium Risk ☐ High Risk
15.	Interviewer's Objective Assessment of Risk for Sexual Perpetration:	☒ Low Risk ☐ Medium Risk ☐ High Risk	☐ Low Risk ☐ Medium Risk ☐ High Risk
		☐ Yes ☒ No	☐ Yes ☐ No

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

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

06-13-19

06-13-19

Date

6/13/19

Referred to Mental Health? Yes ☒ No

If you are sexually assaulted or if someone is attempting to extort something from you or if you know of someone who has been assaulted or is being extorted, DO Notify a member of the security staff or an employee of the LaSalle (Rolling Plains Regional Jail and Detention Center) as soon as possible and provide as much of the following information as possible: Names and/or AKA's, housing locations, physical description, times, places, witnesses, type of assault (physical or sexual) or extortion (money set to books, property, commissary or sexual), kites or any physical evidence you can think of.

ZERO TOLERANCE

All LaSalle Corrections personnel and detainees shall understand via policy and training that sexual behavior of any kind is illegal and is strictly prohibited in a correctional setting.

Date of 30 Day Review: _____

Any new information from 30 day review that requires changes in the individual's housing assignment? Yes / No

If yes, please explain: _____

Reviewer's Signature: _____

AMERICAN
OVERSIGHT

DHS-20-0638-G-000212

2020-ICLI-00057 2627

CONFIDENTIAL

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

ORDER TO Detain ALIEN

Manifest No. (b)(6); (b)(7)(C) (page 3 of 6)

TO:

ERO - Jena, LA Sub Office

NAME OF FACILITY:

RICHWOOD COR CENTER

Please detain or release the following

Nature of Proceedings

Detain

REMOVAL

NAME	POUCH NO.	AGE	SEX	NATIONALITY	BIRTHDATE Month/Date/Year	ALIEN NUMBER	CLS CODE	PREVIOUS	
(b)(6); (b)(7)(C)									
HERNANDEZ DIAZ ROYLAN	8G	42	M	CUBA	9/25/1976	A203637060	LO	NC	1271489707

(b)(6); (b)(7)(C)

FINGERPRINTS

AM PHOTO

(b)(6); (b)(7)(C)

Signature Detention Officer, Sheriff, etc. (Receiving Officer)

Date

Date

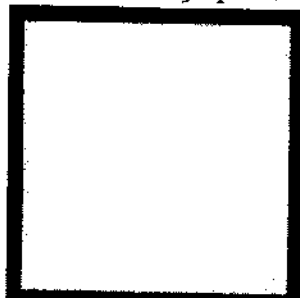
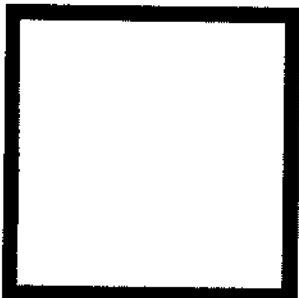
6/13/2019

Title
SDDO

Station

Form 1-203 Phila.

DEPARTMENT OF HOMELAND SECURITY- US IMMIGRATION AND CUSTOMS ENFORCEMENT

Family Name (CAPS) HERNANDEZ DIAZ, ROYLAN		First	Middle	Sex M	Hair BLK	Eyes BRO	Complexion LBR
Country of Citizenship CUBA	Passport Number and Country of Issue # I804920	File Number PDN1905000762 203 637 060		Height 68	Weight 150	Occupation	
U.S. Address 4905 PLANTATION DR TAMPA, FLORIDA, 33615				Scars and Marks (b)(7)(E)			
Date, Place, Time, and Manner of Last Entry 05/18/2019 12:56, PDN, AFOT		Passenger Boarded at See Narrative		☒ Single ☐ Divorced ☐ Married ☐ Widower ☐ Separated			
Number, Street, City, Province (State) and Country of Permanent Residence CALLE PRINCESA 247 E JEREZ Y COSIO CARDENAS MATANZAS, CUBA				Method of Location/Apprehension ISP NA			
Date of Birth 09/25/1976	Age: 42	Date of Action 05/20/2019	Location Code PDN/ELP	At/Near PDN		Date/How 05/18/2019 17:35	
City, Province (State) and Country of Birth MINAS DE MATAHAMBRE PIN, CUBA		AR ☒ Form: (Type and No.) Lifted ☐ Not Lifted ☐		By DIANA ESPINOZA			
NTV Issuing Post and NTV Number		Social Security Account Name		Status at Entry		Status When Found	
Date Visa Issued		Social Security Number		Length of Time Illegality in U.S.			
Immigration Record NEGATIVE		Criminal Record None Known					
Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate) (b)(6); (b)(7)(C)				Number and Nationality of Minor Children None			
Mother's Present and Maiden Names, Nationality, and Address (if known) (b)(6); (b)(7)(C)							
Monies Due/Property in U.S. Not in Immediate Possession None Claimed		Fingerprinted? ☒ Yes ☐ No		Systems Checks See Narrative		Charge Code Word(s) See Narrative	
Name and Address of (Last/Current) U.S. Employer		Type of Employment		Salary		Employed from/to Hr	
Narrative (Outline particulars under which alien was located/apprehended. Include details not shown above regarding time, place and manner of last entry, attempted entry, or any other entry, and elements which establish administrative and/or criminal violation. Indicate means and route of travel to interior.) FIN: 1271489707							
Subject Health Status		Left Index fingerprint		Right Index fingerprint			
							
Current Criminal Charges 05/18/2019 - 8 USC 1182 - ALIEN INADMISSIBILITY UNDER SECTION 212							
Current Administrative Charges ... (CONTINUED ON I-831)							
Alien has been advised of communication privileges _____ (Date/Initials)				(b)(6); (b)(7)(C)			
Distribution: FILE STATS AMCON				Received: (Subject and Documents) (Report of Interview) Officer: (b)(6); (b)(7)(C) on: May 20, 2019 (time) Disposition: Expedited Removal with Credible Fear Examining Officer: (b)(6); (b)(7)(C)			

Alien's Name
HERNANDEZ DIAZ, ROYLANFile Number
203 637 060
Event No: (b)(7)(E)Date
05/20/2019

05/18/2019 - 212a7AiI - IMMIGRANT WITHOUT AN IMMIGRANT VISA

Previous Criminal History

Subject has no criminal history

BOARDED AT

JUAREZ/ EL PASO

Records Checked

(b)(7)(E)

SECTION CODES

904

null:

(b)(6); (b)(7)(C); (b)(3): Unspecified Statute

Subject: A203 637 060, HERNANDEZ-DIAZ, ROYLAN, DOB: 09/25/1976.

On May 18, 2019 at approximately 1256 hours the subject, HERNANDEZ-DIAZ, ROYLAN, DOB: 09/25/1976, A203 637 060, applied for admission at the Paso Del Norte Port of Entry in El Paso, Texas. The subject was traveling alone and presented a Cuban Passport no. I804920 as an entry document. CBPO (b)(6); (b)(7)(C) took a declaration on the subject and referred the

(b)(6); (b)(7)(C); (b)(3): Unspecified Statute

In secondary SCBP (b)(6); (b)(7)(C) approved a pat down that was conducted at 1305 hours and concluded at 1307 hours. The pat down was conducted by CBPO (b)(6); (b)(7)(C) with negative results and witnessed by CBPO (b)(6); (b)(7)(C). Queries on the subject was negative.

(b)(6); (b)(7)(C)

Signature

(b)(6); (b)(7)(C)

Title

CBP OFFICER

2 of 3 Pages

Alien's Name HERNANDEZ DIAZ, ROYLAN	File Number 203 637 060 Event No. (b)(7)(E)	Date 05/20/2019
---	---	--------------------

Then left to Peru for one year. He then traveled to Ecuador, Columbia, Panama, Costa Rica, Nicaragua, Honduras, Guatemala and Mexico.

The subject stated that his friend, (b)(6); (b)(7)(C) will sponsor him and provided phone number (813) 528-(b)(6); CBPO (b)(6); (b)(7)(C) made contact and obtained address, (b)(6);

(b)(6); (b)(7)(C)

P.O.C.

(b)(6); (b)(7)(C)

The subject was placed in a temperature controlled and ventilated room at 72.1° and had access to bathroom facilities, water, food, snacks, and telephone. The subject accepted to have someone notified regarding their detention/arrest. The subject declined to have the Cuban Consulate notified regarding their detention/arrest. The subject stated that his kidney hurts and is taking antibiotics that were prescribed by a doctor in Juarez, Chihuahua, Mexico bout three days ago. Speaks Spanish. The subject was complaining of right sided abdominal pain, right flank pain, nausea, vomiting and diarrhea. At 0023 hours the subject was transported to The Hospitals of Providence Memorial Campus on 2001 N Oregon Street, El Paso, Texas 79902. The subjects diagnosis: Abdominal pain, right lower quadrant, nausea and vomiting. Radiology orders were negative. Laboratory orders were negative. Prescriptions were Acetaminophen 500mg, Bifidobacterium-Lactobacillus and Ondansetron.

(b)(6); (b)(7)(C); (b)(7)(E); (b)(3):Unspecified Statute

returning to their home country. Forms I-296 and I-860 were initiated. The subject was served with Form M-444 and was provided with a list of the Pro Bono Legal Service Providers. The subject will be turned over to the El Paso Service Processing Center for housing / Asylum hearing arrangements. Alerts were posted.

U.S. Funds: \$0.00

Foreign Currency: \$0.00 Mexican Pesos

SAS: 2019AR0022955

Other Identifying Numbers

ALIEN-203637060

Signature (b)(6); (b)(7)(C)	Title CBP OFFICER
--------------------------------	----------------------

UNIT CLASSIFICATION COMMITTEE HISTORY FORM

(Subsequent Hearings)

Date of Review	DOC	Computer Recommended	Committee Recommended	Cell Assignment	Staff Initials
6/13				LOW	(b)(6), (b)(7)(C)

Comments: _____

Over Rider: _____

Justification: _____

Date of Review	DOC	Computer Recommended	Committee Recommended	Cell Assignment	Staff Initials

Comments: _____

Over Rider: _____

Justification: _____

Date of Review	DOC	Computer Recommended	Committee Recommended	Cell Assignment	Staff Initials

Comments: _____

Over Rider: _____

Justification: _____

Date of Review	DOC	Computer Recommended	Committee Recommended	Cell Assignment	Staff Initials

Comments: _____

Over Rider: _____

Justification: _____

HERNANDEZ-DIAZ, ROYLAN

A203637060

DOB 09/25/1976

DOA 06/13/2019

CUBA

M

BH5-20-0688-G-000218

Appendix 2.2.A: ICE Custody Classification Worksheet

ICE Custody Classification Worksheet

Part 1: Basic Information		Initial	Reclassification	Special Classification
Field/Sub Office:		Facility: <u>ICC</u>	Date: <u>8/13/19</u>	
Officer Name: <u>ALAN</u>	Language(s) Used during the Interview:			

Alien Number: <u>A203637060</u>	Gender: ☐ F ☒ M
DOB <u>09/25/1976</u> DOA <u>06/13/2019</u>	
Last Name: <u>CUBA M RICHWOOD</u>	First Name:

Part 2. Special Vulnerabilities and Management Concerns	
Does a Special Vulnerability exist? Inquire, observe, and review all documentation. If based on your assessment the vulnerability exists, select the appropriate boxes below. Also indicate whether there are other management concerns that may affect the custody decision.	☐ Y ☒ N
☐ serious physical illness ☐ serious mental illness ☐ disability ☐ elderly ☐ pregnancy ☐ nursing ☐ sole caretaking responsibility ☐ risk based on sexual orientation/gender identity ☐ victim of persecution/torture ☐ victim of sexual abuse or violent crime ☐ victim of human trafficking ☐ other (specify):	
Provide further explanation as necessary:	
<i>If any boxes are checked, consult with the local ICE Field Office regarding appropriate placement and other management considerations, and record the date and time of consultation here:</i>	

Part 3. Custody Classification Worksheet

1	Severity of Charge/ Conviction Associated with the ICE Encounter (Use Appendix 2.2.C Severity of Offense Scale)						(b)(7)(E)
	None						
	Low						
	Moderate						
	High						
	Highest						
2	Single Most Serious Conviction in the Individual's Criminal History (Excluding Item 1)						
	See Appendix 2.2.C		None	>15 Years	10-15 Years	5-10 Years	< 5
		Highest	0	5	5	6	
		High	0	5	5	6	
		Moderate	0	1	2	3	
		Low	0	0	0	1	
3	Additional Prior Convictions (Excluding Items 1 and 2)						
	None						
	1-2 misdemeanors, no felonies						
	3-4 misdemeanors, or 1 felony						
	5 or more misdemeanors, or 2 felonies						
	Supervision History						
	None						
	Walk-away or attempted escape from an unsecured facility, absconding, bond breach, violations of prior voluntary departure orders or conditions of supervision, or prior revocation of supervision						
	Escape or attempted escape from a secure facility						
5	Security Threat Group (STG)						
	The individual has no known membership or affiliation with an STG						
	The individual is a member of an STG						
6	History/Pattern of Violence (Two or more arrests)						
	15 or more years ago						
	Over 10 years and less than 15 years ago						
	Over 5 years and less than 10 years ago						
	Within the last 5 years						
7	Number of Sustained Disciplinary Infractions Involving Violence or Behavior Representing a Threat to the Institution(s):						
	None						
	One						
	Two						
	Three or more						
	Check if data not available:						
Total Custody Classification Score							2

Custody Level Guideline Ranges

If there is no arrest or conviction for a violent offense, use this table.

2	Low Custody	0-2
	Medium-Low Custody	3-5
	Medium-High Custody	6-11
	High Custody	12+

If the person has an arrest or conviction for a violent offense, use this table.

	0-6
	7+

If the Officer makes a custody recommendation outside of the custody level guideline ranges above, provide the rationale and include aggravating/ mitigating circumstances that were considered in the decision:

Recommendation Outside the Guideline Ranges (b)(6); (b)(7)(C)

Officer Signature

Medium-Low Medium-High High

Date 8/13/19

In the section below, check the instructions, F. Housing Assignment.

Assignment, following the guidance provided in

purposes of housing medium-custody individuals with low-or high level custody individuals, use the following guidelines:

Medium-Low may be housed with low custody individuals;

Medium-High may be housed with high-custody individuals; but,

Low custody individuals may never be housed with high-custody individuals, or medium custody individuals who have any history of assaultive or combative behavior.

If the individual is to be placed in administrative segregation, a copy of the administrative segregation order shall be immediately provided to the Field Office Director or his designee, as required by Standard 2.12 "Special Management Units."

Final Housing Assignment Custody Level

Low Medium-Low Medium-High High Administrative

If the Supervisor decides to override the Officer's custody level recommendation, provide the rationale below:

(b)(6); (b)(7)(C)

Supervisor Signature

Date

8/13/19

Appendix 2.2.A: ICE Custody Classification Worksheet

ICE Custody Classification Worksheet			
Part 1. Basic Information		Initial <u>W</u>	Reclassification <u>✓</u>
Field/Sub Office:		Facility: <u>Richwood Correctional Center</u>	Date: <u>6/13/19</u>
Officer Name:	(b)(6); (b)(7)(C)	Language(s) Used during the Interview:	ENGLISH / <u>Spanish</u>
Alien Number:	HERNANDEZ-DIAZ, ROYLAN A203637060	Gender:	☐ F ☒ M
Last Name:	DOB 09/25/1976 DOA 06/13/2019 CUBA M RICHWOOD	First Name:	
Part 2. Special Vulnerabilities and Management Concerns			
Does a Special Vulnerability exist? Inquire, observe, and review all documentation. If based on your assessment the vulnerability exists, select the appropriate boxes below. Also indicate whether there are other management concerns that may affect the custody decision.			☐ Y ☒ N
☐ serious physical illness ☐ serious mental illness ☐ disability ☐ elderly ☐ pregnancy ☐ nursing ☐ sole caretaking responsibility ☐ risk based on sexual orientation/gender identity ☐ victim of persecution/torture ☐ victim of sexual abuse or violent crime ☐ victim of human trafficking ☐ other (specify):			
Provide further explanation as necessary:			
If any boxes are checked, consult with the local ICE Field Office regarding appropriate placement and other management considerations, and record the date and time of consultation here:			

Part 3. Custody Classification Worksheet

1	Severity of Charge/ Conviction Associated with the ICE Encounter (Use Appendix 2.2.C Severity of Offense Scale)						
	None						
	Low						
	Moderate						
	High						
	Highest						
2	Single Most Serious Conviction in the Individual's Criminal History (Excluding Item 1)						
			None	>15 Years	10-15 Years	5-10 Years	< 5
	See Appendix 2.2.C	Highest	0	5	5	5	
		High	0	5	5	6	
		Moderate	0	1	2	3	
		Low	0	0	0	1	
3	Additional Prior Convictions (Excluding Items 1 and 2)						
	None						
	1-2 misdemeanors, no felonies						
	3-4 misdemeanors, or 1 felony						
	5 or more misdemeanors, or 2 felonies						
4	Supervision History						
	None						
	Walk-away or attempted escape from an unsecured facility, absconding, bond breach, violations of prior voluntary departure orders or conditions of supervision, or prior revocation of supervision						
	Escape or attempted escape from a secure facility						
5	Security Threat Group (STG)						
	The individual has no known membership or affiliation with an STG						
	The individual is a member of an STG						
6	History/Pattern of Violence (Two or more arrests)						
	15 or more years ago						
	Over 10 years and less than 15 years ago						
	Over 5 years and less than 10 years ago						
	Within the last 5 years						
7	Number of Sustained Disciplinary Infractions Involving Violence or Behavior Representing a Threat to the Institution(s):						
	None						
	One						
	Two						
	Three or more						
	Check if data not available: <u> </u>						

