Office of Information Governance and Privacy

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

U.S. Immigration and Customs Enforcement

July 15, 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
Supplemental Response

Dear Mr. Evers:

This letter is the supplemental 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 36 pages of records were reviewed for this final production. Of these 36 pages, five (5) pages were referrals from Customs and Boarder Protection. The 36 pages of records were located pursuant to a search of the ICE Office of Professional Responsibilities (OPR) and U.S. Customs and Border Protection. Those 36 pages of records have been marked 2020-ICLI-00057-2711 through 2020-ICLI-00057-2746. Upon review, ICE has determined that portions of the 36 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. 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 L STEWART

Digitally signed by KORRINA L STEWART
Date: 2021.07.15 16:07:10 -04'00'

Korrina Stewart
Litigation Team Supervisor

Enclosure(s): 36 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

U.S. Department of Homeland Security

Subject ID (b)(6); (b)(7)(C); (b)(7)(E)

Record of Deportable/Inadmissible Alien

Family Name (CAPS)	First	Middle
BALDERRAMOS-TORRES,	YIMI	ALEXIS

Sex	Hair	Eyes	Complex
M	BLK	BRO	MED

Country of Citizenship	Passport Number and Country of Issue	File Number
HONDURAS		XHO1906000040 206 179 679

Height	Weight	Occupation
66	125	LABORER

U.S. Address: 36 BUTLER ST NORWALK, CONNECTICUT, 06850

Scars and Marks: See Narrative

Date, Place, Time, and Manner of Last Entry	Passenger Boarded at
05/27/2019, HID, AFOOT	

(b)(7)(E) ☒ Single ☐ Divorced ☐ Married ☐ Widower ☐ Separated

Number, Street, City, Province (State) and Country of Permanent Residence: ALDEA CULEBRERO CATACAMAS, HONDURAS

Method of Location/Apprehension: LEA 15B

Date of Birth	Age	Date of Action	Location Code	At/Near	Date/Hour
05/02/1989	30	06/06/2019	XHO/XHO	See I-831	06/06/2019 19:55

City, Province (State) and Country of Birth	AR	Form (Type and No.) Lifted ☐ Not Lifted ☐
CATACAMAS, OLANCHO, HONDURAS	☒	

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

NIV Issuing Post and NIV Number	Social Security Account Name	Status at Entry	Status When Found
		Removable	IN TRAVEL

Date Visa Issued	Social Security Number	Length of Time Illegally in U.S.
		4 to 30 days

Immigration Record	Criminal Record
POSITIVE - See Narrative	None Known

Name, Address, and Nationality of Spouse (Maiden Name, if Appropriate):

Number and Nationality of Minor Children: None

(b)(6); (b)(7)(C) Address, if Known: NATIONALITY: HONDURAS ADDRESS: ALDEA CULEBRERO, CATACAMAS, OLANCHO, HONDURAS

(b)(6); (b)(7)(C) Names, Nationality, and Address, if Known: NATIONALITY: HONDURAS ADDRESS: ALDEA CULEBRERO, CATACAMAS, OLANCHO, HONDURAS

Monies Due/Property in U.S. Not in Immediate Possession	Fingerprinted? ☒ Yes ☐ No	Systems Checks	Charge Code Words(s)
None Claimed		See Narrative	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: 1154863272

Left Index fingerprint

Right Index fingerprint

SCARS MARKS AND TATTOOS

None Indicated - NONE INDICATED

Health Information

The subject claims good health.

Current Administrative Charges

...(CONTINUED ON I-831)

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

Alien has been advised of communication privileges _____ (Date/Initials)

Distribution

FILE

LEGAL

STATS

Received (Subject and Documents) (Report of Interview)

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

on June 6, 2019 (time)

Disposition REINSTATEMENT OF REPORT ORDER I-871

Examining Officer (b)(6); (b)(7)(C)

Form I-213 (Rev. 08/01/07)

U.S. Department of Homeland Security

Continuation Page for Form I-213

Alien's Name	File Number	Date
BALDERRAMOS-TORRES, YIMI ALEXIS	206 179 679 Event No: (b)(7)(E)	06/06/2019

06/06/2019 - 212a9Ai - ALIEN PREVIOUSLY REMOVED AS AN ARRIVING ALIEN - AGGRAVATED FELONY CONVICTION

Records Checked

(b)(7)(E)

At/Near

Houston, Texas

Record of Deportable/Excludable Alien:
On June 6, 2019, at approximately 2:27PM, Montgomery County Sheriff's Office (MCSO) conducted a traffic stop on a vehicle traveling northbound on Interstate 59 near FM 1485. After the vehicle was stopped, Sheriff's Deputies found 11 individuals who subsequently admitted to being present in the United States illegally. Suspecting that these individuals were being smuggled into the United States, MCSO contacted HSI, which quickly responded and placed these individuals into immigration proceedings.

CONSULAR NOTIFICATION:
The subject was notified of the right to communicate with a consular officer from Honduras as per Article 36(a)(b) of the Vienna Convention of Consular Relations. The subject acknowledged understanding the right and but declined to speak with anyone at this time. Furthermore, the subject does not claim to fear persecution or torture if returned to the subject's country of citizenship.

Other Identifying Numbers

ALIEN-206179679
TECS Case Number-HO15B119HO0001

Signature	Title
(b)(6); (b)(7)(C)	SPECIAL AGENT

Homeland Security Investigations
U.S. Department of Homeland Security
15850 Export Plaza Drive
Houston, TX 77032

U.S. Immigration and Customs Enforcement

NOTICE TO ARRESTED OR DETAINED FOREIGN NATIONALS
CONSULAR NOTIFICATION AND ACCESS

(Re: BALDERRAMOS-TORRES, YIMI ALEXIS /**A** 206 179 679)

1- Optional Notification [ ] (If yes, memo to consulate is required)

As a non-U.S. citizen who is being arrested or detained, you are entitled to have us notify your country's consular representatives here in the United States. A consular official from your country may be able to help you obtain legal counsel, and may contact your family and visit you in detention, among other things. If you want us to notify your country's consular officials, you can request notification now, or at any time in the future. After your consular officials are notified, they may call or visit you.

Do you want us to notify your country's consular officials?
Check one: [ ] Yes [ ] No

x_____x
Alien Signature

2- MANDATORY NOTIFICATION [ ] (memo to consulate is required)

Because of your nationality, we are required to notify your country's consular representatives here in the United States that you have been arrested or detained. After your consular officials are notified, they may call or visit you. You are not required to accept their assistance, but they may be able to help you obtain legal counsel and may contact your family and visit you in detention, among other things. We will be notifying your country's consular officials as soon as possible.

x_____x
Alien Signature

ICE OFFICER:

_____ _____

Special Agent/ Officer Date

orig - A - file

[redacted]

C 'of Enforcement and Removal Operations

U.S. Department of Homeland Security
425 I Street, NW
Washington, DC 20536

U.S. Immigration and Customs Enforcement

June 30, 2019

Mr. Wilmer Balderramos
36 Butler Street
Norwalk, CT 06850

Dear Mr. Balderramos,

I am writing you on behalf of U.S. Immigration and Customs Enforcement (ICE) and regret that I must inform you of the death of your brother, Yimi Alexis Balderramos Torrez. I extend to you and your family the deepest sympathies of our entire agency for your loss.

Your brother passed away on June 30, 2019. The cause of his death is unknown at this time and is being investigated.

In order to ensure that all of your questions are answered, please feel free to contact Mr. (b)(6); (b)(7)(C) at (281) 7(b)(6); (b)(7)(C) or Honduran consulate official (b)(6); (b)(7)(C) at (346) 201(b)(6); (b)(7)(C)

Please accept our deepest condolences for your loss.

Sincerely,

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

Patrick D. Contreras
Field Office Director
Houston Contract Detention Facility

Depart-Cleared Status: 6-Excluded/Removed - inadmissibility A-Number: 206178878

Charge column has been marked as the Final Charge, or most severe charge, under which the alien was removed.

Charged	Section	DACS	Description	Disposition	Final Charge
06/05/2013	8 USC 1182		ALIEN INADMISSIBILITY UNDER SECTION 212	Sustain	
06/05/2013	212a7AI	I7A1	IMMIGRANT WITHOUT AN IMMIGRANT VISA	Sustain	X

Detainee Death Review Report

Roberto RODRIGUEZ-Espinoza

Date of Death: September 10, 2019
Alien File Number: 215 809 440
Joint Integrity Case Management System (JICMS) Number: (b)(6); (b)(7)(C)

October 20, 2020

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

TABLE OF CONTENTS

DETAILS OF REVIEW

From October 22 to 23, 2019, U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) staff visited McHenry County Correctional Facility (MCCF) in Woodstock, Illinois (IL), to review the facts and circumstances surrounding Roberto Rodriguez-Espinoza's (RODRIGUEZ's) detention and death. ERAU was assisted in its review by contract subject matter experts (SMEs) in correctional healthcare and security who are employed by Creative Corrections, a national management consulting firm. As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to RODRIGUEZ, in addition to conducting in-person interviews of individuals employed by MCCF and the contractor that provides medical care services. RODRIGUEZ, a 37-year-old Mexican male, was detained at MCCF from September 3 through 7, 2019, when he was transferred to the hospital. On September 10, 2019, RODRIGUEZ died at the Northwestern Medicine Central DuPage Hospital (NMCDH) in Winfield, IL. The DuPage County Chief Forensic Pathologist documented the cause of death as complications of chronic alcoholism.[1]

FACILITY PROFILE

MCCF is owned and operated by McHenry County Sheriff's Office. The local ICE Office of Enforcement and Removal Operations in Chicago (ERO Chicago) began housing detainees at MCCF in 2005, pursuant to an Intergovernmental Service Agreement (IGSA) with the U.S. Marshals Service, which requires it to comply with the ICE National Detention Standards (NDS) 2000. The McHenry County Sheriff's Office provides security services and Wellpath provides medical care services. The facility was accredited by the American Correctional Association in January 2020 and the National Commission on Correctional Health Care in July 2019. MCCF is authorized by ICE to house male and female detainees in excess of 72 hours. At the time of RODRIGUEZ's death, MCCF housed approximately 293 detainees.[2]

IMMIGRATION AND CRIMINAL HISTORY

At an unknown date and location, RODRIGUEZ entered the United States.[3]

On September 24, 2000, the Chicago Police Department arrested RODRIGUEZ for damaging a vehicle.[4] The case disposition and sentence are unknown.

On May 27, 2002, the Chicago Police Department arrested RODRIGUEZ for possession of marijuana.[5] The case disposition and sentence are unknown.

On January 7, 2008, the Chicago Police Department arrested RODRIGUEZ for shoplifting.[6] The case disposition and sentence are unknown.

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[1] *See* Exhibit 1: State of Illinois Certificate of Death, dated November 8, 2019.
[2] *See* ERO Facility List, dated September 9, 2019.
[3] *See* Federal Bureau of Investigation, Criminal History Record, dated April 21, 2020.
[4] *Id.*
[5] *Id.*
[6] *Id.*

On April 15, 2008, the Chicago Police Department arrested RODRIGUEZ for larceny.[7] The Cook County Circuit Court (CCCC) in Chicago, IL, convicted RODRIGUEZ of larceny and sentenced him to six months' probation on May 29, 2008.[8]

On November 18, 2009, the Chicago Police Department arrested RODRIGUEZ for larceny.[9] The case disposition and sentence are unknown.

