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

April 13, 2023

Daniel McGrath
American Oversight
1030 15th Street NW
Suite B255
Washington, DC 20005

RE: ICE FOIA Case Number 2021-ICFO-38377

Dear McGrath:

This letter is the final response to the referred Freedom of Information Act (FOIA) request from the Office of the Inspector General, Department of Homeland Security (OIG,DHS) to U.S. Immigration and Customs Enforcement (ICE), dated August 9, 2021. You have requested conditions faced by individuals in immigration detention remain a significant public concern. The treatment of children and families in the care of the Department of Homeland Security (DHS) or its component agencies, including Customs and Border Patrol (CBP) and Immigration and Customs Enforcement (ICE), continues to draw public scrutiny, as does the provision of medical care more broadly, particularly in light of the acute dangers posed by Covid-19 in detention settings. ICE has considered your request under the FOIA, 5 U.S.C. § 552.

There were 153 pages of responsive records was referred to ICE agency for a review and release determination. After a review of these documents, I have determined 50 pages will be released in their entirety and 5 pages will be withheld in full pursuant to Exemptions (b)(6), (b)(7)(C) and (b)(7)(E) of the FOIA. Portions of 98 pages will be withheld pursuant to 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.

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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, secured URL's and law enforcement sensitive information 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.

You have a right to appeal the above withholding determination. Should you wish to do so, you must send your appeal and a copy of this letter, within 90 days of the date of this letter following the procedures outlined in the DHS FOIA regulations at 6 C.F.R. Part 5 § 5.8. You may submit your appeal electronically at GILDFOIAAppeals@ice.dhs.gov or via regular mail to:

U.S. Immigration and Customs Enforcement
Office of the Principal Legal Advisor
U.S. Department of Homeland Security
500 12th Street, S.W., Mail Stop 5900
Washington, D.C. 20536-5900

Your envelope and letter should be marked "FOIA Appeal." Copies of the FOIA and DHS regulations are available at www.dhs.gov/foia.

Provisions of FOIA allow DHS to charge for processing fees, up to $25, unless you seek a waiver of fees. In this instance, because the cost is below the $25 minimum, there is no charge.

If you need any further assistance or would like to discuss any aspect of your request, please contact the FOIA office and refer to FOIA case number **2021-ICFO-38377**. You may send an e-mail to ice-foia@ice.dhs.gov, call toll free (866) 633-1182, or you may contact our FOIA Public Liaison, Fernando Pineiro Jr., in the same manner. Additionally, you have a right to right to seek

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dispute resolution services from the Office of Government Information Services (OGIS) which mediates disputes between FOIA requesters and Federal agencies as a non-exclusive alternative to litigation. If you are requesting access to your own records (which is considered a Privacy Act request), you should know that OGIS does not have the authority to handle requests made under the Privacy Act of 1974. You may contact OGIS as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

Sincerely,



Brian Hearn
Paralegal Specialist

Enclosure(s): 153 page(s)

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QUALITY ASSURANCE SURVEILLANCE PLAN

1. INTRODUCTION

ICE's Quality Assurance Surveillance Plan (QASP) is based on the premise that the Service Provider, and not the Government, is responsible for the day-to-day operation of the Facility and all the management and quality control actions required to meet the terms of the Agreement. The role of the Government in quality assurance is to ensure performance standards are achieved and maintained. The Service Provider shall develop a comprehensive program of inspections and monitoring actions and document its approach in a Quality Control Plan (QCP). The Service Provider's QCP, upon approval by the Government, will be made a part of the resultant Agreement.

This QASP is designed to provide an effective surveillance method to monitor the Service Provider's performance relative to the requirements listed in the Agreement. The QASP illustrates the systematic method the Government (or its designated representative) will use to evaluate the services the Service Provider is required to furnish.

This QASP is based on the premise the Government will validate that the Service Provider is complying with ERO-mandated quality standards in operating and maintaining detention facilities. Performance standards address all facets of detainee handling, including safety, health, legal rights, facility and records management, etc. Good management by the Service Provider and use of an approved QCP will ensure that the Facility is operating within acceptable quality levels.

2. DEFINITIONS

Performance Requirements Summary (Attachment A): The Performance Requirements Summary (PRS) communicates what the Government intends to qualitatively inspect. The PRS is based on the American Correctional Association (ACA) Standards for Adult Local Detention Facilities (ALDF) and ICE 2011 Performance Based National Detention Standards (PBNDS) with 2016 revisions. The PRS identifies performance standards grouped into nine functional areas, and quality levels essential for successful performance of each requirement. The PRS is used by ICE when conducting quality assurance surveillance to guide them through the inspection and review processes.

Functional Area: A logical grouping of performance standards.

Contracting Officer's Representative (COR): The COR interacts with the Service Provider to inspect and accept services/work performed in accordance with the technical standards prescribed in the Agreement. The Contracting Officer issues a written memorandum that appoints the COR. Other individuals may be designated to assist in the inspection and quality assurance surveillance activities.

Performance Standards: The performance standards are established in the ERO ICE 2011 PBNDS with 2016 revisions at (b)(7)(E) as well as the ACA standards for ALDF. Other standards may also be defined in the Agreement.

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Measures: The method for evaluating compliance with the standards.

Acceptable Quality Level: The minimum level of quality that will be accepted by ICE to meet the performance standard.

Withholding: Amount of monthly invoice payment withheld pending correction of a deficiency. See Attachment A for information on the percentages of an invoice amount that may be withheld for each functional area. Funds withheld from payment are recoverable (See Sections 7 and 8) if the COR and Contracting Officer confirm resolution or correction and should be included in the next month's invoice.

Deduction: Funds may be deducted from a monthly invoice for an egregious act or event, or if the same deficiency continues to occur in accordance with the percentages listed in Attachment 18A - Performance Requirements Summary. The Service Provider will be notified immediately if such a situation arises. The Contracting Officer in consultation with the ERO will determine the amount of the deduction. Amounts deducted are not recoverable.

4. QUALITY CONTROL PLAN

The Service Provider shall develop, implement, and maintain a Quality Control Plan (QCP) that illustrates the methods it will use to review its performance to ensure it conforms to the performance requirements. (See Attachment A for a summary list of performance requirements.) Such reviews shall be performed by the Service Provider to validate its operations and assure ICE that the services meet the performance standards.

The Service Provider's QCP shall include monitoring methods that ensure and demonstrate its compliance with the performance standards. This includes inspection methods and schedules that are consistent with the regular reviews conducted by ERO. The reports and other results generated by the Service Provider's QCP activities should be provided to the COR as requested.

The frequency and type of the Service Provider's reviews should be consistent with what is necessary in order to ensure compliance with the performance standards.

The Service Provider is encouraged not to limit its inspection to only the processes outlined in the 2011 PBNDS with 2016 revisions; however, certain key documents shall be produced by the Service Provider to ensure that the services meet the performance standards. Some of the documentation that shall be generated and made available to the COR for inspection is listed below. The list is intended as illustrative and is not all-inclusive. The Service Provider shall develop and implement a program that addresses the specific requirement of each standard and the means it will use to document compliance.

- Written policies and procedures to implement and assess operational requirements of the standard
- Documentation and record keeping to ensure ongoing operational compliance with the standards (e.g.; inventories, logbooks, register of receipts, reports, etc.)
- Staff training records
- Contract discrepancy reports (CDRs)

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- Investigative reports
- Medical records
- Records of investigative actions taken
- Equipment inspections
- System tests and evaluation

5. METHODS OF SURVEILLANCE

(b)(7)(E)

5.1 Documentation Requirements: The Service Provider shall develop and maintain all documentation as prescribed in the PBNDS (e.g., post logs, policies, and records of corrective actions). In addition to the documentation prescribed by the standards, the Service Provider shall also develop and maintain documentation that demonstrates the results of its own inspections as prescribed in its QCP. The Government may review 100% of the documents, or a representative sample, at any point during the period of performance.

The G-391 Upload Template will be completed and validated by the contractor on a monthly basis so that there are no errors for each of the trips in the G-391 upload template. Errors are indicated by rows, columns, and cells that are highlighted when the vendor checks the validation using the tool. If the COR identifies errors that have not been corrected, they will resend the report to the vendor to fix and resubmit within 5 business days. All reports must align with invoice amounts and dollar values.

6. FUNCTIONAL PERFORMANCE AREAS AND STANDARDS

To facilitate the performance review process, the required performance standards are organized into nine functional areas. Each functional area represents a proportionate share (i.e., weight) of the monthly invoice amount payable to the Service Provider based on meeting the performance standards. Payment withholdings and deductions will be based on these percentages and weights applied to the overall monthly invoice.

ICE may, consistent with the scope the Agreement, unilaterally change the functional areas and associated standards affiliated with a specific functional area. The Contracting Officer will notify the Service Provider at least 30 calendar days in advance of implementation of the new standard(s). If the Service Provider is not provided with the notification, adjustment to the new standard shall be made within 30 calendar days after notification. If any change affects pricing, the Service Provider may submit a request for equitable price adjustment in accordance with the "Changes" clause. ICE reserves the right to develop and implement new inspection techniques and instructions at any time during performance without notice to the Service Provider, so long

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as the standards are not more stringent than those being replaced.

7. FAILURE TO MEET PERFORMANCE STANDARDS

Performance of services in conformance with the PRS standards is essential for the Service Provider to receive full payment as identified in the Agreement. The Contracting Officer may take withholdings or deductions against the monthly invoices for unsatisfactory performance documented through surveillance of the Service Provider's activities gained through site inspections, reviews of documentation (including monthly QCP reports), interviews and other feedback. As a result of its surveillance, the Service Provider will be assigned the following rating relative to each performance standard:

Rating	Description
Acceptable	Based on the measures, the performance standard is demonstrated.
Deficient	Based on the measures, compliance with most of the attributes of the performance standard is demonstrated or observed with some area(s) needing improvement. There are no critical areas of unacceptable performance
At-Risk	Based on the performance measures, the majority of a performance standard's attributes are not met.

Using the above standards as a guide, the Contracting Officer will implement adjustments to the Service Provider's monthly invoice as prescribed in Attachment A.

Rather than withholding funds until a deficiency is corrected, there may be times when an event or a deficiency is so egregious that the Government ***deducts*** (vs. "withholds") amounts from the Service Provider's monthly invoice. This may happen when a significant event occurs, when a particular deficiency is noted multiple times without correction, or when the Service Provider has failed to take timely action on a deficiency about which he was properly and timely notified. The amount deducted will be consistent with the relative weight of the functional performance area where the deficiency was noted. The deduction may be a one-time event, or may continue until the Service Provider has either corrected the deficiency, or made substantial progress in the correction.

Further, a deficiency found in one functional area may tie into another. If a detainee escaped, for example, a deficiency would be noted in "Security," but may also relate to a deficiency in the area of "Administration and Management." In no event will the withhold or deduction exceed 100% of the invoice amount.

8. NOTIFICATIONS

(a) Based on the inspection of the Service Provider's performance, the COR will document instances of deficient or at-risk performance (e.g., noncompliance with the standard) using the CDR located at Attachment B. To the extent practicable, issues should be resolved informally, with the COR and Service Provider working together. When documentation of

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an issue or deficiency is required, the procedures set forth in this section will be followed.

(b) When a CDR is required to document performance issues, it will be submitted to the Service Provider with a date when a response is due. Upon receipt of a CDR, the Service Provider shall immediately assess the situation and either correct the deficiency as quickly as possible or prepare a corrective action plan. In either event, the Service Provider shall return the CDR with the action planned or taken noted. After the COR reviews the Service Provider's response to the CDR including its planned remedy or corrective action taken, the COR will either accept the plan or correction or reject the correction or plan for revision and provide an explanation. This process should take no more than one week. The CDR shall not be used as a substitute for quality control by the Service Provider.

(c) The COR, in addition to any other designated ICE official, shall be notified immediately in the event of all emergencies. Emergencies include, but are not limited to the following: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work-place violence, civil disturbances, or protests); staff use of force including use of lethal and less-lethal force (includes detainees in restraints more than eight hours); assaults on staff or detainees resulting in injuries requiring medical attention (does not include routine medical evaluation after the incident); fights resulting in injuries requiring medical attention; fires; full or partial lock down of the Facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather (e.g., hurricanes, floods, ice or snow storms, heat waves, tornadoes); fence damage; power outages; bomb threats; significant environmental problems that impact the Facility operations; transportation accidents resulting in injuries, death or property damage; and sexual assaults. Note that in an emergency situation, a CDR may not be issued until an investigation has been completed.

(d) If the COR concludes that the deficient or at-risk performance warrants a withholding or deduction, the COR will include the CDR in its monthly report, with a copy to the Contracting Officer. The CDR will be accompanied by the COR's investigation report and written recommendation for any withholding. The Contracting Officer will consider the COR's recommendation and forward the CDR along with any relevant supporting information to the Service Provider in order to confirm or further discuss the prospective cure, including the Government's proposed course of action. As described in section 7 above, portions of the monthly invoice amount may be withheld until such time as the corrective action is completed, ***or*** a deduction may be taken.

(e) Following receipt of the Service Provider's notification that the correction has been made, the COR may re-inspect the Facility. Based upon the COR's findings, he or she will recommend that the Contracting Officer continue to withhold a proportionate share of the payment until the correction is made, or accept the correction as final and release the full amount withheld for that issue.

(f) If funds have been withheld and either the Government or the Service Provider terminates the Agreement, those funds will not be released. The Service Provider may only receive withheld payments upon successful correction of an instance of non-compliance. Further, the Service Provider is not relieved of full performance of the required services hereunder; the

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Agreement may be terminated upon adequate notice from the Government based upon any one instance, or failure to remedy deficient performance, even if a deduction was previously taken for any inadequate performance.

(g) The COR will maintain a record of all open and resolved CDRs.

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9. DETAINEE OR MEMBER OF THE PUBLIC COMPLAINTS

The detainee and the public are the ultimate recipients of the services identified in this Agreement. Any complaints made known to the COR will be logged and forwarded to the Service Provider for remedy. Upon notification, the Service Provider shall be given a pre-specified number of hours after verbal notification from the COR to address the issue. The Service Provider shall submit documentation to the COR regarding the actions taken to remedy the situation. If the complaint is found to be invalid, the Service Provider shall document its findings and notify the COR.

10. ATTACHMENTS

A. Performance Requirements Summary

B. Contract Discrepancy Report

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DHS-19-0494-M-000007

QUALITY ASSURANCE SURVEILLANCE PLAN

1. INTRODUCTION

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Deduction: Funds may be deducted from a monthly invoice for an egregious act or event, or if the same deficiency continues to occur in accordance with the percentages listed in Attachment 18A - Performance Requirements Summary. The Service Provider will be notified immediately if such a situation arises. The Contracting Officer in consultation with the ERO will determine the amount of the deduction. Amounts deducted are not recoverable.

4. QUALITY CONTROL PLAN

The Service Provider shall develop, implement, and maintain a Quality Control Plan (QCP) that illustrates the methods it will use to review its performance to ensure it conforms to the performance requirements. (See Attachment A for a summary list of performance requirements.) Such reviews shall be performed by the Service Provider to validate its operations and assure ICE that the services meet the performance standards.

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- Investigative reports
- Medical records
- Records of investigative actions taken
- Equipment inspections
- System tests and evaluation

5. METHODS OF SURVEILLANCE

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5.1 Documentation Requirements: The Service Provider shall develop and maintain all documentation as prescribed in the PBNDS (e.g., post logs, policies, and records of corrective actions). In addition to the documentation prescribed by the standards, the Service Provider shall also develop and maintain documentation that demonstrates the results of its own inspections as prescribed in its QCP. The Government may review 100% of the documents, or a representative sample, at any point during the period of performance.

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ICE may, consistent with the scope the Agreement, unilaterally change the functional areas and associated standards affiliated with a specific functional area. The Contracting Officer will notify the Service Provider at least 30 calendar days in advance of implementation of the new standard(s). If the Service Provider is not provided with the notification, adjustment to the new standard shall be made within 30 calendar days after notification. If any change affects pricing, the Service Provider may submit a request for equitable price adjustment in accordance with the "Changes" clause. ICE reserves the right to develop and implement new inspection techniques and instructions at any time during performance without notice to the Service Provider, so long

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as the standards are not more stringent than those being replaced.

7. FAILURE TO MEET PERFORMANCE STANDARDS

Performance of services in conformance with the PRS standards is essential for the Service Provider to receive full payment as identified in the Agreement. The Contracting Officer may take withholdings or deductions against the monthly invoices for unsatisfactory performance documented through surveillance of the Service Provider's activities gained through site inspections, reviews of documentation (including monthly QCP reports), interviews and other feedback. As a result of its surveillance, the Service Provider will be assigned the following rating relative to each performance standard:

Rating	Description
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At-Risk	Based on the performance measures, the majority of a performance standard's attributes are not met.

Using the above standards as a guide, the Contracting Officer will implement adjustments to the Service Provider's monthly invoice as prescribed in Attachment A.

Rather than withholding funds until a deficiency is corrected, there may be times when an event or a deficiency is so egregious that the Government ***deducts*** (vs. "withholds") amounts from the Service Provider's monthly invoice. This may happen when a significant event occurs, when a particular deficiency is noted multiple times without correction, or when the Service Provider has failed to take timely action on a deficiency about which he was properly and timely notified. The amount deducted will be consistent with the relative weight of the functional performance area where the deficiency was noted. The deduction may be a one-time event, or may continue until the Service Provider has either corrected the deficiency, or made substantial progress in the correction.

Further, a deficiency found in one functional area may tie into another. If a detainee escaped, for example, a deficiency would be noted in "Security," but may also relate to a deficiency in the area of "Administration and Management." In no event will the withhold or deduction exceed 100% of the invoice amount.

8. NOTIFICATIONS

(a) Based on the inspection of the Service Provider's performance, the COR will document instances of deficient or at-risk performance (e.g., noncompliance with the standard) using the CDR located at Attachment B. To the extent practicable, issues should be resolved informally, with the COR and Service Provider working together. When documentation of

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DHS-19-0494-M-000011

an issue or deficiency is required, the procedures set forth in this section will be followed.

(b) When a CDR is required to document performance issues, it will be submitted to the Service Provider with a date when a response is due. Upon receipt of a CDR, the Service Provider shall immediately assess the situation and either correct the deficiency as quickly as possible or prepare a corrective action plan. In either event, the Service Provider shall return the CDR with the action planned or taken noted. After the COR reviews the Service Provider's response to the CDR including its planned remedy or corrective action taken, the COR will either accept the plan or correction or reject the correction or plan for revision and provide an explanation. This process should take no more than one week. The CDR shall not be used as a substitute for quality control by the Service Provider.

(c) The COR, in addition to any other designated ICE official, shall be notified immediately in the event of all emergencies. Emergencies include, but are not limited to the following: activation of disturbance control team(s); disturbances (including gang activities, group demonstrations, food boycotts, work strikes, work-place violence, civil disturbances, or protests); staff use of force including use of lethal and less-lethal force (includes detainees in restraints more than eight hours); assaults on staff or detainees resulting in injuries requiring medical attention (does not include routine medical evaluation after the incident); fights resulting in injuries requiring medical attention; fires; full or partial lock down of the Facility; escape; weapons discharge; suicide attempts; deaths; declared or non-declared hunger strikes; adverse incidents that attract unusual interest or significant publicity; adverse weather (e.g., hurricanes, floods, ice or snow storms, heat waves, tornadoes); fence damage; power outages; bomb threats; significant environmental problems that impact the Facility operations; transportation accidents resulting in injuries, death or property damage; and sexual assaults. Note that in an emergency situation, a CDR may not be issued until an investigation has been completed.

(d) If the COR concludes that the deficient or at-risk performance warrants a withholding or deduction, the COR will include the CDR in its monthly report, with a copy to the Contracting Officer. The CDR will be accompanied by the COR's investigation report and written recommendation for any withholding. The Contracting Officer will consider the COR's recommendation and forward the CDR along with any relevant supporting information to the Service Provider in order to confirm or further discuss the prospective cure, including the Government's proposed course of action. As described in section 7 above, portions of the monthly invoice amount may be withheld until such time as the corrective action is completed, ***or*** a deduction may be taken.

(e) Following receipt of the Service Provider's notification that the correction has been made, the COR may re-inspect the Facility. Based upon the COR's findings, he or she will recommend that the Contracting Officer continue to withhold a proportionate share of the payment until the correction is made, or accept the correction as final and release the full amount withheld for that issue.