(b)(7)(E)

Total Custody Classification Score

Custody Level Guideline Ranges																
If there is no arrest or conviction for a violent offense, use this table.			If the person has an arrest or conviction for a violent offense, use this table.													
2	Low Custody	0-2														
	Medium-Low Custody	3-5														
	Medium-High Custody	6-11		D-6												
	High Custody	12+		7+												
If the Officer makes a custody recommendation outside of the custody level guideline ranges above, provide the rationale and include aggravating/ mitigating circumstances that were considered in the decision:																
Recommendation Outside the Guideline		(b)(6); (b)(7)(C)														
Officer Signature		<table border="1"> <thead> <tr> <th>Medium-Low</th> <th>Medium-High</th> <th>High</th> </tr> </thead> <tbody> <tr> <td></td> <td>Date</td> <td>10/3/19</td> </tr> </tbody> </table>			Medium-Low	Medium-High	High		Date	10/3/19						
Medium-Low	Medium-High	High														
	Date	10/3/19														
In the section below, check the correct assignment, following the guidance provided in the instructions, F. Housing Assignment. For purposes of housing medium-custody individuals with low-or high level custody individuals, use the following guidelines: Medium-Low may be housed with low custody individuals; Medium-High may be housed with high-custody individuals; but, Low custody individuals may never be housed with high-custody individuals, or medium custody individuals who have any history of assaultive or combative behavior. If the individual is to be placed in administrative segregation, a copy of the administrative segregation order shall be immediately provided to the Field Office Director or his designee, as required by Standard 2.12 "Special Management Units."																
Final Housing Assignment		<table border="1"> <thead> <tr> <th>Custody Level</th> <th>Low</th> <th>Medium-Low</th> <th>Medium-High</th> <th>High</th> <th>Administrative</th> </tr> </thead> <tbody> <tr> <td></td> <td>☒</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Custody Level	Low	Medium-Low	Medium-High	High	Administrative		☒				
Custody Level	Low	Medium-Low	Medium-High	High	Administrative											
	☒															
If the Supervisor decides to override the Officer's custody level recommendation, provide the rationale below:																
Supervisor Signature		(b)(6); (b)(7)(C) 10/3/19														

RICHWOOD CORRECTIONAL CENTER

Intake Booking Checklist

Detainee Name: HERNANDEZ-DIAZ, ROYLAN
A203637060
A# DOB 09/25/1976 DOA 06/13/2019
CUBA M RICHWOOD **COUNTRY OF BIRTH:**

SECTION #1	CHECKLIST
Order to Detain or Release Detainee Form #203	
Immigration and Customs Enforcement Classification Form	
Form I-213	
Unit Classification Committee History Form 60 & 90 day	
Segregation Classification	
PREA Risk Assessment 30 day	
Section #2	CHECKLIST
Order to Detain or Release Detainee Form #203	
Secure Manage	
Property Log/Funds	
Detainee Acknowledgement	
Detainee Handbook Acknowledgement	
Zero Tolerance Acknowledgement	
Classification Acknowledgement	
216 Record of Person Transferred	
Volunteer Work Program	
Detainee Disciplinary	
Detainee Request Forms	

Supervisor Signature:

Reviewer:

Reviewer:

Reviewer:

(b)(6); (b)(7)(C)

1.17.19

RICHWOOD CORRECTIONAL CENTER

CLASSIFICATION

DETAINEE NAME: HERNANDEZ-DIAZ, ROYLAN
A203637060
A#: DOB 09/25/1976 DOA 06/13/2019
CUBA M RICHWOOD

The above detainee has been classified as:

LOW **MEDIUM-LOW** **MEDIUM-HIGH** **HIGH**

The classification is determined by:

I-213

I-216

I-203

ICE Classification

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

6/13/19
Date

(b)(6); (b)(7)(C)

9/17/19
Date

Supervisor Name

INTAKE BOOKING

HERNANDEZ-DIAZ, ROYLAN

A203637060

DOB 09/25/1976

DOA 06/13/2019

COUNTRY OF BIRTH:

CUBA

M

RICHWOOD

TRANSPORT-

BCC

PAT SEARCH DONE BY-

(b)(6); (b)(7)(C)

INTAKE OFFICER-

(b)(6); (b)(7)(C)

CLASSIFICATION

(b)(6); (b)(7)(C)

PROPERTY OFFICER

(b)(6); (b)(7)(C)

PREA OFFICER-

(b)(6); (b)(7)(C)

HOUSING UNIT-

C

TAKEN TO MEDICAL-

(b)(6); (b)(7)(C)

180 PINE BAYOU CIRCLE
RICHWOOD, LA. 71202-
Phone: (318) 325-8409 Fax: (318) 325-5186
(INTAKE)

RICHWOOD, LA. 71202-
(318) - Cell#: () -

D.L.#: /

Date Of Birth: 9/25/1976 (42)

Height:
Complexion:
Dominant Hand:
Marital Status:
Diet Restriction:

Weight:
Hispanic: N
Military Agency:
Place Of Birth:
Citizen: Y

Local ID#:
USMS#:
Length:
Beard:
Gang: **NONE**
Escape Risk: **N**
Of Children:

Features:
Aka:
Employer:
Kin Name:
Address:
Phoned Who:
Intake Date: 6/13/2019
Arrest Date: 6/13/2019

Work Phone: () -
Relationship:

ATN#:
USMS#:
FBI#:

Phone #: () -
Intake Officer: (b)(6); (b)(7)(C)
Officer:
Searching Officer:

Arresting Agency:
Bond Description:
Vehicle Towed By:
CR#:

Transporting Agency:

Agency Responsible: ICE - ICE
Prison #: **A203637060** Inmate Class: TR

Location:
Bond Amt:

Trustee: Mental Illness:
Release Date:
Released By: (b)(6); (b)(7)(C)

Sex Offender:
Time:
Released To:

Weekender:
Officer Id:

Suicide Watch:

Violent:

Inmate

C/O

Out Weight: _____ Total Bookings: 1

[illegible]

RICHWOOD CORRECTIONAL CENTER

HERNANDEZ-DIAZ, ROYLAN
A203637060

Reconocimiento de Detenido

DOB 09/25/1976 DOA 06/13/2019
CUBA M RICHWOOD

Este formulario debe ser completado por cada detenido a la entrada inicial en la custodia del. El personal también deberá completar y firmar según proceda. El formulario se vuelve a completar sólo cuando el detenido desea un cambio en cualquier sección.

Nombre del Detenido: Numero: Institucion:
RICHWOOD CORRECTIONAL CENTER

fallecimiento/enfermedad, disposicion de la propiedad:
(b)(6); (b)(7)(C) En el caso de que yo muriera, dirijo mi Propiedad cuyo nombre y la direccion es: #4905 Plantacion Dr y el numero de telefono es: 813733 (b)(6); (b)(7)(C) para ser notificado.
En caso de que el personal del RCC no pueda localizar a la persona indicada, autorizo a la persona siguiente: (b)(6); (b)(7)(C) telefono: 813528 (b)(6); (b)(7)(C)

Autorizo al centro de detención de, RCC, a transmitir mis propiedades y efectos personales incluyendo el dinero restante a mi crédito, o debido al centro de detención de RCC a mi pariente más cercano de acuerdo con la ley estatal.
También estoy de acuerdo en que la disposición se puede hacer a mis bienes personales ubicados en el centro de detención, incluyendo ropa, de acuerdo con las reglas y reglamentos del centro de detención de River
En caso de enfermedad grave de otra emergencia, las personas arriba mencionadas pueden ser contactadas para ser notificadas de mi condición, también deseo y autorizo que se notifique lo siguiente.

Nombre	Relacion	Numero de telefono
(b)(6); (b)(7)(C)	Esposa	813735 (b)(6); (b)(7)(C)

2. Ducha Recibida: ☒ Si/ No Negado

3. Recepción del manual y orientación del detenido: por la presente Certifico que recibí el manual del detenido; Orientación del centro de detención de RCC y un panfleto de abuso sexual/asalto.

Por la presente Certifico que el detenido ha visto el video de orientación.

Print name/Signature of Staff member:

Date:

6/13/2019

Firma del detenido:

Fecha:

6/13/19

AMERICAN
OVERSIGHT



RICHWOOD CORRECTIONAL CENTER

Detainee Forwarding Address

Inmate/Detainee Address	
Inmate/Detainee Number:	
Name	
Address	
City, State and Zip	

When property is left behind family members will be called and will have 30 days to pick property up.

Officer Signature: _____ Inmate/Detainee Signature: _____

Date: _____

HERNANDEZ-DIAZ, ROYLAN

A203637060

DOB 09/25/1976

DOA 06/13/2019

CUBA

M

RICHWOOD

Direccion de Detenido

Direccion de Detenido	
Inmate/Detainee Number: 203637060	
Name	Roylan Hernandez Diaz
Address	#4905 Plantacion Dr
City, State and Zip	Tampa Florida #33615

Cuando la propiedad se deja atras los miembros de la familias seran llamados y tendran 30 dias para recoger la pertenencias.

Firma del oficial:

(b)(6); (b)(7)(C)

Firma del detenido: ☒

(b)(6); (b)(7)(C)

Fecha: 6/13/19

HERNANDEZ-DIAZ, ROYLAN

A203637060

DOB 09/25/1976

DOA 06/13/2019

RICHWOOD CORRECTIONAL CENTER

CUBA

M

RICHWOOD

PRISON RAPE ELIMINATION ACT

ZERO TOLERANCE ACKNOWLEDGEMENT FOR DETAINEES (115.233)

Usted tiene el derecho de estar libre de abuso sexual, acoso sexual y represalias por reportar tales. Todas las alegaciones de abuso o acoso sexual de detenidos o de personal de uno mismo o de otro detenido pueden ser reportadas utilizando una de las siguientes opciones:

- Usted puede reportar verbalmente a cualquier miembro del *RCC*
- Usted puede enviar un informe por escrito al *RCC* administrador/Coordinator de PREA o a la agencia contratante.
- Línea directa para detenidos: llame a la línea telefónica gratuita al 1-888-351-4024
- Usted puede tener un miembro de la familia/amigo, clero, o cualquier otra persona fuera de la instalación reportar el abuso al administrador de la instalación/Coordinador PREA o a la agencia contratante.
- Usted puede hacer una llamada telefónica a una línea directa de la Agencia contratante: PREA, o a la línea nacional de asalto sexual. Si está en peligro o necesita asistencia inmediata, no confíe en este método, informe a un miembro del personal. Estas llamadas son anónimas a menos que se identifique. Estas llamadas no son registradas por la instalación.

Usted tiene el derecho a recibir tratamiento y consejería sin costo alguno si usted es víctima de abuso o acoso sexual. Todas las alegaciones son investigadas. Estas son sanciones por hacer falsas alegaciones.

Entiendo que el personal del género opuesto será en la zona de la vivienda de la instalación y que soy responsable de estar vestida en todo momento cuando no ducharse, cambiarse de ropa o usar el baño.

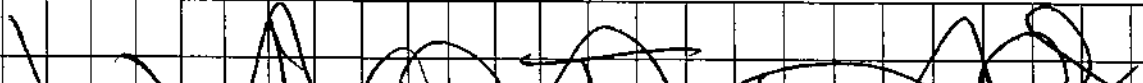
Se prohíbe estrictamente la presentación intencional y/o intencionada del área genital, la ingle, las nalgas o las mamas femeninas. Los detenidos que participen en este comportamiento serán responsables y podrán recibir una acción disciplinaria a través del proceso de mala conducta.

He visto el video de PREA y he dado la oportunidad de hacer preguntas. Al firmar este documento, reconozco que entiendo la información mencionada anteriormente.

Nombre: (imprimir) Roylan Hernandez Diaz (Firma) [Redacted Signature]

Numero: 203637060 Fecha: 6/13/19

Staff Member Signature: [Redacted Signature] Title: Cpl.

Day: Wednesday		Date:		SECURITY CHECKS													
0600 hrs.	TIME																
1800 hrs.																	
1800 hrs.	TIME																
0600 hrs.																	
1 st Shift Supervisor Signature:				2 nd Shift Supervisor Signature:													
Date & Time:				Date & Time:													

Day: Friday		Date: 10/11/19		SECURITY CHECKS																							
0600 hrs.	TIME	04	20	58	37	55	25	42	10	38	06	030	54	25	51	20	48	17	135	202	231	525	233	400	427		
1800 hrs.		6	6	6	7	7	2	8	9	9	12	04	10	11	11	12	12	1	11	11	11	11	11	11	11	11	
	INITIAL	(b)(6); (b)(7)(C)																									
1800 hrs.	TIME	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	
0600 hrs.		17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	17	
	INITIAL	(b)(6); (b)(7)(C)																									
1st Shift Supervisor Signature:		(b)(6); (b)(7)(C)																									
2nd Shift Supervisor Signature:		(b)(6); (b)(7)(C)																									
Date & Time:		10/11/19 117																									
Date & Time:		10-12-19 3:00																									

Day: Saturday		Date: 6/12/19		SECURITY CHECKS																																		
0600 hrs.	TIME	13	20	00	28	52	23	50	19	47	15	42	00	37	05	30	39	26	34	00	27	35	20	50	17	44												
1800 hrs.		6	6	7	7	7	2	16	9	9	10	10	11	11	12	12	12	1	1	2	2	2	5	3	4	4												
	INITIAL	(b)(6); (b)(7)(C)																																				
1800 hrs.	TIME	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00												
0000 hrs.		00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00	00												
	INITIAL	(b)(6); (b)(7)(C)																																				
1 st Shift Supervisor Signature		(b)(6); (b)(7)(C)																																				
2 nd Shift Supervisor Signature		20-0638-C-000232																																				
Date & Time: 12/12/15 7:11:01		2020-ICLI-0005 Date & Time: 12/15/19 3:02																																				

MISCELLANEOUS

DISCIPLINARY

INMATE FINANCIAL HISTORY
RICHWOOD CORRECTIONAL CENTER

ID Number 203637060		HERNANDEZ DIAZ, ROYLAN			Facility ICE		Book Number (b)(6); (b)(7)(C)			
Trans Date	Activity	Type	Trans ID	Amount	Acct#	Order#	Medical	Recpt#	Check Date	Reconcile
10/06/2019	DEP	MO	(b)(6); (b)(7)(C)	\$50.00	2500	13		7366		
09/19/2019	SALES	SALES		\$(49.67)	5000	10	190902027			
09/17/2019	DEP	MO		\$50.00	2500	13		6319		
09/05/2019	SALES	SALES		\$(30.69)	5000	10	190900274			
08/21/2019	SALES	SALES		\$(18.67)	5000	10	190802071			
08/17/2019	DEP	MO		\$50.00	2500	13		4777		
08/13/2019	SALES	SALES		\$(12.58)	5000	10	190801181			
08/06/2019	SALES	SALES		\$(6.78)	5000	10	190800474			
07/30/2019	SALES	SALES		\$(33.75)	5000	10	190702405			
07/23/2019	SALES	SALES		\$(4.40)	5000	10	190701795			
07/19/2019	DEP	MO		\$50.00	2500	13		3300		
07/08/2019	SALES	SALES		\$2.82	5000	10	190790199			
07/08/2019	SALES	SALES		\$(46.98)	5000	10	190700199			
06/21/2019	DEP	MO		\$50.00	2500	13		1886		
06/17/2019	SALES	SALES		\$(17.60)	5000	10	190600723			
06/14/2019	DEP	CHK - ICE		\$19.58	2500	10				

DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

UNUSUAL OCCURRENCE REPORT

NAME: Hernandez Diaz, Roylan	A203637060	DATE 10/15/19	TIME: 214pm
LOCATION OF INCIDENT: LD 3			

☐ ASSAULT ON STAFF	☐ MAJOR DISTURBANCE	☐ ROOF SHAKEDOWN	☐ PROTECTION REQUESTED	☐ MAINTENANCE
☐ AGG. SEX OFFENSE	☐ SEX OFFENSE	☐ SHIFT SHAKEDOWN	X VIOLENT DEATH	☐ REPAIR REQUEST
☐ AGG. FIGHT	☐ USE OF FORCE	☐ FRONT GATE SHAKEDOWN	☐ DEATH DUE TO ILLNESS	☐ FENCE CHECK
☐ FIGHT	☐ MINOR DISTURBANCE	☐ MATTRESS SHAKEDOWN	☐ MENTAL HEALTH	☐ WEEKLY INSPECTION
☐ ESCAPE	☐ SEARCH OF AN INMATE	☐ GROUNDS SHAKEDOWN	X MEDICAL	☐ MONTHLY INSPECTION

☐ CONTRABAND	☐ SEX EVENT	
CHEMICAL AGENTS USED		MECHANICAL RESTRAINTS USED

DESCRIPTION OF INCIDENT (ATTACH ADDITIONAL IF NEEDED)

At 214 pm on the above date a 10-19 was called to LD #3. Medical staff responded with appropriate medical equipment. Upon arrival, (b)(6); (b)(7)(C) went into the cell and found the above named detainee hanging from a sheet that was tied to the top side post of his bunk. No radial or carotid pulse was found. No respirations seen or heard. Detainee appeared to be pale in color with red mottling in his bilateral arms and hands. No pulse was found by (b)(6); (b)(7)(C). Medical retrieved seat belt cutter to cut sheet to be able to lower detainee to floor to be able to attempt life saving techniques. Medical was informed by security (Warden Stinson (b)(6); (b)(7)(C)) that due to the appearance of detainee being deceased and no pulse found that the LD cell was now considered a crime scene and could not be touched and detainee could not be cut down. ICE Supervisor (b)(6); (b)(7)(C) was notified of detainee status and responded to LD 3. Medical staff requested numerous times that detainee could be cut down, security staff restated that it was now considered a crime scene and that the detainee could not be touched. Security called 911 and Acadian ambulance service as well as Ouachita Parish EMS responded and was on compound at 220 pm at which time detainee was cut down and an EKG was ran to verify no pulse or blood pressure. Coroner was notified of need by security. Medical staff to respond to the 10-19 included (b)(6); (b)(7)(C). Security staff noted by medical to be present at time of arrival included Warden Stinson, Major (b)(6); (b)(7)(C), Captain (b)(6); (b)(7)(C).