On February 16, 2010, the Chicago Police Department arrested RODRIGUEZ for assault.[10] The case disposition and sentence are unknown.

On May 6, 2010, the Chicago Police Department arrested RODRIGUEZ for assault.[11] The case disposition and sentence are unknown.

On March 30, 2015, the Chicago Police Department arrested RODRIGUEZ for possession a controlled substance.[12] The case disposition and sentence are unknown.

On November 10, 2015 and December 2, 2015, the Chicago Police Department arrested RODRIGUEZ for burglary.[13] On September 21, 2016, CCCC convicted RODRIGUEZ of burglary and sentenced him to two years' probation with 324 days credited as time served.[14]

On November 4, 2018, the Chicago Police Department arrested RODRIGUEZ for trespassing.[15] The case disposition and sentence are unknown.

On September 3, 2019, the ICE Office of Homeland Security Investigations (HSI) Chicago encountered RODRIGUEZ and arrested him for violations of the Immigration Nationality Act (INA).[16] HSI initially brought RODRIGUEZ to Broadview Service Staging Area (BSSA) in Broadview, IL, for processing, but given the facility does not house detainees overnight, they transferred RODRIGUEZ into ERO's custody. ERO then placed RODRIGUEZ at MCCF for overnight housing.

The following morning, ERO returned RODRIGUEZ back to BSSA and then issued him a Notice to Appear (Form I-862) pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as an alien who is present in the United States without admission or parole by an immigration officer.[17] ERO subsequently returned RODRIGUEZ to MCCF for longer term housing.

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[7] *Id.*
[8] *See* Federal Bureau of Investigation, Criminal History Record, dated April 21, 2020.
[9] *Id.*
[10] *Id.*
[11] *Id.*
[12] *Id.*
[13] *See* Form I-213, dated September 4, 2019.
[14] *Id.*
[15] *Id.*
[16] *See* ENFORCE Alien and Removal Module (EARM).
[17] *Id.*

CHRONOLOGY OF EVENTS

September 3, 2019

At 10:19 p.m., Officer (b)(6); (b)(7)(C) admitted RODRIGUEZ to MCCF.[18] Officer (b)(6); (b)(7)(C) inventoried RODRIGUEZ's funds and personal property which consisted of clothing, a hat, an earring, a chain necklace, one Canadian coin, and $44.06.[19] An unknown officer completed RODRIGUEZ's classification rating using the ICE Custody Classification Worksheet and appropriately classified him as high; however, the officer and supervisor did not document their names on the form, and the data field to document the language used during the classification interview was blank.[20] During his interview, Officer (b)(6); stated an HSI agent completed the ICE Custody Classification Worksheet prior to his arrival at MCCF.[21]

At 10:47 p.m., (b)(6); (b)(7)(C) completed RODRIGUEZ's medical intake screening using interpretation services and documented[22] the following:

- RODRIGUEZ had no medications with him.
- RODRIGUEZ denied treatment for chronic medical or mental health problems and symptoms of communicable illness.
- RODRIGUEZ denied past suicide attempts and current feelings of hopelessness or symptoms of mental illness.
- RODRIGUEZ did not display behavioral problems, reduced state of consciousness, or difficulty in movement or breathing.
- RODRIGUEZ admitted to drinking a six-pack every day; however, the last date of consumption was blank.
- RODRIGUEZ denied symptoms associated with alcohol withdrawal.[23]

RODRIGUEZ signed the medical intake form acknowledging he answered all the questions, that an officer showed him how to obtain medical services, and that he consented to medical services. (b)(6); (b)(7)(C) stated that although he completed the medical intake screening, he has not received medical screening training.[24] During his interview, Sergeant (Sgt.) (b)(6); (b)(7)(C) confirmed MCCF does not formally train officers to conduct medical screenings.[25]

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[18] *See* Release Report, printed September 9, 2019.
[19] *See* Property Inventory Form, dated September 3, 2019.
[20] *See* ICE Custody Classification Worksheet, dated September 3, 2019.
[21] ERAU interview with Officer (b)(6); dated October 22, 2019.
[22] *See* MCCF Medical Intake Screening, dated September 3, 2019; *see also* MCCF General Order 3.4.1-03, *Medical Intake Screening*, dated June 2, 2010.
[23] The MCCF Medical Intake Screening form does not include questions related to duration or level of alcohol dependency and potential for withdrawal.
[24] ERAU interview with (b)(6); (b)(7)(C), dated October 22, 2019.
[25] ERAU interview with dated October 22, 2019.

At 11:00 p.m., (b)(6); (b)(7)(C) licensed practical nurse (LPN), indicated RODRIGUEZ did not have medications and placed a purified protein derivative (PPD)[26] skin test.[27]

ERAU notes the medical intake screening form does not require nurses to collect vital signs or document they reviewed the form, nor does it include an area for nurses to document a disposition or referral to a provider, if necessary. However, the medical intake screening form has a designated medical staff area to annotate drug abuse, alcohol abuse, detox and mental health, all of which LPN (b)(6); eft blank. During her interview, (b)(6); stated that in her clinical judgement, daily intake of a six-pack a day did not constitute abuse, and that she spoke with RODRIGUEZ regarding his alcohol intake but did not document the conversation.[28]

Office (b)(6); (b)(7)(C) stated he issued RODRIGUEZ a uniform, a facility and ICE National Detainee Handbook, and allowed him to shower.[29] Sgt. (b)(6); (b)(7)(C) stated that after RODRIGUEZ showered, Officer (b)(6); placed him in a cell in the intake area pending his transfer to BSSA.[30] Officers (b)(6); (b)(7)(C) conducted 30-minute rounds during the six-hours RODRIGUEZ was in the intake cell.[31]

September 4, 2019

At 4:30 a.m.,[32] ERO returned RODRIGUEZ to BSSA for processing[33] At 2:06 p.m., Deportation Officer (DO (b)(6); (b)(7)(C) classified RODRIGUEZ as high, and DO (b)(6); (b)(7)(C) reviewed and approved the risk classification rating the same day.[34]

At approximately 7:36 p.m., ERO returned RODRIGUEZ to MCCF for longer term housing. [35] Officer (b)(6); (b)(7)(C) processed RODRIGUEZ back into MCCF, issuing him bedding, extra uniforms, undergarments, and hygiene items.[36]

At 8:53 p.m., an unknown officer escorted RODRIGUEZ to housing unit Block Five, Section Two.[37]

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[26] A PPD skin test occurs when a solution is injected into the skin to determine whether a person has been infected with tuberculosis (TB).
[27] *See* MCCF Medical Intake Screening, dated September 3, 2019; *see also* Wellpath TB Record, dated September 3, 2019.
[28] ERAU interview with (b)(6); , dated October 23, 2019.
[29] ERAU interview with Officer (b)(6); , dated October 22, 2019. The intake documentation provided to ERAU did not reflect this information; therefore, ERAU could not verify the Officer's statement. Although ICE NDS 2000 requires these actions be performed, documentation of their completion is not required.
[30] ERAU interview with (b)(6); (b)(7)(C) dated October 23, 2019.
[31] *See* MCCF Booking Activity Log, dated September 3, 2019.
[32] *Id.*
[33] *See* ICE Significant Incident Report (SIR), dated September 11, 2019.
[34] *See* EARM.
[35] *See* MCCF Booking Activity Log, dated September 4, 2019.
[36] ERAU interview with Officer (b)(6); ed October 22, 2019. Although ICE NDS 2000 requires these actions be performed, documentation of their completion is not required. Consequently, there is no documentation in the detention file reflecting this information.
[37] *See* Block 5 Activity Log, dated September 4, 2019.

September 5, 2019

At 9:00 a.m., (b)(6); (b)(7)(C), LPN, read the TB skin test, which was negative for active TB.[38] However, the time lapsed from placement to reading was approximately 33 hours, 15 hours less than the minimum called for by the CDC to allow ample time for the immune system to react to the solution.[39]

September 6, 2019

At an unknown time, RODRIGUEZ submitted a written detainee request in English for an eye examination, an eyeglass fitting, and to see a doctor.[40] An unknown officer responded to the request on September 10, 2019, documenting RODRIGUEZ was sent to the hospital. ERAU notes that although this detainee request was present in RODRIGUEZ's facility detention file, it is unknown when the facility received the request, as there was no receipt date stamp and the officer's signature is illegible, rendering it impossible to determine if the request was submitted to ERO or the facility and then routed accordingly.

September 7, 2019

At 9:25 a.m., RODRIGUEZ submitted an electronic request in English stating he would like to see a nurse.[41]

At an unknown time,[42] Housing Unit Officer (b)(6); (b)(7)(C) observed RODRIGUEZ walking around in a daze, appearing confused and disoriented, and entering other detainees' cells.[43] On two occasions, RODRIGUEZ approached the housing unit door and stated that he wanted to leave. At 3:15 p.m., Officer (b)(6); (b)(7)(C) notified (b)(6); (b)(7)(C) and medical of RODRIGUEZ's behavior.[44] Pursuant to the notification (b)(6); (b)(7)(C) interviewed RODRIGUEZ, who asked for bus fare to go to his wife's place of employment so he could pick her up, stating he had finished painting for the day and would return the next day to continue.[45]

RODRIGUEZ's cellmate, detainee (b)(6); (b)(7)(C), stated he attempted to return RODRIGUEZ to their cell, recalling that the night prior, RODRIGUEZ was vomiting repeatedly, which he did not share with the housing unit officer because RODRIGUEZ asked him not to.[46]

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[38] *See* Wellpath TB Record, dated September 3, 2019.
[39] *See* www.cdc.gov.
[40] *See* ICE Immigration Detainee Request Form, dated September 4, 2019.
[41] *See* Request Report, printed September 16, 2019.
[42] *See* Video surveillance 05-2019-09-07-15-03-36-642, dated September 7, 2019. The video surveillance footage provided by MCCF is not time-stamped and there is no wall clock located within the Unit housing footage; therefore, ERAU cannot definitely determine the time of this event.
[43] *See* Incident Report by Offic (b)(6); (b)(7)(C) dated September 7, 2019.
[44] *Id.; see also* Supervisor Incident Report by (b)(6); (b)(7)(C) dated September 7, 2019.
[45] As discussed later in the report, security's observations and interviews, combined with medical's subsequent assessment, led to a collective decision to place RODRIGUEZ in the medical housing unit for observation the same day.
[46] ERAU interview with (b)(6); (b)(7)(C) dated October 23, 2019.

At 3:23 p.m.,[47] pursuant to security's report, (b)(6); (b)(7)(C) LPN, arrived at Block Five and observed RODRIGUEZ's behavior, spoke with him, and took his vital signs, which were all within normal limits[48] except for an elevated blood pressure[49] of 130/84.[50] She returned to medical at 3:45 p.m.,[51] and at 4:04 p.m., documented that for detoxification purposes, RODRIGUEZ would be assigned to a low bunk, no gym or other program privileges until cleared by medical, and that she scheduled him for a follow-up appointment on September 13, 2019.[52]

At 4:13 p.m. (b)(6); (b)(7)(C) documented[53] the following:

- RODRIGUEZ reported drinking a six-pack of "tall boy" beers[54] and a quarter of a bottle of tequila daily for more than one year, with his last alcohol consumption the day he was admitted to MCCF.
- RODRIGUEZ denied a history of withdrawal from drugs or alcohol.
- RODRIGUEZ's vital signs were as documented at 4:04 p.m.; however, his temperature changed from 97.8 to 97.2 degrees, and he had a non-fasting blood glucose level of 179.
- RODRIGUEZ appeared disoriented and restless.