(f) If funds have been withheld and either the Government or the Service Provider terminates the Agreement, those funds will not be released. The Service Provider may only receive withheld payments upon successful correction of an instance of non-compliance. Further, the Service Provider is not relieved of full performance of the required services hereunder; the

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2021-ICFO-38377 012

DHS-19-0494-M-000012

Agreement may be terminated upon adequate notice from the Government based upon any one instance, or failure to remedy deficient performance, even if a deduction was previously taken for any inadequate performance.

(g) The COR will maintain a record of all open and resolved CDRs.

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2021-ICFO-38377 013

DHS-19-0494-M-000013

9. DETAINEE OR MEMBER OF THE PUBLIC COMPLAINTS

The detainee and the public are the ultimate recipients of the services identified in this Agreement. Any complaints made known to the COR will be logged and forwarded to the Service Provider for remedy. Upon notification, the Service Provider shall be given a pre-specified number of hours after verbal notification from the COR to address the issue. The Service Provider shall submit documentation to the COR regarding the actions taken to remedy the situation. If the complaint is found to be invalid, the Service Provider shall document its findings and notify the COR.

10. ATTACHMENTS

A. Performance Requirements Summary

B. Contract Discrepancy Report

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2021-ICFO-38377 014

DHS-19-0494-M-000014

Title	Report Date	IHSC Facility	Detainee A#
(b)(7)(E)	3/17/2020	El Paso	(b)(6); (b)(7)(C)
	2/22/2020	Dilley	
	2/5/2020	Dilley	
	1/9/2020	Dilley	

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Detainee Last Name	Detainee First Name	Date of Birth	Gender
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	Female
			Female
			Female
			Female

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Pregnancy	Specialty
TRUE	
TRUE	
TRUE	
TRUE	

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Type of Incident/Occurrence	Date and Time of Event
Referral to Higher Level of Care: Acute Care Hospital	3/17/2020 11:00
Referral to Higher Level of Care: Acute Care Hospital	2/22/2020 19:00
Referral to Higher Level of Care: Acute Care Hospital	2/5/2020 13:30
Referral to Higher Level of Care: Acute Care Hospital	1/9/2020 9:30

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Location of Incident
Medical Clinic

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Event Description
Presented as walk in to clinic with pelvic pain, urine dipstick positive for blood Current Status: Detainee alert & oriented x 3, vitally stable, and with complaints pelvic pain 5/10. Urine dipstick positive for blood. Referred to hospital by call NP Meza for rule out miscarriage. Stable for GPS transport.
Complaint of abdominal pain
Resident walked to sick call for c/o" lower abd pain". LMP 7/28/2019. denies vaginal bleeding or discharge.
Patient presents to Main Medical for follow up with provider and stated to provider that she has not felt fetal movement X 3 days. Provider was unable to aucultate fetal heart tones.

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IT System Involved
(b)(7)(E)

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Last Facility Comment

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Local QI Committee Review Indicated	Description of Action Plan
No	Local Tracking/Trending
No	Local Tracking/Trending

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Severity Score	Probability Score	Risk Score
Negligible, 1	None, 0	No Process Vulnerability (0)
Pending Determination	Pending Determination	Pending Determination
Pending Determination	Pending Determination	Pending Determination
Negligible, 1	Rare, 1	No Process Vulnerability (0)

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Review Status
MQMU Final Review Completed
Pending FHPM Review
Pending FHPM Review
MQMU Final Review Completed

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Last MQMU Comment
Detainee was sent to the ER for further evaluation and treatment for c/o lower abdominal pain and abnormal UA (+3 blood). The symptoms were acute and not chronic. Although, detainee was seen during sick call two days before this incident, the complaint was related to headache and not the current presenting symptoms.
Detainee reported a history of 2 miscarriages, detainee transitioned to ED and discharged back to hospital. No process vulnerabilities.

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Last Process Vulnerabilties Identified
Unable to identify any medical process vulnerabilities.

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Root Cause Analysis Indicated	Health Care Team Member(s) Involved
FALSE	
FALSE	
FALSE	
FALSE	

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Reason for Referral to HLC	Item Type
N/A	Item
	Item
	Item
N/A	Item

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Path
sites/ihsc/apps/irs/Lists/IncidentReports
sites/ihsc/apps/irs/Lists/IncidentReports
sites/ihsc/apps/irs/Lists/IncidentReports
sites/ihsc/apps/irs/Lists/IncidentReports

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Received from (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
DHS | ICE | OCFO | Office of Assurance and Compliance (OAC)
Mobile: (b)(6); (b)(7)(C) | Email: (b)(6); (b)(7)(C)

Sent on 2/16/2021 by Kiteworks and downloaded by (b)(6); (b)(7)(C)

See:
(b)(7)(E) Inadequate Prenatal Care and Staffing Deficiencies at ICE IHSC-run facilities.msg

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Withheld pursuant to exemption

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

of the Freedom of Information and Privacy Act

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Withheld pursuant to exemption

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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of the Freedom of Information and Privacy Act

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Organizational Acronyms

U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC)

IHSC: One Team, One Mission...Leading the Way in Immigration Health Care

ASSISTANT DIRECTOR (AD)

CHIEF OF STAFF (COS)

Deputy Chief of Staff (DCoS)

IHSC Communications Unit (ICU)

IHSC Investigations Unit (IIU)

IHSC Office of Policy (IOP)

Taskings and Program Support Unit (TPSU)

DEPUTY ASSISTANT DIRECTOR OF ADMINISTRATION AND MANAGEMENT (DAD-ADMIN)

Data Analytics Office (DAO)

IHSC Credentialing and Privileging Office (ICPO)

IHSC Personnel Unit (IPU)

Health Information and Technology Unit (HITU)

Health Records and Technology Office (HRTO)

Medical Education and Development Unit (MEDU)

Resource Management Unit (RMU)

Public Health and Law Enforcement Liaison (PHLE) Program

Records and Information Management (RIM) Office

DEPUTY ASSISTANT DIRECTOR OF CLINICAL SERVICES (DAD-CS)

Behavioral Health Unit (BHU)

Clinical Services Support Unit (CSSU)

Deputy Medical Director (DMD)/Medical Services Unit (MSU)

- Chief Advanced Practice Provider (APP)
- Chief Dental
- Chief Pharmacy
- Regional Clinical Directors (CD)

Infectious Disease Program (IDP)

Nursing Services Unit (NSU)

Public Health, Safety, and Preparedness (PHSP) Unit

Psychiatry Services Unit (PSU)

DEPUTY ASSISTANT DIRECTOR OF HEALTH CARE COMPLIANCE (DAD-HCC)

Health Plan Management Unit (HPMU)

Medical Case Management Unit (MCMU)

Medical Quality Management Unit (MQMU)

Field Medical Coordinator (FMC)

DEPUTY ASSISTANT DIRECTOR OF HEALTH SYSTEMS SUPPORT (DAD-HSS)

Health Operations Unit (HOU)

IHSC Special Operations Unit (ISOU)

Health Services Administrator (HSA)

Health Operations Plans and Programs (HOPP)

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Location	Code		Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Alexandria	(b)(7)(E)		Admin Asst		AA	CTR	STGi	08/13/18
Alexandria			AHSA		RDH	PHS	PHS	03/16/20
Alexandria			APP		PA-C	CTR	STGi	08/13/18
Alexandria			APP		PA-C	CTR	STGi	02/12/19
Alexandria			APP	VACANT	NP	GS	GS	08/05/19
Alexandria			BHP		LCSW	CTR	STGi	08/13/18
Alexandria			BHP	VACANT	LCSW	GS	GS	08/05/19
Alexandria			Contract Coordinator		CM	CTR	STGi	07/13/20
Alexandria			HSA	VACANT	TBD	PHS	PHS	07/05/20
Alexandria			Infection Prevention Officer	VACANT	TBD	PHS	PHS	08/06/20
Alexandria			LPN/LVN		LPN	CTR	STGi	08/20/18
Alexandria			LPN/LVN		LPN	CTR	STGi	10/09/18
Alexandria			LPN/LVN		LPN	CTR	STGi	08/13/18
Alexandria			LPN/LVN		LPN	CTR	STGi	09/20/20
Alexandria			LPN/LVN		LPN	CTR	STGi	08/13/18
Alexandria			LPN/LVN		LPN	CTR	STGi	06/24/19
Alexandria			LPN/LVN		LPN	CTR	STGi	06/24/19
Alexandria			LPN/LVN		LPN	CTR	STGi	11/05/18
Alexandria			LPN/LVN		LPN	CTR	STGi	08/10/19
Alexandria			LPN/LVN		LPN	CTR	STGi	11/02/20
Alexandria			LPN/LVN		LPN	CTR	STGi	11/03/20
Alexandria			LPN/LVN	VACANT	LPN	CTR	STGi	11/02/20
Alexandria			LPN/LVN	VACANT	LPN	GS	GS	07/15/19
Alexandria			LPN/LVN	VACANT	LPN	GS	GS	08/05/19
Alexandria			Medical Assistant		MA	CTR	STGi	06/29/20
Alexandria			Physician	VACANT	MD/DO	GS	GS	08/05/19
Alexandria			MRT		MRT	CTR	STGi	07/22/19
Alexandria			MRT		MRT	CTR	STGi	08/13/18
Alexandria			MRT		MRT	CTR	STGi	08/13/18
Alexandria			MRT		MRT	CTR	STGi	08/13/18
Alexandria			MRT	VACANT	MRT	GS	GS	08/05/19
Alexandria			Nurse Mgr		RN	PHS	PHS	04/27/20
Alexandria			Pharmacist		Pharmacist	CTR	STGi	06/01/20
Alexandria			Pharm Tech		Pharm Tech	CTR	STGi	08/13/19
Alexandria			RN	VACANT	RN	PHS	PHS	10/12/20
Alexandria			RN		RN	CTR	STGi	09/16/19

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Alexandria	(b)(7)(E)	RN		RN	CTR	STGi	09/16/19
Alexandria		RN		RN	CTR	STGi	10/19/20
Alexandria		RN		RN	CTR	STGi	08/13/18
Alexandria		RN		RN	CTR	STGi	01/21/20
Alexandria		RN		RN	CTR	STGi	09/20/20
Alexandria		RN		RN	CTR	STGi	08/13/18
Alexandria		RN		RN	CTR	STGi	08/13/18
Alexandria		RN		RN	CTR	STGi	08/20/18
Alexandria		RN		RN	CTR	STGi	03/25/19
Alexandria		RN		RN	CTR	STGi	10/26/20
Alexandria		RN		RN	CTR	STGi	09/05/20
Alexandria		RN		RN	CTR	STGi	08/13/18
Alexandria		RN		RN	CTR	STGi	08/13/18
Alexandria		RN		RN	CTR	STGi	08/13/18
Alexandria		RN		RN	CTR	STGi	08/03/20
Alexandria		RN		RN	CTR	STGi	03/09/20
Alexandria		RN		RN	CTR	STGi	09/04/18
Alexandria		RN		RN	GS	GS	06/21/20
Alexandria		RN		RN	GS	GS	07/19/20
Alexandria		RN		RN	GS	GS	11/22/20
Alexandria		RN	VACANT	RN	PHS	PHS	
Alexandria		RN		RN	CTR	STGi	10/26/20
Alexandria		RN	VACANT	RN	CTR	STGi	11/02/20
Alexandria		RN		RN	CTR	STGi	11/09/20
Alexandria		RAD-TECH		RAD-TECH	CTR	STGi	08/13/18
Alexandria		RAD-TECH		RAD-TECH	CTR	STGi	08/13/18
Berks		Admin Asst		AA	CTR	STGi	04/01/19
Berks		AHSA		RN	PHS	PHS	05/21/18
Berks		APP		FNP	CTR	STGi	07/23/20
Berks		APP		PA-C	CTR	STGi	11/09/20
Berks		BHP		LCSW	CTR	STGi	08/13/18
Berks		BHP		Psychologist	CTR	STGi	07/16/18
Berks		BHP		LCSW	CTR	STGi	08/13/18
Berks		Contract Coordinator		CM	CTR	STGi	08/06/20
Berks		CD	VACANT	MD/DO	PHS	PHS	11/26/18
Berks		HSA		EHO	PHS	PHS	05/20/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Berks	(b)(7)(E)	LPN/LVN	VACANT	LPN	CTR	STGi	11/17/20
Berks		LPN/LVN		LPN	CTR	STGi	01/27/20
Berks		LPN/LVN	VACANT	LPN	CTR	STGi	05/01/20
Berks		LPN/LVN	VACANT	LPN	CTR	STGi	11/15/19
Berks		LPN/LVN	VACANT	LPN	GS	GS	07/15/19
Berks		MRT		MRT	CTR	STGi	07/13/18
Berks		Nurse Mgr		RN	PHS	PHS	03/16/20
Berks		RN	VACANT	RN	PHS	PHS	09/07/18
Berks		RN		RN	PHS/GS	GS	03/29/20
Berks		RN		RN	CTR	STGi	06/22/20
Berks		RN		RN	CTR	STGi	10/05/20
Berks		RN		RN	CTR	STGi	09/28/20
Berks		RN		RN	CTR	STGi	07/20/18
Berks		RN		RN	CTR	STGi	08/13/18
Berks		RN		RN	CTR	STGi	02/19/20
Berks		RN		RN	CTR	STGi	11/06/19
Buffalo		Admin Asst		AA	CTR	STGi	07/13/18
Buffalo		AHSA		RDH	PHS	PHS	09/25/20
Buffalo		APP		NP	CTR	STGi	09/09/19
Buffalo		APP		FNP	CTR	STGi	11/18/20
Buffalo		APP		NP	CTR	STGi	08/13/18
Buffalo		APP		FNP	CTR	STGi	06/03/19
Buffalo		APP		PA-C	GS	GS	05/10/20
Buffalo		Psych APP	VACANT	Psych APP	GS	GS	07/15/20
Buffalo		BHP		LCSW	PHS	PHS	03/14/19
Buffalo		BHP		LCSW	CTR	STGi	07/18/20
Buffalo		BHP		Psychologist	PHS	PHS	08/24/20
Buffalo		Behavior Health Technician	VACANT	BHT	CTR	STGi	11/02/20
Buffalo		Contract Coordinator	VACANT	CM	CTR	STGi	10/20/20
Buffalo		CD	VACANT	MD/DO	PHS	PHS	10/01/20
Buffalo		CD		MD/DO	GS	GS	11/22/20
Buffalo		Dental Asst		DA	CTR	STGi	09/16/19
Buffalo		Dental Asst	VACANT	DA	GS	GS	07/15/19
Buffalo		Dentist Supervisory		DDS	GS	GS	07/06/20
Buffalo		HSA		RN	PHS	PHS	03/04/19
Buffalo		Infection Prevention Officer	VACANT	TBD	PHS	PHS	08/06/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Buffalo	(b)(7)(E)	LPN/LVN		LPN	CTR	STGi	07/16/19
Buffalo		LPN/LVN	VACANT	LPN	CTR	STGi	11/07/20
Buffalo		LPN/LVN		LPN	CTR	STGi	06/18/20
Buffalo		LPN/LVN		LPN	GS	GS	11/08/20
Buffalo		LPN/LVN	VACANT	LPN	GS	GS	08/05/19
Buffalo		LPN/LVN	VACANT	LPN	GS	GS	07/15/20
Buffalo		Physician	VACANT	MD/DO	GS	GS	07/15/20
Buffalo		Psychiatrist(PTE)	VACANT	Psychiatrist	CTR	STGi	08/01/15
Buffalo		MRT		MRT	CTR	STGi	08/06/18
Buffalo		MRT		MRT	CTR	STGi	10/16/19
Buffalo		MRT		MRT	CTR	STGi	01/14/19
Buffalo		MRT		MRT	CTR	STGi	07/14/18
Buffalo		Nurse Mgr		RN	PHS	PHS	05/27/20
Buffalo		Pharmacist		Pharmacist	PHS	PHS	02/08/18
Buffalo		Facility Health Program Mgr		EHO	PHS	PHS	09/25/20
Buffalo		Pharm Tech		Pharm Tech	CTR	STGi	04/22/20
Buffalo		RN		RN	CTR	STGi	11/09/20
Buffalo		RN		RN	CTR	STGi	05/11/20
Buffalo		RN		RN	CTR	STGi	06/11/19
Buffalo		RN		RN	CTR	STGi	07/12/18
Buffalo		RN		RN	CTR	STGi	01/17/20
Buffalo		RN		RN	CTR	STGi	08/24/20
Buffalo		RN		RN	CTR	STGi	08/06/18
Buffalo		RN	VACANT	RN	CTR	STGi	10/30/20
Buffalo		RN	VACANT	RN	PHS	PHS	08/12/19
Buffalo		RN		RN	CTR	STGi	09/14/20
Buffalo		RN		RN	CTR	STGi	02/04/19
Buffalo		RN		RN	CTR	STGi	11/09/20
Buffalo		RN		RN	CTR	STGi	02/01/19
Buffalo		RN		RN	GS	GS	06/21/20
Buffalo		RN		RN	GS	GS	09/13/20
Buffalo		RN		RN	GS	GS	10/25/20
Caroline		Admin Asst		AA	CTR	STGi	11/13/20
Caroline		AHSA	VACANT	TBD	PHS	PHS	09/14/20
Caroline		APP		PA-C	PHS	PHS	03/31/19
Caroline		APP		NP	CTR	STGi	01/28/19

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Caroline	(b)(7)(E)	BHP		LCSW	CTR	STGi	03/16/20
Caroline		BHP		LCSW	PHS	PHS	08/10/20
Caroline		Behavior Health Technician	VACANT	BHT	CTR	STGi	11/02/20
Caroline		Contract Coordinator		CM	CTR	STGi	05/21/20
Caroline		CD		MD/DO	PHS	PHS	07/15/19
Caroline		Pharmacist		Pharmacist	PHS	PHS	02/15/19
Caroline		Dental Asst		DA	CTR	STGi	12/03/18
Caroline		Dentist		DDS	PHS	PHS	09/28/20
Caroline		HSA		LCSW	PHS	PHS	03/12/19
Caroline		LPN/LVN		LPN	CTR	STGi	06/02/20
Caroline		LPN/LVN		LPN	CTR	STGi	03/02/20
Caroline		LPN/LVN	VACANT	LPN	GS	GS	05/04/20
Caroline		Physician(CPA)		MD/DO	CTR	STGi	11/12/20
Caroline		Psychiatrist	VACANT	Psychiatrist	PHS	PHS	08/01/18
Caroline		MRT	VACANT	MRT	CTR	STGi	11/13/20
Caroline		MRT		MRT	CTR	STGi	09/30/20
Caroline		Nurse Mgr		RN	PHS	PHS	09/28/18
Caroline		Pharmacist		Pharmacist	CTR	STGi	12/17/18
Caroline		Facility Health Program Mgr		RN	PHS	PHS	09/24/18
Caroline		Pharm Tech		Pharm Tech	CTR	STGi	07/30/19
Caroline		RN	VACANT	RN	GS	GS	04/12/20
Caroline		RN	VACANT	RN	CTR	STGi	11/18/20
Caroline		RN		RN	PHS	PHS	10/15/20
Caroline		RN		RN	CTR	STGi	09/01/20
Caroline		RN	VACANT	RN	CTR	STGi	05/26/20
Caroline		RN		RN	PHS	PHS	02/24/20
Caroline		RN		RN	CTR	STGi	02/19/19
Caroline		RN		RN	CTR	STGi	09/09/19
Caroline		RN		RN	CTR	STGi	01/27/20
Caroline		RN		RN	GS	GS	03/15/20
Dilley		Admin Asst		AA	CTR	STGi	07/16/18
Dilley		Admin Asst		AA	CTR	STGi	05/13/19
Dilley		AHSA	VACANT	RN	PHS	PHS	12/31/18
Dilley		AHSA	VACANT	RN	PHS	PHS	05/04/20
Dilley		Assistant Nurse Mgr		RN	CTR	STGi	11/27/18
Dilley		APP		PA-C	CTR	STGi	11/03/14