(b)(6); (b)(7)(C)

AMERICAN
OVERSIGHT

IR

10/15/19 11024
DATE / TIME COMPLETED
DHS-20-0638-G-000236

NURSE'S NOTES

Allergies:

DATE/TIME	
10/15/19 1414	Security called 10-19 to LD cell #3. Medical staff responded with appropriate medical equipment. Upon arrival (b)(6); (b)(7)(C) went into the cell and found detainee Hernandez-Diaz, Roylan hanging from a sheet that was tied to the top side post of his bunk. No radial or carotid pulses were found. No respirations were seen or heard. Detainee appeared to be pale in color with red mottling in his bilateral arms and hands. No pulse was confirmed by (b)(6); (b)(7)(C) LPN. Medical retrieved seat belt cutter to cut sheet to be able to lower detainee to floor to be able to attempt life saving techniques. Medical was informed by security (b)(6); (b)(7)(C) that due to the appearance of detainee being deceased and no pulse found that the LD cell was now considered a crime scene and could not be touched and detainee could not be cut down. ICE supervisor (b)(6); (b)(7)(C) was notified of detainee status and responded to LD 3. Medical staff requested numerous times that detainee could be cut down, security staff resisted that it was now a crime scene and that detainee could not be touched. Security called 911 and Acadian ambulance service as well as Ouachita Parish EMS responded and was on compound at 220 pm at which time detainee was cut down and an EKG was run to verify no pulse or blood pressure. Coroner was notified of need by security. Medical staff to respond

A203637060

HERNANDEZ DIAZ, ROYLAN

DOB:09/25/76

DOA:06/13/19

CUBA

RICHWOOD

AMERICAN
OVERSIGHT

ID#	DOA:	Country:	DOB:

Revised 04/11/19

DHS-20-0638-G-000237

2020-ICLI-00057 2652

2020-ICLI-00057 2653

A 203637040
Hernandez-Diaz

I nurse (b)(6); (b)(7)(C) was walking up the hallway with (b)(6); (b)(7)(C) Capt (b)(6); stated that he smelled an odor coming from the L/D 3. I proceeded to exit the hallway. Once I entered B Hall I heard and responded to the 10-19 called by (b)(6); (b)(7)(C) When entering the hallway, the detainee was seen in the cell with a sheet tied around his neck hanging from the bed rail. Nurse (b)(6); checked a pulse and no pulse was found. Detainee was pale in color, eyes were open and bowels were released.

(b)(6); (b)(7)(C)

10/15/19

4:16pm

October 15, 2019

I, NURSE (b)(6); (b)(7)(C) WAS COMING DOWN A HALL FROM THE RESTROOM WHEN I SAW THE REST OF THE MEDICAL STAFF, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) AT LOCKDOWN 3 WITH THE EMERGENCY BAG WITH AED. WARDEN

STINSON, (b)(6); (b)(7)(C) DEPUTIES (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) WERE ALSO AT THE LOCKDOWN UNIT. ONCE I ARRIVED, I ASKED WHAT HAPPENED AND I WAS TOLD THAT DETAINEE ROYLAN HERNANDEZ-DIAZ HAD HUNG HIMSELF. I DO NOT RECALL WHO SAID IT. I, NURSE THOMAS, WENT TO GET THE SEATBELT CUTTER AND RETURNED TO LOCKDOWN 3. I WAS TOLD BY (b)(6); (b)(7)(C) DO NOT CUT HIM DOWN AT THAT MOMENT. WHEN I, NURSE THOMAS, ASKED AGAIN IF DETAINEE COULD BE CUT DOWN, I WAS TOLD BY WARDEN STINSON AND (b)(6); (b)(7)(C) NOT CUT DETAINEE DOWN AS IT WAS NOW A CRIME SCENE. AT THAT TIME, THE FIRE DEPARTMENT ARRIVED THEN AMR TO THE SCENE AND TOOK OVER MEDICAL CARE. I, NURSE (b)(6); (b)(7)(C) RETURNED SEATBELT COVER TO SHARPS BOX. END REPORT.

(b)(6); (b)(7)(C)

10/15/19 @ 2:14 PM

On the exact date and approx. time, a 10-19 was called over the radio for Medical to report to A-Hall. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) ran to Medical and grabbed the Emergency Response Medical Bag and AED Bag. I then ran down to A-Hall with both bags in tow. Upon arrival to A-Hall, I (b)(6); (b)(7)(C) noted Captain (b)(6); (b)(7)(C) to be standing holding open door to Lockdown Cell# 3 and (b)(6); (b)(7)(C) RN was coming out of Lockdown Cell# 3. I (b)(6); (b)(7)(C) also noted (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) to be standing on A-Hall in front of Lockdown Cell# 3. I (b)(6); (b)(7)(C) asked what was going on and (b)(6); (b)(7)(C) RN stated, "He hung himself." (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) then walked into Lockdown Cell# 3 and noted detainee (Roylan Hernandez Diaz) to be hanging from the end of the bed bunk with a sheet wrapped around his neck. Detainee (Roylan Hernandez Diaz) was noted to be unresponsive and pale in color. (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) then checked detainee for a pulse. (b)(6); (b)(7)(C) checked for a carotid pulse. (b)(6); (b)(7)(C) checked for a radial pulse. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) felt detainee's arm, as it appears she was checking detainee's pulse. All 3 nurses did not feel a pulse. I (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) then walked out of Lockdown Cell# 3. (b)(6); (b)(7)(C) RN and myself (b)(6); (b)(7)(C) asked multiple times if we can cut detainee (Roylan Hernandez Diaz) down and initiate CPR. Major (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) hollered, "Don't touch him. Nobody touch him. This is now a crime scene." Warden Stinson also stated, "Nobody touch him." I (b)(6); (b)(7)(C) then walked out of cell.

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

On this day 10/15/2019 at approximately 2:14 pm (b)(6); (b)(7)(C) asked that everyone clear the halls. This nurse was assisting clear the halls when he then yelled for medical staff to A-Hall. This nurse yelled for (b)(6); (b)(7)(C) and other medical staff for 1019 to A-Hall. All medical staff proceeded down to A-Hall and I open the door to A-Hall and allow (b)(6); (b)(7)(C) to lead the way (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) entered LD3 and this nurse proceeded up the hall to clear all unnecessary traffic. There was staff from other dorms and drops that was attempting to come down hallway to observe. This nurse yelled back down the hall to (b)(6); (b)(7)(C) to initiate CPR because they were standing outside of the room. After traffic was clear this nurse went back down toward LD3 to assist. As I was putting on gloves, I heard nurse (b)(6); (b)(7)(C) asking to go into the cell to cut down detainee and do CPR. Nurse Thomas as well was standing with them with a box cutter to cut detainee down (b)(6); (b)(7)(C) and Warden Stenson yelled repeatedly "Do Not Cut Him Down"! (b)(6); (b)(7)(C) kept asking why not and the reason given was because ICE had to come and see him to take pictures. Several members of the medical staff asked repeatedly to cut detainee down. Medical staff was repeatedly told not to go in or cut the detainee down. (b)(6); (b)(7)(C) was called to LD3 and saw the detainee in the cell and became visibly upset and this nurse escorted her to 1&2 control to calm down. When I came out of 1&2 Control Acadian had arrived and the hallways was clear. All medical staff had gone back to medical department. I then proceeded back to medical department

(b)(6); (b)(7)(C)

10/15/19

NURSE'S NOTES

Allergies:

10-15-19 2:14 pm

DATE/TIME	(b)(6); (b)(7)(C)
10-15-19	I, Nurse (b)(6); (b)(7)(C) was in Exam Room 1 doing paper work. 10-19 called for medical to respond to LD 3. Upon exiting Exam Rm 1 I saw (b)(6); (b)(7)(C) running thru the doors to the bottom (b)(6); (b)(7)(C) As I, Nurse (b)(6); (b)(7)(C) entered the doors to the bottom of A Hall I noted charge Nurse (b)(6); (b)(7)(C) standing at the doors of LD3. Also present when I nurse (b)(6); (b)(7)(C) arrived was Nurse (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) +
	Warden Stinson. (b)(6); (b)(7)(C) RN had arrived prior to myself. 911 had already been called. I, Nurse (b)(6); (b)(7)(C) asked what had happen. At that time (b)(6); (b)(7)(C) explained to myself that Detainee Hernandez Diaz, Baylan #203632060 had tied a sheet around his neck hanging himself. While standing in hall the smell of Bm was present. I, Nurse (b)(6); (b)(7)(C) ran to Control 1-2 to get a cutter to assist in cutting the sheet. Nurse (b)(6); (b)(7)(C) also ran to medical to get a sheet cutter. At the time of getting the cutter area was ruled a crime scene. AMR arrived. Ice agents on compound — (b)(6); (b)(7)(C)

Name:	ID#	DOA:	Country:	DOB:
Richwood Correctional Center				

Revised 04/11/19

On 10/15/19 at 2:14 PM, a 10-19 was called to LD 3. Medical responded and upon my arrival (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) present with AED and Medical Emergency Equipment along with the following security staff on A Hall Warden Stinson, Captain (b)(6); (b)(7)(C), and Lt. (b)(6); (b)(7)(C) followed behind me upon arrival. (b)(6); (b)(7)(C) arrived with tool to cut down detainee as we were told he hung himself (b)(6); (b)(7)(C) stated outside that detainee was not to be cut down and left alone as it was a crime scene. Acadian was notified as I and other staff were told detainee was dead. I entered room LD 3 with (b)(6); (b)(7)(C) PN to find detainee hanging from sheet from bunk. Security instructed staff to not remove detainee or touch crime scene (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

10-15-19

I Jonathan Phillips found that all the staff had went down the hall to a cell. Upon arrival the staff approached me and stated the patient had no pulse and security was at the door and hall. I was told that security staff stated it was a crime scene and to not cut the patient down. I reported to

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)



U.S. Immigration
and Customs
Enforcement

MEMORANDUM FOR: Enrique M. Lucero
Executive Associate Director
Office of Enforcement and Removal Operations
(b)(6); (b)(7)(C)

THROUGH: (b)(6); (b)(7)(C)
Associate Director

FROM: (b)(6); (b)(7)(C)
Assistant Director, Inspections and Detention Oversight Division

SUBJECT: Detainee Death Review Findings – Anthony Oluseye AKINYEMI
JICMS #202003249

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) External Reviews and Analysis Unit (ERAU) has completed its review of the death of Anthony Oluseye AKINYEMI, a 56-year-old citizen of Nigeria, who died on December 21, 2019, while in ICE custody at the Worcester County Jail (WCJ) in Snow Hill, Maryland (MD). The State of Maryland, Office of the Chief Medical Examiner, documented AKINYEMI's cause of death as suicide by hanging.¹

Abbreviated Chronology²

On December 12, 2017, U.S. Customs and Border Protection admitted AKINYEMI into the United States in New York City, New York on a B-2 non-immigrant visa with authorization to remain in the United States until June 12, 2018.

On July 1, 2019, Baltimore City Police Department arrested AKINYEMI and charged him with sex abuse of a minor, sex offense in the third degree, assault in the second degree, and sex offense in the fourth degree.

On July 2, 2019, the ICE Office of Enforcement and Removal Operations (ERO) Baltimore field office encountered AKINYEMI at the Baltimore City Jail (BCJ) and lodged an immigration detainer against AKINYEMI.

On December 19, 2019, the 8th Circuit Court for Baltimore City convicted AKINYEMI of sex offense in the fourth degree and assault in the second degree, and subsequently sentenced him to

¹ See Postmortem Examination, Office of the Chief Medical Examiner, State of Maryland, signed January 23, 2020.

² See Detainee Death Review for complete chronology.

8 years in jail and 3 years of probation. That same day, the 8th Circuit Court of Baltimore City credited AKINYEMI with 6 months of time served and suspended the remaining 7 years and 6 months of his sentence.

On December 20, 2019, the BCJ released AKINYEMI into ERO Baltimore's custody, pursuant to the immigration detainer. ERO Baltimore served AKINYEMI with a Notice to Appear, charging him with removability pursuant to section 237(a)(1)(B) of the Immigration and Nationality Act, as an alien who has remained in the United States for a time longer than permitted, and transferred him to WCJ.

At 8:18 p.m., a corporal (Cpl.) completed a basic medical questionnaire with AKINYEMI, who reported a history of high blood pressure for which he was currently taking the anti-hypertension medications lisinopril and hydrochlorothiazide. At 9:15 p.m., as part of the intake process, security staff strip searched AKINYEMI.

At 10:04 p.m., a licensed practical nurse (LPN) conducted AKINYEMI's medical intake screening and documented that he expressed concerns about losing his family, his inability to cope emotionally and manage stress, and repeated expressions of regret for having done something wrong. Although AKINYEMI expressed these concerns, the LPN only referred AKINYEMI for a routine mental health appointment. Furthermore, while the LPN documented providing AKINYEMI with coping method literature, interviews confirmed these materials were never provided, nor does WCJ have materials of this nature to provide to detainees.

At 11:22 p.m., a registered nurse documented receipt of a physician assistant's verbal order to fill AKINYEMI's lisinopril and hydrochlorothiazide prescriptions.

At an unknown time, WCJ staff temporarily placed AKINYEMI in the Maximum (MAX) 1 housing unit until he could be classified by WCJ staff the next business day, Monday, December 23, 2019. The warden stated that, when used for this purpose, it is considered general population; however, detainees are kept in their cells 22 hours a day, which is consistent with a segregation environment.

On December 21, 2019, from approximately 12:03 a.m. until 4:43 a.m., a Cpl. documented conducting security checks consistent with facility policy requirements. However, ERAU could not confirm the accuracy of these security checks as the camera in MAX 1 does not capture the walkway outside of the cells or the entry to MAX 1 from the corridor. Furthermore, although WCJ uses an electronic guard tour system, the Cpl. informed ERAU that his reader malfunctioned during his shift and therefore did not capture his security checks in real time.

At 5:03 a.m., the Cpl. found AKINYEMI hanging in his cell and called a medical emergency. An LPN and two security staff members arrived, one with a cut-down tool, and cut AKINYEMI down. The LPN began cardiopulmonary resuscitation (CPR) and a sergeant arrived with an automated external defibrillator (AED). The AED pads were applied on AKINYEMI and a shock was not advised. The LPN and the Cpl. continued CPR until emergency medical services (EMS) arrived on scene and assumed care of AKINYEMI. EMS called the Peninsula Regional Medical Center

(PRMC) for approval to cease lifesaving efforts. At 5:20 a.m., PRMC staff approved termination of CPR; at 5:23 a.m., a PRMC physician remotely pronounced AKINYEMI deceased.

Identified Deficiencies with ICE Detention Standards

ERAU reviewed the medical care WCJ provided AKINYEMI, as well as their efforts to ensure he was safe and secure while detained at the facility, during his time in ICE custody. In the attached report, ERAU assessed WCJ's compliance with the ICE NDS 2000 standards and documented four findings.

1. ***Suicide Prevention and Intervention, Section (III)(C):*** On December 20, 2019, an LPN did not refer AKINYEMI to medical observation, despite the fact that he reported concerns about the loss of his family, his inability to cope emotionally and manage stress, and repeated expressions of regret for having done something wrong.
2. ***Special Management Unit (Administrative Segregation), Section (III)(B):*** On Friday, December 20, 2019, WCJ security staff placed AKINYEMI in the MAX 1 housing unit pending classification on the next business day, three days later. Per the facility, the purpose was to keep him separate from other detainees until staff determined his custody level, and they considered this placement as equivalent to general population housing. However, detainees housed in MAX 1 are confined to their cells 22 hours a day, as if they were in segregation. WCJ did not complete an administrative segregation order prior to AKINYEMI's placement in this housing environment.
3. ***Detainee Classification System, Section (A)(1)(2):*** Detainees must be classified prior to placement in general population. To the extent that WCJ believed AKINYEMI's placement in MAX 1 was considered general population, it was therefore not in compliance with the standard requirement.
4. ***Admission and Release, Section (III)(C):***³ On December 20, 2019, two security staff members conducted a strip-search of AKINYEMI during the intake process, without a documented, reasonable justification for doing so.

Furthermore, although not violations of the ICE NDS 2000, ERAU noted six areas of concern regarding AKINYEMI's medical care, safety, and security at WCJ.

If you have any questions, please contact me or have a member of your staff contact OPR ERAU Unit Chief (b)(6); (b)(7)(C) at (202) 731-(b)(6); (b)(7)(C).

Enclosure

AKINYEMI Detainee Death Review Report

³ See Change Notice Admission and Release—National Detention Standard Strip Search Policy Memo, dated October 15, 2007.

DETAINEE DEATH REVIEW: Anthony Oluseye AKINYEMI, A201576988
Healthcare and Security Compliance Analysis
Worcester County Jail
Snow Hill, MD

As requested by the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU), Creative Corrections participated in a review of the death of detainee Anthony AKINYEMI while in the custody of the Worcester County Jail (WCJ) in Snow Hill, MD. A team consisting of ERAU Management and Program Analysts (b)(6); (b)(7)(C) and Creative Corrections contract personnel (b)(6); (b)(7)(C) Security Subject Matter Expert, and (b)(6); (b)(7)(C) Healthcare Subject Matter Expert, conducted an on-site review on January 28 and 29, 2020. ERAU requested contractor participation to assess compliance with the ICE 2000 NDS governing healthcare and security operations.