(b)(6); (b)(7)(C) did not further indicate observations related to delirium tremens (DTs)[55] or dehydration or whether she used interpretation services. (b)(6); (b)(7)(C) stated she did not notify mental health staff because her focus was on the medical issues related to possible withdrawal.[56] Although (b)(6); (b)(7)(C) marked the checkbox indicating she completed a Clinical Institute

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[47] *See* Video surveillance 7-2019-09-07-14-53-31-874, dated September 7, 2019. Although the video surveillance footage provided by MCCF is not time-stamped, there is a digital clock on the wall outside the Unit that officers used to document their entries in the logbook visible in the footage; the times reflected within the report were obtained from the digital wall clock.

[48] ERAU notes this was the first set of vital signs taken during RODRIGUEZ's detention at MCCF. 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; normal blood pressure is less than 120/80; and normal fasting or non-fasting blood glucose levels is roughly 90 to 130 milligrams per deciliter.

[49] 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, it is defined; this blood pressure falls within AHA parameters for stage one hypertension. Stage one hypertension is characterized by a systolic reading of at least 130 or a diastolic reading of at least 80.

(b)(6); (b)(7)(C) assessed RODRIGUEZ at the officer's station located outside of Block Five, Section Two. The officer's station is in the middle of the block with sightlines into each of the four sections. ERAU interview with LPN (b)(6); , dated October 22, 2019. *See* Progress Note by (b)(6); , dated September 7, 2019.

[51] *See* Video surveillance 7-2019-09-07-14-53-31-874.

[52] *See* Identification of Special Needs, dated September 7, 2019.

[53] *See* Alcohol and Other Drugs form, dated September 7, 2019. The Illinois Nurse Practice Act, Section 1300.250 states, "Practice as a [LPN] means a scope of basic nursing practice, with or without compensation, as delegated by a registered professional nurse or an advanced practice registered nurse [RN] or as directed by a physician assistant, physician, dentist or podiatric physician, and includes all of the following and other activities requiring a like skill level for which the LPN is properly trained:…" Sub-element c) states, "implementing aspects of the plan of care as delegated." Neither the form nor MCCF Policy and Procedure HCD-100, *Medically Supervised Withdrawal and Treatment*, explicitly distinguish between RNs and LPNs with respect to the duties they are authorized to perform. Furthermore, on this day, an RN was not on duty to delegate or supervise the LPNs.

[54] Tall boy cans of beer range from 16 to 24 ounces.

[55] DTs refer to a psychotic condition typical of withdrawal in chronic alcoholics, involving tremors, hallucinations, anxiety, and disorientation.

[56] ERAU interview with (b)(6); , dated October 22, 2019.

Withdrawal Assessment for Alcohol, Revised (CIWA-Ar)[57], documenting a score of four and, although she concluded RODRIGUEZ should be routed for routine intervention,[58] a CIWA-Ar for this date was not present in RODRIGUEZ's medical record, and she could not recall how she arrived at the score of four.[59]

At 4:53 p.m., (b)(6); (b)(7)(C) returned to Block Five with (b)(6); (b)(7)(C) to re-assess RODRIGUEZ.[60] (b)(6); (b)(7)(C) used a detainee interpreter to ask RODRIGUEZ questions, conducted a balance test, and checked RODRIGUEZ's eyes. At 5:01 p.m., (b)(6); (b)(7)(C) gave RODRIGUEZ 25 milligrams (mg) of chlordiazepoxide.[61] Based on a review of the medical record, (b)(6); (b)(7)(C) gave RODRIGUEZ the medication prior to contacting the physician for approval.

At 5:11 p.m., (b)(6); (b)(7)(C) documented[62] that (b)(6); (b)(7)(C) prescribed the following:

- Two chlordiazepoxide (25 mg) capsules by mouth now. Then two capsules by mouth three times daily for the next three days, and starting September 10, 2019, two capsules by mouth twice daily for two days.
- A folic acid[63] (1 mg) tablet by mouth every morning for five days.
- A thiamine HC1[64] (100 mg) tablet by mouth every morning for five days. If unable to give oral thiamine, contact the provider for administration via intramuscular injection.
- A meclizine[65] (25 mg) tablet three times daily as needed for three days. Notify the provider if patient experiences persistent nausea/vomiting or if nausea/vomiting continues after two doses.

Although (b)(6); (b)(7)(C) documented she read back and verified each order, she did not enter a corresponding Progress Note documenting how or when the orders were received. During his interview (b)(6); (b)(7)(C) stated he did not specify the drugs by name, strength, dose, route, time of administration, and discontinuation dates; instead, he directed implementation of the facility's withdrawal protocol.[66] (b)(6); (b)(7)(C) did not sign the medication order. Health Services Administrator (HSA) (b)(6); (b)(7)(C) acknowledged she does not know of any procedures for obtaining signatures of providers providing remote services.[67]

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[57] A CIWA-Ar is an assessment used to measure the severity of withdrawal symptoms to help guide treatment.
[58] *See* Alcohol and Other Drugs form, dated September 7, 2019.
[59] ERAU interview with (b)(6); (b)(7)(C) dated October 22, 2019. The score sheet classifies a score of 10 to 15 as mild to moderate withdrawal and does not mandate action until there are three sequential scores in this range.
[60] *See* Video surveillance 7-2019-09-07-16-36-14-900.
[61] Chlordiazepoxide is a controlled substance used to treat anxiety, alcohol withdrawal symptoms, and tremors. *Id.; see also* Order Record History, dated September 7, 2019.
[62] *See* Wellpath Medication Order, dated September 7, 2019. (b)(6); based in St. Louis, Missouri and provided consultation services while the MCCF Clinical Director was on leave.
[63] Folic acid is a B vitamin used to treat certain types of anemia, such as alcohol abuse.
[64] Thiamine HC1 is a B1 vitamin. Thiamine deficiency is common in drinkers who consume an excessive amount of alcohol, due to poor nutrition and the body's inability to absorb vitamins when alcohol-induced stomach inflammation occurs.
[65] Meclizine is a medication used to relieve nausea and vomiting.
[66] ERAU telephone interview with (b)(6); dated October 22, 2019.
[67] ERAU interview wit(b)(6); , dated October 23, 2019.

The Wellpath Clinical Decision Support Monograph/Alcohol and Benzodiazepine Medications protocol is a clinical practice guideline for prescribing providers.[68] (b)(6); (b)(7)(C) stated the alcohol withdrawal medication regimen reflected in RODRIGUEZ's medication order, including chlordiazepoxide, meclizine, and thiamine is programmed within the electronic medical record system.[69] The orders in RODRIGUEZ's medical record for chlordiazepoxide are consistent with recommendations in the Wellpath protocol; however, the protocol does not specify frequency or duration for thiamine and does not address meclizine or folic acid.[70]

At 5:54 p.m. (b)(6); (b)(7)(C) documented RODRIGUEZ was transferred to Block Five, Section Four, MCCF's designated medical housing unit.[71] Officer (b)(6); (b)(7)(C) explained that although (b)(6); (b)(7)(C) did not address RODRIGUEZ's housing on the Identification of Special Needs form, (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) collaboratively decided RODRIGUEZ should not remain in general housing.[72] However, (b)(6); (b)(7)(C) stated that RODRIGUEZ's transfer to Block Five, Section Four was delayed because the housing units were locked down for cleaning.[73] HSA (b)(6); stated that although detainees are placed in the medical housing unit for various health reasons, including drug and alcohol withdrawal, nurses are not stationed in the unit and regular nursing rounds are not mandated or conducted.[74]

At approximately 9:45 p.m.,[75] (b)(6); (b)(7)(C) called (b)(6); (b)(7)(C) to report that RODRIGUEZ's medical health was declining.[76] She did not enter a corresponding Progress Note describing any events, behaviors, or an assessment of RODRIGUEZ that led her to this conclusion. Per LPN (b)(6); (b)(7)(C) directed RODRIGUEZ's transport via facility vehicle to the local emergency room for a neurological/medical evaluation and to rule out DTs related to his exhibited behavior, altered mental status, and history of alcohol abuse.[77] (b)(6); (b)(7)(C) stated that (b)(6); (b)(7)(C) allowed transport via facility vehicle rather than Emergency Medical Services (EMS) per her request, because in her opinion the situation was not an emergency.[78] (b)(6); did not sign the order directing RODRIGUEZ's transport to the hospital.

(b)(6); (b)(7)(C) documented that RODRIGUEZ's vital signs were within normal limits except for an elevated blood pressure[79] of 150/94 and a non-fasting blood glucose of 179.[80] (b)(6); (b)(7)(C) also documented RODRIGUEZ's reported history of alcohol use, that his altered mental status had

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[68] *See* Wellpath Clinical Decision Support Monograph/Alcohol and Benzodiazepine Medications, dated May 2019.
[69] ERAU interview with (b)(6); (b)(7)(C) dated October 22, 2019.
[70] *See* Medication Order, dated September 7, 2019; *see also* Wellpath Clinical Decision Support Monograph/ Alcohol and Benzodiazepine Medications, dated May 2019. ERAU notes medical did not administer thiamine or folic acid because they were not due for administration until the following morning.
[71] *See* Block 5 Activity Log – Afternoon Shift, dated September 7, 2019.
[72] ERAU interview with Officer (b)(6); dated October 22, 2019.
[73] ERAU interview with Sgt. (b)(6); dated October 22, 2019.
[74] ERAU interview with HSA (b)(6); dated October 22, 2019.
[75] *See* Physician Order – Verbal/Telephone, dated September 7, 2019.
[76] ERAU interview with LPN (b)(6); dated October 22, 2019.
[77] *See* Physician Order – Verbal/Telephone, dated September 7, 2019.
[78] ERAU interview with (b)(6); (b)(7)(C) dated October 22, 2019.
[79] According to the AHA, stage two hypertension is characterized by a systolic reading of at least 140 or a diastolic reading of at least 90.
[80] *See* Emergency Response Worksheet, dated December 7, 2019 (b)(6); (b)(7)(C) did not sign the worksheet.

worsened, and that he was given an initial dose of chlordiazepoxide (50 mg) at 5:00 p.m. She also documented RODRIGUEZ vomited throughout the night on September 6, 2019.[81]

At 10:33 p.m., (b)(6); (b)(7)(C) transported RODRIGUEZ to Northwestern Medicine Woodstock Hospital (NMWH) in Woodstock, IL.[82] (b)(6); (b)(7)(C) reported that RODRIGUEZ complied with instructions, and his demeanor was mostly unremarkable.[83] They arrived at NMWH at 10:45 p.m.[84]

September 8, 2019

At 1:00 a.m., NMWH physician (b)(6); (b)(7)(C) reviewed RODRIGUEZ's medical history, conducted a physical examination, and ordered laboratory tests.[85] (b)(6); (b)(7)(C) clinical impression was acute alcoholic liver disease with a fatty liver, and alcohol withdrawal with some symptoms of DTs. (b)(6); (b)(7)(C) disposition was to transfer RODRIGUEZ to Northwestern Medicine Huntley Hospital (NMHH) in Woodstock, IL, as he required a higher level of care due to his severely altered mental state.[86]

At 1:28 a.m., an unknown medical staff member responded to RODRIGUEZ's September 8, 2019 sick call request, documenting that RODRIGUEZ was sent to the emergency room for evaluation.[87] According to HSA (b)(6); electronic sick call requests are reviewed by the emergency medical technician or LPN after 10:00 p.m. each night; therefore, medical staff would not have seen RODRIGUEZ's request until after his transport to the hospital.[88]

At 2:37 a.m.,[89] EMS transferred RODRIGUEZ to NMHH.[90] Officer (b)(6); (b)(7)(C) stated he rode in the ambulance, and Officer (b)(6); drove the chase vehicle.[91] They arrived to NMHH at 3:10 a.m.[92]

At 3:15 a.m., NMHH staff admitted RODRIGUEZ to the Intensive Care Unit (ICU) for alcohol withdrawal treatment.[93] The plan of care included a computed tomography (CT) scan[94] of the head.