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Dilley	(b)(7)(E)	APP		NP	CTR	STGi	09/18/18
Dilley		APP		NP	CTR	STGi	06/20/16
Dilley		APP		NP	CTR	STGi	10/01/19
Dilley		APP		NP	CTR	STGi	03/12/18
Dilley		APP	VACANT	TBD	CTR	STGi	09/17/20
Dilley		APP		NP	CTR	STGi	10/07/19
Dilley		APP		NP	CTR	STGi	05/18/20
Dilley		APP	VACANT	TBD	CTR	STGi	10/30/20
Dilley		APP		NP	CTR	STGi	07/13/20
Dilley		APP		NP	CTR	STGi	08/26/19
Dilley		APP		NP	CTR	STGi	10/07/19
Dilley		BHP		LCSW	CTR	STGi	06/29/20
Dilley		BHP		LCSW	CTR	STGi	06/06/16
Dilley		BHP		LCSW	CTR	STGi	10/13/15
Dilley		BHP		Psychologist	CTR	STGi	07/09/18
Dilley		BHP		LCSW	CTR	STGi	12/29/14
Dilley		BHP		LCSW	CTR	STGi	04/08/19
Dilley		BHP		Psychologist	CTR	STGi	01/12/15
Dilley		BHP		LCSW	CTR	STGi	12/29/14
Dilley		BHP		LCSW	CTR	STGi	05/18/20
Dilley		BHP		LCSW	CTR	STGi	06/05/17
Dilley		BHP		LCSW	CTR	STGi	07/06/15
Dilley		BHP	VACANT	TBD	CTR	STGi	07/11/20
Dilley		BHP		LCSW	CTR	STGi	02/23/15
Dilley		BHP		LCSW	CTR	STGi	07/23/18
Dilley		BHP		LCSW	CTR	STGi	12/06/15
Dilley		BHP		Psychologist	CTR	STGi	05/13/19
Dilley		BHP		LCSW	CTR	STGi	03/06/17
Dilley		BHP		LCSW	CTR	STGi	09/24/18
Dilley		BHP		LCSW	CTR	STGi	06/26/18
Dilley		BHP		Psychologist	CTR	STGi	04/27/15
Dilley		Contract Coordinator	VACANT	CM	CTR	STGi	10/30/20
Dilley		CD	VACANT	MD/DO	PHS	PHS	12/19/18
Dilley		Clinical Services Manager	VACANT	CM	CTR	STGi	10/30/20
Dilley		Dental Asst		DA	CTR	STGi	08/01/16
Dilley		Dental Asst		DA	CTR	STGi	11/07/16

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Dilley	(b)(7)(E)	Dentist		DDS	CTR	STGi	09/09/19
Dilley		Dentist		DDS	CTR	STGi	02/02/15
Dilley		RDH		DA	CTR	STGi	08/08/16
Dilley		HSA		RN	PHS	PHS	11/04/19
Dilley		Infection Prevention Officer	VACANT	TBD	PHS	PHS	08/06/20
Dilley		LPN/LVN		LVN	CTR	STGi	05/08/17
Dilley		LPN/LVN		LVN	CTR	STGi	04/29/19
Dilley		LPN/LVN		LVN	CTR	STGi	03/07/16
Dilley		LPN/LVN		LVN	CTR	STGi	11/03/14
Dilley		LPN/LVN		LVN	CTR	STGi	09/08/20
Dilley		LPN/LVN		LVN	CTR	STGi	09/05/17
Dilley		LPN/LVN		LVN	CTR	STGi	05/26/15
Dilley		LPN/LVN		LVN	CTR	STGi	02/11/19
Dilley		LPN/LVN		LVN	CTR	STGi	10/01/18
Dilley		LPN/LVN	VACANT	LVN	CTR	STGi	11/01/20
Dilley		LPN/LVN		LVN	CTR	STGi	05/08/17
Dilley		LPN/LVN	VACANT	LVN	CTR	STGi	11/01/20
Dilley		LPN/LVN		LVN	CTR	STGi	10/30/17
Dilley		LPN/LVN		LVN	CTR	STGi	09/25/17
Dilley		LPN/LVN		LVN	CTR	STGi	10/10/16
Dilley		LPN/LVN		LVN	CTR	STGi	01/09/16
Dilley		LPN/LVN		LVN	CTR	STGi	03/14/16
Dilley		LPN/LVN		LVN	CTR	STGi	03/23/20
Dilley		LPN/LVN		LVN	CTR	STGi	08/01/16
Dilley		LPN/LVN		LVN	CTR	STGi	07/11/16
Dilley		Medical Assistant		MA	CTR	STGi	04/13/20
Dilley		Medical Assistant		MA	CTR	STGi	06/22/20
Dilley		Physician		MD/DO	CTR	STGi	10/26/20
Dilley		Physician		MD/DO	CTR	STGi	02/18/20
Dilley		Physician		MD/DO	CTR	STGi	08/25/20
Dilley		Psychiatrist		Psychiatrist	CTR	STGi	05/09/16
Dilley		MRT		MRT	CTR	STGi	02/15/19
Dilley		MRT		MRT	CTR	STGi	07/05/16
Dilley		MRT		MRT	CTR	STGi	06/03/09
Dilley		MRT		MRT	CTR	STGi	04/14/20
Dilley		MRT		MRT	CTR	STGi	11/13/18

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Dilley	(b)(7)(E)	MRT		MRT	CTR	STGi	07/20/15
Dilley		Nurse Mgr		RN	CTR	STGi	11/01/20
Dilley		Nurse Mgr	VACANT	RN	PHS	PHS	08/16/19
Dilley		Pharmacist		Pharmacist	PHS	PHS	05/31/19
Dilley		Pharmacist		Pharmacist	PHS	PHS	09/02/19
Dilley		Pharmacist	VACANT	Pharmacist	CTR	STGi	09/18/20
Dilley		Pharmacist	VACANT	Pharmacist	PHS	PHS	09/15/20
Dilley		Facility Health Program Mgr		RN	PHS	PHS	05/04/20
Dilley		Pharm Tech		Pharm Tech	CTR	STGi	02/01/20
Dilley		Pharm Tech		Pharm Tech	CTR	STGi	12/11/17
Dilley		Pharm Tech		Pharm Tech	CTR	STGi	07/17/17
Dilley		RN		RN	CTR	STGi	03/16/20
Dilley		RN		RN	CTR	STGi	08/31/15
Dilley		RN	VACANT	RN	CTR	STGi	08/24/20
Dilley		RN		RN	CTR	STGi	10/13/20
Dilley		RN		RN	CTR	STGi	02/16/20
Dilley		RN		RN	CTR	STGi	03/07/16
Dilley		RN		RN	CTR	STGi	02/05/17
Dilley		RN		RN	CTR	STGi	03/06/17
Dilley		RN		RN	CTR	STGi	03/18/19
Dilley		RN		RN	CTR	STGi	07/08/19
Dilley		RN		RN	CTR	STGi	09/21/19
Dilley		RN		RN	CTR	STGi	05/09/16
Dilley		RN		RN	CTR	STGi	06/16/19
Dilley		RN		RN	CTR	STGi	01/07/19
Dilley		RN		RN	CTR	STGi	11/07/16
Dilley		RN		RN	CTR	STGi	04/27/15
Dilley		RN		RN	CTR	STGi	06/13/16
Dilley		RN		RN	CTR	STGi	11/27/17
Dilley		RN		RN	CTR	STGi	11/19/18
Dilley		RN		RN	CTR	STGi	12/29/14
Dilley		RN		RN	CTR	STGi	09/05/17
Dilley		RN		RN	CTR	STGi	03/09/20
Dilley		RN		RN	CTR	STGi	05/06/19
Dilley		RN		RN	CTR	STGi	05/11/20
Dilley		RN		RN	CTR	STGi	10/13/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Dilley	(b)(7)(E)	RN		RN	CTR	STGi	02/13/18
Dilley		RN	VACANT	RN	CTR	STGi	11/01/20
Dilley		RN		RN	CTR	STGi	02/25/19
Dilley		RN		RN	CTR	STGi	02/14/18
Dilley		RAD-TECH		RAD-TECH	CTR	STGi	09/28/20
Dilley		RAD-TECH		RAD-TECH	CTR	STGi	06/15/20
Dilley		CMA-Immunization		CMA	CTR	STGi	12/21/15
Dilley		CMA-Immunization		CMA	CTR	STGi	02/04/19
Dilley		LVN-Immunization		LVN	CTR	STGi	03/11/19
Dilley		LVN-Immunization		LVN	CTR	STGi	01/23/17
Dilley		LVN-Immunization		LVN	CTR	STGi	10/01/18
Dilley		APP		NP	CTR	STGi	06/26/17
Dilley		RN-Immunization		RN	CTR	STGi	10/10/16
Dilley		RN-Immunization		RN	CTR	STGi	02/15/16
Dilley		RN-Immunization		RN	CTR	STGi	11/23/18
Dilley		RN-Immunization		RN	CTR	STGi	01/02/17
Dilley		RN-Immunization		RN	CTR	STGi	10/01/17
El Paso		Admin Asst		AA	CTR	STGi	08/20/18
El Paso		AHSA		RN	PHS	PHS	12/30/19
El Paso		AHSA		RN	PHS	PHS	04/20/20
El Paso		APP		NP	CTR	STGi	10/09/18
El Paso		APP		NP	CTR	STGi	08/27/18
El Paso		APP		NP	CTR	STGi	01/01/19
El Paso		APP		NP	CTR	STGi	08/27/18
El Paso		APP	VACANT	APP	GS	GS	07/15/19
El Paso		Psych APP		Psych NP	CTR	STGi	12/06/19
El Paso		BHP	VACANT	TBD	PHS	PHS	07/01/20
El Paso		BHP		LCSW	CTR	STGi	08/20/18
El Paso		BHP	VACANT	LCSW	GS	GS	07/15/19
El Paso		BHP	VACANT	Psychologist	GS	GS	07/15/19
El Paso		Behavior Health Technician		BHT	CTR	STGi	04/06/20
El Paso		Contract Coordinator		CM	CTR	STGi	08/20/18
El Paso		CD		MD/DO	GS	GS	05/24/20
El Paso		Dental Asst		DA	CTR	STGi	08/20/18
El Paso		Dental Asst	VACANT	DA	GS	GS	07/15/19
El Paso		Dentist Supervisory		DDS	PHS	PHS	02/19/18

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
El Paso	(b)(7)(E)	HSA		LCSW	PHS	PHS	10/11/13
El Paso		Infection Prevention Officer		RN	PHS	PHS	12/09/19
El Paso		LPN/LVN		LVN	CTR	STGi	10/01/20
El Paso		LPN/LVN		LVN	CTR	STGi	08/20/18
El Paso		LPN/LVN		LVN	CTR	STGi	08/20/18
El Paso		LPN/LVN		LVN	CTR	STGi	08/20/18
El Paso		LPN/LVN		LVN	CTR	STGi	08/20/18
El Paso		LPN/LVN		LVN	CTR	STGi	08/20/18
El Paso		LPN/LVN	VACANT	LVN	GS	GS	05/04/20
El Paso		Medical Assistant		MA	CTR	STGi	04/23/20
El Paso		Medical Assistant		MA	CTR	STGi	06/16/20
El Paso		Physician	VACANT	MD/DO	GS	GS	05/24/20
El Paso		Physician(PTE)		MD/DO	CTR	STGi	12/16/19
El Paso		Psychiatrist(CPA)		Psychiatrist	CTR	STGi	05/01/20
El Paso		MRT		MRT	CTR	STGi	03/02/20
El Paso		MRT	VACANT	MRT	CTR	STGi	08/13/20
El Paso		MRT	VACANT	MRT	CTR	STGi	11/01/20
El Paso		MRT		MRT	CTR	STGi	08/20/18
El Paso		MRT	VACANT	MRT	GS	GS	08/05/19
El Paso		MRT	VACANT	MRT	GS	GS	08/05/19
El Paso		Nurse Mgr	VACANT	RN	PHS	PHS	12/30/19
El Paso		Pharmacist		Pharmacist	PHS	PHS	04/04/16
El Paso		Facility Health Program Mgr	VACANT	RN	PHS	PHS	12/09/19
El Paso		Pharm Tech		Pharm Tech	CTR	STGi	08/20/18
El Paso		RN	VACANT	RN	PHS	PHS	08/01/19
El Paso		RN	VACANT	RN	PHS	PHS	04/20/20
El Paso		RN	VACANT	RN	PHS	PHS	08/01/19
El Paso		RN		RN	CTR	STGi	09/16/19
El Paso		RN	VACANT	RN	PHS	PHS	08/01/19
El Paso		RN	VACANT	RN	PHS	PHS	11/18/19
El Paso		RN		RN	CTR	STGi	09/30/19
El Paso		RN		RN	CTR	STGi	06/16/20
El Paso		RN		RN	CTR	STGi	09/16/18
El Paso		RN		RN	CTR	STGi	04/01/20
El Paso		RN		RN	CTR	STGi	09/04/20
El Paso		RN		RN	CTR	STGi	02/10/20

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
El Paso	(b)(7)(E)	RN		RN	CTR	STGi	11/01/20
El Paso		RN		RN	CTR	STGi	09/06/17
El Paso		RN		RN	CTR	STGi	08/16/17
El Paso		RN		RN	GS	GS	06/07/20
El Paso		RN		RN	GS	GS	07/19/20
El Paso		RN		RN	GS	GS	08/30/20
El Paso		RN		RN	GS	GS	09/13/20
El Paso		RAD-TECH		RAD-TECH	CTR	STGi	08/20/18
El Paso		RAD-TECH	VACANT	RAD-TECH	GS	GS	08/05/19
Elizabeth		Admin Asst		AA	CTR	STGi	07/30/18
Elizabeth		AHSA		RN	PHS	PHS	09/14/20
Elizabeth		APP	VACANT	TBD	PHS	PHS	09/04/20
Elizabeth		APP		PA-C	PHS	PHS	03/13/20
Elizabeth		APP		FNP	CTR	STGi	07/20/20
Elizabeth		APP		PA-C	PHS	PHS	08/10/20
Elizabeth		BHP	VACANT	TBD	PHS	PHS	09/14/20
Elizabeth		Behavior Health Technician	VACANT	BHT	CTR	STGi	11/02/20
Elizabeth		Contract Coordinator		CM	CTR	STGi	09/10/18
Elizabeth		CD	VACANT	MD/DO	GS	GS	11/02/20
Elizabeth		HSA		HSO	PHS	PHS	08/03/20
Elizabeth		LPN/LVN		LPN	CTR	STGi	03/18/19
Elizabeth		LPN/LVN		LPN	CTR	STGi	08/13/18
Elizabeth		Physician(CPA)	VACANT	MD/DO	CTR	STGi	10/01/20
Elizabeth		Psychiatrist(PTE)		Psychiatrist	CTR	STGi	08/13/18
Elizabeth		Nurse Mgr		RN	PHS	PHS	09/30/18
Elizabeth		Pharmacist		Pharmacist	PHS	PHS	01/06/20
Elizabeth		Facility Health Program Mgr	VACANT	TBD	PHS	PHS	09/14/20
Elizabeth		Pharm Tech		Pharm Tech	CTR	STGi	06/08/20
Elizabeth		RN		RN	PHS	PHS	06/01/16
Elizabeth		RN		RN	CTR	STGi	05/04/20
Elizabeth		RN		RN	PHS	PHS	05/10/12
Elizabeth		RN		RN	CTR	STGi	08/13/18
Elizabeth		RN		RN	CTR	STGi	07/30/18
Elizabeth		RN		RN	CTR	STGi	02/24/20
Elizabeth		RN		RN	CTR	STGi	08/13/18
Elizabeth		RN		RN	CTR	STGi	08/13/18

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Elizabeth	(b)(7)(E)	RN		RN	CTR	STGi	03/03/20
Elizabeth		RN	VACANT	RN	GS	GS	05/04/20
Elizabeth		RN	VACANT	RN	GS	GS	05/04/20
Eloy		Admin Asst		AA	CTR	STGi	03/26/18
Eloy		AHSA		RN	PHS	PHS	09/17/18
Eloy		AHSA		RN	PHS	PHS	11/16/20
Eloy		APP	VACANT	TBD	PHS	PHS	04/13/20
Eloy		APP	VACANT	NP	PHS	PHS	05/25/20
Eloy		APP		NP	PHS	PHS	05/25/20
Eloy		APP		NP	CTR	STGi	08/27/18
Eloy		APP		NP	CTR	STGi	11/06/19
Eloy		APP		NP	CTR	STGi	03/02/20
Eloy		APP		NP	CTR	STGi	08/20/18
Eloy		APP		PA-C	CTR	STGi	08/20/18
Eloy		APP		NP	CTR	STGi	03/16/20
Eloy		APP	VACANT	APP	GS	GS	07/15/19
Eloy		Psych APP	(For Removal Next MOD)	TBD	CTR	STGi	09/09/20
Eloy		Psych APP		NP	GS	GS	10/25/20
Eloy		BHP	VACANT	LCSW	GS	GS	04/30/18
Eloy		BHP	VACANT	TBD	PHS	PHS	07/10/20
Eloy		BHP		LCSW	CTR	STGi	08/24/20
Eloy		BHP		LCSW	CTR	STGi	08/13/18
Eloy		BHP	VACANT	TBD	CTR	STGi	06/25/20
Eloy		BHP		LCSW	PHS	PHS	07/01/20
Eloy		Behavior Health Technician	VACANT	BHT	CTR	STGi	03/01/20
Eloy		Behavior Health Technician		BHT	CTR	STGi	11/16/20
Eloy		Contract Coordinator	VACANT	CM	CTR	STGi	06/15/20
Eloy		CD	VACANT	MD/DO	GS	GS	08/05/19
Eloy		Dental Asst		DA	CTR	STGi	08/13/18
Eloy		Dental Asst	VACANT	DA	GS	GS	07/15/19
Eloy		Dentist Supervisory		DDS	PHS	PHS	07/13/20
Eloy		Dentist		DDS	CTR	STGi	09/16/18
Eloy		Dentist	VACANT	DDS	GS	GS	07/15/19
Eloy		RDH		RDH	PHS	PHS	04/15/16
Eloy		HSA		RN	PHS	PHS	07/27/20
Eloy		Infection Prevention Officer		RN	PHS	PHS	11/25/19

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Eloy	(b)(7)(E)	LPN/LVN		LPN	CTR	STGi	08/27/18
Eloy		LPN/LVN		LPN	CTR	STGi	07/08/19
Eloy		LPN/LVN	VACANT	LPN	CTR	STGi	10/16/20
Eloy		LPN/LVN	VACANT	LPN	CTR	STGi	08/06/20
Eloy		LPN/LVN	VACANT	LPN	CTR	STGi	07/16/20
Eloy		LPN/LVN	VACANT	LPN	CTR	STGi	06/25/20
Eloy		LPN/LVN		LPN	CTR	STGi	08/20/18
Eloy		LPN/LVN		LPN	CTR	STGi	08/13/18
Eloy		LPN/LVN		LPN	CTR	STGi	09/23/19
Eloy		LPN/LVN		LPN	CTR	STGi	08/20/18
Eloy		LPN/LVN	VACANT	LPN	CTR	STGi	04/07/20
Eloy		LPN/LVN		LPN	CTR	STGi	08/20/18
Eloy		LPN/LVN		LPN	GS	GS	08/16/20
Eloy		LPN/LVN	VACANT	LPN	GS	GS	07/15/19
Eloy		Medical Assistant		MA	CTR	STGi	04/06/20
Eloy		Medical Assistant		MA	CTR	STGi	03/01/20
Eloy		Physician	VACANT	MD/DO	CTR	STGi	08/13/20
Eloy		Physician	VACANT	MD/DO	GS	GS	04/20/16
Eloy		Physician	VACANT	MD/DO	PHS	PHS	09/26/18
Eloy		Psychiatrist		Psychiatrist	CTR	STGi	08/27/18
Eloy		MRT		MRT	CTR	STGi	08/13/18
Eloy		MRT		MRT	CTR	STGi	08/20/18
Eloy		MRT		MRT	CTR	STGi	08/13/18
Eloy		MRT		MRT	CTR	STGi	08/13/18
Eloy		MRT		MRT	CTR	STGi	08/13/18
Eloy		MRT		MRT	CTR	STGi	04/27/20
Eloy		Nurse Mgr		RN	PHS	PHS	02/12/19
Eloy		Pharmacist		Pharmacist	PHS	PHS	07/05/10
Eloy		Pharmacist		Pharmacist	PHS	PHS	03/30/20
Eloy		Facility Health Program Mgr		HSO	PHS	PHS	08/26/19
Eloy		Pharm Tech		Pharm Tech	CTR	STGi	08/20/18
Eloy		Pharm Tech		Pharm Tech	CTR	STGi	08/20/18
Eloy		RN		RN	PHS	PHS	06/24/19
Eloy		RN	VACANT	RN	PHS	PHS	11/16/20
Eloy		RN		RN	CTR	STGi	09/16/19
Eloy		RN	VACANT	RN	PHS	PHS	08/01/19