Included in this report is a case synopsis, overview of the facility's healthcare services, a narrative summary of events, and conclusions. The information and findings herein are based on analysis of detainee AKINYEMI's medical and detention records, tour of pertinent areas of the facility, interviews of staff, and review of policies, video surveillance footage, staff incident statements, and the report of emergency medical services responders.

SYNOPSIS

Anthony AKINYEMI, 56 years old, was admitted to WCJ on Friday, December 20, 2019. His medical and mental health history consisted only of hypertension, although he reported he was experiencing anxiety related to losing his family and concerns relating to his ability to cope. Security personnel assigned him to a single cell pending internal classification on Monday, December 23, 2019.

On December 21, 2019 at approximately 5:03 a.m., a corporal discovered AKINYEMI hanging by the neck from a ventilation grate in his cell. Staff responded immediately to a call for assistance, cut AKINYEMI down, started cardiopulmonary resuscitation, and called 911. The paramedics arrived quickly and took over care but found no heart activity. At 5:23 a.m., a hospital physician telephonically authorized discontinuation of life saving efforts and pronounced death.

Per autopsy report dated January 23, 2020, the cause of death was suicide by hanging.

HEALTHCARE SERVICES

WCJ's healthcare contractor, Wellpath, provides coverage 24 hours a day. A full-time Health Services Administrator (HSA) provides administrative oversight, supported by a director of nurses. A physician and two physician assistants (PA) provide onsite services on a part-time basis. Nursing coverage is provided by two registered nurses (RN), one full-time and one part-time; and two full-time and two part-time licensed practical nurses (LPN). In addition, there are three full-time and one part-time certified nursing assistants/certified medical technicians. Mental health services are provided by a full-time mental health counselor and a part-time counselor. Wellpath augments the staffing plan by authorizing as-needed mental health services and LPN coverage.

NARRATIVE

On Friday, December 20, 2019 at 2:00 p.m., ICE Enforcement and Removal Operations (ERO) Deportation Officer (b)(6); (b)(7)(C) authorized AKINYEMI's detention at WCJ.¹ AKINYEMI arrived at 3:30 p.m.² A Risk Classification Assessment (RCA) accompanied AKINYEMI classifying him high custody.³

Forms completed by Corporal (b)(6); (b)(7)(C) between 8:15 p.m. and 9:15 p.m. document the following:

- AKINYEMI's ICE classification was high.⁴
- AKINYEMI's personal property consisted of clothing items and newspapers. He signed the inventory and acknowledgement he received jail issued clothing.⁵
- AKINYEMI did not have funds.⁶
- AKINYEMI completed a phone call to a family member.⁷
- Sergeant Adams strip searched AKINYEMI.⁸
- Sergeant Adams completed Prison Rape Elimination Act (PREA) form 603.⁹

¹ See Order to Detain or Release Alien, dated December 20, 2019.

² See WCJ Booking Report, dated December 20, 2019.

³ See RCA, printed December 20, 2019.

⁴ See WCJ Booking Report, dated December 20, 2019.

⁵ See Inmate Property Record, dated December 20, 2019.

⁶ See Processing, Receiving, and Discharge Checklist, dated December 20, 2019.

⁷ *Id.*

⁸ See WCJ Record of Search, dated December 20, 2019.

⁹ See Progress Sheet, dated December 20, 2019. Materials provided to ERAU do not include form 603, and do not provide documentation staff issued AKINYEMI the detainee handbook.

- Corporal (b)(6); (b)(7)(C) completed a questionnaire asking AKINYEMI basic health questions.¹⁰ AKINYEMI reported high blood pressure for which he was taking medication and an allergy to noodles. AKINYEMI denied past suicide attempts and having current thoughts of self-harm. He answered yes to questions asking for consent to medical treatment and authorization for the warden or designee to act on his behalf in the event of a medical emergency.

At 10:04 p.m., (b)(6); (b)(7)(C) LPN, conducted AKINYEMI's receiving screening, noting the following:¹¹

- AKINYEMI spoke English and did not require use of language interpretation assistance.
- AKINYEMI's vital signs within normal limits were as follows: pulse 98, respirations 20, temperature 98.2, and pulse oxygen 96 percent. His blood pressure was elevated at 140/90.¹² He was five feet ten inches tall and weighed 134 pounds.
- AKINYEMI reported a history of hypertension and denied other chronic medical conditions.
- AKINYEMI's medications were Lisinopril¹³ 20 milligrams (mg) daily and hydrochlorothiazide¹⁴ 25 mg daily.
- AKINYEMI denied pain, abnormal symptoms, dental problems, and the use of alcohol, drugs, or tobacco.
- AKINYEMI's behavior was appropriate, his speech was clear and coherent, and his mood was unremarkable.

AKINYEMI stated he had no past mental health diagnoses or suicide attempts. He reported concerns related to losing his family and about his ability to cope emotionally and manage stress. In answer to question, "Have you sexually abused or assaulted someone?" AKINYEMI reported he assaulted his daughter, but stated the assault was not sexual.¹⁵ Because the question and response were in the PREA section, (b)(6); (b)(7)(C) referred him for mental health assessment per instructions on the screening form.¹⁶

(b)(6); (b)(7)(C) provided patient education, including how to access care and where to find coping skills information.¹⁷ Asked about the information, (b)(6); (b)(7)(C)

¹⁰ See WCJ Medical Screen History Report, dated December 20, 2019. The form was included in the medical record provided to ERAU.

¹¹ See electronic Receiving Screening form, dated December 20, 2019.

¹² Blood pressure of 140/90 falls within American Heart Association parameters for Stage two hypertension.

¹³ Lisinopril is a medication used to treat hypertension.

¹⁴ Hydrochlorothiazide is a medication used to treat hypertension.

¹⁵ According to Detainee Death Notification, dated December 21, 2019, AKINYEMI was convicted of fourth degree sex offense and second degree assault the day before. The victim was his 12-year old stepdaughter.

¹⁶ See Tasks, dated December 23, 2019. The form states mental health assessments pursuant to PREA referrals are conducted within seven days.

¹⁷ See Receiving Screening, dated December 20, 2019.

Bounds stated that the facility does not make available it available.¹⁸ (b)(6); (b)(7)(C) concluded the screening by clearing AKINYEMI for general population and referring him for routine medical, mental health, chronic, and dental care.¹⁹

At 10:21 p.m., (b)(6); (b)(7)(C) entered an electronic chart note documenting completion of the intake screening and that she placed a purified protein derivative (PPD) skin test to screen for tuberculosis.²⁰ She noted AKINYEMI denied medical or mental health issues, not mentioning his report of hypertension and medications. Although neither the chart note nor the receiving screening form document (b)(6); (b)(7)(C) reported the information to an RN or a provider, at 11:22 p.m. (b)(6); (b)(7)(C) RN, received a verbal order from (b)(6); (b)(7)(C) for Lisinopril 20 mg daily and hydrochlorothiazide 25 mg daily.

Also in her 10:21 p.m. chart note (b)(6); (b)(7)(C) noted AKINYEMI seemed to be upset about his charges and kept repeating that he did something he should not have done. (b)(6); (b)(7)(C) stated to ERAU that she should not have described him as upset, explaining she used the word only because he repeatedly stated he did something bad.²¹ She stated that otherwise, he demonstrated no signs of depression. Although AKINYEMI reported (b)(6); (b)(7)(C) that he was experiencing feelings of loss related to his family, concern about his ability to cope and apparent regret over having done something wrong, (b)(6); (b)(7)(C) did not direct his placement on medical observation.

AKINYEMI was placed in housing area Maximum (Max) 1.²² Security records do not document the time; however, based on the time (b)(6); (b)(7)(C) conducted the medical screening and an entry on the Housing Unit Observation log documenting the time two detainees were added to the unit count, ERAU concludes AKINYEMI was moved at 10:27 p.m. Warden Bounds stated he was placed in Max 1 because WCJ classification staff were not on duty to classify him using the facility's internal system.²³ She explained that although ICE detainees arrive with the RCA completed by ERO, WCJ does not apply the classification until validated or changed by classification staff during normal business hours. Until that happens, new detainees are housed in Max 1, a unit Warden Bounds stated is general population when used for that purpose.

Max 1 has six linear cells and a small dayroom. The cells, which are along a narrow walkway entered from the dayroom, have sliding, open front doors with vertical steel bars; two beds, one above the other and secured to the wall; a toilet and sink fixture; security light; and three ventilation grates.²⁴ The dayroom has a bench, phones, showers, kiosks. The unit has one

¹⁸ ERAU interviews with (b)(6); (b)(7)(C) and Warden Bounds dated January 29, 2020.

¹⁹ According to the Receiving Screening form, routine referrals are for follow up in five or more days in each category.

²⁰ See Chart Notes, dated December 20, 2019.

²¹ ERAU Interview with (b)(6); (b)(7)(C) dated January 28, 2020.

²² See WCJ Jail Facility Report, December 20, 2019.

²³ ERAU Interview with Warden Bounds, dated January 29, 2020.

²⁴ ERAU tour, dated January 28, 2020.

security camera; however, its position limits offers limited coverage. It does not capture the entry area from the corridor into the dayroom, nor does it capture the walkway outside the cells. Warden Bounds explained they positioned the camera to avoid capturing the shower in order to comply with PREA standards.²⁵ AKINYEMI was housed alone in cell five, the second to the last cell from the dayroom.

Detainees assigned to Max 1 are confined to their cells 22 hours a day.²⁶ Their two hours of out-of-cell time is considered recreation, during which they may take showers and use the phones and kiosks. As noted, the dayroom has a bench, but no chairs or table and no television. Based on the restricted out-of-cell time, and in consideration of the fact detainees are assigned to Max 1 to keep them separate from other detainees pending classification, ERAU concludes AKINYEMI's placement in Max 1 constituted de facto segregation. Because WCJ considers Max 1 a general population housing area, staff did not generate an administrative segregation order.

Corporals assigned to provide indirect supervision over Max 1 supervise other areas as well.²⁷ They record hourly rounds on Housing Unit Observation forms rather than in a post logbook.²⁸ They also record rounds electronically by use of the guard tour system, sensors for which are located near the entry to the unit and at the end of the walkway furthest from the dayroom.

On Saturday, December 21, 2019 starting at 12:00 a.m., Corporal (b)(6); (b)(7)(C) was responsible for conducting rounds in Max 1.²⁹ As detailed below, at approximately 5:03 a.m. he discovered AKINYEMI hanging from a ventilation grate in his cell. Before that time, Corporal (b)(6); (b)(7)(C) recorded rounds of the unit at 52 to 58-minute intervals, as follows:³⁰

- 12:03 a.m.
- 12:55 a.m.
- 1:53 a.m.
- 2:50 a.m.
- 3:47 a.m.
- 4:43 a.m.

Because the security camera does not capture the walkway outside the cells or entry to the unit from the corridor, ERAU could not corroborate by video evidence that (b)(6); (b)(7)(C)

²⁵ ERAU Interview with Warden Bounds, dated January 29, 2020. Because of the positioning of the camera, surveillance video did not capture any of the emergency response.

²⁶ ERAU interview with (b)(6); (b)(7)(C) Supervisor of Security & Custody.

²⁷ See Post Assignment Forms.

²⁸ The policies and procedures provided by WCJ do not address maintaining a post logbook or logging significant and unusual events.

²⁹ See Post Assignment Form, dated December 21, 2019.

³⁰ See Housing Unit Observation forms, Max 1, dated December 21, 2019, 12:00 a.m. to 8:00 a.m.

conducted the security checks he recorded. ERAU requested documentation from the electronic guard tour system to confirm (b)(6); (b)(7)(C) activated the sensors at these times; however, Warden Bounds stated she could not produce a report.³¹ She explained that (b)(6); (b)(7)(C) informed the Associate Wardens and her that he did not use the guard tour reader he was issued at the start of his shift because it malfunctioned. Warden Bounds stated she checked the documentation from the same reader for the previous shift and found it had worked without failure. She also stated she tested the reader after (b)(6); (b)(7)(C) reported it malfunctioned and found it in good working order.

Asked how he conducts security rounds, (b)(6); (b)(7)(C) informed ERAU that he uses his personal flashlight to look in cells because his has a brighter beam than those issued by WCJ.³² He stated that during this shift, his batteries were dying but secondary light was sufficient to see into cells. He reported AKINYEMI was sleeping during his first six rounds.

At approximately 5:03 a.m., 20 minutes after his last recorded round, (b)(6); (b)(7)(C) discovered AKINYEMI had hanged himself by the neck by tying a white cloth³³ to a ventilation grate.³⁴ By radio, (b)(6); (b)(7)(C) called for assistance and for a cut down tool.³⁵ Responding staff were Sergeant (b)(6); (b)(7)(C) LPN, followed closely by Corporal (b)(6); (b)(7)(C) Private First Class (PFC) (b)(6); (b)(7)(C), Corporal (b)(6); (b)(7)(C) and Corporal (b)(6); (b)(7)(C). According to Corporal (b)(6); (b)(7)(C) the responding staff arrived within ten seconds, he let them into the unit, then electronically opened the cell door. Corporal (b)(6); (b)(7)(C) who was in the Control Center when he heard the call, retrieved the cut down tool from the lock box and took it to the scene where he handed it to (b)(6); (b)(7)(C). He and (b)(6); (b)(7)(C) lifted AKINYEMI upward while (b)(6); (b)(7)(C) put him down. They placed him on the floor and (b)(6); (b)(7)(C) started cardiopulmonary resuscitation (CPR). (b)(6); (b)(7)(C) recalled AKINYEMI was warm and moist when she checked for a pulse,³⁸ Corporal (b)(6); (b)(7)(C) recalled his body was stiff.³⁹

³¹ ERAU Interview with Warden Bounds, dated January 29, 2020.

³² ERAU interview with (b)(6); (b)(7)(C), dated January 28, 2020.

³³ WCJ documents do not identify the item AKINYEMI used to fabricate a noose. As indicated below, paramedics reported it appeared he had tied socks together, information corroborated by detectives from the Worcester County Bureau of Investigation. According to (b)(6); (b)(7)(C) detainees are issued five pair of socks at intake.

³⁴ See Corporal (b)(6); (b)(7)(C) Incident Report, dated December 21, 2019. His entry on the Housing Unit Observation form, also timed 5:03 a.m., states only that the area was secure. He did not log the incident, noting in his next entry timed 5:35 a.m. that breakfast was served.

³⁵ A cut down tool, referred to as a 911 tool at WCJ, is a device used to safely and quickly cut through material.

³⁶ See Incident Reports of Corporal (b)(6); (b)(7)(C) and PFC Bunting, dated December 21, 2019. (b)(6); (b)(7)(C) stated during interview on January 28, 2020 that she was the only nurse on duty. According to the Medical department's Bi-Weekly Matrix Board, one LPN and one Certified Nursing Assistant/Certified Medical Technician cover every night shift. An RN is not on duty.

³⁷ See Corporal (b)(6); (b)(7)(C) Incident Reports, dated December 21, 2019.

³⁸ ERAU interview with (b)(6); (b)(7)(C), dated January 28, 2020. (b)(6); (b)(7)(C) documented the emergency response in a chart note timed 5:22 a.m.

³⁹ ERAU interview with (b)(6); (b)(7)(C) dated January 28, 2020.

Sergeant (b)(6); (b)(7)(C) instructed Control Center Corporal (b)(6); (b)(7)(C) to call for emergency medical services (EMS).⁴⁰ She called 911 as directed, but did not log or otherwise record the call or any events related to the emergency.⁴¹ Corporal (b)(6); (b)(7)(C) stated she told the 911 operator that the emergency involved a stabbing, explaining to ERAU that she heard the word, knife, in communications, misunderstanding that the reference was to the cut down tool.

Per direction of (b)(6); (b)(7)(C) retrieved an automated external defibrillator (AED) which was applied by PFC Bunting or (b)(6); (b)(7)(C). The AED advised no shock.⁴³ (b)(6); (b)(7)(C) rotated performance of chest compressions until EMS arrived.⁴⁴ (b)(6); (b)(7)(C) briefed the paramedics and turned over care.⁴⁵

The EMS report documents the following:⁴⁶

- EMS personnel were dispatched to WCJ for a patient with self-inflicted stab wounds. On arrival, they learned AKINYEMI hung himself from the ventilation grate in his cell.
- Correctional staff were unable to give an accurate down time for the patient; however, they checked on him approximately 30 minutes prior to finding him hanging.
- The patient appeared to have tied his socks together to hang himself, but he had been cut down prior to EMS arrival.
- On assessment AKINYEMI was unresponsive, not breathing, had no palpable pulse, and was cold to the touch. Staff were effectively performing CPR, and the AED deployed prior to EMS arrival indicated asystole⁴⁷, no shock advised.
- Peninsula Regional Medical Center (PRMC) authorized termination of resuscitation at 5:20 a.m., at which time responsibility for the body was turned over to WCJ.

At 5:23 a.m., a PRMC physician remotely pronounced death.⁴⁸

⁴⁰ See Sergeant Douglas's Incident Report, dated December 21, 2019.

⁴¹ ERAU interview with (b)(6); (b)(7)(C) dated January 28, 2020. As noted, WCJ policies are silent on logging of unusual events.

⁴² Written and verbal reports conflict. (b)(6); (b)(7)(C) wrote in his report and (b)(6); (b)(7)(C) stated during interview that PFC Bunting applied the AED; PFC Bunting and (b)(6); (b)(7)(C) wrote in their reports that LPN (b)(6); (b)(7)(C) applied the AED. ERAU cannot resolve the discrepancy.

⁴³ See Incident Reports of (b)(6); (b)(7)(C) and PFC Bunting, dated December 21, 2019.