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[81] *See* Emergency Room/Direct Admit Referral Request, dated September 7, 2019. During her interview with ERAU on October 22, 2019, LPN (b)(6); stated RODRIGUEZ's cellmate informed her that RODRIGUEZ had been up all night vomiting. ERAU notes (b)(6); (b)(7)(C) did not document the information concerning RODRIGUEZ vomiting throughout the night or specifically assessing him for vomiting and nausea in her earlier documentation.
[82] *See* MCCF Detainee/Inmate Transport Log, dated September 7, 2019.
[83] ERAU interview with Offic (b)(6); dated October 23, 2019.
[84] *See* MCCF Detainee/Inmate Transport Log, dated September 7, 2019.
[85] *See* NMWH Clinical Report – Physician/Mid Levels, dated September 8, 2019.
[86] *Id.*; *see also* Progress Note by LPN (b)(6); dated September 8, 2019.
[87] *See* Request Report, printed September 16, 2019.
[88] ERAU interview with (b)(6); (b)(7)(C) dated October 22, 2019.
[89] *See* MCCF Detainee/Inmate Transport Log, dated September 7, 2019.
[90] HSA (b)(6); stated the EMS report was unavailable.
[91] ERAU interview with Offic (b)(6); dated October 23, 2019.
[92] *See* MCCF Hospital Activity Log, dated September 7, 2019.
[93] *See* Centegra Hospital – Huntley Consultation Note, dated September 8, 2019.
[94] A CT scan is a type of x-ray that produces cross-sectional images of the body for display and analysis on a computer.

At 7:00 a.m. (b)(6); (b)(7)(C) completed a CIWA-Ar form and documented RODRIGUEZ was at the hospital but applied scores of zero for each listed symptom, signifying he had none.[95] She also marked checkboxes documenting RODRIGUEZ responded "no" to the mental health questions. (b)(6); (b)(7)(C) stated that she completed the form even though RODRIGUEZ was not present because policy mandates that she score the symptoms; since he was not at the facility, she just applied zeros.[96] Neither (b)(6); (b)(7)(C) nor (b)(6); (b)(7)(C) could provide a policy concerning the mandate.

At 5:37 p.m., (b)(6); (b)(7)(C) documented NMHH staff intubated RODRIGUEZ and referred him to NMCDH for neurosurgery following the discovery of a brain bleed and midline shift.[97] The EMS departed NMHH at 8:20 p.m. and arrived at 9:10 p.m.[98] At 9:59 p.m.,[99] NMCDH physician, Dr. (b)(6); (b)(7)(C) completed a neurosurgical consultation.

Following another CT scan of RODRIGUEZ's brain (b)(6); (b)(7)(C) documented the following:

- RODRIGUEZ was neurologically moribund.[100]
- RODRIGUEZ's pupils were fixed and dilated for over four hours.
- RODRIGUEZ did not have a cough or gag reflex.
- RODRIGUEZ had lost brainstem reflexes and no operative intervention would be successful at that point.

At 10:19 p.m., NMCDH physician (b)(6); (b)(7)(C) documented that RODRIGUEZ was critically ill and at risk for sudden deterioration.[101] (b)(6); noted that RODRIGUEZ required continued critical care management and monitoring and a high degree of complex, medical decision-making. (b)(6); added that attempts to contact the facility were being routed through ICE.

September 9, 2019

At 8:10 a.m., NMCDH physician (b)(6); (b)(7)(C) recommended an autopsy given the circumstances.[102] (b)(6); (b)(7)(C) spoke with ICE Health Service Corps (IHSC) medical liaison, Commander (b)(6); (b)(7)(C) who informed him of RODRIGUEZ's significant alcohol consumption. Commander (b)(6); also stated that RODRIGUEZ was homeless, and the Mexican consulate was trying to contact his family. If they were unable to contact the family prior to RODRIGUEZ's death, the consulate had seven days to decide if they would take the body (b)(6); (b)(7)(C) also noted she intended to speak with hospital lawyers regarding how to proceed if no family was found, and RODRIGUEZ did not quickly progress to brain death.

At 9:48 a.m., NMCDH physician (b)(6); (b)(7)(C) conducted a neurology consultation documenting that RODRIGUEZ had a grim prognosis, extensive irreversible brain damage, and

[95] *See* CIWA-Ar Score Sheet Alcohol and/or Benzodiazepine Withdrawal, dated September 8, 2019.
[96] ERAU interview with (b)(6); (b)(7)(C) dated October 22, 2019.
[97] Midline shift refers to a shift of the brain past its center line.
[98] *See* MCCF Hospital Activity Log, dated September 8, 2019.
[99] *See* Neurosurgical Consultation, dated September 8, 2019.
[100] Moribund means at the point of death.
[101] *See* NMRMG CCM Admission/Consult H&P, dated September 8, 2019.
[102] *See* NMRMG CCM Progress Note, dated September 9, 2019.

no chance of meaningful recovery.[103] RODRIGUEZ was at high risk of neurological deterioration leading to brain death in a matter of hours to days.

At 1:00 p.m. (b)(6); (b)(7)(C) relieved MCCF Officers (b)(6); (b)(7)(C) and assumed hospital duty.[104] (b)(6); (b)(7)(C) stated that ICE assumes hospital duty when hospitalization is prolonged.[105]

At 1:23 p.m. (b)(6); (b)(7)(C) released RODRIGUEZ from MCCF's custody to ICE.[106]

September 10, 2019

At approximately 8:00 p.m., NMCDH staff conducted testing which showed RODRIGUEZ had no blood flow to his brain.[107]

At approximately 9:35 p.m., NMCDH staff removed RODRIGUEZ from life support and pronounced his death.[108]

Post-Death Events

(b)(6); (b)(7)(C) reported MCCF did not conduct an after-action review because RODRIGUEZ was not in their custody at the time of his death.[109]

On September 11, 2019, ERO Chicago Field Officer Director Robert Guadian notified the Mexican Consulate of RODRIGUEZ's death.[110] The Mexican Consulate indicated RODRIGUEZ did not have any known next of kin, and as they were unable to confirm his identity, they would not claim him.[111]

On September 30, 2019, RODRIGUEZ received an indigent burial.[112]

On November 4, 2019 (b)(6); (b)(7)(C) Chief Forensic Pathologist, issued RODRIGUEZ's autopsy findings, noting his cause of death as complications of chronic alcoholism.[113]

On November 8, 2019, the (b)(6); (b)(7)(C) Coroner, issued RODRIGUEZ's death certificate.[114]

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[103] *See* NMRMG CCM Neurology Consult, dated September 9, 2019.
[104] *See* MCCF Hospital Activity Log, dated September 9, 2019.
[105] ERAU interview wit (b)(6); (b)(7)(C) dated October 23, 2019.
[106] *See* Release Report, printed September 9, 2019.
[107] *See* ICE SIR.
[108] *Id.*
[109] ERAU interview with (b)(6); (b)(7)(C) dated October 22, 2019.
[110] *See* Mexican Consulate Notification, dated September 11, 2019.
[111] *See* EARM.
[112] *Id.*
[113] *See* Exhibit 2: Office of the Coroner Report of the of Postmortem Examination, dated November 4, 2019.
[114] *See* Exhibit 1: State of Illinois Certificate of Death Worksheet, dated November 8, 2019.

FINDINGS

ERAU reviewed the medical care MCCF provided RODRIGUEZ, as well as the facility's efforts to ensure that he was safe and secure while detained at the facility. ERAU found MCCF failed to comply with four requirements of the ICE NDS 2000. In this report, ERAU has included other areas of concern that are not covered by the 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. ***Medical Care*, Section (III)(D):** "All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function."

   - On September 3, 2019, Officer (b)(6); (b)(7)(C) completed RODRIGUEZ's medical intake screening; however, MCCF was unable to provide training records to demonstrate that officers have received training to conduct medical intake screenings.

2. ***Medical Care*, Section (III)(D):** "All new arrivals shall receive TB screening by PPD (mantoux method) or chest x-ray."

   - On September 3, 2019, LPN (b)(6); (b)(7)(placed the PPD skin test into RODRIGUEZ. In accordance with CDC guidelines, the PPD should be read within 48 to 72 hours; however, RODRIGUEZ's PPD was read 15 hours before the required time period.

3. ***Medical Care*, Section (III)(D):** "All detainees shall be evaluated through the initial screening for their use of or dependence on mood and mind-altering substances - alcohol, opiated, hypnotics, sedatives, etc. Detainees reporting the use of such substances shall be evaluated for their degree of reliance on and potential for withdrawal."

   - On September 3, 2019, neither Officer (b)(6); (b)(7)(C) nor LPN (b)(6); (b)(7)(thoroughly documented RODRIGUEZ's dependence to alcohol or potential for withdrawal. Specifically, Officer (b)(6); (b)(7)(C) did not ask all questions related to alcohol consumption, including last time used, and L (b)(6); (b)(7)(C) did not document evaluation of RODRIGUEZ following his alcohol substance use report.

4. ***Medical Care*, Section (III)(I):** "Distribution of medication will be according to the specific instructions and procedures established by the health care provider."

   - On September 7, 2019, LPN (b)(6); (b)(7)(C) dministered chlordiazepoxide without a provider's order.

AREAS OF CONCERN

Although not violations of the ICE NDS 2000, ERAU noted the following concerns regarding RODRIGUEZ' medical care, safety, and security at MCCF:

1. Although MCCF's policies and protocols address all healthcare professionals, they do not explicitly distinguish between RNs and LPNs with respect to the duties they are authorized to perform. In the absence of RN supervision, LPNs perform duties not expressly delegated to them that may exceed their scope of practice, including completion of nursing protocols and CIWA-Ar, and taking medication orders.

2. MCCF does not have procedures mandating nursing rounds in the medical housing unit.

3. The intake screening form does not require nurses to document they reviewed the officer's screening findings and record a disposition.