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Location	Code		Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Eloy	(b)(7)(E)		RN		RN	PHS	PHS	11/26/18
Eloy			RN		RN	CTR	STGi	10/16/20
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	02/18/20
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	10/01/20
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	10/21/20
Eloy			RN		RN	CTR	STGi	08/13/18
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	08/20/18
Eloy			RN		RN	CTR	STGi	05/06/19
Eloy			RN		RN	CTR	STGi	03/14/19
Eloy			RN		RN	GS	GS	06/21/20
Eloy			RN		RN	GS	GS	07/05/20
Eloy			RAD-TECH		RAD-TECH	CTR	STGi	03/04/20
Florence			Admin Asst		AA	CTR	STGi	08/13/18
Florence			AHSA		RN	PHS	PHS	03/21/16
Florence			APP		PA-C	PHS	PHS	06/26/07
Florence			APP		NP	CTR	STGi	05/20/19
Florence			APP		NP	CTR	STGi	01/31/20
Florence			APP	VACANT	APP	GS	GS	08/05/19
Florence			BHP		Psychologist	CTR	STGi	08/27/18
Florence			BHP	VACANT	TBD	CTR	STGi	11/02/20
Florence			BHP	VACANT	Psychologist	GS	GS	07/15/20
Florence			Contract Coordinator	VACANT	CM	CTR	STGi	08/05/20
Florence			CD	VACANT	MD/DO	PHS	PHS	01/23/17
Florence			CD	VACANT	MD/DO	GS	GS	08/05/19
Florence			Dentist		DDS	PHS	PHS	02/05/03
Florence			RDH		RDH	PHS	PHS	08/09/13
Florence			HSA		RN	PHS	PHS	08/05/19

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Florence	(b)(7)(E)	LPN/LVN	VACANT	LPN	CTR	STGi	07/29/19
Florence		LPN/LVN		LPN	CTR	STGi	11/07/18
Florence		LPN/LVN		LPN	CTR	STGi	08/27/18
Florence		LPN/LVN		LPN	CTR	STGi	08/27/18
Florence		LPN/LVN		LPN	CTR	STGi	08/20/18
Florence		LPN/LVN		LPN	CTR	STGi	12/10/18
Florence		LPN/LVN	VACANT	LPN	GS	GS	05/04/20
Florence		Physician		MD/DO	CTR	STGi	06/29/20
Florence		MRT		MRT	CTR	STGi	08/13/18
Florence		MRT		MRT	CTR	STGi	08/13/18
Florence		MRT		MRT	CTR	STGi	08/13/18
Florence		MRT		MRT	CTR	STGi	08/13/18
Florence		Infection Prevention Officer		RN	PHS	PHS	07/27/20
Florence		Nurse Mgr		RN	PHS	PHS	08/20/19
Florence		Pharmacist		Pharmacist	PHS	PHS	01/21/20
Florence		Facility Health Program Mgr	VACANT	TBD	PHS	PHS	07/27/20
Florence		Pharm Tech		Pharm Tech	CTR	STGi	08/20/18
Florence		RN	VACANT	RN	PHS	PHS	03/05/16
Florence		RN		RN	CTR	STGi	05/01/19
Florence		RN	VACANT	RN	PHS	PHS	11/18/19
Florence		RN		RN	CTR	STGi	04/11/16
Florence		RN		RN	PHS	PHS	11/04/18
Florence		RN		RN	CTR	STGi	11/09/20
Florence		RN		RN	CTR	STGi	10/19/20
Florence		RN		RN	CTR	STGi	01/13/19
Florence		RN		RN	CTR	STGi	08/20/18
Florence		RN		RN	CTR	STGi	08/27/18
Florence		RN	VACANT	RN	CTR	STGi	11/07/20
Florence		RN		RN	CTR	STGi	10/16/20
Florence		RN	VACANT	RN	CTR	STGi	10/09/20
Florence		RN		RN	CTR	STGi	09/04/20
Florence		RN		RN	CTR	STGi	03/01/20
Florence		RN	VACANT	RN	CTR	STGi	06/16/20
Florence		RN		RN	GS	GS	08/02/20
Florence		RN		RN	GS	GS	08/30/20
Florence		RAD-TECH		RAD-TECH	CTR	STGi	06/18/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Folkston	(b)(7)(E)	Admin Asst	VACANT	AA	CTR	STGi	12/01/20
Folkston		AHSA	VACANT	TBD	PHS	PHS	12/01/20
Folkston		APP	VACANT	TBD	CTR	STGi	12/01/20
Folkston		APP	VACANT	TBD	PHS	PHS	12/01/20
Folkston		Psych APP	VACANT	TBD	PHS	PHS	12/01/20
Folkston		BHP	VACANT	TBD	PHS	PHS	12/01/20
Folkston		Contract Coordinator	VACANT	TBD	CTR	STGi	12/01/20
Folkston		CD	VACANT	MD/DO	PHS/GS		12/01/20
Folkston		Dental Asst	VACANT	DA	CTR	STGi	12/01/20
Folkston		Dentist	VACANT	DDS	PHS	PHS	12/01/20
Folkston		HSA	VACANT	TBD	PHS	PHS	12/01/20
Folkston		LPN/LVN	VACANT	LPN	CTR	STGi	12/01/20
Folkston		LPN/LVN	VACANT	LPN	CTR	STGi	12/01/20
Folkston		LPN/LVN	VACANT	LPN	CTR	STGi	12/01/20
Folkston		LPN/LVN	VACANT	LPN	CTR	STGi	12/01/20
Folkston		LPN/LVN	VACANT	LPN	CTR	STGi	12/01/20
Folkston		LPN/LVN	VACANT	LPN	CTR	STGi	12/01/20
Folkston		LPN/LVN	VACANT	LPN	CTR	STGi	12/01/20
Folkston		Physician(CPA)	VACANT	MD/DO	CTR	STGi	12/01/20
Folkston		MRT	VACANT	MRT	CTR	STGi	12/01/20
Folkston		MRT	VACANT	MRT	CTR	STGi	12/01/20
Folkston		Nurse Mgr	VACANT	RN	PHS	PHS	12/01/20
Folkston		Pharmacist	VACANT	Pharmacist	PHS	PHS	12/01/20
Folkston		Facility Health Program Mgr	VACANT	TBD	PHS	PHS	12/01/20
Folkston		Pharm Tech	VACANT	Pharm Tech	CTR	STGi	12/01/20
Folkston		RN	VACANT	RN	PHS	PHS	12/01/20
Folkston		RN	VACANT	RN	PHS	PHS	12/01/20
Folkston		RN	VACANT	RN	PHS	PHS	12/01/20
Folkston		RN	VACANT	RN	PHS	PHS	12/01/20
Folkston		RN	VACANT	RN	PHS	PHS	12/01/20
Folkston		RN	VACANT	RN	CTR	STGi	12/01/20
Folkston		RN	VACANT	RN	CTR	STGi	12/01/20
Folkston		RN	VACANT	RN	CTR	STGi	12/01/20
Folkston		RN	VACANT	RN	CTR	STGi	12/01/20
Folkston		RN	VACANT	RN	CTR	STGi	12/01/20
Folkston		RN	VACANT	RN	CTR	STGi	12/01/20

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Folkston	(b)(7)(E)	RN	VACANT	RN	CTR	STGi	12/01/20
Folkston		RN	VACANT	RN	CTR	STGi	12/01/20
Folkston		RN	VACANT	RN	GS	GS	12/01/20
Folkston		RN	VACANT	RN	GS	GS	12/01/20
Folkston		RN	VACANT	RN	GS	GS	12/01/20
Folkston		RAD-TECH	VACANT	RAD-TECH	CTR	STGi	12/01/20
Houston		Admin Asst		AA	CTR	STGi	08/27/18
Houston		AHSA		RN	PHS	PHS	05/04/20
Houston		AHSA		RN	PHS	PHS	05/25/20
Houston		APP		NP	CTR	STGi	08/12/19
Houston		APP		NP	CTR	STGi	06/03/19
Houston		APP		PA-C	PHS	PHS	01/20/20
Houston		APP		NP	PHS	PHS	03/19/19
Houston		APP		NP	PHS	PHS	09/11/20
Houston		APP		NP	CTR	STGi	10/16/20
Houston		APP		FNP	CTR	STGi	06/03/19
Houston		APP		NP	CTR	STGi	07/14/18
Houston		APP		NP	PHS	PHS	08/17/20
Houston		Psych APP	VACANT	TBD	PHS	PHS	02/05/20
Houston		BHP	VACANT	LCSW	PHS	PHS	03/16/20
Houston		BHP		LCSW	CTR	STGi	01/22/19
Houston		BHP		LCSW	CTR	STGi	05/07/19
Houston		BHP	VACANT	Psychologist	GS	GS	07/10/20
Houston		Behavior Health Technician		BHT	CTR	STGi	04/06/20
Houston		Behavior Health Technician		BHT	CTR	STGi	05/04/20
Houston		Contract Coordinator		CM	CTR	STGi	11/16/19
Houston		CD		MD/DO	GS	GS	11/11/18
Houston		Dental Asst		DA	CTR	STGi	08/20/18
Houston		Dental Asst	VACANT	DA	GS	GS	07/15/19
Houston		Dentist	VACANT	DDS	CTR	STGi	10/16/20
Houston		Dentist		DDS	PHS	PHS	10/16/20
Houston		HSA		HSO	PHS	PHS	05/26/20
Houston		Infection Prevention Officer		PA-C	PHS	PHS	01/13/20
Houston		LPN/LVN		LVN	CTR	STGi	09/21/20
Houston		LPN/LVN		LVN	CTR	STGi	08/27/18
Houston		LPN/LVN		LVN	CTR	STGi	10/26/20

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Houston	(b)(7)(E)	LPN/LVN		LVN	CTR	STGi	11/01/20
Houston		LPN/LVN		LPN	GS	GS	01/05/20
Houston		LPN/LVN	VACANT	LVN	CTR	STGi	10/21/20
Houston		LPN/LVN		LVN	CTR	STGi	10/26/20
Houston		LPN/LVN	VACANT	LVN	CTR	STGi	10/16/20
Houston		LPN/LVN	VACANT	LVN	GS	GS	05/04/20
Houston		Medical Assistant		MA	CTR	STGi	04/20/20
Houston		Medical Assistant		MA	CTR	STGi	07/13/20
Houston		Physician(CPA)		MD/DO	CTR	STGi	11/19/20
Houston		Physician		MD/DO	GS	GS	08/02/20
Houston		MRT		MRT	CTR	STGi	11/25/19
Houston		MRT		MRT	CTR	STGi	08/20/18
Houston		MRT		MRT	CTR	STGi	08/19/19
Houston		MRT	VACANT	MRT	CTR	STGi	10/15/20
Houston		Nurse Mgr		RN	PHS	PHS	09/08/20
Houston		Pharmacist	VACANT	Pharmacist	PHS	PHS	09/15/20
Houston		Pharmacist		Pharmacist	CTR	STGi	11/25/19
Houston		Pharmacist		Pharmacist	CTR	STGi	05/20/19
Houston		Facility Health Program Mgr		HSO	PHS	PHS	09/14/20
Houston		Pharm Tech		Pharm Tech	CTR	STGi	08/20/18
Houston		Pharm Tech		Pharm Tech	CTR	STGi	07/13/20
Houston		RN	VACANT	RN	PHS	PHS	01/10/19
Houston		RN		RN	CTR	STGi	03/16/20
Houston		RN	VACANT	RN	GS	GS	05/17/18
Houston		RN	VACANT	RN	GS	GS	02/19/19
Houston		RN		RN	CTR	STGi	04/20/20
Houston		RN		RN	CTR	STGi	03/02/20
Houston		RN	VACANT	RN	PHS	PHS	05/01/19
Houston		RN		RN	CTR	STGi	07/01/20
Houston		RN	VACANT	RN	PHS	PHS	06/11/18
Houston		RN		RN	PHS	PHS	05/17/19
Houston		RN		RN	CTR	STGi	09/28/20
Houston		RN		RN	CTR	STGi	04/20/20
Houston		RN		RN	CTR	STGi	01/31/20
Houston		RN		RN	CTR	STGi	12/16/19
Houston		RN		RN	CTR	STGi	08/20/18

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Houston	(b)(7)(E)	RN		RN	CTR	STGi	09/28/20
Houston		RN		RN	CTR	STGi	09/03/18
Houston		RN		RN	CTR	STGi	08/27/18
Houston		RN	VACANT	RN	PHS	PHS	
Houston		RN	VACANT	RN	PHS	PHS	
Houston		RN	VACANT	RN	PHS	PHS	
Houston		RN	VACANT	RN	GS	GS	05/04/20
Houston		RN	VACANT	RN	GS	GS	05/04/20
Houston		RAD-TECH		RAD-TECH	CTR	STGi	08/20/18
Houston		RAD-TECH		RAD-TECH	CTR	STGi	08/27/18
HQ		Executive Assistant		Program Supp	CTR	STGi	06/10/19
HQ		Asst Director		Admin	GS	GS	08/01/17
HQ		Physician-ID		MD/DO	PHS	PHS	02/01/17
HQ		Special Asst to Nurse CNO		RN	PHS	PHS	04/03/20
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ ADD		TBD	VACANT		PHS		
HQ-COS		Chief of Staff		Admin	GS	GS	08/05/18
HQ-COS		Deputy Chief of Staff		Admin	PHS	PHS	07/18/18
HQ-COS		Program Mgr	VACANT	Admin	GS	GS	09/28/19

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
HQ-COS	(b)(7)(E)	Regulatory Administrator	VACANT		PHS	PHS	
HQ-COS		Chief		Admin	GS	GS	02/16/20
HQ-COS		Writer/Editor		RN	PHS	PHS	01/21/20
HQ-COS		Program Mgr		Pharmacist	PHS	PHS	03/20/15
HQ-COS		Program Mgr		Pharmacist	PHS	PHS	11/19/18
HQ-COS		SharePoint Developer		HSO	PHS	PHS	11/19/18
HQ-COS		Program Mgr		RN	PHS	PHS	12/09/19
HQ-COS		SharePoint Developer		Admin	GS	GS	07/19/20
HQ-COS		Chief		RN	PHS	PHS	11/10/12
HQ-COS		Program Mgr		NP	PHS	PHS	09/16/16
HQ-COS		Program Mgr		PA-C	PHS	PHS	10/01/18
HQ-COS		Program Mgr		RDH	PHS	PHS	08/03/20
HQ-COS		Program Mgr		RN	PHS	PHS	10/01/18
HQ-COS		Program Mgr		RN	PHS	PHS	07/06/20
HQ-COS		Program Mgr	VACANT	TBD	PHS	PHS	08/03/20
HQ-COS		Senior Investigator		RN	PHS	PHS	04/05/20
HQ-COS		Investigator		RN	PHS	PHS	08/17/20
HQ-COS		Investigator		RN	PHS	PHS	09/14/20
HQ-COS		Investigator	VACANT	TBD	PHS	PHS	06/18/19
HQ-COS		Program Mgr		RN	PHS	PHS	11/19/18
HQ-COS		Program Mgr		RN	PHS	PHS	07/03/17
HQ-COS		Policy Analyst		NP	PHS	PHS	06/29/20
HQ-COS		Policy Analyst		LCSW	PHS	PHS	06/01/20
HQ-COS		Task Sys Mgr		HSO	PHS	PHS	06/17/19
HQ-COS		Program Mgr	VACANT	TBD	PHS	PHS	08/16/19
HQ-COS		Program Mgr		HSO	PHS	PHS	01/06/20
HQ-COS		Program Mgr	VACANT	TBD	PHS	PHS	08/16/19
HQ-D-Admin		Credentialing		Admin	GS	GS	02/26/01
HQ-D-Admin		Credentialing		Admin	GS	GS	10/14/18
HQ-D-Admin		Credentialing Asst.		Program Supp	CTR	STGi	07/30/18
HQ-D-Admin		Credentialing Asst.		Program Supp	CTR	STGi	07/30/18
HQ-D-Admin		Sup Credentialing Specialist		PA-C	PHS	PHS	08/24/20
HQ-D-Admin		Credentialing Specialist	VACANT	TBD	PHS	PHS	02/21/20
HQ-D-Admin		DAD		Admin	PHS	PHS	03/14/11
HQ-D-Admin		Chief		Admin	GS	GS	04/01/19
HQ-D-Admin		Chief		HSO-IT	PHS	PHS	07/06/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
HQ-D-Admin	(b)(7)(E)	Program Mgr		HSO	PHS	PHS	11/17/15
HQ-D-Admin		Program Mgr		HSO	PHS	PHS	08/01/19
HQ-D-Admin		Program Mgr		Pharmacist	PHS	PHS	09/30/19
HQ-D-Admin		Program Mgr		RN	PHS	PHS	10/19/20
HQ-D-Admin		Program Mgr	VACANT	TBD	PHS	PHS	08/10/20
HQ-D-Admin		Code Review & Doc. Spclst.		Program Supp	CTR	STGi	07/01/19
HQ-D-Admin		Code Review & Doc. Spclst.		Program Supp	CTR	STGi	03/18/19
HQ-D-Admin		Code Review & Doc. Spclst.		Program Supp	CTR	STGi	04/22/19
HQ-D-Admin		Informatics Analyst		Program Supp	CTR	STGi	05/26/15
HQ-D-Admin		Program Mgr		HSO-IT	PHS	PHS	08/10/20
HQ-D-Admin		Chief		HSO	PHS	PHS	05/25/20
HQ-D-Admin		Program Mgr		HSO	PHS	PHS	12/26/12
HQ-D-Admin		Program Mgr		Pharmacist	PHS	PHS	05/04/20
HQ-D-Admin		Program Mgr		RN	PHS	PHS	09/16/19
HQ-D-Admin		Program Mgr	VACANT	TBD	PHS	PHS	04/13/20
HQ-D-Admin		Program Mgr		HSO	PHS	PHS	05/16/17
HQ-D-Admin		Program Mgr	VACANT	TBD	PHS	PHS	05/25/20
HQ-D-ADMIN		Program Analyst		RN	PHS	PHS	01/06/20
HQ-D-ADMIN		Program Analyst	VACANT	TBD	PHS	PHS	07/03/19
HQ-D-Admin		RHIA		HSO	PHS	PHS	12/01/10
HQ-D-Admin		Deputy RHIA		HSO	PHS	PHS	04/29/19
HQ-D-Admin		HIMT		Program Supp	CTR	STGi	11/28/17
HQ-D-Admin		HIMT		Program Supp	CTR	STGi	01/23/18
HQ-D-Admin		Chief		HSO	PHS	PHS	06/01/17
HQ-D-Admin		Deputy Chief	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-Admin		Program Mgr		LCSW	PHS	PHS	11/06/15
HQ-D-Admin		RMU Property Management		HSO	PHS	PHS	09/11/17
HQ-D-Admin		Program Mgr		LCSW	PHS	PHS	06/23/14
HQ-D-Admin		Program Mgr		RN	PHS	PHS	07/01/19
HQ-D-Admin		Program Mgr- COR		HSO	PHS	PHS	02/11/19
HQ-D-Admin		RMU Property Management		NA	GS	GS	07/01/18
HQ-D-Admin		Program Mgr		HSO	PHS	PHS	10/01/18
HQ-D-Admin		COR Assistant		Program Supp	CTR	STGi	08/13/18
HQ-D-Admin		COR Assistant	VACANT	Program Supp	CTR	STGi	10/01/20
HQ-D-Admin		Program Mgr - COR	VACANT	TBD	PHS	PHS	
HQ-D-Admin		RMU Supervisory Property Management	VACANT	TBD	PHS	PHS	