⁴⁴ See Incident Reports of (b)(6); (b)(7)(C) Sergeant (b)(6); (b)(7)(C) and PFC Bunting, dated December 21, 2019.

⁴⁵ See Chart Notes, dated December 21, 2019.

⁴⁶ See MD: CARES Report, dated December 21, 2019. The report does not document the time EMS received the call, the time a unit was dispatched, or the time the unit arrived at WCJ.

⁴⁷ Asystole means absence of heart activity.

⁴⁸ See email from (b)(6); (b)(7)(C) Detainee Death Notification, dated December 21, 2019. Primary source documentation of pronouncement of death is not available.

Detective Corporal (b)(6); (b)(7)(C) Worcester County Bureau of Investigation (WCBI), arrived with another investigator.⁴⁹ Upon entry to the cell, they observed socks tied together near AKINYEMI's head, with one end still wrapped through the grate. Other than a large reddish mark at the front of his neck, they observed no injuries. Browns Removal Services transported the body to the medical examiner at 7:30 a.m.

Post Incident Actions

- Warden Bounds released AKINYEMI's property to ERO Assistant Field Officer Director (b)(6); (b)(7)(C)
- (b)(6); (b)(7)(C) conducted a debriefing with medical staff.⁵¹ All security personnel involved in the response wrote incident reports; however, WCJ leadership did not conduct a debriefing or complete an after action review.
- (b)(6); (b)(7)(C), Worcester County Human Resources Director, reminded involved staff the County's employee assistance program is available if needed.⁵²

On January 22, 2020, (b)(6); (b)(7)(C) MD, Deputy Chief Medical Examiner, State of Maryland Office of the Chief Medical Examiner, performed an autopsy.⁵³ The cause of death was suicide by hanging.

CONCLUSIONS

Medical

ERAU found the following deficiency in the ICE NDS governing healthcare.

1. ICE NDS, Suicide Prevention and Intervention, Section (III)(C), which states, "The OIC may allow a potentially suicidal detainee who presents no imminent danger to life or property (as determined by medical staff), to remain in the general population, but only under close observation, and only upon the written recommendation of the Clinical Director (CD). Officers shall check on the safety of such detainees at intervals ordered by the CD. Precaution must be taken with any personal possessions that could aid in a suicide attempt."
 - (b)(6); (b)(7)(C) did not direct AKINYEMI's assignment to medical observation despite the fact he reported concern about the loss of his family, his ability to cope emotionally

⁴⁹ See WCBI Death Investigation, signed January 17, 2019. Detective (b)(6); (b)(7)(C) did not document the time of arrival or the name of the second investigator.

⁵⁰ See handwritten note dated December 21, 2019 on the Processing, Receiving, and Discharge Checklist.

⁵¹ ERAU interview with HS, (b)(6); (b)(7)(C) dated January 28, 2020.

⁵² (b)(6); (b)(7)(C) was present for all interviews during the ERAU site visit. Responding staff confirmed she reminded them of the County's Employee Assistance Program and gave the phone number.

⁵³ See Post Mortem Examination, Office of the Chief Medical Examiner, State of Maryland, signed January 23, 2020.

and manage stress, and repeated expressions of apparent regret for having done something wrong. Absent direction to place AKINYEMI in a medical observation cell, security assigned him to a cell inherently risky from a suicide prevention standpoint. Security personnel were only present once per hour, and the cell has fixtures easily used to facilitate a suicide attempt.

Security

ERAU found the following deficiencies in the ICE NDS governing safety and security.

1. ICE NDS, Special Management Units, Administrative Segregation, Section (III)(B), which states, “A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility.”
 - AKINYEMI was placed in a cell in Max 1 pending classification. Although the purpose was to keep him separate from other detainees until staff determined his custody level, and detainees assigned to Max 1 are confined to their cells 22 hours a day, staff considered AKINYEMI a general population detainee and did not complete an administrative segregation order.
2. ICE NDS, Detainee Classification System, Section (A)(1)(2), which states, “All detainees are classified upon arrival, before being admitted into the general population.”
 - Consistent with their standing practice, WCJ did not adopt the custody level determined by ERO. Instead, they placed AKINYEMI in Max 1 pending classification by facility staff the Monday following his Friday evening arrival. Whereas WCJ holds that when used for this purpose, Max 1 is general population and not segregation, AKINYEMI’s assignment to the unit constituted placement in what the facility considers general population before he was classified.
3. ICE NDS, Admission and Release, Change Notice: National Detentions Standards Strip Search Policy, dated October 15, 2007, which states, “Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitoring showering, and other required exposure of the private parts of the detainee’s body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-ray, and metal detectors. If information developed during admission processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G1025, Record of Search.”
 - Staff strip-searched AKINYEMI during the intake process.

Areas of Concern

- Although referenced on the Wellpath receiving screening form, WCJ does not make information on coping and stress management available to detainees.
- Corporal (b)(6); (b)(7)(C) did not report the alleged malfunction of his guard tour reader to a supervisor.
- The only WCJ record of AKINYEMI's suicide and subsequent events exists in the form of staff Incident Reports and (b)(6); (b)(7)(C)'s chart note. Corporal (b)(6); (b)(7)(C) did not document the emergency on the Max 1 Housing Observation Log, and Corporal (b)(6); (b)(7)(C) did not log the call to 911 or the arrival and departure of EMS, WCBI, and (b)(6); (b)(7)(C) removal Services. Whereas ERAU found no requirement to log unusual events in the post orders and procedures provided, the corporals ostensibly did not violate policy. However, maintaining accurate, complete logs is standard correctional practice, providing a sequential record of events and activities and supporting officer accountability.
- As positioned, the security camera does not surveil Max 1. ERAU recommends that WCJ consider installing a second camera; or, relocating and positioning the existing camera in a manner that maximizes coverage of the dayroom and walkway while avoiding the shower.
- An after action review was not conducted. Although not required by the NDS, after action reviews serve a valuable management purpose by allowing assessment of staff compliance or non-compliance with policy and procedure, initiation of corrective action as needed, and identification of training needs.
- The Progress Sheet, which booking staff initial to document completion of intake functions, does not include issuance of the detainee handbook. ICE NDS, Admission and Release, requires issuance upon arrival but does not require documentation of issuance or receipt. For that reason, ERAU does not cite deficiency; however, to support compliance with the standard, the team recommends that WCJ document detainee receipt of handbooks at the time of admission.

CASE NO. 19-15101

Autopsy X Inspection

JURISDICTION: Worcester / Worcester County Bureau of Investigation

Jurisdiction of Death/Police Investigating

DME/FI

(b)(6); (b)(7)(C)

NAME OF DECEASED: Anthony Oluseye Akinyemi

RESIDENCE OF DECEASED: 5022 Joyner Road, Snow Hill, MD 21863

AGE: 56 Years SEX: Male RACE: African American

DATE OF INCIDENT: Found, 12/21/19 TIME: Unknown

ADDRESS OF INCIDENT: 5022 Joyner Road, Snow Hill, MD 21863

PRONOUNCED DEAD: 12/21/19 TIME: 0523 hours

ADDRESS/INSTITUTION: 5022 Joyner Road, SNOW HILL

DME/FI/OCME NOTIFIED: 12/21/19 TIME: 0540 hours

BY WHOM: Worcester County dispatch

TRANSPORTED TO OCME: Brown's Removal Service

DATE OF AUTOPSY: 12/22/19 TIME: 0800 hours

PERFORMED BY: (b)(6); (b)(7)(C) Deputy Chief Medical Examiner

CAUSE OF DEATH:

(a)	Hanging	☐	Natural
(b)		☐	Accident
(c)		☒	Suicide
(d)		☐	Homicide
		☐	Could Not Be Determined

Other significant conditions:

HOW INJURY OCCURRED: Subject hanged self

Name: Anthony Oluseye Akinyemi	POST MORTEM EXAMINATION REPORT	Page
Case Number: 19-15101	OFFICE OF THE CHIEF MEDICAL EXAMINER	1
	STATE OF MARYLAND	

An autopsy was performed on the body of **Anthony Oluseye Akinyemi**, at the Office of the Chief Medical Examiner for the State of Maryland on the 22nd day of **December, 2019**.

EXTERNAL EXAMINATION

The body was that of a well-developed, well-nourished, black male clad in blue jumpsuit, cut through white t-shirt and blue/black/white boxers. Tan flip flops accompanied the body. The body weighed 134 pounds, was 6'1" in height and appeared compatible with the reported age of 56 years. The body was cold. Rigor was present to an equal degree in all extremities. Lividity was present and fixed on the posterior surface of the body, except in areas exposed to pressure. The scalp hair was shaved. Facial hair consisted of whisker stubble. The irides were brown. The corneae were clear. The left upper palpebral conjunctiva had a single petechial hemorrhage. The right conjunctiva was unremarkable. The sclerae were unremarkable. The external auditory canals, external nares, and oral cavity were free of foreign material and abnormal secretions. The nasal skeleton was palpably intact. The lips were without evident injury. The teeth were natural and in good condition. Examination of the neck revealed no evidence of injury. The upper left chest had a 1/2" scar. No injury of the ribs or sternum was evident externally. The abdomen was flat. Healed surgical scars were not noted. The lower extremities showed multiple circular 1/4 to 1" scars. There was a 1-1/2 x 1/2" scar on the anterior left thigh. There was a 3/8 x 3/8" circular scar on the left forearm. There were circular scars on the middle and ring finger knuckles. There was a 1/8 x 1/16" abrasion on the back of the base of the right thumb. The fingernails were intact. Tattoos and needle tracks were not observed. The external genitalia were those of a normal adult male without evident injury. The posterior torso showed a 1" scar on the right upper back. The anus had hemorrhoids. No evidence of medical intervention was noted.

EVIDENCE OF INJURY

I. Hanging:

Accompanying the body was a 31" long ligature consisting of five white socks tied together. There were knots at 3", 10" and 23" from one cut end. The area between the last two knots was twisted to a width of 3/4" to 1-1/2" with a yellow stain 15-17" from one cut end.

There were corresponding ligature furrows on the neck consisting of an irregular 1 to 1/2" wide area just above and to the left of the thyroid cartilage located 9 to 10" below the top of the head and angling upward on both sides to 6-1/2" below the top of the head on the left, and 7" below the top of the head on the right. On the right side, there were 3/4 x 1/4" and 3/4 x 1/2" areas of red abrasion. As the 1/8" furrow angled upward on both sides the width was 3/8". There was an additional ligature furrow just below the aforementioned one which co-mingled in the front and extended upward to 8" below the top of the head on both sides and the back of the head. The width was 3/8" to 1/2" and was less deep at 1/16".

Separate anterior neck dissection showed no soft tissue or intramuscular hemorrhage and the hyoid bone was intact. There was a fracture of the left superior cornu of the thyroid cartilage with a focal 5 x 3 mm area of surrounding hemorrhage. This area was underlying the irregular deepest part of the ligature furrow on the front left side of the neck. Posterior neck dissection was negative. There was a single petechial hemorrhage in the superior left palpebral conjunctiva.

Name: Anthony Oluseye Akinyemi Case Number: 19-15101	POST MORTEM EXAMINATION REPORT OFFICE OF THE CHIEF MEDICAL EXAMINER STATE OF MARYLAND	Page 2
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INTERNAL EXAMINATION

BODY CAVITIES:

The body was opened by the usual thoraco-abdominal incision and the chest plate was removed. No abnormal collections of fluid were present in any of the body cavities. The liver and spleen were adherent to the diaphragm. All body organs were present in the normal anatomical position. The subcutaneous fat layer of the abdominal wall was 1/2" thick. There was no internal evidence of blunt force or penetrating injury to the thoraco-abdominal region.

HEAD: (CENTRAL NERVOUS SYSTEM)

The scalp was reflected. The calvarium of the skull was removed. The dura mater and falx cerebri were intact. There was no epidural or subdural hemorrhage present. The leptomeninges were thin and delicate. The cerebral hemispheres were symmetrical. The structures at the base of the brain, including cranial nerves and blood vessels, were intact. Coronal sections through the cerebral hemispheres revealed remote 1 x 1 cm and 3 x 2 cm contusions of the inferior left frontal and temporal lobes, respectively. Transverse sections through the brainstem and cerebellum were unremarkable. The brain weighed 1450 grams.

NECK:

Examination of the soft tissues of the neck, including strap muscles, thyroid gland and large vessels, revealed no abnormalities. The hyoid bone and larynx were intact.

CARDIOVASCULAR SYSTEM:

The pericardial surfaces were smooth, glistening and unremarkable; the pericardial sac was free of significant fluid or adhesions. The coronary arteries arose normally and followed the usual distribution and were widely patent, without evidence of significant atherosclerosis or thrombosis. The mid LAD tunneled for a distance of 1 cm and a depth of 3 mm. The chambers and valves exhibited the usual size-position relationship and were unremarkable. The myocardium was dark red/brown, firm and unremarkable; the atrial and ventricular septa were intact. The aorta and its major branches arose normally, followed the usual course and were widely patent, free of significant atherosclerosis and other abnormality. The vena cava and its major tributaries returned to the heart in the usual distribution and were free of thrombi. The heart weighed 320 grams.

RESPIRATORY SYSTEM:

The upper airway was clear of debris and foreign material; the mucosal surfaces were smooth, yellow/tan and unremarkable. The pleural surfaces were smooth, glistening and unremarkable bilaterally. The pulmonary parenchyma was red/purple, exuding slight to moderate amounts of bloody fluid; no focal lesions were noted. The pulmonary arteries were normally developed, patent and without thrombus or embolus. The right lung weighed 700 grams; the left 600 grams.

Name: Anthony Oluseye Akinyemi Case Number: 19-15101	POST MORTEM EXAMINATION REPORT OFFICE OF THE CHIEF MEDICAL EXAMINER STATE OF MARYLAND	Page 3
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LIVER & BILIARY SYSTEM:

The hepatic capsule was roughed and focally hyalinized, glistening and intact, covering dark red/brown, moderately congested parenchyma with a mottled cut surface. The gallbladder contained 10 mL of green/brown, mucoid bile; the mucosa was velvety and unremarkable. The extrahepatic biliary tree was patent, without evidence of calculi. The liver weighed 1340 grams.

ALIMENTARY TRACT:

The tongue exhibited no evidence of recent injury. The esophagus was lined by grey/white, smooth mucosa. The gastric mucosa was arranged in the usual rugal folds and the lumen contained 50 mL of tan fluid and partially digested peas. The small and large bowel were unremarkable and contained no foreign objects. The pancreas had a hemorrhagic lobulated appearance and the ducts were clear. The appendix was present.

GENITOURINARY SYSTEM:

The renal capsules were smooth and thin, semi-transparent and stripped with ease from the underlying smooth, red/brown cortical surfaces. The cortices were slightly congested and sharply delineated from the medullary pyramids, which were red/purple to tan and unremarkable. The calyces, pelves and ureters were unremarkable. The urinary bladder contained 10 mL of yellow urine; the mucosa was grey/tan and smooth. The testes, prostate and seminal vesicles were without note. The right kidney weighed 100 grams; the left 120 grams.

RETICULOENDOTHELIAL SYSTEM:

The "sugar-coated" spleen had a roughened, intact capsule covering red/purple, soft parenchyma with focal calcification; the lymphoid follicles were unremarkable. The regional lymph nodes appeared normal. The spleen weighed 60 grams.

ENDOCRINE SYSTEM:

The pituitary, thyroid and adrenal glands were unremarkable.

MUSCULOSKELETAL SYSTEM:

Muscle development was normal. No non-traumatic bone or joint abnormalities were noted.

Name: Anthony Oluseye Akinyemi Case Number: 19-15101	POST MORTEM EXAMINATION REPORT OFFICE OF THE CHIEF MEDICAL EXAMINER STATE OF MARYLAND	Page 4
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PATHOLOGIC DIAGNOSES

- I. Hanging
 - A. Ligature furrow around the neck consistent with ligature that accompanied the body
 - B. Separate anterior neck dissection only revealed focal injury to the left superior cornu of the thyroid cartilage
 - C. Single petechial hemorrhage, left upper palpebral conjunctiva
 - D. Negative posterior neck dissection
- II. No additional significant recent injury
- III. Old contusions of brain

OPINION:

This 56-year-old, black male, Anthony Oluseye Akinyemi, died of **Hanging**. The deceased had not been consuming alcoholic beverages prior to death. No additional significant recent injury was identified. Investigation and autopsy are consistent with a self-inflicted act. Focal injury to one side of the thyroid cartilage is consistent with the investigation of the deceased being fully suspended and having to reach for the grate to which he tied the ligature. The ligature mark is also consistent with the tied together twisted socks that accompanied the body at the time of autopsy. By report, he hanged himself in his jail cell. The manner of death

is **SUICIDE**

(b)(6); (b)(7)(C)

Deputy Chief Medical Examiner

(b)(6); (b)(7)(C)

M.D.