4. On September 7, 2019, (b)(6); (b)(7)(C) did not adequately document assessment findings, RODRIGUEZ's housing during detoxification, medication orders, and (b)(6); (b)(7)(C) order to transfer RODRIGUEZ to the hospital.

5. On September 7, 2019, LPN (b)(6); (b)(7)(C) recorded an initial CIWA-Ar score of four within her Alcohol and Other Drugs form; however, there was no CIWA-Ar form present within the medical record. In addition, she completed a CIWA-Ar form the next morning, recording symptom scores of zero and answers of no to mental health questions, although RODRIGUEZ was already transferred to the hospital.

6. On September 7, 2019, although (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) collaboratively decided that RODRIGUEZ should not remain in general housing, he was not transferred to the medical housing unit until two hours later because the housing unit was locked down for cleaning.

7. (b)(6); (b)(7)(C) did not co-sign any orders documented by (b)(6); (b)(7)(C) to validate their accuracy. On one occasion, he did not validate the alcohol withdrawal medication orders, and on another, he did not validate the order to transport RODRIGUEZ to the hospital.

8. The medication regimen for alcohol detoxification programmed in the electronic medical record does not completely align with the Wellpath Clinical Decision Support Monograph/Alcohol and Benzodiazepine Medication protocol.

9. Despite Officer (b)(6); (b)(7)(C) report of RODRIGUEZ's mental instability (b)(6); (b)(7)(C) did not refer him for a mental health evaluation as part of the alcohol withdrawal assessment.

10. During the tour of the housing units, ERAU observed three separate kiosks that detainees may use to electronically submit requests to medical, ICE, or the facility staff. However, none of the kiosks were marked to identify the intended recipient; therefore, use of the wrong kiosk could delay receipt and triage of medical requests, potentially delaying care.

11. Interview stations in the intake area are open and do not provide privacy for collecting and reporting medical and mental health information. Officer (b)(6); stated three detainees are often screened simultaneously side-by-side, compromising confidentiality and potentially inhibiting detainee's willingness to divulge health information.

EXHIBITS

1. State of Illinois, Certificate of Death Worksheet, dated November 8, 2019.
2. Office of the Coroner, Report of the of Postmortem Examination, dated November 4, 2019.

DETAINEE DEATH REVIEW: Roberto RODRIGUEZ-Espinoza, A215809440
Healthcare and Security Compliance Analysis
McHenry County Adult Correctional Facility, Woodstock, Illinois

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 Roberto RODRIGUEZ-Espinoza (RODRIGUEZ) while in the custody of the McHenry County Adult Correctional Facility (MCACF) in Woodstock, Illinois. The facility was visited October 22-23, 2019 by a team consisting of ERAU personnel (b)(6); (b)(7)(C) Acting Section Chief and Inspections and Compliance Specialist, and (b)(6); (b)(7)(C) Inspections and Compliance Specialist; and Creative Corrections contract personnel (b)(6); (b)(7)(C) Security Subject Matter Expert and (b)(6); (b)(7)(C) RN, Healthcare Subject Matter Expert. ERAU requested contractor participation to assess compliance with the ICE 2000 National Detention Standards (NDS) governing medical care and security operations.

This report is a collaborative effort on the part of the SMEs who participated in the site visit and (b)(6); (b)(7)(C) Program Manager for the OPR/ERAU contract. Included is a case synopsis, description of the facility's healthcare services, a narrative summary of events, and conclusions. The information and findings herein are based on analysis of detainee RODRIGUEZ's medical and detention records; tour of areas of the facility where he was housed; interviews of staff and RODRIGUEZ's cellmate; and review of policies, video surveillance footage, available incident related documentation, and hospital records.

SYNOPSIS

Roberto RODRIGUEZ-Espinoza, 37 years old, was admitted to MCACF on September 3, 2019. During intake screening, he reported he drank a six-pack of beer a day, but no history of detoxification and no medical or mental health conditions.

On September 7, 2019, the officer in his general population housing unit notified medical staff RODRIGUEZ was exhibiting disorientation and confusion. A Licensed Practical Nurse initiated the facility's medical detoxification protocol, gave a medication, and contacted the on-call physician. Shortly after RODRIGUEZ transferred to the medical housing pod, the nurse again contacted the physician to report there was no improvement. The physician then directed RODRIGUEZ's transport to the hospital for evaluation and to rule out alcohol withdrawal. The hospital emergency department determined he needed a higher level of care and transferred him to another hospital on September 8, 2019. After an imaging study completed the same day showed a brain bleed, RODRIGUEZ transferred to a third hospital for neurology consultation. Following another imaging study, the neurosurgeon determined RODRIGUEZ was beyond the point where surgical intervention would save his life.

On September 10, 2019, after imaging studies showed no blood flow to RODRIGUEZ's brain, hospital physicians discontinued life support. The preliminary cause of death was subdural hematoma. An autopsy report is not available as of the date of this report.

HEALTHCARE SERVICES

Wellpath, based in Nashville, Tennessee, provides MCADF's healthcare services. Wellpath was formed approximately one year ago upon merger of Correct Care Solutions (CCS) and California Forensic Medical Group. MCACF earned reaccreditation by the National Commission on Correctional Health Care on July 30, 2019.

The staffing matrix, last updated September 24, 2015, allocates 453 hours for healthcare coverage. The matrix calls for onsite coverage by the Clinical Director up to 12 hours per week and on-call coverage 24 hours a day, seven days a week. The position of Health Services Administrator (HSA) is full time. The nursing staff includes registered nurses (RN) and licensed practical nurses (LPN), supplemented by three as-needed nurses and a full time emergency medical technician, the latter of whom provides coverage on the overnight shift 40 hours per week. RNs provide coverage 40 hours a week on day and evening shifts, and an additional RN is designated to conduct physical examinations and sick call 32 hours per week. LPNs provide 200 hours of coverage across all shifts, often without RN supervision. (b)(6); (b)(7)(C) HSA, stated vacancies at the time of RODRIGUEZ's death included a full time RN, a mental health professional, and a psychiatric nurse practitioner.

Credentials of all medical staff involved in the care of RODRIGUEZ were current and primary source verified.

Wellpath has an electronic medical record system. System generated time stamps indicate the time the nurse or provider signed off and locked the entry. ERAU verified all encounter notes included electronic signatures.

DETENTION SUMMARY

RODRIGUEZ was classified high custody and housed in general population before briefly being housed in the medical pod. He had no visits and made no phone calls. He filed two requests, both of a medical nature.

NARRATIVE

On September 3, 2019, Homeland Security Investigations (HSI) arrested and transferred RODRIGUEZ to MCACF[1] pending transport to the Broadview Service Staging Area (BSSA) for processing the next morning.[2] According to Sergeant (b)(6); (b)(7)(C) HSI agents brought him directly to the facility because the arrest occurred after BSSA's business hours.[3] Officer (b)(6); (b)(6); booked RODRIGUEZ into the facility at 10:19 p.m., noting his classification level was high.[4] RODRIGUEZ's property consisted of the clothes he was wearing when arrested, an earring, a chain necklace, one Canadian coin, and $44.06 in funds.[5] RODRIGUEZ did not sign the receipt for his funds.[6]

Office (b)(6); (b)(7)(C) also completed RODRIGUEZ's medical and mental health intake screen.[7] He reported to ERAU that he did not recall receiving training in the function, stating that he simply asks the questions on the form.[8] Sergean (b)(6); (b)(7)(C) confirmed MCACF does not formally train officers in conducting the screening[9], and neither custody nor medical personnel produced documentation showing otherwise. Office (b)(6); documented the following[10]:

- RODRIGUEZ's primary language was Spanish and he was unable to read or write in English. Office (b)(6); (b)(7)(C) used the ICE language service.
- RODRIGUEZ had no medications with him.
- RODRIGUEZ denied treatment for chronic medical or mental health problems.
- RODRIGUEZ denied symptoms of communicable illness, including those that might indicate active tuberculosis.
- RODRIGUEZ denied past suicide attempts and current feelings of hopelessness or symptoms of mental illness.
- RODRIGUEZ displayed no evidence of behavioral problems, reduced state of consciousness, or difficulty in movement or breathing.
- RODRIGUEZ admitted to drinking a six-pack every day. Officer (b)(6); did not document an answer to the related question of last time RODRIGUEZ used alcohol.

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[1] *See* ICE Significant Incident Rreport, dated September 11, 2019.
[2] *See* Order to Detain or Release Alien, dated September 3, 2019.
[3] ERAU Interview with Sergeant (b)(6); , dated October 23, 2019.
[4] *See* Inmate Intake Form, dated September 3, 2019. See also, ICE Custody Classification Worksheet, dated September 3, 2019. The Worksheet bears no signatures, although Officer (b)(6); stated the transporting HSI agents provided it upon transfer of custody.
[5] *See* Property Inventory Form, dated September 3, 1019. Office (b)(6); did not specify the denomination of the Canadian coin.
[6] *See* Transaction Receipt, dated September 3, 2019.
[7] *See* McHenry County Correctional Bureau Medical Intake Screening, dated September 3, 2019. MCACF General Order 3.4.1-03, Medical Intake Screening, dated June 2, 2010, assigns responsibility for conducting medical and mental health intake screening to officers.
[8] ERAU interview with Officer (b)(6); dated Tuesday, October 22, 2019.
[9] ERAU Interview with Sergeant (b)(6); , dated Tuesday, October 22, 2019.
[10] *See* McHenry County Correctional Bureau Medical Intake Screening, dated September 3, 2019.

- RODRIGUEZ denied symptoms associated with withdrawal.[11]

RODRIGUEZ signed the intake form acknowledging he answered all questions and was shown how to obtain medical services. He also signed consent for healthcare services.

At 11:00 p.m., (b)(6); (b)(7)(C) LPN, stamped the intake form recording the date and her initials, and marking a checkbox indicating RODRIGUEZ had no medications.[12] The stamp does not require nurses to document that they reviewed the full screening form, nor does the form itself include a section for the reviewing nurse to note disposition, including referral to a higher-level medical professional if necessary.[13] A section of the form designated for medical staff use includes checkboxes for drug abuse, alcohol abuse, detox and mental health, all of which LPN (b)(6); left blank. Asked why she did not check the alcohol abuse box, LPN (b)(6 reported that in her clinical judgment, daily intake of a six-pack a day does not constitute abuse.[14] For the same reason, she did not add alcohol abuse to the Problem List, on which she documented that RODRIGUEZ reported he had no problems.[15] LPN (b)(6); further reported to ERAU that she spoke with RODRIGUEZ regarding his alcohol intake.[16] She did not document the conversation, including any follow up questions asked and answered.