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
HQ-D-Admin	(b)(7)(E)	Program Analyst	VACANT	TBD	PHS	PHS	
HQ-D-Admin		Program Analyst		HSO	GS	GS	09/16/18
HQ-D-Admin		Program Mgr		Admin	GS	GS	07/14/14
HQ-D-Admin		Statistician		Admin	GS	GS	09/17/12
HQ-D-Admin		Program Manager		NP	PHS	PHS	02/24/20
HQ-D-Admin		Project Manager		Admin	CTR	Serv1Tech	08/04/20
HQ-D-Admin		Statistician		Admin	CTR	Serv1Tech	11/16/20
HQ-D-Admin		Statistician		Admin	CTR	Serv1Tech	08/04/20
HQ-D-Admin		Software Programmer/Engineer		Admin	CTR	Serv1Tech	08/04/20
HQ-D-Admin		Software Programmer/Engineer		Admin	CTR	Serv1Tech	08/04/20
HQ-D-Admin		Chief		RN	PHS	PHS	05/31/17
HQ-D-Admin		Program Mgr		Psychologist	PHS	PHS	07/06/20
HQ-D-Admin		Program Mgr		RN	PHS	PHS	05/31/17
HQ-D-Admin		Program Mgr		MD/DO	PHS	PHS	05/14/18
HQ-D-Admin		Strategic Education Manager		LCSW	PHS	PHS	05/01/18
HQ-D-Admin		Program Mgr		LCSW	PHS	PHS	09/03/19
HQ-D-CS		Psych APP		Psych APP	PHS	PHS	07/01/19
HQ-D-CS		Chief APP		PA-C	PHS	PHS	12/18/15
HQ-D-CS		Regional APP		PA-C	PHS	PHS	06/19/17
HQ-D-CS		Regional APP		NP	PHS	PHS	11/02/20
HQ-D-CS		Chief BHU		LCSW	PHS	PHS	07/30/18
HQ-D-CS		Chief Psychiatrist		Psychiatrist	GS	GS	04/02/17
HQ-D-CS		Tele-Psychiatrist		PA-C	PHS	PHS	09/14/20
HQ-D-CS		Program Mgr		LCSW	PHS	PHS	01/06/20
HQ-D-CS		Program Mgr		Psychologist	PHS	PHS	07/29/19
HQ-D-CS		Program Mgr		LCSW	PHS	PHS	05/16/17
HQ-D-CS		Regional BHP - E		Psychologist	PHS	PHS	07/02/18
HQ-D-CS		Regional BHP - W		LCSW	PHS	PHS	05/14/18
HQ-D-CS		Regional BHP - C	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-CS		Program Mgr	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-CS		Program Mgr	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-CS		Behavioral Health Clinical Consultant		LCSW	CTR	STGi	08/27/18
HQ-D-CS		Program Assistant (Executive Admin Assistant)	VACANT	Program Supp	CTR	STGi	06/30/18
HQ-D-CS		Tele-Psychiatrist		Psychiatrist	GS	GS	05/13/19
HQ-D-CS		Behavioral Health Consultant		LCSW	PHS	PHS	09/21/20
HQ-D-CS		AMD		MD/DO	PHS	PHS	04/18/16

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
HQ-D-CS	(b)(7)(E)	RCD-E	VACANT	MD/DO	GS	GS	08/05/19
HQ-D-CS		RCD-C		MD/DO	GS	GS	09/15/19
HQ-D-CS		RCD-W		MD/DO	GS	GS	04/02/17
HQ-D-CS		Physician-Cardiology		MD/DO	GS	GS	1/31/1999
HQ-D-CS		RCD-E		MD/DO	PHS	PHS	07/18/11
HQ-D-CS		Chief		PA-C	PHS	PHS	05/02/20
HQ-D-CS		Telehealth Program Manager	VACANT	TBD	PHS	PHS	08/11/20
HQ-D-CS		DAD		MD/DO	GS	GS	07/10/17
HQ-D-CS		Executive Assistant		Program Supp	CTR	STGi	07/30/18
HQ-D-CS		Chief Dentist		DDS	PHS	PHS	12/03/04
HQ-D-CS		Regional Dentist-E		DDS	PHS	PHS	03/02/05
HQ-D-CS		Regional Dentist-W		DDS	PHS	PHS	09/01/08
HQ-D-CS		Health System Specialist/Academic Affiliation	VACANT	TBD	GS	GS	09/02/20
HQ-D-CS		MAST-Physician		MD/DO	PHS	PHS	05/28/18
HQ-D-CS		MAST-APP		NP	PHS	PHS	03/16/20
HQ-D-CS		MAST-APP		NP	PHS	PHS	08/27/18
HQ-D-CS		MAST-RN		RN	PHS	PHS	01/20/20
HQ-D-CS		MAST-RN		RN	PHS	PHS	08/27/18
HQ-D-CS		MAST-RN		RN	PHS	PHS	08/12/19
HQ-D-CS		MAST-RN		RN	PHS	PHS	02/01/20
HQ-D-CS		MAST-BHP		LCSW	PHS	PHS	01/17/19
HQ-D-CS		MAST-BHP		Psychologist	PHS	PHS	09/14/20
HQ-D-CS		MAST-RN		RN	PHS	PHS	06/29/20
HQ-D-CS		MAST-RN	VACANT	RN	PHS	PHS	01/15/20
HQ-D-CS		Chief Nurse		RN	PHS	PHS	05/09/16
HQ-D-CS		Regional Nurse Manager - E		RN	PHS	PHS	03/05/18
HQ-D-CS		Regional Nurse Manager - C		RN	PHS	PHS	06/18/18
HQ-D-CS		Regional Nurse Manager - W		RN	PHS	PHS	03/05/18
HQ-D-CS		Nurse Manager Trainer		RN	PHS	PHS	06/22/20
HQ-D-CS		Chief		Scientist	PHS	PHS	06/01/20
HQ-D-CS		Public Health Analyst	VACANT	TBD	PHS	PHS	09/30/20
HQ-D-CS		Program Mgr		EHO	PHS	PHS	09/14/20
HQ-D-CS		Physician-ID		MD/DO	PHS	PHS	09/27/11
HQ-D-CS		Infectious Disease APP		PA-C	PHS	PHS	09/26/18
HQ-D-CS		Infection Preventionist	VACANT	Pharmacist	PHS	PHS	08/06/20
HQ-D-CS		Public Health Analyst		Program Supp	CTR	STGi	08/20/19

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
HQ-D-CS	(b)(7)(E)	Public Health Analyst		Program Supp	CTR	STGi	11/08/19
HQ-D-CS		Public Health Analyst	VACANT	Program Supp	CTR	STGi	10/01/20
HQ-D-CS		Regional Infection Prevention Officer		NP	PHS	PHS	10/14/19
HQ-D-CS		Regional Infection Prevention Officer		RN	PHS	PHS	10/14/19
HQ-D-CS		Regional Infection Prevention Officer	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-CS		Chief Pharmacist		Pharmacist	PHS	PHS	09/05/16
HQ-D-CS		Regional Pharmacy Consultant-W		Pharmacist	PHS	PHS	06/16/11
HQ-D-CS		Regional Pharmacy Consultant-E		Pharmacist	PHS	PHS	06/13/11
HQ-D-CS		Psychiatrist	VACANT	Psychiatrist	GS	GS	07/15/19
HQ-D-HCC		FMC		RN	PHS	PHS	06/12/13
HQ-D-HCC		FMC	VACANT	TBD	PHS	PHS	10/05/20
HQ-D-HCC		FMC		RN	PHS	PHS	05/01/19
HQ-D-HCC		FMC		RN	PHS	PHS	08/31/12
HQ-D-HCC		FMC		RN	PHS	PHS	02/11/19
HQ-D-HCC		FMC		RN	PHS	PHS	03/16/15
HQ-D-HCC		FMC		RN	PHS	PHS	04/20/20
HQ-D-HCC		FMC		RN	PHS	PHS	02/13/17
HQ-D-HCC		FMC		RN	PHS	PHS	09/01/19
HQ-D-HCC		FMC		RN	PHS	PHS	08/31/20
HQ-D-HCC		FMC		RN	PHS	PHS	07/01/19
HQ-D-HCC		FMC		RN	PHS	PHS	01/06/20
HQ-D-HCC		FMC		FNP	PHS	PHS	06/29/18
HQ-D-HCC		FMC		RN	PHS	PHS	07/17/15
HQ-D-HCC		FMC		RN	PHS	PHS	11/18/19
HQ-D-HCC		FMC		RN	PHS	PHS	07/15/19
HQ-D-HCC		FMC	VACANT	RN	PHS	PHS	08/31/17
HQ-D-HCC		FMC		RN	PHS	PHS	09/14/20
HQ-D-HCC		FMC		NP	PHS	PHS	03/26/15
HQ-D-HCC		FMC		RN	PHS	PHS	10/16/20
HQ-D-HCC		FMC	VACANT	RN	PHS	PHS	08/17/20
HQ-D-HCC		FMC		RN	PHS	PHS	07/15/19
HQ-D-HCC		FMC		RN	PHS	PHS	08/31/17
HQ-D-HCC		FMC		NP	PHS	PHS	06/29/18
HQ-D-HCC		FMC		RN	PHS	PHS	01/23/12
HQ-D-HCC		FMC		RN	PHS	PHS	08/31/17
HQ-D-HCC		FMC		RN	PHS	PHS	11/18/19

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
HQ-D-HCC	(b)(7)(E)	FMC		RN	PHS	PHS	01/06/20
HQ-D-HCC		FMC	VACANT	RN	PHS	PHS	04/06/09
HQ-D-HCC		FMC		RN	PHS	PHS	04/20/20
HQ-D-HCC		FMC	VACANT	RN	PHS	PHS	05/04/20
HQ-D-HCC		FMC		RN	PHS	PHS	01/08/14
HQ-D-HCC		FMC		RN	PHS	PHS	08/31/17
HQ-D-HCC		FMC		RN	PHS	PHS	03/14/17
HQ-D-HCC		FMC		RN	PHS	PHS	05/31/15
HQ-D-HCC		FMC		RN	PHS	PHS	04/15/19
HQ-D-HCC		FMC		RN	PHS	PHS	02/24/20
HQ-D-HCC		FMC		RN	PHS	PHS	10/01/20
HQ-D-HCC		FMC		RN	PHS	PHS	12/01/10
HQ-D-HCC		FMC		RN	PHS	PHS	04/15/19
HQ-D-HCC		FMC		RN	PHS	PHS	12/11/11
HQ-D-HCC		FMC		RN	PHS	PHS	05/04/20
HQ-D-HCC		FMC		RN	PHS	PHS	01/19/18
HQ-D-HCC		DAD		NP	PHS	PHS	11/12/18
HQ-D-HCC		Healthcare Compliance Consultant		NP	PHS	PHS	07/29/19
HQ-D-HCC		Health Care Consultant	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-HCC		Chief		RN	PHS	PHS	03/16/20
HQ-D-HCC		Program Analysts, Medical Claims Program		RN	PHS	PHS	03/16/20
HQ-D-HCC		Program Analysts, Medical Claims Program		RN	PHS	PHS	03/03/20
HQ-D-HCC		Nurse Consultants, Utilization Review Program		RN	PHS	PHS	04/27/20
HQ-D-HCC		Nurse Consultants, Utilization Review Program		RN	PHS	PHS	05/04/20
HQ-D-HCC		Program Administrator, Utilization Review Program		RN	PHS	PHS	03/30/20
HQ-D-HCC		Program Analysts, Medical Claims Program	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-HCC		Program Mgr		RN	PHS	PHS	03/08/17
HQ-D-HCC		Program Mgr		RN	PHS	PHS	11/06/17
HQ-D-HCC		Program Mgr		RN	PHS	PHS	11/18/19
HQ-D-HCC		Program Mgr		RN	PHS	PHS	10/21/19
HQ-D-HCC		Program Mgr	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-HCC		Chief		PA-C	PHS	PHS	05/20/19
HQ-D-HCC		RFMC-E		RN	PHS	PHS	09/17/18
HQ-D-HCC		RFMC-C		RN	PHS	PHS	07/05/16
HQ-D-HCC		RFMC-W		RN	PHS	PHS	10/04/10
HQ-D-HCC		Account Manager (Executive Admin Assistant)		Program Supp	CTR	STGi	08/06/18

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
HQ-D-HCC	(b)(7)(E)	Program Mgr		RN	PHS	PHS	09/17/18
HQ-D-HCC		Provider Relations		Program Supp	CTR	STGi	07/30/18
HQ-D-HCC		Provider Relations		Program Supp	CTR	STGi	07/31/18
HQ-D-HCC		Admin Asst		AA	CTR	STGi	06/01/19
HQ-D-HCC		Deputy Regional FMC		RN	PHS	PHS	02/18/20
HQ-D-HCC		Deputy Regional FMC		RN	PHS	PHS	02/24/20
HQ-D-HCC		Deputy Regional FMC		RN	PHS	PHS	02/24/20
HQ-D-HCC		Chief		RN	PHS	PHS	03/01/19
HQ-D-HCC		Sr Compliance Program Administrator		HSO	PHS	PHS	09/30/19
HQ-D-HCC		Program Mgr		Admin	GS	GS	10/14/07
HQ-D-HCC		Program Mgr		NP	PHS	PHS	09/23/19
HQ-D-HCC		Program Mgr		RN	PHS	PHS	08/03/20
HQ-D-HCC		Regional Compliance Officer		RN	PHS	PHS	08/06/18
HQ-D-HCC		Regional Compliance Officer		PA-C	PHS	PHS	08/06/18
HQ-D-HCC		QA/ Performance Improvement		SCI	PHS	PHS	08/27/18
HQ-D-HCC		Program Analyst		RN	PHS	PHS	09/14/20
HQ-D-HCC		Compliance Healthcare Risk Mgt Prgm Mgr		RN	PHS	PHS	12/31/19
HQ-D-HCC		Compliance Monitor		Program Supp	CTR	STGi	08/20/18
HQ-D-HCC		RN Risk Manager		RN	CTR	STGi	08/27/18
HQ-D-HCC		RN Risk Manager	VACANT	RN	GS	GS	08/05/19
HQ-D-HCC		Regional Compliance Officer		NP	PHS	PHS	04/27/20
HQ-D-HSS		DAD		RN	PHS	PHS	05/01/19
HQ-D-HSS		Executive Assistant		Program Supp	CTR	STGi	07/31/18
HQ-D-HSS		Chief		Pharmacist	PHS	PHS	12/01/19
HQ-D-HSS		RHSA-E		PA-C	PHS	PHS	09/05/16
HQ-D-HSS		RHSA-C		NP	PHS	PHS	08/26/19
HQ-D-HSS		RHSA-W		LCSW	PHS	PHS	08/31/20
HQ-D-HSS		Program Mgr		HSO	PHS	PHS	04/21/20
HQ-D-HSS		Program Analyst		Pharmacist	PHS	PHS	06/29/20
HQ-D-HSS		MRT		MRT	CTR	STGi	06/01/19
HQ-D-HSS		Chief	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-HSS		Program Analyst	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-HSS		Program Analyst	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-HSS		Program Analyst	VACANT	TBD	PHS	PHS	08/06/20
HQ-D-HSS		Chief		RN	PHS	PHS	03/21/16
HQ-D-HSS		SOU- RN		RN	PHS	PHS	05/25/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
HQ-D-HSS	(b)(7)(E)	APP		NP	PHS	PHS	08/27/18
HQ-D-HSS		APP		NP	PHS	PHS	08/12/19
HQ-D-HSS		Prog/Spec Asst		Admin	GS	GS	03/10/08
HQ-D-HSS		SOU- RN		RN	PHS	PHS	07/16/18
HQ-D-HSS		SOU- RN		RN	PHS	PHS	07/16/18
HQ-D-HSS		SOU- RN		RN	PHS	PHS	07/16/18
HQ-D-HSS		SOU- RN	VACANT	RN	PHS	PHS	08/06/20
Jena		Admin Asst		AA	CTR	STGi	07/12/18
Jena		AHSA	VACANT	TBD	PHS	PHS	09/13/20
Jena		AHSA	VACANT	TBD	PHS	PHS	02/01/20
Jena		APP		NP	CTR	STGi	02/01/20
Jena		APP		NP	GS	GS	08/02/20
Jena		APP		NP	CTR	STGi	06/15/20
Jena		APP		NP	CTR	STGi	08/20/18
Jena		APP		NP	CTR	STGi	08/20/18
Jena		APP		NP	CTR	STGi	08/01/19
Jena		BHP		LCSW	PHS	PHS	08/26/19
Jena		BHP		Psychologist	CTR	STGi	08/27/18
Jena		BHP		LCSW	CTR	STGi	07/12/18
Jena		BHP		LCSW	CTR	STGi	08/13/18
Jena		BHP	VACANT	LCSW	GS	GS	07/15/19
Jena		BHP	VACANT	Psychologist	GS	GS	07/15/19
Jena		Contract Coordinator		CM	CTR	STGi	08/16/19
Jena		CD		MD/DO	GS	GS	04/15/18
Jena		Dental Asst		DA	CTR	STGi	07/12/18
Jena		Dental Asst	VACANT	DA	GS	GS	07/15/19
Jena		Dentist Supervisory		DDS	PHS	PHS	04/30/12
Jena		HSA		Pharmacist	PHS	PHS	12/19/18
Jena		Infection Prevention Officer		NP	PHS	PHS	01/06/20
Jena		LPN/LVN		LPN	CTR	STGi	08/20/18
Jena		LPN/LVN		LPN	CTR	STGi	07/12/18
Jena		LPN/LVN		LPN	CTR	STGi	02/10/20
Jena		LPN/LVN	VACANT	LPN	CTR	STGi	08/01/20
Jena		LPN/LVN		LPN	CTR	STGi	05/16/20
Jena		LPN/LVN		LPN	CTR	STGi	04/20/20
Jena		LPN/LVN		LPN	CTR	STGi	07/06/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Jena	(b)(7)(E)	LPN/LVN		LPN	CTR	STGi	02/16/19
Jena		LPN/LVN		LPN	CTR	STGi	07/12/18
Jena		LPN/LVN	VACANT	LPN	CTR	STGi	08/15/20
Jena		LPN/LVN		LPN	GS	GS	08/16/20
Jena		LPN/LVN	VACANT	LPN	GS	GS	07/15/19
Jena		Medical Assistant		MA	CTR	STGi	04/20/20
Jena		Medical Assistant		MA	CTR	STGi	08/10/20
Jena		Physician		MD/DO	PHS	PHS	11/26/18
Jena		Physician	VACANT	MD/DO	CTR	STGi	05/01/20
Jena		Physician	VACANT	MD/DO	GS	GS	07/15/19
Jena		Psychiatrist	VACANT	Psychiatrist	CTR	STGi	06/13/18
Jena		MRT		MRT	CTR	STGi	12/03/18
Jena		MRT	VACANT	MRT	CTR	STGi	08/17/20
Jena		MRT		MRT	CTR	STGi	08/20/18
Jena		MRT		MRT	CTR	STGi	09/30/19
Jena		MRT		MRT	CTR	STGi	05/31/18
Jena		MRT		MRT	CTR	STGi	06/03/19
Jena		Nurse Mgr		RN	PHS	PHS	10/12/20
Jena		Pharmacist		Pharmacist	CTR	STGi	08/27/18
Jena		Pharmacist		Pharmacist	CTR	STGi	08/20/18
Jena		Facility Health Program Mgr		RN	PHS	PHS	04/27/20
Jena		Pharm Tech		Pharm Tech	CTR	STGi	08/13/18
Jena		Pharm Tech		Pharm Tech	CTR	STGi	08/13/18
Jena		RN	VACANT	RN	PHS	PHS	04/27/20
Jena		RN		RN	CTR	STGi	02/10/20
Jena		RN		RN	CTR	STGi	03/23/20
Jena		RN	VACANT	RN	PHS	PHS	08/12/18
Jena		RN		RN	CTR	STGi	12/04/19
Jena		RN		RN	CTR	STGi	04/22/19
Jena		RN		RN	CTR	STGi	10/16/18
Jena		RN		RN	CTR	STGi	02/26/20
Jena		RN	VACANT	RN	CTR	STGi	11/01/20
Jena		RN		RN	CTR	STGi	01/01/20
Jena		RN		RN	CTR	STGi	11/18/19
Jena		RN		RN	CTR	STGi	12/23/19
Jena		RN		RN	CTR	STGi	04/27/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Jena	(b)(7)(E)	RN		RN	CTR	STGi	11/02/20
Jena		RN		RN	CTR	STGi	10/13/20
Jena		RN	VACANT	RN	CTR	STGi	11/01/20
Jena		RN		RN	CTR	STGi	10/01/19
Jena		RN		RN	CTR	STGi	07/12/18
Jena		RN		RN	CTR	STGi	08/13/18
Jena		RN		RN	CTR	STGi	10/30/19
Jena		RN		RN	GS	GS	08/02/20
Jena		RN		RN	GS	GS	09/13/20
Jena		RN	VACANT	RN	GS	GS	08/05/19
Jena		RN	VACANT	RN	GS	GS	08/05/19
Jena		RN	VACANT	RN	PHS	PHS	
Jena		RAD-TECH		RAD-TECH	CTR	STGi	06/03/19
Jena		RAD-TECH		RAD-TECH	CTR	STGi	07/12/18
Krome		Admin Asst		AA	CTR	STGi	02/20/19
Krome		AHSA		HSO	PHS	PHS	04/06/20
Krome		APP		NP	CTR	STGi	07/20/18
Krome		APP		PA-C	PHS	PHS	08/17/10
Krome		APP		NP	CTR	STGi	10/29/18
Krome		APP		NP	CTR	STGi	12/10/18
Krome		APP	VACANT	APP	GS	GS	07/15/19
Krome		APP	VACANT	APP	GS	GS	08/05/19
Krome		Psych APP		Psych NP	CTR	STGi	12/10/18
Krome		Psych APP		Psych NP	CTR	STGi	09/28/20
Krome		Psych APP	VACANT	TBD	GS	GS	07/15/20
Krome		BHP		LCSW	PHS	PHS	07/11/16
Krome		BHP	VACANT	LCSW	PHS	PHS	03/16/20
Krome		BHP		LCSW	PHS	PHS	11/03/20
Krome		BHP		Psychologist	CTR	STGi	07/20/18
Krome		BHP		LCSW	GS	GS	06/08/20
Krome		BHP	VACANT	LCSW	GS	GS	07/15/19
Krome		BHP	VACANT	Psychologist	GS	GS	08/05/19
Krome		BHP		Psychologist	CTR	STGi	08/20/18
Krome		BHP		Psychologist	CTR	STGi	08/20/18
Krome		BHP		LCSW	CTR	STGi	10/07/19
Krome		BHP		LCSW	PHS	PHS	05/26/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Krome	(b)(7)(E)	Behavior Health Technician		BHT	CTR	STGi	11/16/20
Krome		Behavior Health Technician		BHT	CTR	STGi	10/05/20
Krome		Behavior Health Technician-KBHU		BHT	CTR	STGi	11/16/20
Krome		Contract Coordinator		CM	CTR	STGi	12/10/18
Krome		CD		MD/DO	PHS	PHS	06/13/11
Krome		CD	VACANT	MD/DO	GS	GS	07/15/20
Krome		Pharmacist		Pharmacist	PHS	PHS	02/17/20
Krome		Dental Asst		DA	GS	GS	05/05/92
Krome		Dentist Supervisory		DDS	GS	GS	08/16/20
Krome		HSA		RN	PHS	PHS	01/20/20
Krome		Infection Prevention Officer		RN	PHS	PHS	11/09/20
Krome		LPN/LVN	VACANT	LVN	GS	GS	07/15/20
Krome		LPN/LVN		LPN	CTR	STGi	07/16/19
Krome		LPN/LVN		LPN	CTR	STGi	11/09/20
Krome		LPN/LVN		LPN	CTR	STGi	06/04/20
Krome		LPN/LVN	VACANT	LPN	CTR	STGi	06/29/20
Krome		LPN/LVN		LPN	CTR	STGi	09/16/20
Krome		LPN/LVN		LPN	CTR	STGi	06/03/19
Krome		LPN/LVN		LPN	CTR	STGi	08/06/18
Krome		LPN/LVN		LPN	CTR	STGi	12/30/19
Krome		Medical Assistant		MA	CTR	STGi	10/06/20
Krome		Medical Assistant		MA	CTR	STGi	10/19/20
Krome		Physician		MD/DO	CTR	STGi	06/29/20
Krome		Psychiatrist	VACANT	Psychiatrist	CTR	STGi	08/27/20
Krome		Physician	VACANT	MD/DO	GS	GS	
Krome		Physician	VACANT	MD/DO	GS	GS	
Krome		Psychiatrist	VACANT	Psychiatrist	GS	GS	07/15/19
Krome		MRT		MRT	GS	GS	05/05/92
Krome		MRT		MRT	GS	GS	12/06/13
Krome		MRT	VACANT	MRT	GS	GS	03/29/19
Krome		MRT		MRT	CTR	STGi	07/11/18
Krome		Nurse Mgr		RN	PHS	PHS	12/10/18
Krome		Nurse Mgr		RN	PHS	PHS	11/19/18
Krome		Pharmacist		Pharmacist	PHS	PHS	01/19/18
Krome		Pharmacist		Pharmacist	PHS	PHS	04/13/20
Krome		Facility Health Program Mgr		LCSW	PHS	PHS	03/16/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Krome	(b)(7)(E)	Program Manager Behavioral Health		LCSW	PHS	PHS	02/10/18
Krome		Pharm Tech		Pharm Tech	CTR	STGi	07/11/18
Krome		Pharm Tech		Pharm Tech	CTR	STGi	07/11/18
Krome		Pharm Tech		Pharm Tech	CTR	STGi	08/20/20
Krome		RN		RN	PHS	PHS	01/10/02
Krome		RN	VACANT	RN	PHS	PHS	08/01/19
Krome		RN	VACANT	RN	PHS	PHS	11/09/20
Krome		RN		RN	PHS	PHS	09/11/20
Krome		RN		RN	PHS	PHS	12/10/18
Krome		RN		RN	CTR	STGi	11/26/18
Krome		RN		RN	PHS	PHS	04/01/16
Krome		RN		RN	CTR	STGi	12/08/18
Krome		RN	VACANT	RN	PHS	PHS	03/16/20
Krome		RN		RN	CTR	STGi	09/16/18
Krome		RN		RN	CTR	STGi	06/16/19
Krome		RN		RN	CTR	STGi	04/16/19
Krome		RN		RN	CTR	STGi	11/02/20
Krome		RN		RN	CTR	STGi	09/14/20
Krome		RN		RN	CTR	STGi	11/15/20
Krome		RN		RN	CTR	STGi	12/27/18
Krome		RN		RN	CTR	STGi	02/01/20
Krome		RN		RN	CTR	STGi	09/04/18
Krome		RN		RN	CTR	STGi	06/29/20
Krome		RN		RN	CTR	STGi	06/21/20
Krome		RN		RN	GS	GS	06/21/20
Krome		RN		RN	GS	GS	08/02/20
Krome		RN		RN	GS	GS	08/30/20
Krome		RN		RN	GS	GS	08/16/20
Krome		RN	VACANT	RN	GS	GS	08/05/19
Krome		RN	VACANT	RN	GS	GS	08/05/19
Krome		RN	VACANT	RN	GS	GS	08/05/19
Krome		RN	VACANT	RN	GS	GS	08/05/19
Krome		RN	VACANT	RN	PHS	PHS	05/07/20
Krome		RN		RN	PHS	PHS	05/04/20
Krome		Psych RN		Psych RN	CTR	STGi	02/24/20
Krome		Psych RN		Psych RN	CTR	STGi	09/28/20