Chief Medical Examiner

Date signed: 1/23/20
MGR/sb

OFFICE OF THE CHIEF MEDICAL EXAMINER
STATE OF MARYLAND
900 W. BALTIMORE STREET
BALTIMORE, MD 21223

TOXICOLOGY

REPORT OF FINDINGS

Case # 19-15101 Lab # 19-6001
Deceased Name Akinyemi, Anthony Oluseye
If Previous Unknown
Medical Examiner
Autopsied by
Jurisdiction Worcester

(b)(6); (b)(7)(C)

Specimen Submitted	Test	Results
Blood Heart	Volatiles	Ethanol Negative
Blood Heart	Drug Test (comprehensive)	Negative

19-15101

Do Not Duplicate

Toxicologist

(b)(6); (b)(7)(C)

Medical Examiner

(b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)

Digitally Signed 12/30/19

Digitally Signed 12/31/19 11:56

Tuesday, December 31, 2019

Page 1 of 1



Detainee Death Review Report

Anthony Oluseye AKINYEMI

Date of Death: December 21, 2019

Alien File Number: 201 576 988

Joint Integrity Case Management System (JICMS) Number: 202006630

September 30, 2020

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

TABLE OF CONTENTS

Details of Review	2
Facility Profile	2
Immigration and Criminal History	2
Chronology of Events.....	3
Findings.....	7
Exhibits.....	10

DETAILS OF REVIEW

From January 28 to 29, 2020, U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) staff visited the Worcester County Jail (WCJ) in Snow Hill, Maryland (MD), to review the circumstances surrounding Anthony Oluseye AKINYEMI'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.¹ As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to AKINYEMI, in addition to conducting in-person interviews of individuals employed by WCJ, Wellpath, and the local ICE Office of Enforcement and Removal Operations (ERO) Baltimore field office (ERO Baltimore). AKINYEMI, a 56-year-old male, was detained at WCJ from December 20, 2019, through December 21, 2019, where he remained until his death. The State of Maryland, Office of the Chief Medical Examiner, documented AKINYEMI's cause of death as suicide by hanging.²

FACILITY PROFILE

WCJ is owned and operated by the Worcester County Sheriff's Office; ICE ERO Baltimore provides oversight. WCJ operates under an Intergovernmental Service Agreement (IGSA), which requires the facility to comply with the ICE National Detention Standards (NDS) 2000. Medical care is provided by Wellpath. WCJ is authorized by ICE to house male and female detainees for periods in excess of 72 hours and has an as-needed ICE detainee bed capacity.³ At the time of AKINYEMI's death, the WCJ ICE detainee average daily population was 155, and the facility housed 118 male and 11 female ICE detainees.⁴

IMMIGRATION AND CRIMINAL HISTORY

On December 13, 2017, U.S. Customs and Border Protection admitted AKINYEMI into the United States in New York City, New York, on a B-2 non-immigrant visa with authorization to remain in the United States until June 12, 2018.⁵

On July 1, 2019, the Baltimore City Police Department (PD) arrested AKINYEMI and charged him with sex abuse of a minor, sex offense in the third degree and fourth degree, and assault in the second degree.⁶

On July 2, 2019, ERO Baltimore encountered AKINYEMI at the Baltimore City PD and lodged an immigration detainer against him.⁷

¹ See [Exhibit 1](#): AKINYEMI Medical and Security Compliance Analysis FINAL.

² See [Exhibit 2](#): Postmortem Examination, Office of the Chief Medical Examiner, State of Maryland, signed January 23, 2020.

³ See ERO Facility List Report, dated December 30, 2019.

⁴ See ERO Records Request, dated January 2, 2020.

⁵ See ADIS Details for Anthony Oluseye AKINYEMI, print date December 20, 2019.

⁶ See AKINYEMI Record of Arrests and Prosecutions Sheet, dated December 20, 2019.

⁷ See DHS Immigration Detainer – Notice of Action (DHS Form I-247A), dated July 2, 2019.

On December 19, 2019, the 8th Circuit Court for Baltimore City convicted AKINYEMI of sex offense in the fourth degree and assault in the second degree and sentenced him to 8 years in jail and 3 years of probation.⁸ The Circuit Court credited AKINYEMI with 6 months of time served and suspended the remaining 7 years and 6 months of the sentence.

On December 20, 2019, the Baltimore City Jail released AKINYEMI into ERO Baltimore's custody. ERO Baltimore served AKINYEMI with a Notice to Appear, charging him with removability pursuant to section 237(a)(1)(B) of the Immigration and Nationality Act, as an alien who has remained in the United States for a time longer than permitted, and transferred him to WCJ.⁹

CHRONOLOGY OF EVENTS

December 20, 2019

At approximately 6:00 p.m.,¹⁰ Sergeant (Sgt.) (b)(6); (b)(7)(C) booked AKINYEMI into WCJ.

Beginning at 8:15 p.m. (b)(6); (b)(7)(C) and Corporal (Cpl.) (b)(6); (b)(7)(C) completed AKINYEMI's intake and provided him facility-issued clothing.¹¹ (b)(6); (b)(7)(C) documented completing a questionnaire with AKINYEMI consisting of basic medical questions, during which AKINYEMI reported high blood pressure, for which he was taking daily medication, and an allergy to noodles.¹² AKINYEMI denied mental health issues and consented to medical treatment.

At 9:15 p.m. (b)(6); (b)(7)(C) conducted a visual strip search of AKINYEMI, documenting the reason for the search as "initial booking."¹³

At approximately 10:04 p.m., (b)(6); (b)(7)(C) licensed practical nurse (LPN), conducted AKINYEMI's medical intake screening and documented¹⁴ the following:

- AKINYEMI spoke English and did not require use of language interpretation assistance.
- AKINYEMI's vital signs were all within normal limits¹⁵ except for an elevated blood

⁸ See Circuit Court of Maryland, Case Information, Case Number: 119210001, print date June 1, 2020.

⁹ See Notice to Appear (DHS Form I-862), dated December 20, 2019.

¹⁰ See EARM. ERAU notes that although the Worcester County Detention Center (WCDC) Booking Report (dated December 20, 2019) documents AKINYEMI arrived at 3:30 p.m., according to Cpl. Shockley, this time reflects when ERO notified WCJ they would receive him and WCJ began processing his paperwork.

¹¹ See WCJ Processing, Receiving, and Discharge Checklist, dated December 20, 2019; see also WCJ Classification Progress Sheet, dated December 20, 2019; and, WCJ PREA Intake Screening (WCJ Form 603), dated December 20, 2019. ERAU notes AKINYEMI answered "No" to being in prison and being convicted for sex offenses against an adult or child, which is inconsistent with his criminal charges addressed above.

¹² See WCDC Jail Medical Screen History Report, dated December 20, 2019.

¹³ See WCJ Record of Search, dated December 20, 2019.

¹⁴ See corEMR Receiving Screening form, dated December 20, 2019.

¹⁵ Normal temperature is 98.6 degrees; normal range for pulse is 60 to 100 beats per minute; normal range for respirations is 12 to 20 breaths per minute; and a normal blood pressure is less than 120/80.

pressure of 140/90.¹⁶

- AKINYEMI reported a history of hypertension, for which he was taking Lisinopril¹⁷ (20 milligrams (mg)) and hydrochlorothiazide¹⁸ (25 mg) daily.
- (b)(6); (b)(7)(C) completed a screening for tuberculosis with a purified protein derivative (PPD)¹⁹ skin test.²⁰ AKINYEMI's behavior was appropriate, his speech was clear and coherent, and his mood was unremarkable.
- AKINYEMI confirmed a history of sexually abusing or assaulting someone.²¹
- (b)(6); (b)(7)(C) cleared AKINYEMI for general population and referred him for routine medical, mental health, chronic care, and dental care appointments.²²

Although AKINYEMI denied a history of mental health issues during the screening (b)(6); (b)(7)(C) noted AKINYEMI was concerned about losing his family and his ability to cope emotionally and manage stress, and repeatedly stated he had done something he should not have done.²³ LPN (b)(6); (b)(7)(C) noted she educated AKINYEMI on how to access WCJ's medical, mental health, and dental care, and on the grievance process, sexual assault awareness, where to find information about opioid overdose, and how to cope in the facility.²⁴ However, during her interview with ERAU (b)(6); (b)(7)(C) stated that she did not provide AKINYEMI with documentation for coping methods.²⁵ Furthermore, both (b)(6); (b)(7)(C) Health Services Administrator (HSA), and Warden (b)(6); (b)(7)(C) confirmed that the facility does not provide detainees with information on coping.²⁶ Although AKINYEMI expressed concerns with coping, managing stress, and losing his family, as mentioned above, (b)(6); (b)(7)(C) only referred AKINYEMI for a routine mental health appointment, which was scheduled for December 23, 2019.²⁷

(b)(6); (b)(7)(C) did not document in her chart note or the screening form that she reported AKINYEMI's hypertension and the need for medication to a registered nurse (RN) or a provider; however, at 11:22 p.m., (b)(6); (b)(7)(C) documented receipt of a verbal order from (b)(6); (b)(7)(C) Physician Assistant, to fill AKINYEMI's prescription for Lisinopril (20 mg) and hydrochlorothiazide (25 mg), both daily.²⁸

¹⁶ According to the American Heart Association (AHA), an elevated blood pressure encompasses different stages of hypertension. This blood pressure falls within the AHA parameters for stage two hypertension, which is characterized by a systolic reading of at least 140 or a diastolic reading of at least 90.

¹⁷ Lisinopril is a medication used to treat hypertension.

¹⁸ Hydrochlorothiazide is a medication used to treat hypertension.

¹⁹ A PPD skin test occurs when a solution is injected into the skin to determine whether a person has been infected with tuberculosis. The results were not obtained prior to his passing because they require 72 hours to process.

²⁰ See corEMR Chart Notes, entry dated December 20, 2019.

²¹ (b)(6); (b)(7)(C) notes regarding the description of the assault were inconsistent with the criminal charges discussed above.

²² See corEMR Receiving Screening form, dated December 20, 2019. According to the Receiving Screening form, routine referrals are scheduled for follow-up in five or more days in each category.

²³ See corEMR Receiving Screening form, dated December 20, 2019; see also Chart Notes, entry dated December 20, 2019.

²⁴ Id.

²⁵ ERAU interview with (b)(6); (b)(7)(C) dated January 28, 2020.

²⁶ ERAU interviews with (b)(6); (b)(7)(C) and Warden Bounds, dated January 29, 2020.

²⁷ See corEMR Tasks, dated December 23, 2019.

²⁸ See corEMR Chart Notes, entry dated December 20, 2019.

At an unknown time, WCJ security staff temporarily placed AKINYEMI in Maximum (MAX) 1 housing unit, cell five.²⁹ During her interview, Warden Bounds stated that AKINYEMI was to be placed in MAX 1 until WCJ classification staff returned to duty the following Monday, three days later, and were able to utilize WCJ's internal classification system.³⁰ Warden Bounds added that although ICE detainees arrive with a completed ICE Risk Classification Assessment (RCA)³¹ reflecting ICE's classification rating, WCJ does not adopt this classification until validated, or changed, by classification staff during normal business hours. Therefore, according to Warden Bounds, WCJ houses new arrivals in MAX 1 until they are properly classified. When used for this purpose, MAX 1 is considered "general population." However, during his interview with ERAU, Assistant Warden (AW) (b)(6); (b)(7)(C) stated detainees assigned to MAX 1 are confined to their cells for 22 hours a day, which is more consistent with a segregated environment.³²

Day of Death – December 21, 2019³³

At approximately 12:03 a.m., Cpl. (b)(6); (b)(7)(C) documented his initial security check.³⁴ Between 12:03 a.m. and 4:43 a.m., (b)(6); (b)(7)(C) recorded security rounds at intervals between 52 and 58 minutes. Although WCJ utilizes an electronic guard tour system³⁵, WCJ could not provide a time-stamped report, as (b)(6); (b)(7)(C) informed WCJ management after AKINYEMI's death that the guard tour reader he was issued had malfunctioned.³⁶ However, Warden Bounds stated that she reviewed documentation from the same reader used on the previous shift and tested the reader herself after AKINYEMI's death, and found it worked without failure.

At approximately 5:03 a.m.,³⁷ (b)(6); (b)(7)(C) found AKINYEMI hanging from the ventilation grate on the back wall of his cell.³⁸ When asked how officers look into cells while conducting rounds during night shift (b)(6); (b)(7)(C) stated he typically used his personal flashlight because it has a brighter light, but that on this particular night he used the county-issued flashlight, as his personal flashlight's batteries were dying.³⁹

²⁹ See WCDC Jail Facility Report, dated December 20, 2019.

³⁰ ERAU interview with Warden Bounds, dated January 29, 2020. ERAU notes WCJ's classification staff does not work on the weekends.

³¹ The ICE RCA completed by ERO classified AKINYEMI as high custody. See ICE RCA, dated December 20, 2019.

³² ERAU interview with (b)(6); (b)(7)(C) dated January 29, 2020.

³³ As the security camera in MAX 1 does not capture the walkway outside the cells or entry to the unit from the corridor, the rounds conducted and the emergency response were not captured on the camera; therefore, the following events are based on documented times in the Housing Unit Observation log and incident reports.

³⁴ See WCJ Housing Unit Observation log, dated December 21, 2019.

³⁵ The electronic guard tour system electronically logs rounds recorded by officers via a reader placed against a sensor. Sensors are located near the entry to the unit and at the end of the walkway furthest from the dayroom.

³⁶ ERAU interview with Warden Bounds, dated January 29, 2020.

³⁷ See (b)(6); (b)(7)(C) Incident Report, dated December 21, 2019. (b)(6); (b)(7)(C) entry on the Housing Unit Observation log, also timed 5:03 a.m., does not log the incident, only that the area was secure. All other incident reports document the time at 5:03 a.m., as well.

³⁸ The Emergency Medical Services (EMS) report documented that it appeared he had tied socks together, which is corroborated by detectives from the Worcester County Bureau of Investigation (WCBI). According to (b)(6); (b)(7)(C) detainees are issued five pairs of socks at intake.

³⁹ ERAU interview with (b)(6); (b)(7)(C), dated January 28, 2020.

After finding AKINYEMI, (b)(6); (b)(7)(C) immediately called for assistance and a cut-down tool.⁴⁰ (b)(6); (b)(7)(C) who had the cut-down tool, arrived immediately following the emergency call.⁴¹ (b)(6); (b)(7)(C) then lifted AKINYEMI while (b)(6); (b)(7)(C) cut him down and placed him on the floor. LPN (b)(6); (b)(7)(C) started cardiopulmonary resuscitation (CPR),⁴² and (b)(6); (b)(7)(C) directed available security staff to retrieve the automated external defibrillator (AED).⁴³ (b)(6); (b)(7)(C) retrieved the AED and gave it to Private First Class (PFC) (b)(6); (b)(7)(C) who delivered it to MAX 1.⁴⁴ The AED was applied to AKINYEMI; however, it advised no shock.⁴⁵ (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) continued to perform chest compressions until EMS arrived.

(b)(6); (b)(7)(C) instructed (b)(6); (b)(7)(C) assigned to Control Center 1, to call 911.⁴⁶ It is unknown the specific time (b)(6); (b)(7)(C) contacted EMS as she failed to log or otherwise record the call or any events related to the emergency.⁴⁷ According to (b)(6); (b)(7)(C) she told the 911 operator that the medical emergency involved a stabbing, explaining she heard the word knife in communications, misunderstanding that it was in reference to the cut-down tool.⁴⁸

At an unknown time, EMS arrived and assumed care, including the administration of CPR.⁴⁹ EMS documented that, upon arrival, they were advised the call was for a hanging rather than a stabbing and that security staff had last checked on AKINYEMI 30 minutes prior to finding him. EMS documented that AKINYEMI was cold to the touch, had no palpable pulse, and the cardiac monitor was showing he was in asystole.⁵⁰ EMS then called Peninsula Regional Medical Center (PRMC) to request to terminate CPR. At approximately 5:20 a.m., EMS received orders to terminate CPR.⁵¹ At 5:23 a.m., a PRMC physician remotely pronounced AKINYEMI deceased.⁵²

At an unknown time, WCBI arrived at WCJ to conduct their investigation.⁵³

At 7:30 a.m., Brown's Removal Services transported the body to the medical examiner.⁵⁴

⁴⁰ A cut-down tool, referred to as a "911 tool" at WCJ, is a device used to safely and quickly cut through material.

⁴¹ See (b)(6); (b)(7)(C) Incident Report, Worcester County Jail, dated December 21, 2019.

⁴² CPR is medical procedure involving compression of a patient's chest, performed to restore blood circulation and breathing of a person who has suffered cardiac arrest.

⁴³ An AED is a portable electronic device that automatically diagnoses the life-threatening cardiac arrhythmias of ventricular fibrillation and pulseless ventricular tachycardia, and can treat them through defibrillation, the application of electricity that stops the arrhythmia, allowing the heart to re-establish an effective rhythm.

⁴⁴ See Cpl. Wharton and PFC Bunting's Incident Reports, dated December 21, 2019.

⁴⁵ Written and verbal reports obtained were conflicting regarding who applied the AED pads to AKINYEMI. Sgt. (b)(6); (b)(7)(C) wrote in his report and (b)(6); (b)(7)(C) stated during her interview that PFC Bunting applied the AED; however, (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) in their reports that (b)(6); (b)(7)(C) applied the AED.

⁴⁶ See (b)(6); (b)(7)(C) Incident Report, dated December 21, 2019.

⁴⁷ ERAU notes the EMS report does not document the time EMS received the call, the time a unit was dispatched, or the time the unit arrived at WCJ. See MD: CARES Report, dated December 21, 2019.

⁴⁸ ERAU's interview with (b)(6); (b)(7)(C) dated January 28, 2020.

⁴⁹ *Id.*

⁵⁰ Asystole means absence of heart activity.

⁵¹ See MD: CARES Report, dated December 21, 2019.

⁵² See (b)(6); (b)(7)(C) email, "Detainee Death Notification – Anthony Oluseye AKINYEMI," dated December 21, 2019. Primary source documentation of the pronouncement of death was not available.

⁵³ See WCBI Death Investigation, signed January 17, 2020.