At 11:30 p.m., LPN (b)(6); planted a purified protein derivative skin test for tuberculosis (TB).[17] The test result was zero millimeters (negative) on September 5, 2019, at 9:00 a.m. Time elapsed from placement to reading was 33 and a half hours, 15 hours fewer than the minimum called for by the Centers for Disease Control (CDC) to allow sufficient time for the immune system to react.[18]

Office (b)(6); reported to ERAU that he issued RODRIGUEZ a uniform, the ICE detainee handbook and the MCACF handbook, and allowed him to shower.[19] Asked about orientation, Office (b)(6); stated a video in both English and Spanish is played daily in each housing unit. He placed RODRIGUEZ in a cell in the booking area pending his transport to BSSA.[20] RODRIGUEZ remained in the booking area from 10:19 p.m. until approximately 4:30 a.m. on

[11] The McHenry County Correctional Bureau Intake Screening form does not include questions related to duration or level of alcohol dependency and potential for withdrawal.
[12] *See* McHenry County Correctional Bureau Medical Intake Screening, dated September 3, 2019.
[13] MCACF General Order 3.4.1-03, Medical Intake Screening, states medical staff is to collect and review screening forms but does not require recording of disposition. The ICE NDS mandates neither; however, documentation of both medical review and disposition is sound nursing practice, especially since LPNs rather than RNs perform the function at MCACF.
[14] ERAU Interview with (b)(6); dated October 23, 2019. According to the Centers for Disease Control (www.cdc.gov), Alcohol and Public Health, heavy drinking is typically defined as consuming 15 drinks or more per week for men.
[15] *See* Problem List, dated September 3, 2019.
[16] ERAU interview with (b)(6); dated October 23, 2019.
[17] *See* WellPath TB Record.
[18] *See* Centers for Disease Control (CDC), "Testing for TB Infection", *www.cdc.gov*.
[19] ERAU interview with Officer (b)(6); dated October 22, 2019.
[20] ERAU interview with Sergeant (b)(6); (b)(7)(C) dated October 23, 2019 and MCACF Booking Activity Log.

September 4, 2019.[21] Officer (b)(6); (b)(7)(C) onducted 30-minute rounds throughout the six hours RODRIGUEZ was housed in the cell.[22]

On September 4, 2019 at approximately 4:30 a.m., ICE En (b)(6); (b)(7)(C) Removal Operations (ERO) transported RODRIGUEZ to BSSA for processing.[23] (first name unknown) reviewed and electronically signed the Risk Classification Assessment validating the rating of high custody.[24] At approximately 7:36 p.m., ERO returned RODRIGUEZ to MCACF.[25] Officer (b)(6); (b)(7)(C) rocessed him back into the facility, reporting to ERAU that he issued RODRIGUEZ bedding, extra uniforms, undergarments, and hygiene items.[26]

At 8:53 p.m., RODRIGUEZ was escorted to housing unit Block 5, Section 2.[27] ERAU's review of video footage from the housing unit confirmed RODRIGUEZ entered the housing unit with a laundry bag, entered cell 205, then exited the cell moments later to head to the shower.[28]

On September 6, 2019, RODRIGUEZ submitted a request for an eye examination and evaluation by a doctor.[29] The request was handwritten in English and did not state the reason he wanted to see a doctor.[30] An unidentified staff person signed the form on September 10, 2019, three days after RODRIGUEZ left MCACF for the hospital, noting he was admitted.[31]

On September 7, 2019, RODRIGUEZ submitted an electronic request time-stamped 9:25 a.m. stating he would like to see a nurse.[32] A Wellpath staff person[33] entered a reply to the electronic request on September 8, 2019 at 1:28 a.m., noting the request RODRIGUEZ was sent to the emergency room for evaluation.[34] According to HS (b)(6); electronic sick call requests are reviewed by the emergency medical technician or LPN after 10:00 p.m. daily.[35] Therefore, medical staff would not have seen RODRIGUEZ's 9:25 a.m. request until after his transport to the hospital at approximately 10:15 p.m. this date (see below).

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[21] *See* email timeline provided by MCACF (b)(6); (b)(7)(C) ated September 11, 2019.
[22] *See* MCAF Booking Activity Logs, dated September 3-4, 2019.
[23] *See* ICE Significant Incident Report, dated September 11, 2019.
[24] *See* EARM printout provided by ERAU personnel. The approved RCA was not in RODRIGUEZ's detention records.
[25] *See* ICE Significant Incident Report, dated September 11, 2019.
[26] *See* listing of staff provided b (b)(6); (b)(7)(C) dated September 11, 2019, and ERAU interview with Officer Palmas. The detention records do not include documentation of RODRIGUEZ's return processing.
[27] *See* email timeline provided by MCACF (b)(6); (b)(7)(C) dated September 11, 2019.
[28] MCACF video footage labeled 3-2019-09-04-20-45-58-416.
[29] *See* McHenry County Jail ICE Immigration Detainee Request Form, dated September 3, 2019.
[30] Based on documentation, RODRIGUEZ could not communicate in English; therefore, ERAU presumes another detainee wrote the request on his behalf.
[31] *See* McHenry County Jail ICE Immigration Detainee Request Form, dated September 3, 2019. The signature and initials of the staff person are illegible. ERAU cannot determine the reason for the delayed response.
[32] *See* Request Report, printed September 18, 2019.
[33] The Wellpath staff person did not identify her or himself by name.
[34] *See* Request Report, printed September 18, 2019.
[35] ERAU interview with (b)(6); (b)(7)(C) ated Tuesday, October 22, 2019.

At approximately 3:30 p.m., housing unit officer (b)(6); (b)(7)(C) observed RODRIGUEZ walking around in a dazed state, appearing confused and disoriented.[36] On two occasions RODRIGUEZ approached and knocked on the entrance door to the unit, stating that he wanted to leave. He repeatedly walked through the redlined boundary around the officer's station and entered other detainees' cells. (b)(6); (b)(7)(C) elaborated on RODRIGUEZ's behavior, noting (b)(6); (b)(7)(C) reported he attempted to drag a box of toilet paper around the dayroom.[37] He further documented RODRIGUEZ asked for bus fare to go to his wife's place of employment, stating he had finished painting for the day and would return the next.

ERAU's review of video footage from inside the housing unit confirms that as noted by Officer (b)(6); RODRIGUEZ periodically entered other cells.[38] He was shirtless. Another detainee, identified as (b)(6); (b)(7)(C), RODRIGUEZ's cellmate, attempted to return him to their cell. (b)(6); (b)(7)(C) verified the events, remarking that during the preceding overnight hours, RODRIGUEZ repeatedly vomited.[39] He stated he did not report this information to the officer because RODRIGUEZ asked him not to. (b)(6); (b)(7)(C) also offered that RODRIGUEZ exhibited no abnormal behavior during the first two days they shared a cell.

Based on his observations, (b)(6); (b)(7)(C) contacted medical and described the situation.[40] The nurses on duty were (b)(6); (b)(7)(C) Video from the lobby area shows LPN (b)(6); arrived and was met by (b)(6); (b)(7)(C) RODRIGUEZ, and two other detainees, including (b)(6); (b)(7)(C)[41] (b)(6); (b)(7)(C) said she observed RODRIGUEZ's behavior, spoke with him, and took his vital signs.[42] Per her Progress Note, she took the vital signs at 4:04 p.m. and with the exception of a slightly elevated blood pressure of 130/84, they were within normal limits, as follows: pulse 81, respirations 16, temperature 97.8, and pulse oxygen 98.[43] Her progress note documents a follow up date of September 13, 2019, but no other assessment findings, use of a detainee for interpretation assistance, or information related to RODRIGUEZ's observed disorientation, agitation, or reported vomiting.

At 4:04 p.m., (b)(6); (b)(7)(C) completed an Identification of Special Needs form.[44] She documented that for detoxification purposes, RODRIGUEZ was to have a lower bunk and no gym or program privileges until cleared by medical. She did not address where detoxification was to occur; specifically, whether he would be allowed to remain in general housing or transfer to the medical pod for closer observation. Asked if she notified mental health staff that

[36] *See* McHenry County Sheriff's Office Corrections Incident Repo (b)(6); (b)(7)(C) dated September 7, 2019.
[37] *See* McHenry County Sheriff's Office Corrections Supervisors Incident Report, dated September 7, 2019.
[38] MCACF video footage labeled 5-2019-09-07-15-03-36-642. Video provided by MCADF is in segments and not time-stamped; therefore, ERAU cannot positively determine the time of the events described in this report.
[39] ERAU interview with (b)(6); (b)(7)(C) dated Wednesday, October 23, 2019.
[40] *See* McHenry County Sheriff's Office Corrections Incident Report, (b)(6); (b)(7)(C) dated September 7, 2019.
[41] MCACF video footage labeled 7-2019-09-07-14-53-31-874.
[42] ERAU Interview with (b)(6); (b)(7)(C) dated September 22, 2019.
[43] *See* Progress Notes, dated September 7, 2019, electronically signed by (b)(6); (b)(7)(C) 4:11 p.m. This was the first set of vital signs taken during RODRIGUEZ's detention.
[44] *See* Wellpath Identification of Special Needs, dated September 7, 2019.

RODRIGUEZ was placed on detoxification status, (b)(6); (b)(7)(C) tated she did not because her focus was on the medical issues related to possible withdrawal.[45]

At 4:13 p.m., (b)(6); (b)(7)(C) completed the CCS nursing protocol, Alcohol and Other Drugs.[46] She documented the following:

- RODRIGUEZ admitted to alcohol intake of a six-pack of tall boy beers[47] and a quarter of a bottle of tequila daily for more than one year. His last use was the day he was admitted to MCADF, September 3, 2019.
- RODRIGUEZ denied a history of withdrawal from drugs or alcohol.
- RODRIGUEZ's blood pressure, pulse, respirations and pulse oxygen were as documented at 4:04 p.m. His recorded temperature changed from 97.8 to 97.2, and a non-fasting blood glucose level of 179 was noted.[48]
- RODRIGUEZ was disoriented and restless. His gait was steady, his skin was warm and dry, and his mucous membranes were moist.[49]

(b)(6); (b)(7)(C) id not note any possible indications of delirium tremens (DTs)[50] or dehydration, and marked the checkboxes indicating routine rather than urgent intervention was called for. Although she marked the checkbox indicating she completed a Clinical Institute Withdrawal Assessment for Alcohol, revised (CIWA-Ar) Score Sheet[51] and recorded a score of four, a score sheet for this date is not in the medical record. (b)(6); (b)(7)(C) old ERAU that she could not recall how she arrived at the score of four.[52]

As noted, (b)(6); (b)(7)(C) documented she completed the nursing pathway at 4:13 p.m. Although the video evidence is not time-stamped, ERAU concludes completion of the protocol may align

[45] ERAU interview wit (b)(6); (b)(7)(C) ed September 22, 2019.
[46] *See* CCS Alcohol and Other Drugs form, dated September 7, 2019. Neither the form nor MCADF Policy and Procedure HCD-100, Medically Supervised Withdrawal and Treatment, delegates authority to fulfill the protocol to LPNs. As noted, an RN was not on duty to delegate or supervise the LPNs. The Illinois Nurse Practice Act, Section 1300.250, states "Practice as a licensed practical nurse means a scope of basic nursing practice, with or without compensation, as delegated by a registered professional nurse or an advanced practice registered nurse or as directed by a physician assistant, physician, dentist or podiatric physician, and includes all of the following and other activities requiring a like skill level for which the LPN is properly trained:…" Sub-element c) states, "Implementing aspects of the plan of care as delegated."
[47] Tall boy cans of beer range from 16 to 24 ounces.
[48] Based on available information, ERAU cannot address the degree to which the blood glucose level was or was not within normal limits.
[49] Warm, dry skin and moist mucous membranes are normal findings.
[50] DTs refer to a psychotic condition typical of withdrawal in chronic alcoholics, involving tremors, hallucinations, anxiety, and disorientation.
[51] The CIWA-Ar is a tool that scores the severity level of withdrawal symptoms to help guide treatment needs.
[52] ERAU interview with (b)(6); (b)(7)(C) dated Tuesday, October 22, 2019. Factoring all relevant information, including behaviors exhibiting agitation and disorientation and report of vomiting, ERAU determined the correct score indicated by the Wellpath CIWA-Ar Score Sheet would have been 13 or 14. The Score Sheet classifies a score of ten to 15 as mild to moderate withdrawal and mandates no action until there are three sequential scores in this range.