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Krome	(b)(7)(E)	Psych RN		Psych RN	CTR	STGi	07/20/20
Krome		Psych RN		Psych RN	CTR	STGi	04/20/20
Krome		Psych RN		Psych RN	CTR	STGi	06/29/20
Krome		Psych RN		Psych RN	CTR	STGi	06/09/20
Krome		Psych RN		Psych RN	CTR	STGi	04/06/20
Krome		Psych RN		Psych RN	CTR	STGi	07/20/18
Krome		Psych RN		Psych RN	CTR	STGi	06/08/20
Krome		RAD-TECH		RAD-TECH	GS	GS	07/11/18
Montgomery		Admin Asst		AA	CTR	STGi	11/16/20
Montgomery		AHSA		NP	PHS	PHS	09/10/18
Montgomery		AHSA		RN	PHS	PHS	05/26/20
Montgomery		APP		PA-C	PHS	PHS	06/24/19
Montgomery		APP		NP	CTR	STGi	02/25/19
Montgomery		APP		NP	CTR	STGi	11/27/18
Montgomery		APP		NP	CTR	STGi	02/11/19
Montgomery		APP		NP	CTR	STGi	03/18/19
Montgomery		APP		NP	CTR	STGi	11/26/18
Montgomery		APP		NP	CTR	STGi	03/25/19
Montgomery		APP		NP	CTR	STGi	03/27/19
Montgomery		APP	VACANT	APP	GS	GS	07/15/19
Montgomery		APP	VACANT	TBD	GS	GS	07/15/20
Montgomery		Psych APP		Pharmacist	PHS	PHS	08/12/20
Montgomery		BHP	VACANT	Psychologist	PHS	PHS	08/01/20
Montgomery		BHP	VACANT	Psychologist	CTR	STGi	05/01/20
Montgomery		BHP		Psychologist	PHS	PHS	06/10/19
Montgomery		BHP	VACANT	LCSW	GS	GS	07/15/19
Montgomery		BHP	VACANT	LCSW	GS	GS	07/15/19
Montgomery		BHP	VACANT	Psychologist	GS	GS	08/05/19
Montgomery		Behavior Health Technician	VACANT	BHT	CTR	STGi	03/01/20
Montgomery		Behavior Health Technician		BHT	CTR	STGi	06/08/20
Montgomery		Contract Coordinator		CM	CTR	STGi	02/01/19
Montgomery		CD		MD/DO	GS	GS	09/16/18
Montgomery		Pharmacist		Pharmacist	PHS	PHS	07/08/19
Montgomery		Dental Asst	VACANT	DA	CTR	STGi	08/16/20
Montgomery		Dental Asst	VACANT	DA	GS	GS	07/15/19
Montgomery		Dentist Supervisory		DDS	PHS	PHS	11/19/18

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Location	Code		Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Montgomery	(b)(7)(E)		RDH	VACANT	RDH	GS	GS	07/15/19
Montgomery			HSA		RN	PHS	PHS	09/10/18
Montgomery			Infection Prevention Officer		RN	PHS	PHS	01/06/20
Montgomery			LPN/LVN		LVN	CTR	STGi	12/23/19
Montgomery			LPN/LVN		LVN	CTR	STGi	03/16/20
Montgomery			LPN/LVN		LVN	CTR	STGi	11/29/18
Montgomery			LPN/LVN		LVN	CTR	STGi	03/11/19
Montgomery			LPN/LVN	VACANT	LVN	CTR	STGi	10/01/20
Montgomery			LPN/LVN		LVN	CTR	STGi	05/04/20
Montgomery			LPN/LVN		LVN	CTR	STGi	06/10/19
Montgomery			LPN/LVN		LPN	GS	GS	11/12/19
Montgomery			LPN/LVN		LPN	GS	GS	01/05/20
Montgomery			Medical Assistant		MA	CTR	STGi	08/03/20
Montgomery			Medical Assistant		MA	CTR	STGi	06/01/20
Montgomery			Physician	VACANT	MD/DO	CTR	STGi	11/13/19
Montgomery			Physician		MD/DO	GS	GS	08/16/20
Montgomery			Psychiatrist	VACANT	Psychiatrist	CTR	STGi	08/01/18
Montgomery			MRT		MRT	CTR	STGi	12/03/18
Montgomery			MRT		MRT	CTR	STGi	11/26/18
Montgomery			MRT		MRT	CTR	STGi	06/03/19
Montgomery			MRT	VACANT	MRT	CTR	STGi	10/14/20
Montgomery			MRT	VACANT	MRT	GS	GS	08/05/19
Montgomery			MRT	VACANT	MRT	GS	GS	08/05/19
Montgomery			Nurse Mgr		RN	PHS	PHS	09/02/19
Montgomery			Pharmacist		Pharmacist	PHS	PHS	08/10/20
Montgomery			Pharmacist		Pharmacist	CTR	STGi	11/05/18
Montgomery			Facility Health Program Mgr		RN	PHS	PHS	07/27/20
Montgomery			Pharm Tech		Pharm Tech	CTR	STGi	11/01/18
Montgomery			Pharm Tech		Pharm Tech	CTR	STGi	06/15/20
Montgomery			RN	VACANT	RN	PHS	PHS	07/27/20
Montgomery			RN		RN	CTR	STGi	02/18/20
Montgomery			RN	VACANT	RN	PHS	PHS	05/17/19
Montgomery			RN	VACANT	RN	PHS	PHS	05/17/19
Montgomery			RN		RN	CTR	STGi	12/30/19
Montgomery			RN		RN	PHS	PHS	06/26/19
Montgomery			RN		RN	CTR	STGi	12/03/18

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Montgomery	(b)(7)(E)	RN		RN	CTR	STGi	12/03/18
Montgomery		RN		RN	CTR	STGi	11/19/18
Montgomery		RN		RN	CTR	STGi	08/16/20
Montgomery		RN		RN	CTR	STGi	04/08/19
Montgomery		RN		RN	CTR	STGi	08/26/19
Montgomery		RN		RN	CTR	STGi	02/18/20
Montgomery		RN		RN	CTR	STGi	02/18/20
Montgomery		RN		RN	CTR	STGi	12/03/18
Montgomery		RN		RN	CTR	STGi	03/07/20
Montgomery		RN		RN	CTR	STGi	04/23/19
Montgomery		RN		RN	CTR	STGi	04/29/19
Montgomery		RN		RN	CTR	STGi	02/11/19
Montgomery		RN	VACANT	RN	CTR	STGi	12/06/18
Montgomery		RN		RN	CTR	STGi	12/10/18
Montgomery		RN		RN	CTR	STGi	06/03/19
Montgomery		RN		RN	GS	GS	10/25/20
Montgomery		RN		RN	GS	GS	01/05/20
Montgomery		RN		RN	GS	GS	01/05/20
Montgomery		RN		RN	GS	GS	11/22/20
Montgomery		RN	VACANT	RN	GS	GS	08/02/19
Montgomery		RN	VACANT	RN	GS	GS	08/02/19
Montgomery		RN	VACANT	RN	PHS	PHS	05/07/20
Montgomery		RAD-TECH		RAD-TECH	CTR	STGi	06/02/20
Montgomery		RAD-TECH		RAD-TECH	CTR	STGi	11/26/18
Pearsall		Admin Asst		AA	CTR	STGi	02/19/19
Pearsall		AHSA		NP	PHS	PHS	12/09/19
Pearsall		AHSA		RN	PHS	PHS	02/05/18
Pearsall		APP		NP	CTR	STGi	08/31/20
Pearsall		APP		NP	PHS	PHS	12/01/19
Pearsall		APP	VACANT	FNP	PHS	PHS	12/09/19
Pearsall		APP		PA-C	PHS	PHS	09/02/19
Pearsall		APP		NP	CTR	STGi	07/15/19
Pearsall		APP	VACANT	PA-C	GS	GS	01/30/18
Pearsall		APP		PA-C	CTR	STGi	08/27/18
Pearsall		APP		NP	CTR	STGi	08/27/18
Pearsall		APP		NP	CTR	STGi	08/27/18

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Pearsall	(b)(7)(E)	APP	VACANT	NP	GS	GS	08/05/19
Pearsall		APP	VACANT	TBD	PHS	PHS	11/23/20
Pearsall		Psych APP		Psych APP	PHS	PHS	12/12/16
Pearsall		BHP		LCSW	PHS	PHS	09/21/20
Pearsall		BHP		LCSW	CTR	STGi	09/10/18
Pearsall		BHP		LCSW	CTR	STGi	05/18/20
Pearsall		BHP		LCSW	CTR	STGi	11/04/19
Pearsall		BHP	VACANT	LCSW	GS	GS	07/15/19
Pearsall		BHP	VACANT	LCSW	GS	GS	07/15/19
Pearsall		BHP	VACANT	Psychologist	GS	GS	08/05/19
Pearsall		Behavior Health Technician		BHT	CTR	STGi	06/08/20
Pearsall		Behavior Health Technician		BHT	CTR	STGi	10/26/20
Pearsall		Contract Coordinator		CM	CTR	STGi	08/27/18
Pearsall		CD		MD/DO	PHS	PHS	12/02/19
Pearsall		CD	VACANT	MD/DO	GS	GS	08/05/19
Pearsall		Dental Asst		DA	CTR	STGi	08/27/18
Pearsall		Dental Asst		DA	CTR	STGi	08/20/18
Pearsall		Dental Asst	VACANT	DA	GS	GS	07/15/19
Pearsall		Dental Asst	VACANT	DA	GS	GS	05/07/20
Pearsall		Dentist Supervisory		DDS	PHS	PHS	04/19/18
Pearsall		Dentist		DDS	PHS	PHS	09/21/20
Pearsall		HSA	VACANT	TBD	PHS	PHS	11/02/20
Pearsall		Infection Prevention Officer		RN	PHS	PHS	07/30/18
Pearsall		LPN/LVN	VACANT	LVN	CTR	STGi	06/16/20
Pearsall		LPN/LVN		LVN	CTR	STGi	08/27/18
Pearsall		LPN/LVN	VACANT	LVN	CTR	STGi	08/15/20
Pearsall		LPN/LVN		LVN	CTR	STGi	08/27/18
Pearsall		LPN/LVN		LVN	CTR	STGi	10/22/18
Pearsall		LPN/LVN		LVN	CTR	STGi	08/27/18
Pearsall		LPN/LVN		LVN	CTR	STGi	08/27/18
Pearsall		LPN/LVN	VACANT	LVN	CTR	STGi	01/13/20
Pearsall		LPN/LVN		LVN	CTR	STGi	09/03/18
Pearsall		LPN/LVN		LVN	CTR	STGi	08/27/18
Pearsall		LPN/LVN		LVN	CTR	STGi	08/27/18
Pearsall		LPN/LVN		LVN	CTR	STGi	08/27/18
Pearsall		LPN/LVN	VACANT	LVN	CTR	STGi	08/15/20

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Pearsall	(b)(7)(E)	LPN/LVN		LVN	CTR	STGi	08/27/18
Pearsall		LPN/LVN		LVN	CTR	STGi	11/18/20
Pearsall		LPN/LVN		LVN	GS	GS	08/16/20
Pearsall		LPN/LVN	VACANT	LVN	GS	GS	08/05/19
Pearsall		Medical Assistant	VACANT	MA	CTR	STGi	03/01/20
Pearsall		Medical Assistant		MA	CTR	STGi	06/22/20
Pearsall		Physician	VACANT	MD/DO	CTR	STGi	10/07/20
Pearsall		Physician	VACANT	MD/DO	GS	GS	07/15/19
Pearsall		Psychiatrist		Psychiatrist	CTR	STGi	09/03/18
Pearsall		MRT		MRT	CTR	STGi	11/04/19
Pearsall		MRT		MRT	CTR	STGi	06/30/20
Pearsall		MRT		MRT	CTR	STGi	01/07/19
Pearsall		MRT		MRT	CTR	STGi	08/27/18
Pearsall		MRT		MRT	CTR	STGi	12/16/19
Pearsall		MRT		MRT	CTR	STGi	08/27/18
Pearsall		MRT	VACANT	MRT	GS	GS	08/05/19
Pearsall		Nurse Mgr		RN	PHS	PHS	09/30/15
Pearsall		Pharmacist		Pharmacist	PHS	PHS	07/19/19
Pearsall		Pharmacist		Pharmacist	CTR	STGi	08/20/18
Pearsall		Facility Health Program Mgr		RN	PHS	PHS	01/06/20
Pearsall		Pharm Tech		Pharm Tech	CTR	STGi	08/27/18
Pearsall		Pharm Tech		Pharm Tech	CTR	STGi	08/27/18
Pearsall		RN	VACANT	RN	PHS	PHS	12/09/19
Pearsall		RN	VACANT	RN	PHS	PHS	12/04/17
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN	VACANT	RN	PHS	PHS	05/04/20
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	PHS	PHS	05/21/18
Pearsall		RN		RN	PHS	PHS	08/01/19
Pearsall		RN		RN	CTR	STGi	02/18/19
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	08/20/18
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	09/21/19
Pearsall		RN		RN	CTR	STGi	03/16/20
Pearsall		RN		RN	CTR	STGi	08/27/18

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Pearsall	(b)(7)(E)	RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	12/16/19
Pearsall		RN		RN	CTR	STGi	01/09/20
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	07/01/20
Pearsall		RN		RN	CTR	STGi	08/27/18
Pearsall		RN		RN	CTR	STGi	04/13/20
Pearsall		RN		RN	GS	GS	07/05/20
Pearsall		RN		RN	GS	GS	07/05/20
Pearsall		RN		RN	GS	GS	08/30/20
Pearsall		RN		RN	GS	GS	10/13/20
Pearsall		RN		RN	GS	GS	09/27/20
Pearsall		RAD-TECH		RAD-TECH	CTR	STGi	08/20/18
Pearsall		RAD-TECH		RAD-TECH	CTR	STGi	05/28/19
Port Isabel		Admin Asst		AA	CTR	STGi	08/13/18
Port Isabel		AHSA	VACANT	TBD	PHS	PHS	06/29/20
Port Isabel		AHSA		RN	PHS	PHS	09/20/19
Port Isabel		APP	VACANT	TBD	PHS	PHS	10/31/19
Port Isabel		APP		FNP	PHS	PHS	11/03/19
Port Isabel		APP		PA-C	CTR	STGi	08/20/18
Port Isabel		APP		NP	CTR	STGi	01/27/20
Port Isabel		APP		PA-C	CTR	STGi	08/27/18
Port Isabel		APP		PA-C	CTR	STGi	08/13/18
Port Isabel		APP	VACANT	NP	GS	GS	06/28/19
Port Isabel		Psych APP	VACANT	TBD	PHS	PHS	09/01/20
Port Isabel		Psych APP	VACANT	TBD	PHS	PHS	06/02/20
Port Isabel		Psych APP		Psych NP	CTR	STGi	10/14/20
Port Isabel		BHP		LCSW	PHS	PHS	06/29/20
Port Isabel		BHP		LCSW	CTR	STGi	04/08/19
Port Isabel		BHP		LCSW	CTR	STGi	08/20/18
Port Isabel		BHP	VACANT	LCSW	GS	GS	07/15/19
Port Isabel		BHP	VACANT	Psychologist	GS	GS	07/15/19