⁵⁴ *Id.*

Post-Death Actions

During her interview with ERAU, (b)(6); (b)(7)(C) stated she conducted a debriefing with medical staff the morning after the incident.⁵⁵ Although all security staff involved in the emergency response submitted incident reports, per Warden Bounds, WCJ leadership did not conduct a debriefing or complete an after-action review with the security staff.⁵⁶

During their interviews with ERAU, all staff confirmed they were reminded that the Worcester County employee assistance program (EAP) was available to them, if needed.⁵⁷

On December 21, 2019, WCJ released AKINYEMI's property to ERO Baltimore, which sent the property to his next-of-kin on January 21, 2020⁵⁸

On December 23, 2019, ERO FOD Diane Witte signed a condolence letter to AKINYEMI's next-of-kin.⁵⁹

On January 23, 2020, the State of Maryland Office of the Chief Medical Examiner documented AKINYEMI's cause of death as suicide by hanging.⁶⁰

FINDINGS

ERAU reviewed the medical care WCJ provided AKINYEMI, as well as the facility's efforts to ensure that he was safe and secure while detained at the facility. ERAU found WCJ failed to comply with four of the requirements of the ICE NDS 2000. In this report, ERAU has included other areas of concern that are not covered by the ICE NDS 2000. These deficiencies and areas of concern are noted for informational purposes only and should not be construed as contributory to the detainee's death.

1. ***Suicide Prevention and Intervention, Section (III)(C):*** "The OIC [Officer in Charge] may allow a potentially suicidal detainee who presents no imminent danger to life or property (as determined by medical staff), to remain in the general population, but only under close observation, and only upon the written recommendation of the Clinical Director [CD]. Officers shall check on the safety of such detainees at intervals ordered by the CD. Precaution must be taken with any personal possessions that could aid in a suicide attempt."

⁵⁵ ERAU interview with (b)(6); (b)(7)(C) dated January 28, 2020.

⁵⁶ ERAU interview with Warden Bounds, dated January 29, 2020.

⁵⁷ ERAU notes (b)(6); (b)(7)(C), Worcester County Human Resources Director, was present for all interviews conducted with WCJ staff by ERAU, per her request. All responding staff confirmed that she had reminded them of the county's EAP and gave them the phone number.

⁵⁸ See WDC Inmate Property Release Form, dated December 21, 2019; see also ICE Inventory of Property dated January 21, 2020.

⁵⁹ The condolence letter was sent by certified mail and received on January 7, 2020. See Condolence Letter, dated December 23, 2019; see also United States Postal Service Domestic Return Receipt (Form PS 3811), dated January 7, 2020.

⁶⁰ See Exhibit 2: Postmortem Examination, Office of the Chief Medical Examiner, State of Maryland, signed January 23, 2020. As of this report's publication, ERO has not provided ERAU with AKINYEMI's death certificate.

- On December 20, 2019, (b)(6); (b)(7)(C) did not refer AKINYEMI to medical observation despite the fact that AKINYEMI reported concerns about the loss of his family, his inability to cope emotionally and manage stress, and repeated expressions of regret for having done something wrong. While WJC's screening form did not prompt (b)(6); (b)(7)(C) to refer AKINYEMI for medical observation, prudent nursing practice would have; therefore, failing to place AKINYEMI in medical observation allowed for security observation only once per hour and within a cell outfitted with fixtures that could be used to facilitate a suicide attempt.
2. **Special Management Unit (Administrative Segregation), Section (III)(B):** "A written order shall be completed and approved by a supervisory officer before a detainee is placed in administrative segregation, except when exigent circumstances make this impracticable. In such cases, an order shall be prepared as soon as possible. A copy of the order shall be given to the detainee within 24 hours, unless delivery would jeopardize the safety, security, or orderly operation of the facility."
 - On December 20, 2019, WCJ security staff placed AKINYEMI in the MAX 1 housing unit pending classification. Although the purpose was to keep him separate from other detainees until staff determined his custody level on the next business day, Monday, December 23, 2019, and WCJ considered this type of housing situation as equivalent to general population, detainees assigned to the MAX 1 housing unit are confined to their cells 22 hours a day, as if they were in segregation.
 3. **Detainee Classification System, Section (A)(1)(2):** "(1) All detainees are classified upon arrival, before being admitted into the general population; (2) if the detainee cannot be classified without certain information that is missing at the time of processing (e.g., results of criminal-record check), the detainee will be kept apart from the general population pending arrival of those data. Upon completion of the classification process possible [sic], the detainee shall be housed in the general population."
 - WCJ's standing practice is not to automatically adopt the custody level determined by ERO but to classify detainees themselves. Due to this practice, WCJ placed AKINYEMI in MAX 1 pending classification by facility staff on the Monday following his Friday arrival. Since Warden Bounds stated that, when used for this purpose, MAX 1 is considered equivalent to general population and not segregation, AKINYEMI's assignment to the unit constituted placement in what the facility considers general population before he was classified, therefore his placement was not in compliance with the standard requirement.
 4. **Admission and Release, Section (III)(C):**⁶¹ "Facilities are reminded that strip searches, cavity searches, monitored changes of clothing, monitoring showering, and other required exposure of the private parts of the detainee's body for the purpose of searching for contraband are prohibited, absent reasonable suspicion of contraband possession. Facilities may use less intrusive means to detect contraband, such as clothed pat searches, intake questioning, x-ray,

⁶¹ See Change Notice Admission and Release—National Detention Standard Strip Search Policy Memo, dated October 15, 2007.

and metal detectors. If information developed during admission processing supports reasonable suspicion for a full search, the information supporting that suspicion should be documented in detail on Form G1025, Record of Search.”

- On December 20, 2019, (b)(6); (b)(7)(C) conducted a strip-search of AKINYEMI during the intake process, documenting “initial booking” as justification for the search.

AREAS OF CONCERN

Although not violations of the NDS 2000, ERAU notes the following concerns regarding AKINYEMI’s medical care, safety, and security at WCJ:

1. Although referenced and noted as having been provided during AKINYEMI’s medical intake screening, (b)(6); (b)(7)(C) confirmed she did not provide information on coping and stress management available to detainees. Furthermore, interviews with WCJ management officials confirmed the facility does not have resources discussing this topic available for dissemination to detainees.
2. (b)(6); (b)(7)(C) did not report the alleged malfunction of his guard tour reader to a supervisor when he started his shift.
3. (b)(6); (b)(7)(C) did not document the medical emergency on the MAX 1 log or control log, respectively. Furthermore, (b)(6); (b)(7)(C) did not log the call to 911 or the arrival and departure of EMS, WCBI, and Brown’s Removal Services. Maintaining accurate, complete logs provides a sequential record of events and activities and supports officer accountability.
4. The security camera in MAX 1 is positioned in a manner that does not provide surveillance of the housing unit. A second camera or relocating/repositioning of the existing camera in a manner that maximizes coverage of the dayroom and corridor but avoids the shower (to remain compliant with the Prison Rape Elimination Act, as Warden Bounds indicated during her interview), would be beneficial in supervising detainees and conducting after-action reviews of emergency responses in MAX 1.
5. WCJ did not conduct an after-action review with the security staff following AKINYEMI’s death. After-action reviews allow assessment of staff compliance or non-compliance with policies and procedures, initiation of corrective action as needed, and identification of training needs.
6. WCJ does not document issuance of the ICE Detainee Handbook on the Progress Sheet that booking staff initial to document completion of intake functions.

EXHIBITS

1. AKINYEMI Medical and Security Compliance Analysis FINAL
2. Postmortem Examination, Office of the Chief Medical Examiner, State of Maryland, signed January 23, 2020.

ICE Significant Incident Report

Submitted Date and Time of Report: 12/21/2019 1713 EST

Incident Date: 12/21/2019	Incident Time: 0523	Incident Location:
ICE Component: Enforcement & Removal Operations	Division: Field Operations Division	Area: Eastern Operations
Case Number: No Case Involved	Office: ET - FOD BALTIMORE - BAL	Lead Agency: B - DHS / ICE
SEN Incident Number: (b)(6); (b)(7)(C)	Initial/Follow-Up: Initial	Event Status: Priority
Related SEN Number:	Related Case Number: -----	SEACATS Number:
Intel Number:	ENFORCE Number:	

(b)(7)(E)

Principal Subject: Person	Last Name: AKINYEMI	First Name: Anthony	Alien ID: 201 576 988
Date of Birth: 3/6/1963	Country of Birth: Nigeria	Citizenship: Nigeria	

Narrative

Report Title: Detainee Death Notification - Anthony Oluseye AKINYEMI

The message below is distributed on behalf of Acting Executive Associate Director Timothy S. Robbins:

Pursuant to ICE policy, I am providing notification of the death of an ICE detainee: Anthony Oluseye AKINYEMI, A201 576 988.

ISSUE:

On December 21, 2019, U.S. Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) Baltimore, reported the death of ICE detainee, Anthony Oluseye AKINYEMI, a 56-year-old citizen of Nigeria, at Worcester County Jail (WCJ) in Snow Hill, MD. The paramedics contacted the on-call doctor at Peninsula Regional Medical Center in Salisbury, MD and the doctor declared AKINYEMI deceased at 5:23 a.m. Eastern Standard Time (EST), on December 21, 2019. The preliminary cause of death is asphyxiation due to hanging.

ERO Baltimore notified the Department of Homeland Security Office of Inspector General and ICE Office of Professional Responsibility via the Joint Intake Center. ERO Baltimore staff notified AKINYEMI's next-of-kin. ERO Baltimore notified the Consulate General of Nigeria in Washington, DC on December 21, 2019.

All media inquiries will be referred to ICE Office of Public Affairs.

BACKGROUND:

On December 13, 2017, U.S. Customs and Border Protection admitted AKINYEMI into the United States at New York City, NY as a B2 nonimmigrant with authorization to remain in the United States until June 12, 2018.

On July 23, 2019, ERO Baltimore lodged an Immigration Detainer-Notice of Action, I-247, on AKINYEMI with the Baltimore City (MD) Police Department after his arrest for sex abuse of a minor. AKINYEMI sexually abused his 12-year-old step-granddaughter.

On December 19, 2019, the Circuit Court for Baltimore City, MD, convicted AKINYEMI of sex offense in the fourth degree and assault in the second degree and sentenced him to eight years' incarceration.

On December 20, 2019, the Baltimore City Jail in Baltimore, MD released AKINYEMI to ERO Baltimore pursuant to the immigration detainer.

On the same date, ERO Baltimore served AKINYEMI a Notice to Appear, Form I-862, charging removability pursuant to Section 237(a)(1)(B) of the Immigration and Nationality Act, as an alien who has remained in the United States for a time longer than permitted. ERO Baltimore transferred AKINYEMI to WCJ for housing.

On December 21, 2019, at approximately 4:43 a.m. EST, a WCJ correctional officer conducted his rounds of the holding cells and confirmed that AKINYEMI was in bed and appeared to be asleep.

At approximately 5:03 a.m. EST, a WCJ correctional officer conducted his rounds of the holding cells and found AKINYEMI hanging off the ground with one end of a sheet wrapped around his neck and the other end tied to a vent in his cell. The correctional officer radioed to their control center for the 911 tool (this is an emergency tool used for cutting).

At approximately 5:04 a.m. EST, a WCJ supervisor arrived with the WCJ nurse, and proceeded to cut AKINYEMI down and began cardio-pulmonary resuscitation (CPR).

At approximately 5:05 a.m. EST, paramedics arrived on the scene and took over performing CPR.

At approximately 5:23 a.m. EST, the paramedics onsite made telephonic contact with Dr. Massey, the on-call doctor at Peninsula Regional Medical Center in Salisbury, MD, who advised the paramedics they could cease performing CPR. The paramedics advised the WCJ that AKINYEMI was deceased.

At approximately, 5:30 a.m. EST, the WCJ Warden notified ERO Baltimore of the death.

At approximately, 6:06 a.m. EST, ERO Baltimore field office director notified HQ ERO Field Operations of AKINYEMI's death.

At approximately, 6:20 a.m. EST, ERO Baltimore assistant field office director for ERO Baltimore in Salisbury, MD, arrived at WCJ to obtain AKINYEMI's personal effects as well as the preliminary paperwork on the

death.

At approximately, 7:45 a.m. EST, ERO Baltimore deputy field office director (DFOD) notified the Joint Intake Center of the AKINYEMI's death.

At approximately, 9:09 a.m. EST, ERO Baltimore DFOD notified the next of kin of AKINYEMI's death.

AKINYEMI is the third detainee to pass away in ICE custody in fiscal year 2020.

This SIR was reviewed and approved by FOD Diane L. Witte

Violations of
Law:

Action Taken:

Other Agencies Notified:

Name	Agency	Phone	Date	Time
none				

Injuries:	Injuries (Names and Extent of
Fatalities:	Injury):
Damage:	
Unaccompanied	
Child Count:	

Locations:

Type	Address	City	State	Zip
Business	Worcester County Jail	Snow Hill	Maryland	

Reported to ICE Operations Center via Phone:

Public Affairs Notified: No - Without comments

Comments:

Reported By:	(b)(6); (b)(7)(C)	Phone: 410-637	(b)(6); (b)(7)(C)	Cell/Pager: 202-56	(b)(6); (b)(7)(C)
Supervisor:		Phone: 410637		Cell/Pager: 202345	

 DEPARTMENT OF HOMELAND SECURITY Immigration and Customs Enforcement REPORT OF INVESTIGATION		1. CASE NUMBER (b)(6); (b)(7)(C)	
		PREPARED BY (b)(6); (b)(7)(C)	
		2. REPORT NUMBER 001	
3. TITLE Akinyemi, Anthony/Non-Employee/0619 Detainee/Alien - Death (Unknown Cause)/SNOW HILL, WORCESTER, MD			
4. FINAL RESOLUTION			
5. STATUS Initial Report	6. TYPE OF REPORT Allegation	7. RELATED CASES	
8. TOPIC The JIC received information reporting the death of a detainee.			
9. SYNOPSIS On December 21, 2019, the Joint Intake Center (JIC) received information reporting the death of Immigration and Customs Enforcement (ICE), Enforcement and Removal Operations (ERO) detainee Anthony AKINYEMI (A201 576 988) at the Worcester County Jail (WCJ) located in Snow Hill, MD.			
10. CASE OFFICER (Print Name & Title) (b)(6); (b)(7)(C) Joint Intake Specialist	11. COMPLETION DATE 24-MAR-2020	14. ORIGIN OFFICE Joint Intake Center	
12. APPROVED BY (Print Name & Title) (b)(6); (b)(7)(C) JIC Supervisor	13. APPROVED DATE 25-MAR-2020	15. TELEPHONE NUMBER No Phone Number	
THIS DOCUMENT IS LOANED TO YOU FOR OFFICIAL USE ONLY AND REMAINS THE PROPERTY OF THE DEPARTMENT OF HOMELAND SECURITY. ANY FURTHER REQUEST FOR DISCLOSURE OF THIS DOCUMENT OR INFORMATION CONTAINED HEREIN SHOULD BE REFERRED TO HEADQUARTERS, DEPARTMENT OF HOMELAND SECURITY, TOGETHER WITH A COPY OF THE DOCUMENT.			
THIS DOCUMENT CONTAINS INFORMATION REGARDING CURRENT AND ON-GOING ACTIVITIES OF A SENSITIVE NATURE. IT IS FOR THE EXCLUSIVE USE OF OFFICIAL U.S. GOVERNMENT AGENCIES AND REMAINS THE PROPERTY OF THE DEPARTMENT OF HOMELAND SECURITY IT CONTAINS NEITHER RECOMMENDATIONS NOR CONCLUSIONS OF THE DEPARTMENT OF HOMELAND SECURITY. DISTRIBUTION OF THIS DOCUMENT HAS BEEN LIMITED AND FURTHER DISSEMINATION OR EXTRACTS FROM THE DOCUMENT MAY NOT BE MADE WITHOUT PRIOR WRITTEN AUTHORIZATION OF THE ORIGINATOR.			

 DEPARTMENT OF HOMELAND SECURITY REPORT OF INVESTIGATION CONTINUATION	1. CASE NUMBER (b)(6); (b)(7)(C)
	PREPARED BY (b)(6); (b)(7)(C)
	2. REPORT NUMBER 001
10. NARRATIVE On December 21, 2019, the JIC received information reporting the death of ICE, ERO detainee Anthony AKINYEMI (A201 576 988) at the Worcester County Jail (WCJ) located in Snow Hill, MD. According to the information received, on December 21, 2019, AKINYEMI was declared deceased at 5:23 a.m. Eastern Standard Time. The received information indicated that the preliminary cause of death was asphyxiation due to hanging. Originating documentation is attached to the case file. End of report.	

 DEPARTMENT OF HOMELAND SECURITY REPORT OF INVESTIGATION Exhibit List	1. CASE NUMBER (b)(6); (b)(7)(C)
	PREPARED BY (b)(6); (b)(7)(C)
	2. REPORT NUMBER 001

None

From: (b)(6); (b)(7)(C)
Sent: 25 May 2020 22:29:16 +0000
To: JOINT INTAKE
Cc: (b)(6); (b)(7)(C)
Subject: Joint Intake Worksheet
Attachments: 2019SIR0011723 - ICE ERO Atlanta - Detainee Death Notification - Santiago BATEN-Oxlaj A216 635 071.htm, JOINT INTAKE WORKSHEET - Duty Agent.pdf

Please see attached Joint Intake Worksheet referencing below email and SIR attachment – Detainee Death Notification (ERO).

Have a great day,

(b)(6); (b)(7)(C)
Senior Special Agent
Office of Professional Responsibility
Immigration and Customs Enforcement
900 S. Pine Island Road #400, Plantation, FL 33324
C: 786-412 (b)(6); (b)(7)(C) | O: 954-318 (b)(6); (b)(7)(C) F: 954-318-3497

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Sent: Monday, May 25, 2020 7:35 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov>; JOINT INTAKE (b)(7)(E) cbp.dhs.gov>
Subject: detainee death report

Good Morning.

Please see the attached report regarding a detainee death.