with the next segment of video showing (b)(6); (b)(7)(C) returning to the lobby area outside the housing unit and jointly assessing RODRIGUEZ.[53] They asked him questions through a detainee interpreter, conducted a balance test, and checked his eyes with a small flashlight. (b)(6); (b)(7)(C) also administered an oral medication. Based on MCACF's record of medication administration[54], the drug was Librium and the time was 4:19 p.m.[55]

At 5:11 p.m., (b)(6); (b)(7)(C) entered a Medication Order listing the following detoxification medications ordered by (b)(6); (b)(7)(C) She did not enter a corresponding Progress Note documenting how or when the orders she received the orders, or any further instructions. During interviews, LPN could not recall the time she contacted the physician[57], nor could Dr. (b)(6); (b)(7)(C)

- Meclizine[59] 25 milligrams (mg) three times daily as needed for three days, provider to be notified if patient experiences persistent nausea/vomiting, or if nausea/vomiting continues after two doses.
- Chlordiazepoxide (Librium) 25 mg capsule, two capsules by mouth now, then two 25 mg capsules by mouth three times daily for three days, then two 25 mg capsules by mouth twice daily for two days starting September 10, 2019.
- Folic acid[60] 1 mg tablet, one tablet by mouth every morning for five days.
- Thiamine HCl[61] 100 mg tablet, one tablet by mouth every morning for five days. If unable to give oral thiamine, provider to be contacted for order for intramuscular administration.

(b)(6); (b)(7)(C) documented that each order was read back and verified.[62] (b)(6); (b)(7)(C) reported to ERAU that during his phone conversation with the nurse, he did not specify the drugs by name, strength, dose, route and time of administration, and discontinuation dates.[63] Instead, he directed implementation of the facility's withdrawal protocol. Asked for the protocol, HSA (b)(6); (b)(7)(C) provided ERAU with the Wellpath Clinical Decision Support Monograph/Alcohol and

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[53] *See* MCACF video footage labeled, 7-2019-09-07-16-36-14-900.
[54] *See* September 2019 Order Record History.
[55] Librium is a brand name for chlordiazepoxide, a controlled substance used to treat anxiety, alcohol withdrawal symptoms, and tremor. Based on available evidence, ERAU concluded (b)(6); (b)(7)(C) gave RODRIGUEZ Librium prior to contacting the physician.
[56] *See* Wellpath Medication Order, dated September 7, 2019. (b)(6); (b)(7)(C) informed ERAU that (b)(6); based in St. Louis, Missouri, provided consultation services while the MCACF Clinical Director was on leave.
[57] ERAU interview with (b)(6); (b)(7)(C) dated Tuesday, October 22, 2019.
[58] ERAU telephone interview with (b)(6); dated Tuesday, October 22, 2019.
[59] Meclizine is a medication used to relieve nausea and vomiting.
[60] Folic Acid is one of the B vitamins used to treat certain types of anemia, such as in alcohol abuse.
[61] Thiamine HC1 is vitamin B1. Thiamine deficiency is common in drinkers who consume excessive amount of alcohol, due to poor nutrition and the body's inability to absorb vitamins when alcohol-induced stomach inflammation occurs.
[62] *See* Wellpath Medication Order, dated September 7, 2019.
[63] ERAU telephone interview with (b)(6); dated Tuesday, October 22, 2019.

Benzodiazepine Medications, a clinical practice guideline for prescribing providers.[64] She stated the alcohol withdrawal medication regimen reflected in the Medication Order, including chlordiazepoxide/Librium, meclizine and thiamine, is programmed in the electronic medical record system.[65] She was uncertain about inclusion of folic acid in the regimen, but recalled past discussion of starting its use in withdrawal cases. ERAU's review found the orders for chlordiazepoxide/Librium are consistent with recommendations in the Wellpath monograph.[66] The monograph recommends giving thiamine 100 mg without specifying frequency or duration, but does not address meclizine or folic acid. As noted, (b)(6); (b)(7)(C) gave RODRIGUEZ Librium at 4:19 p.m. She did not administer Thiamine and folic acid, which were not due for administration until the morning, and did not give medication meclizine as needed for nausea and vomiting.[67] As noted, RODRIGUEZ's cellmate reported he vomited throughout the night. (b)(6); (b)(7)(C) did not document whether she assessed him for nausea and vomiting.

At approximately 5:56 p.m., RODRIGUEZ was transferred to Block 5, Section 4, MCACF's designated medical pod.[68] Officer (b)(6); (b)(7)(C) explained that although (b)(6); (b)(7)(C) did not address housing on the Identification of Special Needs form completed almost two hours earlier, she and Sergeant (b)(6); (b)(7)(C) collaboratively decided RODRIGUEZ should not remain in general housing.[69] Sergeant (b)(6); (b)(7)(C) stated the transfer was delayed by two hours after the detoxification protocol was initiated because the housing units were locked down for cleaning. According to HSA (b)(6); detainees are housed in the medical pod for various health reasons, including drug and alcohol withdrawal, but nurses are not stationed in the pod and regular nursing rounds are not mandated or conducted. [70]

At approximately 9:45 p.m., (b)(6); (b)(7)(C) placed a second phone call t(b)(6); (b)(7)(C) to report RODRIGUEZ was showing no improvement and was declining.[71] She did not enter a corresponding Progress Note describing any events, behaviors, or assessment of RODRIGUEZ that led her to this conclusion. (b)(6); (b)(7)(C) directed the detainee's transport to the local emergency room in a facility vehicle for neurological/medical evaluation; also, to rule out DTs related to his concerning behavior, altered mental status and history of alcohol abuse.[72] LPN (b)(6); informed ERAU that (b)(6); allowed transport via facility vehicle rather than Emergency Medical Services (EMS) per her request, because it was her opinion that the situation was not emergent.[73] (b)(6); (b)(7)(C) did not sign the order directing RODRIGUEZ's transport to the

[64] *See* Wellpath Clinical Decision Support Monograph/Alcohol and Benzodiazepine Medications, dated May 2019.
[65] ERAU Interview with HSA (b)(6); dated Wednesday, October 23, 2019.
[66] *See* Medication Order, dated September 7, 2019 and Wellpath Clinical Decision Support Monograph/Alcohol and Benzodiazepine Medications, page 7.
[67] *See* September 2019 Order Record History.
[68] See Block (5) Section (2) Activity Log – Afternoon Shift, dated September 7, 2019.
[69] ERAU interview wi(b)(6); (b)(7)(C) dated October 22, 2019.
[70] ERAU Interview wi dated Tuesday, October 22, 2019.
[71] ERAU Interview with (b)(6); (b)(7)(C) dated Tuesday, October 22, 2019. *See* also, Physician Order-Verbal/Telephone, dated September 7, 2019.
[72] *See* Physician Order-Verbal/Telephone, dated September 7, 2019.
[73] ERAU Interview with (b)(6); (b)(7)(C) dated Tuesday, October 22, 2019.

hospital, nor did he sign the earlier medication orders.[74] (b)(6); (b)(7)(C) acknowledged she does not know of any procedures for obtaining signatures or providers providing remote services.[75]

On an Emergency Room/Direct Admit Referral Request[76] and Emergency Response Worksheet[77], (b)(6); (b)(7)(C) recorded vital signs within normal limits except for an elevated blood pressure of 150/94 and non-fasting blood glucose of 179.[78] She also noted RODRIGUEZ's reported history of alcohol use, that his altered mental status had progressively worsened, and that he was given his initial dose of Librium 50 mg at 5:00 p.m.[79] On the Emergency Room/Direct Admit Referral Request, she noted he vomited throughout the night on September 6, 2019.[80]

At 10:33 p.m., Officers (b)(6); (b)(7)(C) transported RODRIGUEZ to the emergency department at Northwestern Medicine Woodstock Hospital (Woodstock Hospital).[81] Officer (b)(6); reported RODRIGUEZ complied with instructions and his demeanor was mostly unremarkable, noting only that he traced his finger along the wall during escort to the van.[82] They arrived at the hospital at 10:45 p.m.[83]

On September 8, 2019 at 1:00 a.m., Woodstock Hospital physician (b)(6); (b)(7)(C) MD, obtained RODRIGUEZ's medical history, conducted a physical examination, and ordered extensive laboratory tests.[84] The clinical impression was acute alcoholic liver disease with fatty liver, and alcohol withdrawal with some symptoms of DTs. The disposition was to transfer RODRIGUEZ to Northwestern Medicine Huntley Hospital (Huntley Hospital).

In a progress note timed 3:02 a.m., MCACF LPN (b)(6); (b)(7)(documented the transfer to Huntley Hospital was determined necessary at approximately 2:30 a.m. because RODRIGUEZ's severely altered mental status required a higher level of assessment and care.[85] According to Officers (b)(6); (b)(7)(C) the transport was by EMS.[86] Officer (b)(6); (b)(7)(C) reported he rode in the ambulance and Officer (b)(6); (b)(7)(C) followed in the chase vehicle. They arrived at 3:10 a.m.[87]

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[74] *See* Physician Order-Verbal/Telephone and Medication Order, dated September 7, 2019.
[75] ERAU Interview with (b)(6); dated October 23, 2019.
[76] *See* Emergency Room/Direct Referral Request, dated September 7, 2019. (b)(6); did not sign the form as referring provider.
[77] *See* Emergency Response Worksheet, dated September 7, 2019.
[78] Vital signs within normal limits were pulse 89, respirations 16, temperature 97.2, and oxygen saturation 98 percent.
[79] As noted, Order Record History documents (b)(6); (b)(7)(C) administered a dose of Librium at 4:19 p.m.
[80] (b)(6); (b)(7)(C) did not note the information concerning RODRIGUEZ having vomited throughout the night or assess him for vomiting and nausea in her earlier documentation.
[81] *See* Detainee Transport Log, dated September 7, 2019.
[82] ERAU interview with Officer (b)(6); dated October 23, 2019.
[83] *See* MCACF Hospital Activity Log dated September 7, 2019. ERAU confirmed officers made necessary and pertinent entries to the log for the full course of RODRIGUEZ's hospitalization.
[84] *See* Woodstock Clinical Report – Physician/Mid Levels, dated September 8, 2019.
[85] *See* Progress Note, dated September 8, 2019, at 3:02 a.m.
[86] ERAU interviews with Officer (b)(6); (b)(7)(C) dated October 23, 2019. (b)(6); (b)(7)(C) stated the EMS report is not available.