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Port Isabel	(b)(7)(E)	BHP	VACANT	LCSW	GS	GS	07/15/20
Port Isabel		Behavior Health Technician	VACANT	BHT	CTR	STGi	10/01/20
Port Isabel		Contract Coordinator		CM	CTR	STGi	03/16/20
Port Isabel		CD	VACANT	MD/DO	GS	GS	09/15/19
Port Isabel		Dental Asst	VACANT	DA	CTR	STGi	02/19/20
Port Isabel		Dental Asst	VACANT	DA	GS	GS	07/15/19
Port Isabel		Dentist Supervisory		DDS	PHS	PHS	04/15/11
Port Isabel		RDH	VACANT	RDH	GS	GS	07/15/19
Port Isabel		HSA		RN	PHS	PHS	10/20/14
Port Isabel		Infection Prevention Officer		RN	PHS	PHS	09/15/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/20/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/13/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/13/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/20/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/20/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/13/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/13/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/13/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/20/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/13/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	09/22/20
Port Isabel		LPN/LVN		LVN	CTR	STGi	12/27/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	08/20/18
Port Isabel		LPN/LVN		LVN	CTR	STGi	06/17/19
Port Isabel		LPN/LVN		LVN	GS	GS	07/05/20
Port Isabel		LPN/LVN	VACANT	LVN	GS	GS	07/15/19
Port Isabel		Medical Assistant		MA	CTR	STGi	04/20/20
Port Isabel		Medical Assistant		MA	CTR	STGi	04/13/20
Port Isabel		Physician		MD/DO	CTR	STGi	06/03/19
Port Isabel		Physician		MD/DO	GS	GS	10/13/20
Port Isabel		Psychiatrist(PTE)	VACANT	Psychiatrist	CTR	STGi	07/01/20
Port Isabel		MRT		MRT	CTR	STGi	08/20/18
Port Isabel		MRT		MRT	CTR	STGi	08/20/18
Port Isabel		MRT		MRT	CTR	STGi	08/20/18
Port Isabel		MRT		MRT	CTR	STGi	07/27/20
Port Isabel		MRT		MRT	CTR	STGi	03/04/19

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Port Isabel	(b)(7)(E)	Nurse Mgr		RN	PHS	PHS	08/10/18
Port Isabel		Pharmacist		Pharmacist	PHS	PHS	06/17/16
Port Isabel		Pharmacist		Pharmacist	CTR	STGi	08/20/18
Port Isabel		Facility Health Program Mgr		RN	PHS	PHS	10/22/18
Port Isabel		Pharm Tech		Pharm Tech	CTR	STGi	08/20/18
Port Isabel		Pharm Tech		Pharm Tech	CTR	STGi	02/27/13
Port Isabel		RN		RN	PHS	PHS	10/22/18
Port Isabel		RN		RN	CTR	STGi	10/16/20
Port Isabel		RN		RN	CTR/PHS	STGi	05/04/20
Port Isabel		RN		RN	PHS	PHS	11/03/19
Port Isabel		RN		RN	CTR	STGi	08/06/20
Port Isabel		RN		RN	CTR	STGi	04/01/19
Port Isabel		RN		RN	CTR/PHS	PHS	10/16/20
Port Isabel		RN		RN	CTR	STGi	07/02/18
Port Isabel		RN		RN	CTR	STGi	05/20/19
Port Isabel		RN		RN	CTR	STGi	10/16/20
Port Isabel		RN		RN	CTR	STGi	08/20/18
Port Isabel		RN		RN	CTR	STGi	03/11/19
Port Isabel		RN		RN	CTR	STGi	08/27/18
Port Isabel		RN		RN	CTR	STGi	05/01/19
Port Isabel		RN		RN	CTR	STGi	04/16/19
Port Isabel		RN		RN	CTR	STGi	01/07/19
Port Isabel		RN		RN	CTR	STGi	11/16/19
Port Isabel		RN		RN	CTR	STGi	08/13/18
Port Isabel		RN		RN	CTR	STGi	09/01/20
Port Isabel		RN		RN	CTR	STGi	02/10/20
Port Isabel		RN		RN	CTR	STGi	04/01/19
Port Isabel		RN		RN	GS	GS	01/05/20
Port Isabel		RN	VACANT	RN	GS	GS	07/15/19
Port Isabel		RN	VACANT	RN	GS	GS	07/15/29
Port Isabel		RN	VACANT	RN	GS	GS	05/04/20
Port Isabel		RN	VACANT	RN	GS	GS	05/04/20
Port Isabel		RAD-TECH		RAD-TECH	CTR	STGi	09/14/20
Port Isabel		RAD-TECH		RAD-TECH	CTR	STGi	08/20/18
Port Isabel		RAD-TECH		RAD-TECH	CTR	STGi	08/20/18
Tacoma		Admin Asst		AA	CTR	STGi	09/17/19

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Tacoma	(b)(7)(E)	AHSA	VACANT	TBD	PHS	PHS	09/21/20
Tacoma		AHSA		RN	PHS	PHS	07/15/16
Tacoma		APP	VACANT	TBD	PHS/GS	PHS	08/12/19
Tacoma		APP	VACANT	TBD	PHS	PHS	11/10/19
Tacoma		APP		NP	PHS	PHS	04/14/14
Tacoma		APP		NP	CTR	STGi	04/01/20
Tacoma		APP		PA-C	CTR	STGi	08/05/19
Tacoma		APP		PA-C	CTR	STGi	09/03/18
Tacoma		APP		PA-C	CTR	STGi	08/27/18
Tacoma		APP		PA-C	CTR	STGi	02/18/20
Tacoma		APP	VACANT	TBD	PHS	PHS	11/23/20
Tacoma		Psych APP	VACANT	NP	GS	GS	10/04/18
Tacoma		BHP		Psychologist	PHS	PHS	07/27/20
Tacoma		BHP		Psychologist	PHS	PHS	12/08/15
Tacoma		BHP		Psychologist	PHS	PHS	05/27/19
Tacoma		BHP		Psychologist	CTR	STGi	08/20/18
Tacoma		BHP		LCSW	CTR	STGi	06/19/20
Tacoma		BHP		LCSW	GS	GS	04/27/20
Tacoma		BHP	VACANT	Psychologist	GS	GS	07/15/19
Tacoma		Behavior Health Technician		BHT	CTR	STGi	09/28/20
Tacoma		Behavior Health Technician		BHT	CTR	STGi	09/28/20
Tacoma		Contract Coordinator		RN	CTR	STGi	08/16/19
Tacoma		CD		MD/DO	GS	GS	04/15/18
Tacoma		Dental Asst		DA	CTR	STGi	03/11/19
Tacoma		Dental Asst	VACANT	DA	GS	GS	07/15/19
Tacoma		Dentist Supervisory		DDS	PHS	PHS	08/31/17
Tacoma		Dentist		DDS	PHS	PHS	03/16/20
Tacoma		RDH		RDH	PHS	PHS	06/15/20
Tacoma		HSA		HSO	PHS	PHS	09/21/20
Tacoma		Infection Prevention Officer		RN	PHS	PHS	11/18/19
Tacoma		LPN/LVN		LPN	CTR	STGi	07/13/18
Tacoma		LPN/LVN		LPN	CTR	STGi	12/09/19
Tacoma		LPN/LVN		LPN	CTR	STGi	09/30/20
Tacoma		LPN/LVN		LPN	CTR	STGi	06/29/20
Tacoma		LPN/LVN	VACANT	LPN	CTR	STGi	08/20/20
Tacoma		LPN/LVN	VACANT	LPN	CTR	STGi	11/16/20
Tacoma		LPN/LVN	VACANT	LPN	CTR	STGi	10/15/20

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Tacoma	(b)(7)(E)	LPN/LVN	VACANT	LPN	GS	GS	07/15/19
Tacoma		Medical Assistant		MA	CTR	STGi	05/26/20
Tacoma		Medical Assistant		MA	CTR	STGi	10/26/20
Tacoma		Physician		MD/DO	GS	GS	08/16/20
Tacoma		Physician(CPA)		MD/DO	CTR	STGi	11/02/20
Tacoma		Psychiatrist	VACANT	Psychiatrist	CTR	STGi	09/16/18
Tacoma		Psychiatrist(PTE)		Psychiatrist	CTR	STGi	02/03/19
Tacoma		MRT		MRT	CTR	STGi	07/13/18
Tacoma		MRT		MRT	CTR	STGi	08/13/18
Tacoma		MRT		MRT	CTR	STGi	05/28/19
Tacoma		MRT		MRT	CTR	STGi	07/15/18
Tacoma		MRT		MRT	CTR	STGi	12/16/19
Tacoma		MRT	VACANT	MRT	GS	GS	12/16/19
Tacoma		Nurse Mgr	VACANT	RN	PHS	PHS	07/06/20
Tacoma		Pharmacist		Pharmacist	PHS	PHS	04/28/17
Tacoma		Pharmacist		Pharmacist	PHS	PHS	06/03/19
Tacoma		Facility Health Program Mgr		RN	PHS	PHS	02/10/20
Tacoma		Pharm Tech		Pharm Tech	CTR	STGi	08/26/20
Tacoma		Pharm Tech		Pharm Tech	CTR	STGi	08/20/18
Tacoma		RN	VACANT	RN	GS	GS	09/21/18
Tacoma		RN		RN	CTR	STGi	01/06/20
Tacoma		RN	VACANT	RN	GS	GS	09/30/18
Tacoma		RN	VACANT	RN	PHS	PHS	02/10/20
Tacoma		RN	VACANT	RN	PHS	PHS	11/01/20
Tacoma		RN		RN	CTR	STGi	08/04/20
Tacoma		RN		RN	PHS	PHS	12/04/17
Tacoma		RN	VACANT	RN	PHS	PHS	06/29/20
Tacoma		RN	VACANT	RN	PHS	PHS	10/19/20
Tacoma		RN	VACANT	RN	PHS	PHS	08/20/18
Tacoma		RN		RN	PHS	PHS	12/27/10
Tacoma		RN		RN	CTR	STGi	04/16/20
Tacoma		RN		RN	CTR	STGi	01/01/20
Tacoma		RN		RN	CTR	STGi	11/01/20
Tacoma		RN		RN	CTR	STGi	08/27/18
Tacoma		RN		RN	CTR	STGi	11/26/18
Tacoma		RN		RN	CTR	STGi	01/27/20
Tacoma		RN		RN	CTR	STGi	01/21/20

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Tacoma	(b)(7)(E)	RN		RN	CTR	STGi	09/05/18
Tacoma		RN		RN	CTR	STGi	08/27/18
Tacoma		RN		RN	CTR	STGi	08/27/18
Tacoma		RN	VACANT	RN	CTR	STGi	11/09/20
Tacoma		RN		RN	CTR	STGi	11/16/20
Tacoma		RN		RN	CTR	STGi	07/13/18
Tacoma		RN		RN	CTR	STGi	08/05/19
Tacoma		RN		RN	CTR	STGi	07/13/18
Tacoma		RN		RN	GS	GS	07/05/20
Tacoma		RN	VACANT	RN	GS	GS	05/04/20
Tacoma		RAD-TECH		RAD-TECH	CTR	STGi	08/20/18
Taylor		Admin Asst		AA	CTR	STGi	08/13/18
Taylor		AHSA		RN	PHS	PHS	12/19/18
Taylor		APP	VACANT	TBD	PHS	PHS	06/29/20
Taylor		APP		PA-C	PHS	PHS	09/30/18
Taylor		APP		NP	CTR	STGi	08/27/18
Taylor		APP		PA-C	CTR	STGi	05/18/20
Taylor		APP		NP	CTR	STGi	09/03/18
Taylor		APP		NP	PHS	PHS	06/29/20
Taylor		BHP		LCSW	PHS	PHS	04/01/19
Taylor		BHP		LCSW	PHS	PHS	09/16/20
Taylor		Behavior Health Technician	VACANT	BHT	CTR	STGi	10/01/20
Taylor		Contract Coordinator		RN	CTR	STGi	10/19/20
Taylor		CD		MD/DO	PHS	PHS	03/04/19
Taylor		Dental Asst		DA	CTR	STGi	08/20/18
Taylor		Dental Asst	VACANT	DA	GS	GS	07/15/19
Taylor		Dentist Supervisory		DDS	PHS	PHS	10/30/06
Taylor		HSA		RN	PHS	PHS	01/18/20
Taylor		LPN/LVN		LVN	CTR	STGi	05/20/19
Taylor		LPN/LVN		LVN	CTR	STGi	08/20/18
Taylor		LPN/LVN		LVN	CTR	STGi	10/29/18
Taylor		LPN/LVN	VACANT	LVN	GS	GS	05/04/20
Taylor		Physician(CPA)		MD/DO	CTR	STGi	05/18/20
Taylor		MRT		MRT	CTR	STGi	08/13/18
Taylor		MRT	VACANT	MRT	CTR	STGi	09/30/20
Taylor		MRT		MRT	CTR	STGi	03/16/20
Taylor		Nurse Mgr		RN	PHS	PHS	09/02/19

AMERICAN OVERSIGHT

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Taylor	(b)(7)(E)	Pharmacist		Pharmacist	PHS	PHS	06/29/18
Taylor		Facility Health Program Mgr		RN	PHS	PHS	06/01/19
Taylor		Pharm Tech		Pharm Tech	CTR	STGi	09/30/20
Taylor		RN	VACANT	RN	PHS	PHS	03/21/19
Taylor		RN		RN	PHS	PHS	08/11/17
Taylor		RN	VACANT	RN	PHS	PHS	05/01/19
Taylor		RN	VACANT	RN	PHS	PHS	
Taylor		RN		RN	CTR	STGi	10/15/19
Taylor		RN		RN	CTR	STGi	09/30/19
Taylor		RN		RN	CTR	STGi	01/27/20
Taylor		RN		RN	CTR	STGi	08/27/18
Taylor		RN		RN	CTR	STGi	08/01/19
Taylor		RN		RN	CTR	STGi	02/10/20
Taylor		RN		RN	CTR	STGi	10/07/19
Taylor		RN		RN	CTR	STGi	08/27/18
Taylor		RN	VACANT	RN	CTR	STGi	07/22/20
Taylor		RN		RN	CTR	STGi	09/03/18
Taylor		RN	VACANT	RN	GS	GS	08/09/19
Taylor		RN	VACANT	RN	GS	GS	08/09/19
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	

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Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Unassigned	(b)(7)(E)	TBD	VACANT	TBD	PHS	PHS	
Unassigned

Location	Code	Position	Last, First	Discipline	Source Type	Status	Position Start / Vacancy Date
Unassigned	(b)(7)(E)	TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
Unassigned		TBD	VACANT	TBD	PHS	PHS	
San Diego		Dental Asst	VACANT	DA	GS	GS	07/15/19
San Diego		Dentist	VACANT	DDS	GS	GS	07/15/19
Varick		Admin Asst		AA	CTR	STGi	07/18/18
Varick		CD	VACANT	MD/DO	GS	GS	07/15/20
Varick		RN		RN	CTR	STGi	08/31/20
Varick		RN		RN	CTR	STGi	10/26/20
Varick		RN		RN	CTR	STGi	08/13/18
York		LPN/LVN		LPN	CTR	STGi	11/05/19
York		LPN/LVN	VACANT	LPN	CTR	STGi	07/03/17
York		MRT		MRT	CTR	STGi	06/22/20
York		RN		RN	CTR	STGi	07/11/18
York		RN		RN	CTR	STGi	07/11/18

AMERICAN OVERSIGHT

From: (b)(6); (b)(7)(C)
To:
Cc:
Subject: Meeting Minutes: MQMU Data/Informational Call
Date: Friday, February 12, 2021 9:48:28 AM
Attachments: MQMU Data Informational Call Meeting Minutes 02042021.pdf
FINAL MQM Data Information PowerPoint February 2021.pdf

Hello All,

Please find attached the meeting minutes and a copy of the PowerPoint Slides covered during this meeting.

Very Respectfully,

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) U.S. Public Health Service
(b)(6); (b)(7)(C) Medical Quality Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Desk: (b)(6); (b)(7)(C) **Cell:** (b)(6); (b)(7)(C) (Best)

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-----Original Appointment-----
From: (b)(6); (b)(7)(C)
Sent: Tuesday, May 12, 2020 12:16 PM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

AMERICAN OVERSIGHT

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

Subject: MQMU Data/Informational Call
When: Thursday, February 4, 2021 11:00 AM-12:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Microsoft Teams Meeting; 866 662 3499; 1991611

This meeting has been postponed until February 4th.

MQMU invites you to attend a quarterly data/informational session. The purpose of this meeting is to provide a forum to review national performance and risk management trends. In addition, to provide a forum for solution-based open discussion to ensure patient safety and quality of care services are provided. For questions please contact CDR Crystal Russell, MQM Unit Chief.