Respectfully,

(b)(6); (b)(7)(C)
SDDO Executive Response Unit
410-952 (b)(6); (b)(7)(C)

ICE Significant Incident Report

Submitted Date and Time of Report: 5/24/2020 1826 EST

Incident Date: 5/24/2020	Incident Time: 0503	Incident Location:
ICE Component: Enforcement & Removal Operations	Division: Field Operations Division	Area: Eastern Operations
Case Number: No Case Involved	Office: ER - FOD ATLANTA - ATL	Lead Agency: B - DHS / ICE
SEN Incident Number: (b)(6); (b)(7)(C)	Initial/Follow-Up: Initial	Event Status: Routine
Related SEN Number:	Related Case Number: -----	SEACATS Number:
Intel Number:	ENFORCE Number:	

(b)(7)(E)

Principal Subject: Person Last Name: Baten-Oxlaj First Name: Santiago Alien ID: 216635071
Date of Birth: 7/13/1985 Country of Birth: Guatemala Citizenship: Guatemala

Narrative

Report Title: ERO Atlanta - Detainee Death Notification

Pursuant to ICE policy, I am providing notification of the death of an ICE detainee: Santiago BATEN-Oxlaj, A216 635 071.

ISSUE:

On May 24, 2020, ICE Enforcement and Removal Operations (ERO) Atlanta, reported the death of ICE detainee Santiago BATEN-Oxlaj, a 34-year-old citizen of Guatemala, at the Piedmont Columbus Regional Hospital (PCRH) in Columbus, GA. Doctors pronounced BATEN deceased at 5:03 a.m. Eastern Daylight Time (EDT). The preliminary cause of death is Coronavirus disease (COVID-19).

Consistent with ICE policy, ERO Atlanta notified the DHS Office of Inspector General (OIG), and the ICE Office of Professional Responsibility (OPR) via the Joint Intake Center (JIC). ERO Atlanta staff attempted to

notify BATEN's next-of-kin but has been unable to make contact. ERO Atlanta provided telephonic notification of BATEN's death to the Consulate General of Guatemala in Atlanta, GA. ERO Atlanta also provided information about BATEN's next-of-kin.

All media inquiries will be referred to ICE Office of Public Affairs.

BACKGROUND:

On an unknown date, BATEN entered the United States at an unknown location without being admitted or paroled after inspection by an immigration officer.

On June 18, 2019, the Kennesaw Municipal Court in Kennesaw, GA convicted BATEN of driving without a valid license and sentenced him to two days of confinement.

On February 19, 2020, the Marietta Municipal Court in Marietta, GA convicted BATEN of driving under the influence and sentenced him to one day of confinement and 11 months and 28 days of probation.

On March 2, 2020, ERO Atlanta arrested BATEN at the Marietta Municipal Probation Office and served him with a Notice to Appear, Form I-862, charging inadmissibility pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act (INA), as an alien present in the United States without admission or parole by an immigration officer.

On March 18, 2020, an immigration judge (IJ) denied BATEN's request for release on an immigration bond.

On March 26, 2020, an IJ granted BATEN voluntary departure under safeguards to Guatemala with instructions to depart on or before April 27, 2020.

On April 17, 2020, the Stewart Detention Center Medical Director informed ERO Atlanta that BATEN had been admitted to the PCRH in Columbus, GA for evaluation and treatment of decreased oxygen saturation levels. The hospital subsequently informed ERO Atlanta that BATEN tested positive for COVID-19 and began utilizing treatment regimens including convalescent plasma donation, Hydroxychloroquine, and Remdesivir.

On May 24, 2020, at approximately 4:45 a.m. EDT, BATEN went into cardiopulmonary arrest and the PCRH medical staff initiated advance life support.

At approximately 5:03 a.m. EDT, the PCRH Doctor pronounced BATEN deceased after echocardiogram no longer showed heart activity.

At approximately, 5:56 a.m. EDT, the Acting Field Office Director for ERO Atlanta notified HQ ERO Field Operations of BATEN's death.

At approximately, 6:56 a.m. EDT, ERO Atlanta, notified the Consulate General of Guatemala in Atlanta of BATEN's death and requested that they notify the next-of-kin.

At approximately, 6:58 a.m. EDT, the Acting Field Office Director for ERO Atlanta notified the Joint Intake Center (JIC) and the JIC OPR duty agent of BATEN's death.

At approximately, 7:45 a.m. EDT, the Consulate General of Guatemala in Atlanta contacted BATEN's spouse and notified of BATEN's death.

BATEN is the 13th detainee to pass away in ICE custody in Fiscal Year 2020.

Violations of
Law:

Action Taken:

Other Agencies Notified:

Name	Agency	Phone	Date	Time
none				

Injuries: Injuries (Names and Extent of
Fatalities: Injury):
Damage:
Unaccompanied
Child Count:

Locations:

Type	Address	City	State	Zip
Other	146 CCA Road	Lumpkin	Georgia	31815

Reported to ICE Operations Center via Phone: 5/24/2020 At: 0658 EST - Eastern Standard Time (GMT-5hrs)

Public Affairs Notified: Yes

Officer Notified: (b)(6); (b)(7)(C)

Date: 5/24/2020

Time: 0622

Comments:

Reported By: (b)(6); (b)(7)(C)

Phone: 410-952 (b)(6); (b)(7)(C)

Cell/Pager: 410-952 (b)(6); (b)(7)(C)

Supervisor:

Phone: 404-893 (b)(6); (b)(7)(C)

Cell/Pager: 202-52 (b)(6); (b)(7)(C)

JOINT INTAKE CENTER – TELEPHONE WORKSHEET

Reset Form

Date 05/24/2020	Time 7:35am	Duty Agent (b)(6); (b)(7)(C)	Phone # 786-414 (b)(6); (b)(7)(C)
Time Sensitive? ☒ Yes ☐ No		Arrests, assaults (physical/sexual), bribes, death, discharge of weapon, medical, media, serious injuries, suicide, workplace violence, e.g.	

Caller Data			
☐ Anonymous	☐ Detainee	☒ Source	☐ Subject ☐ Victim ☐ Witness
Name George Sterling, DFOD ERO		Phone Number (404) 893 (b)(6); (b)(7)(C)	
Language Spoken English		City, State Atlanta, Georgia	
A#		Facility Name	

Information				
☐ Allegation	☐ Management Issue	☐ Detainee Issue	☒ Incident	☐ Other
Briefly Describe (Who/What/Where/When/Why)				
On May 24, 2020, ICE Enforcement and Removal Operations (ERO) Atlanta, reported the death of ICE detainee Santiago BATEN-Oxlaj, a 34-year-old citizen of Guatemala, at the Piedmont Columbus Regional Hospital (PCRH) in Columbus, GA. Doctors pronounced BATEN deceased at 5:03 a.m. Eastern Daylight Time (EDT). The preliminary cause of death is Coronavirus disease (COVID-19).				
☐ CBP ☒ ERO ☐ HSI ☐ Other				

Action Taken	
☐ JICMS File #	☐ JIC Log #
ERO DFOD George Sterling and SDDC (b)(6); (b)(7)(C) Atlanta, GA, emailed the JIC at 7:35 a.m. EST. Consistent with ICE policy, ERO Atlanta notified the DHS Office of Inspector General (OIG), the ICE Office of Professional Responsibility (OPR), and the Joint Intake Center (JIC).	
Referred To	
☐ OIG Duty Agent ☐ OPR Duty Agent ☐ CBP IA Duty ☒ Local ERO ☐ ERO CDH ☒ ERO JIC Email ☐ Other Agency	
Helpful Numbers	
Community and Detainee Helpline (CDH) - (888) 351-4024 (M-F 0800 – 1700) DOJ EOIR - (800) 898-7180 (immigration court dates, status of hearings) CIS NCSC - (800) 375-5283 (M-F 0800 – 1800, Case Status, Benefits, etc) LESC - (855) 448-6903 Detainee locator - www.ice.gov/locator	

 DEPARTMENT OF HOMELAND SECURITY Immigration and Customs Enforcement REPORT OF INVESTIGATION		1. CASE NUMBER (b)(6); (b)(7)(C)
		PREPARED BY (b)(6); (b)(7)(C)
		2. REPORT NUMBER 001
3. TITLE Baten Oxlaj, Santiago/Non-Employee/0619 Detainee/Alien - Death (Unknown Cause)/COLUMBUS, COLUMBUS, GA		
4. FINAL RESOLUTION		
5. STATUS Initial Report	6. TYPE OF REPORT Allegation	7. RELATED CASES
8. TOPIC Detainee tested positive for COVID-19 and died from complications at the Piedmont Columbus Regional.		
9. SYNOPSIS On May 26, 2020, the Joint Intake Center (JIC) received information from Immigration and Customs Enforcement (ICE) Supervisory Detention and Deportation Officer (SDDO) (b)(6); (b)(7)(C) Enforcement and Removal Operations, Atlanta, GA, (ERO Atlanta), reporting that ICE detainee Santiago Baten Oxlaj (A216635071) tested for positive and died from complications to the Coronavirus disease (COVID-19) at the Piedmont Columbus Regional Hospital (PCRH) in Columbus, GA.		
10. CASE OFFICER (Print Name & Title) (b)(6); (b)(7)(C) Joint Intake Specialist	11. COMPLETION DATE 26-MAY-2020	14. ORIGIN OFFICE Joint Intake Center
12. APPROVED BY(Print Name & Title) (b)(6); (b)(7)(C) - JIC Supervisor	13. APPROVED DATE 26-MAY-2020	15. TELEPHONE NUMBER No Phone Number
THIS DOCUMENT IS LOANED TO YOU FOR OFFICIAL USE ONLY AND REMAINS THE PROPERTY OF THE DEPARTMENT OF HOMELAND SECURITY. ANY FURTHER REQUEST FOR DISCLOSURE OF THIS DOCUMENT OR INFORMATION CONTAINED HEREIN SHOULD BE REFERRED TO HEADQUARTERS, DEPARTMENT OF HOMELAND SECURITY, TOGETHER WITH A COPY OF THE DOCUMENT.		
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 DEPARTMENT OF HOMELAND SECURITY REPORT OF INVESTIGATION CONTINUATION	1. CASE NUMBER (b)(6); (b)(7)(C)
	PREPARED BY (b)(6); (b)(7)(C)
	2. REPORT NUMBER 001
10. NARRATIVE On May 26, 2020, the JIC received information from ICE SDDO (b)(6); (b)(7)(C) ERO Atlanta, reporting that ICE detainee Santiago Baten Oxlaj (A216635071) tested for positive and died from complications to the COVID-19 at the PCRH in Columbus, GA. Originating documentation is attached to the case file. End of Report	

 DEPARTMENT OF HOMELAND SECURITY REPORT OF INVESTIGATION Exhibit List	1. CASE NUMBER (b)(6); (b)(7)(C)
	PREPARED BY (b)(6); (b)(7)(C)
	2. REPORT NUMBER 001

None

From: (b)(6); (b)(7)(C)
Sent: 25 May 2020 11:35:02 +0000
To: (b)(6); (b)(7)(C) M;JOINT INTAKE
Subject: detainee death report
Attachments: 2019SIR0011723 - ICE ERO Atlanta - Detainee Death Notification - Santiago BATEN-Oxlaj A216 635 071.htm

Good Morning.

Please see the attached report regarding a detainee death.

Respectfully,

(b)(6); (b)(7)(C)

SDDO Executive Response Unit
410-95 (b)(6);

ICE Significant Incident Report

Submitted Date and Time of Report: 5/24/2020 1826 EST

Incident Date: 5/24/2020	Incident Time: 0503	Incident Location:
ICE Component: Enforcement & Removal Operations	Division: Field Operations Division	Area: Eastern Operations
Case Number: No Case Involved	Office: ER - FOD ATLANTA - ATL	Lead Agency: B - DHS / ICE
SEN Incident Number: (b)(6); (b)(7)(C)	Initial/Follow-Up: Initial	Event Status: Routine
Related SEN Number:	Related Case Number: -----	SEACATS Number:
Intel Number:	ENFORCE Number:	

(b)(7)(E)

or Body Armor			
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Principal Subject: Person Last Name: Baten-Oxlaj First Name: Santiago Alien ID: 216635071
Date of Birth: 7/13/1985 Country of Birth: Guatemala Citizenship: Guatemala

Narrative

Report Title: ERO Atlanta - Detainee Death Notification

Pursuant to ICE policy, I am providing notification of the death of an ICE detainee: Santiago BATEN-Oxlaj, A216 635 071.

ISSUE:

On May 24, 2020, ICE Enforcement and Removal Operations (ERO) Atlanta, reported the death of ICE detainee Santiago BATEN-Oxlaj, a 34-year-old citizen of Guatemala, at the Piedmont Columbus Regional Hospital (PCRH) in Columbus, GA. Doctors pronounced BATEN deceased at 5:03 a.m. Eastern Daylight Time (EDT). The preliminary cause of death is Coronavirus disease (COVID-19).

Consistent with ICE policy, ERO Atlanta notified the DHS Office of Inspector General (OIG), and the ICE Office of Professional Responsibility (OPR) via the Joint Intake Center (JIC). ERO Atlanta staff attempted to notify BATEN's next-of-kin but has been unable to make contact. ERO Atlanta provided telephonic notification of BATEN's death to the Consulate General of Guatemala in Atlanta, GA. ERO Atlanta also provided information about BATEN's next-of-kin.

All media inquiries will be referred to ICE Office of Public Affairs.

BACKGROUND:

On an unknown date, BATEN entered the United States at an unknown location without being admitted or paroled after inspection by an immigration officer.

On June 18, 2019, the Kennesaw Municipal Court in Kennesaw, GA convicted BATEN of driving without a valid license and sentenced him to two days of confinement.

On February 19, 2020, the Marietta Municipal Court in Marietta, GA convicted BATEN of driving under the influence and sentenced him to one day of confinement and 11 months and 28 days of probation.

On March 2, 2020, ERO Atlanta arrested BATEN at the Marietta Municipal Probation Office and served him with a Notice to Appear, Form I-862, charging inadmissibility pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act (INA), as an alien present in the United States without admission or parole by an immigration officer.

On March 18, 2020, an immigration judge (IJ) denied BATEN's request for release on an immigration bond.

On March 26, 2020, an IJ granted BATEN voluntary departure under safeguards to Guatemala with instructions to depart on or before April 27, 2020.

On April 17, 2020, the Stewart Detention Center Medical Director informed ERO Atlanta that BATEN had been admitted to the PCRH in Columbus, GA for evaluation and treatment of decreased oxygen saturation levels. The hospital subsequently informed ERO Atlanta that BATEN tested positive for COVID-19 and began utilizing treatment regimens including convalescent plasma donation, Hydroxychloroquine, and Remdesivir.

On May 24, 2020, at approximately 4:45 a.m. EDT, BATEN went into cardiopulmonary

arrest and the PCRH medical staff initiated advance life support.

At approximately 5:03 a.m. EDT, the PCRH Doctor pronounced BATEN deceased after echocardiogram no longer showed heart activity.

At approximately, 5:56 a.m. EDT, the Acting Field Office Director for ERO Atlanta notified HQ ERO Field Operations of BATEN's death.

At approximately, 6:56 a.m. EDT, ERO Atlanta, notified the Consulate General of Guatemala in Atlanta of BATEN's death and requested that they notify the next-of-kin.

At approximately, 6:58 a.m. EDT, the Acting Field Office Director for ERO Atlanta notified the Joint Intake Center (JIC) and the JIC OPR duty agent of BATEN's death.

At approximately, 7:45 a.m. EDT, the Consulate General of Guatemala in Atlanta contacted BATEN's spouse and notified of BATEN's death.

BATEN is the 13th detainee to pass away in ICE custody in Fiscal Year 2020.

Violations of

Law:

Action Taken:

Other Agencies Notified:

Name	Agency	Phone	Date	Time
none				

Injuries:	Injuries (Names and Extent of
Fatalities:	Injury):
Damage:	
Unaccompanied	
Child Count:	

Locations:

Type	Address	City	State	Zip
Other	146 CCA Road	Lumpkin	Georgia	31815

Reported to ICE Operations Center via Phone: 5/24/2020 At: 0658 EST - Eastern Standard Time (GMT-5hrs)

Public Affairs Notified: Yes

Officer Notified: Lindsay Williams

Date: 5/24/2020

Time: 0622

Comments:

Reported By: (b)(6); (b)(7)(C)

Phone: 410-952 (b)(6); (b)(7)(C)

Cell/Pager: 410-952 (b)(6); (b)(7)(C)

Supervisor:

Phone: 404-893

Cell/Pager: 202-528

ICE Significant Incident Report

Submitted Date and Time of Report: 5/24/2020 1826 EST

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SEN Incident Number: (b)(6); (b)(7)(C)	Initial/Follow-Up: Initial	Event Status: Routine
Related SEN Number:	Related Case Number: -----	SEACATS Number:
Intel Number:	ENFORCE Number:	

(b)(7)(E)

Principal Subject: Person Last Name: Baten-Oxlaj First Name: Santiago Alien ID: 216635071
Date of Birth: 7/13/1985 Country of Birth: Guatemala Citizenship: Guatemala

Narrative

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Other Agencies Notified:

Name	Agency	Phone	Date	Time
none				

Injuries: Injuries (Names and Extent of
Fatalities: Injury):
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Unaccompanied
Child Count:

Locations:

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Officer Notified: (b)(6); (b)(7)(C)

Date: 5/24/2020

Time: 0622

Comments:

Reported By: (b)(6); (b)(7)(C)

Phone: 410-952-(b)(6); (b)(7)(C)

Cell/Pager: 410-952-(b)(6); (b)(7)(C)

Supervisor:

Phone: 404-893-(b)(6); (b)(7)(C)

Cell/Pager: 202-528-(b)(6); (b)(7)(C)