At 3:15 a.m., RODRIGUEZ was admitted directly to the Huntley Hospital Intensive Care Unit (ICU) for treatment of alcohol withdrawal.[88] The plan of care included a computed tomographay (CT) scan of the head.[89]

In progress note timed 3:47 a.m., (b)(6); documented a report from (b)(6); (b)(7)(C) Huntley Hospital physician (first name unknown).[90] (b)(6); (b)(7)(C) informed her RODRIGUEZ required heavy sedation and hospital admission.

At 7:00 a.m. (b)(6); (b)(7)(C) filled out a CIWA-Ar form. She noted RODRIGUEZ was at the hospital, but applied scores of zero for each listed symptom, signifying he had none. She also marked checkboxes documenting he gave answers of no to mental health questions. When asked why she completed the form despite the fact RODRIGUEZ was not present, (b)(6); (b)(7)(C) tated policy mandates that she score the symptoms and because he was not there to assess, she entered zeros. Neither (b)(6); (b)(7)(C) nor HSA (b)(6); could not cite or provide the policy.

In a progress note timed 5:37 p.m., (b)(6); documented RODRIGUEZ was being intubated and referred to neurosurgery following discovery of a brain bleed.[91] According to the IHSC Preliminary Report of Findings, a medical representative reported that because Huntley Hospital does not have a neurosurgeon on staff, RODRIGUEZ required transport to Northwestern Medicine Central DuPage Hospital (Central DuPage Hospital) in Winfield, IL.[92] The ambulance arrived at Huntley Hospital at 7:46 p.m., departed at 8:20 p.m., and arrived at Central DuPage Hospital at 9:10 p.m.[93]

At 9:59 p.m. (b)(6); (b)(7)(C) MD, completed a neurosurgical consultation, noting RODRIGUEZ was transferred from Huntley Hospital on an urgent basis due to CT findings of a subdural hematoma[94] and midline shift[95]. Following a repeat brain CT scan, (b)(6); noted the following:

- RODRIGUEZ was neurologically moribund.[96]
- RODRIGUEZ's pupils had been fixed and dilated for over four hours, and had no cough or gag reflex.

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[87] *See* MCACF Hospital Activity Log dated September 7, 2019.
[88] *See* Centegra Hospital – Huntley medical record, dated September 8, 2019.
[89] A CT scan is a type of x-ray that produces cross-sectional images of the body for display and analysis on a computer.
[90] *See* Progress Note, dated September 8, 2019, at 3:47 a.m.
[91] *See* Progress Note, dated September 8, 2019, at 5:37 p.m. A brain bleed, also known as a cerebral hemorrhage, happens when an artery in the brain bursts and causes localized bleeding.
[92] *See* IHSC Preliminary Report of Findings – Death, dated September 16, 2019. Primary source information is not included in documentation provided to ERAU.
[93] *See* MCACF Hospital Activity Log, dated September 8, 2019.
[94] A subdural hematoma is the accumulation of blood between the brain and its outermost covering.
[95] Midline shift refers to a shift of brain past its center line.
[96] Moribund refers to being at the point of death.

- RODRIGUEZ had lost brainstem reflexes, and no operative intervention would be successful at that point.

The neurosurgeon admitted RODRIGUEZ to the ICU and placed him on life support.[97]

At 10:19 p.m. (b)(6); (b)(7)(C) MD, summarized information from MCADF and the Woodstock Hospital emergency department, and the Huntley Hospital CT results. He noted that per report of EMS personnel, RODRIGUEZ's pupils had been fixed and dilated since 4:45 p.m., and that a repeat CT scan showed the subdural hemorrhage was severe, with midline shift. In the assessment and plan section of his note, (b)(6); (b)(7)(C) concluded that RODRIGUEZ was critically ill and at risk for sudden deterioration. He also noted that RODRIGUEZ required continued critical care management and monitoring, and a high degree of complex medical decision-making. Dr. (b)(6); (b)(7)(C) referenced a conversation with Commander (b)(6); (b)(7)(C) the IHSC medical liaison, who told him RODRIGUEZ reported significant alcohol consumption upon initial assessment. Commander (b)(6); also reported that RODRIGUEZ was homeless and that the Mexican consulate was working to reach the family. If family was not reached prior to RODRIGUEZ's death, the consulate had seven days to decide if they would take the body. An autopsy was recommended given the circumstances.[98] Finally, D (b)(6); (b)(7)(C) noted he intended to speak with hospital lawyers regarding how to proceed if no family was found and in the event RODRIGUEZ did not quickly progress to brain death.

On September 9, 2019 at 1:00 p.m., ICE agent (b)(6); (b)(7)(C) first name and exact title unknown) took over hospital vigil duty from MCADF Officers (b)(6); (b)(7)(C) Sergeant (b)(6); (b)(7)(C) informed ERAU that ICE assumed responsibility at the hospital due to staffing issues at MCACF, further explaining that ICE takes over coverage when hospitalization of detainees is prolonged.[100] Sergean (b)(6); (b)(7)(C) the MCACF supervisor on duty, confirmed ICE emailed him form I-203, Order to Detain or Release.[101] Upon receipt, he removed RODRIGUEZ from the facility's management information system[102] and released RODRIGUEZ's funds of $44.06 to ICE.[103]

On September 10, 2019 at approximately 8:00 p.m., imaging studies showed no blood flow in RODRIGUEZ's brain.[104]

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[97] *See* IHSC Preliminary Report of Findings dated September 16, 2019. Primary source information is not documented records provided to ERAU.
[98] In his note, (b)(6); does not make clear whether the recommendation for an autopsy was his own, Commander Folami's, or mutually concluded.
[99] *See* MCACF Hospital Activity Log, dated September 9, 2019.
[100] EARU interview with (b)(6); (b)(7)(C) dated October 23, 2019.
[101] *See* ICE form I-203, Order to Detain or Release Aliens, dated September 9, 2019.
[102] ERAU interview with Sergeant (b)(6); dated October 22, 2019.
[103] *See* MCACF Release Report Transaction Receipt, dated September 9, 2019. ERO did not provide documentation concerning release of RODRIGUEZ's personal property.
[104] *See* IHSC Preliminary Report of Findings, dated September 16, 2019. Primary source information is not available in records provided to ERAU.

At approximately 9:35 p.m., Central DuPage Hospital physicians disconnected RODRIGUEZ from life support, pronounced his death, and documented as the preliminary cause, subdural hematoma.[105]

At approximately 10:55 p.m., ERO Chicago notified the Mexican Consulate of RODRIGUEZ's death and that they had seven days to inform ERO Chicago if they are claiming the body.[106] Mexican Consulate officials indicated RODRIGUEZ did not have any known next of kin. ERAU does not know the ultimate disposition of his remains.

(b)(6); (b)(7)(C) reported MCACF did not conduct an after-action review because RODRIGUEZ was not in their custody at the time of his death.[107]

As of the date of this report, an autopsy is pending.

CONCLUSIONS

Medical

ERAU identified the following deficiencies in the ICE NDS.

1. ICE NDS, Medical Care, Section (III)(D), which states, "All new arrivals shall receive initial medical and mental health screening immediately upon their arrival by a health care provider or an officer trained to perform this function. "

    - (b)(6); (b)(7)(C) performed RODRIGUEZ's medical and mental health intake screening without training. Based on reported information and the absence of documentation, ERAU concludes MCADF does not train officers in conducting healthcare screenings.

2. ICE NDS, Medical Care, Section (III)(D), which states, "All new arrivals shall receive TB screening by PPD (Mantoux method) or chest x-ray."

    - A nurse planted RODRIGUEZ's PPD skin test within the timeframe mandated by the standard; however, the test result was read prematurely, less than 34 hours later. CDC guidelines state the immune system reacts between 48 to 72 hours after a PPD skin test is planted.

3. ICE NDS, Medical Care, Section (III)(D), which states, "All new arrivals shall be evaluated through the initial screening for the use of or dependence on mood and mind-

[105] *Id.*
[106] *See* ICE Significant Incident Report, dated September 11, 2019.
[107] ERAU Interview with Sergeant Fitzgerald, dated October 22, 2019.

altering substances – alcohol, opiates, hypnotics, sedatives, etc. Detainees reporting the use of such substances shall be evaluated for the degree of reliance on and potential for withdrawal."

- (b)(6); (b)(7)(C) did not ask all questions on the screening form related to alcohol consumption, including last time used. (b)(6); (b)(7)(C) did not document evaluation of RODRIGUEZ following his report of drinking a six-pack of beer a day to assess his dependence on alcohol and potential for withdrawal.

4. ICE NDS, Medical Care, Section (III)(I), which states, "Distribution of medication will be according to the specific instructions and procedures established by the health care provider."

- (b)(6); (b)(7)(C) administered Librium, a controlled substance, at 4:19 p.m. on September 7, 2019, without provider order.

Areas of Concern

- MCACF's policies and protocols do not distinguish between RNs and LPNs with respect to the duties they are authorized to perform. In the absence of RN supervision, LPNs perform duties not expressly delegated to them that may exceed their scope of practice, including completion of nursing pathways and CIWA-Ar's, and taking medication orders.

- The intake screening form does not require nurses to document they fully reviewed officers' screening findings and record a disposition.

- (b)(6); (b)(7)(C) did not adequately document events surrounding her determination that RODRIGUEZ was in alcohol withdrawal. In her 4:04 p.m. Progress Note, she did not document assessment findings and in the Identification of Special Needs form, she did not address RODRIGUEZ's housing during detoxification. In addition, she did not enter Progress Notes corresponding to the medication orders and (b)(6); (b)(7)(C) order to transport RODRIGUEZ to the hospital.

- (b)(6); (b)(7)(C) recorded an initial CIWA-Ar score of four without completing the form. Based on known information, the correct score was 13 or 14. In addition, she completed a CIWA-Ar form the next morning, after RODRIGUEZ was transferred to the hospital, recording symptom scores of zero and answers of no to mental health questions despite his not being present.

- (b)(6); (b)(7)(C) did not co-sign orders documented b (b)(6); (b)(7)(C) to validate their accuracy; specifically, he did not co-sign the medication orders and the order to transport

RODRIGUEZ to the hospital by facility vehicle. HSA (b)(6); (b)(7)(C) stated she knows of no established procedures for providers who provide telephonic consultation services to co-sign verbal orders.

- Despite Officer (b)(6); (b)(7)(C) s report of RODRIGUEZ's mental instabilit (b)(6); (b)(7)(C) did not refer him for mental health evaluation as part of the alcohol withdrawal assessment.

- The medication regimen for alcohol detoxification programmed in the electronic medical record does not fully align with the Wellpath Clinical Decision Support Monograph/Alcohol and Benzodiazepine Medications.

In addition, although not pertinent to RODRIGUEZ's care, ERAU offers the following observations:

- MCACF does not have procedures mandating nursing rounds in the medical pod.

- There are three kiosks in the housing unit, through which detainees may electronically submit requests to medical, ICE, or the facility. None of the kiosks bears a marking designating the intended recipient. Use of the wrong kiosk could delay receipt and triage of medical requests, potentially delaying care.

- Interview stations in the booking area are open and do not provide privacy for collecting and reporting medical and mental health information. Officer (b)(6); (b)(7)(C) stated three detainees are often screened simultaneously side-by-side, compromising confidentiality and potentially inhibiting detainees' willingness to divulge health information.

Security

ERAU did not identify any deficiencies, concerns, or general observations.