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U.S. Immigration and Customs Enforcement

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MQMU DATA INFORMATION MEETING

THURSDAY, FEBRUARY 4, 2021

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ICE

MEETING AGENDA

1. **Risk Management Team – Incident Reporting**
2. **Compliance Team –IHSA Updates**
3. **Quality Improvement Team – RCS Facility and NPM Updates**

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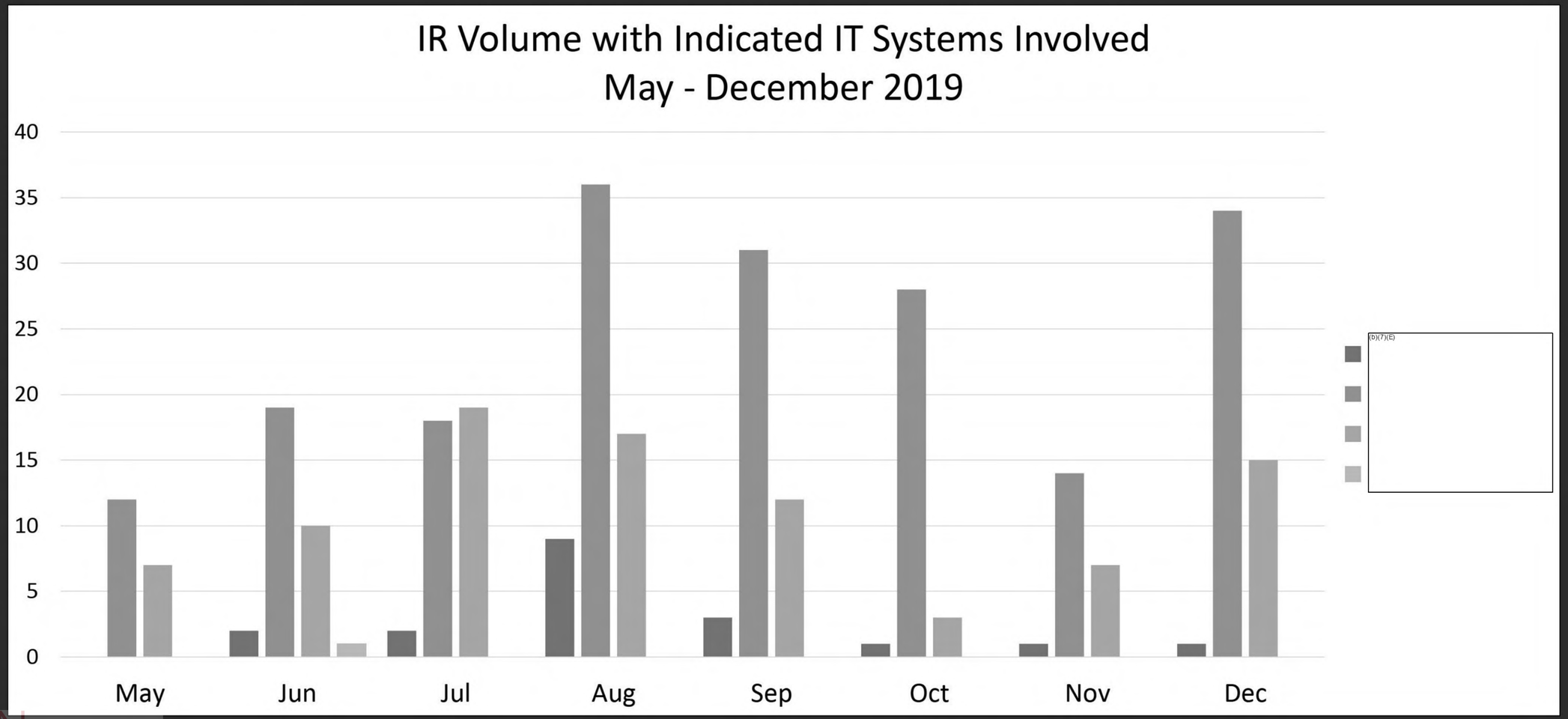
INCIDENT REPORTING DATA RELATED TO IT SYSTEMS

RISK MANAGEMENT TEAM

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RM UPDATES: IR VOLUME RELATED TO IT SYSTEMS

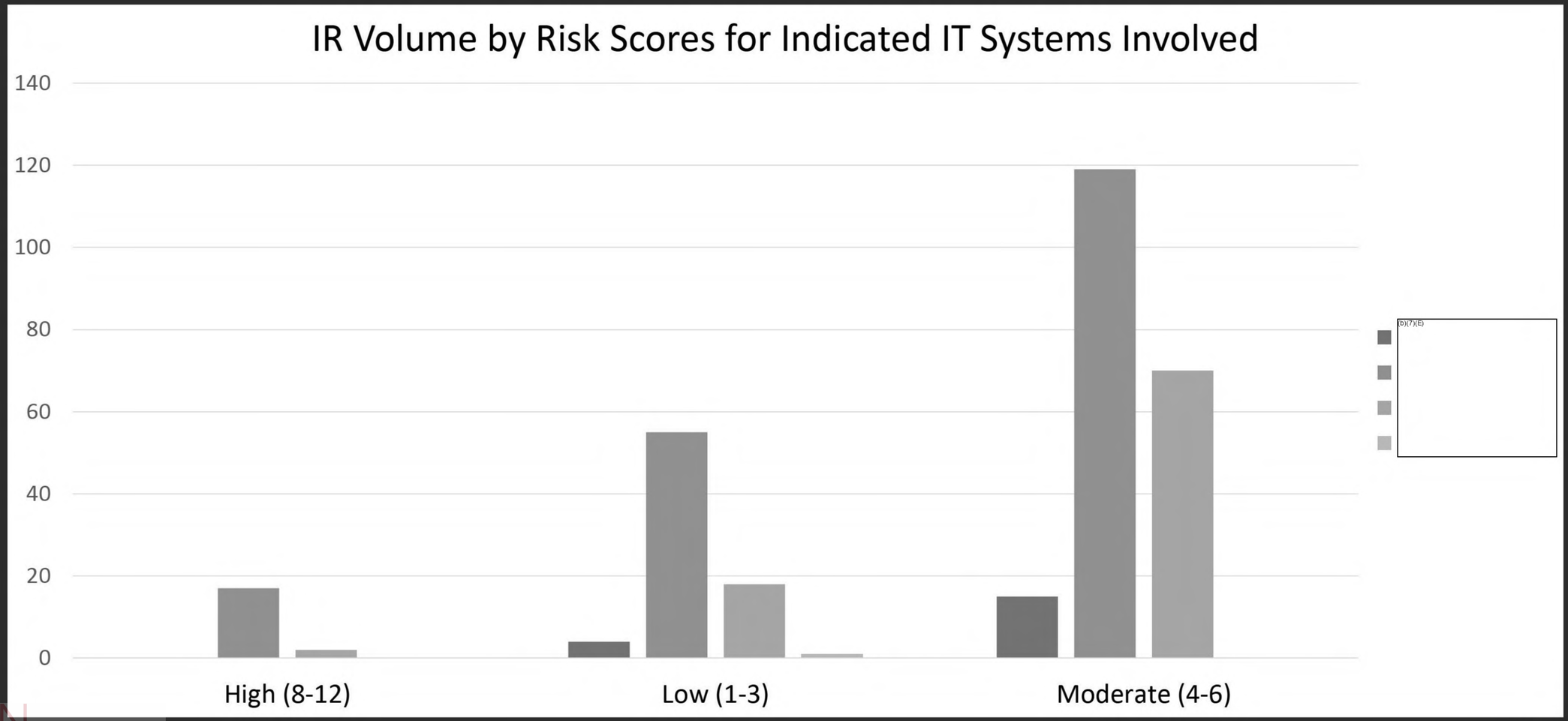
(b)(6); (b)(7)(C)



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RM UPDATES: IR RISK SCORES RELATED TO IT SYSTEMS

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



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SYSTEMS ENGINEERING:
SYSTEMS THINKING, DESIGN AND HUMAN FACTORS ANALYSIS

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

HUMAN FACTORS SCIENCE: **Understanding human** anatomy, physiology, biomechanics

HUMAN FACTORS ENGINEERING: Address problems by modifying system design to better aid people

"We can't change the human condition, but we can change the conditions under which humans work" -James Reason (Safety Scientist, University of Manchester, England)

HUMAN ERROR OR BAD DESIGN ?



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RM UPDATES: IR CASE - eCW QUICK PRINT VERSUS QUICK TRANSMIT

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

Goal: Transmit electronic order to the lab and get the paper copy of the order to contain the correct account number and requisition number (data)

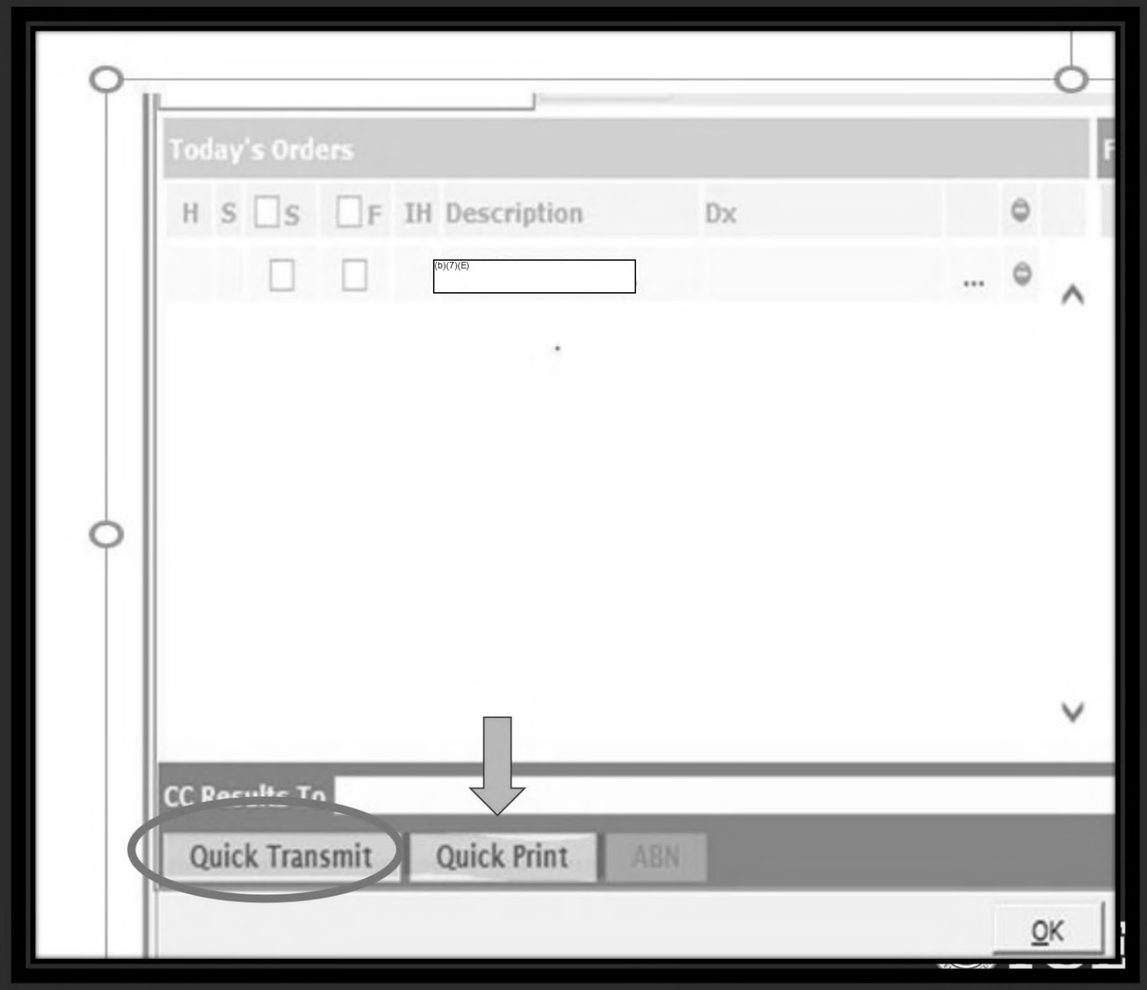
"Quick Transmit"

- Printed paper requisition generates required data
- An electronic order is sent to LabCorp.

"Quick Print"

- Incomplete data on the paper requisition
- electronic order is not transmitted to LabCorp.

How do we guide the nurses to click "Quick Transmit" for all orders that need to be transmitted to LabCorp?



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RM UPDATES: IHSC STRATEGIC GOAL - STRENGTHEN FOUNDATION

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

RM's Steps to Support IHSC Goal:

1.) Apply patient safety principles to IR referral process- **HRTO**

2.) Leverage IR data to prioritize application updates based upon risk scoring and assist with developing platform requirements- **HRTO & RMU**

3.) Teaching Patient Safety concepts and Just Culture principles at the facility level and sharing IT IR related data- **Clinical Team**

4.) Reduce overall workload decreasing the number of work arounds- **Pharmacy**

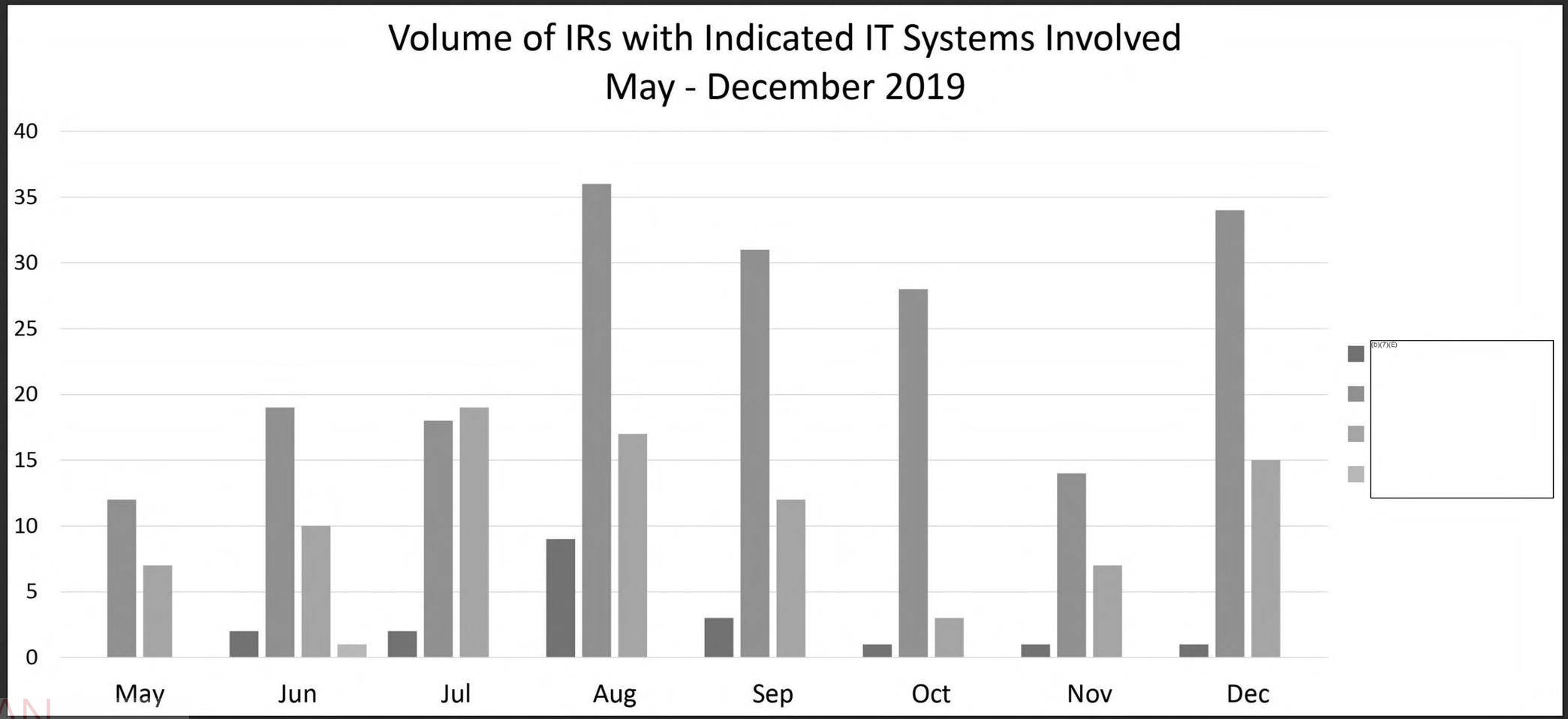


IHSC Strategic Objective: Enhancing Technology Platforms

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RM UPDATES: IR VOLUME RELATED TO IT SYSTEMS

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



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IHSC HEALTH SYSTEMS ASSESSMENT (IHSA) UPDATES

COMPLIANCE PROGRAM

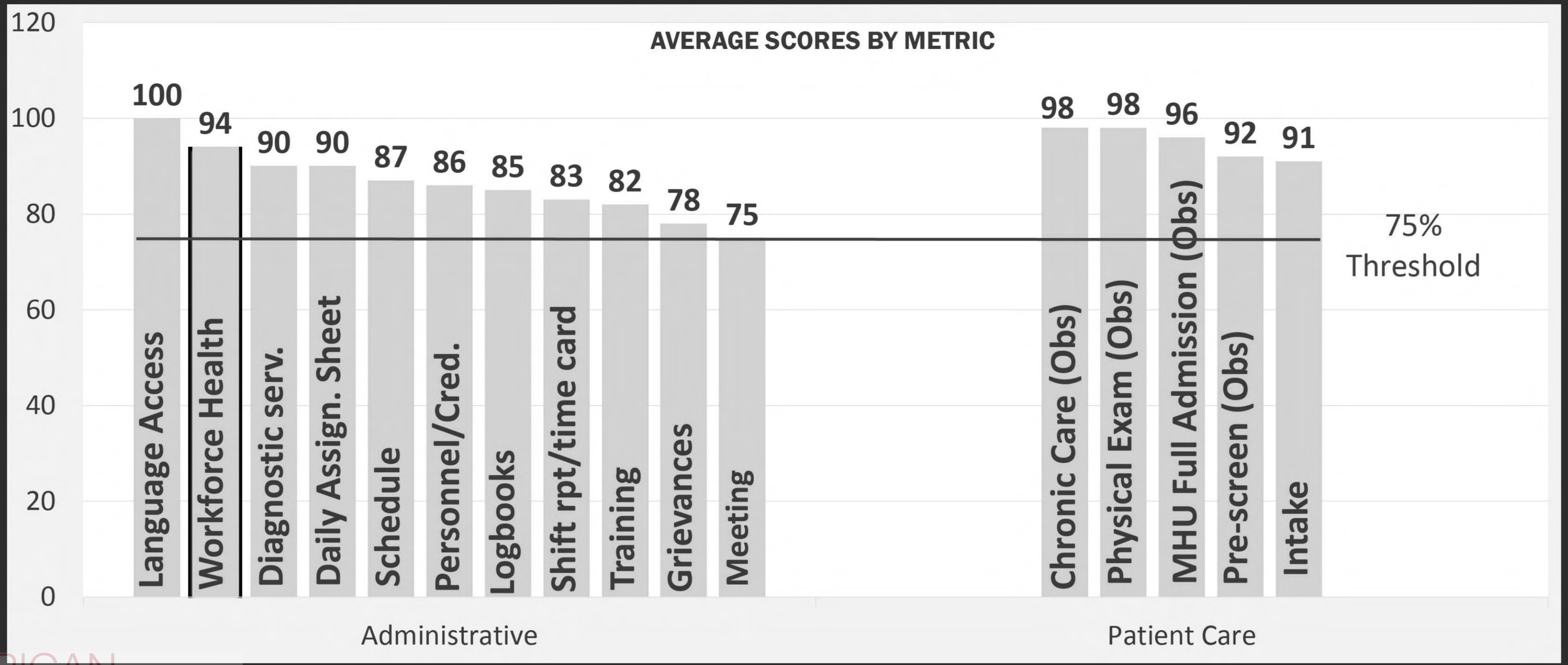
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ICE

DHS-19-0494-M-000095

COMPLIANCE: FY20 PRE-AUDIT ASSESSMENT DATA

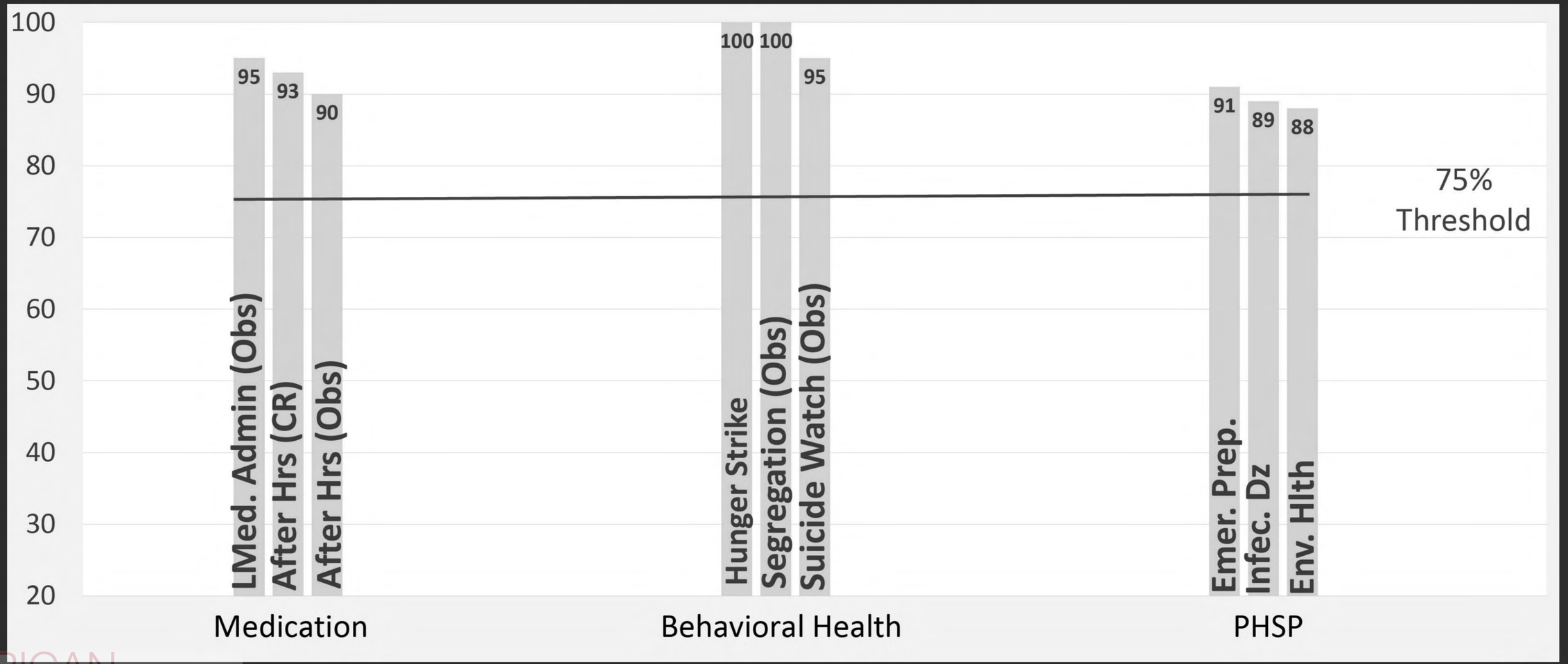
(b)(6), (b)(7)(C)



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

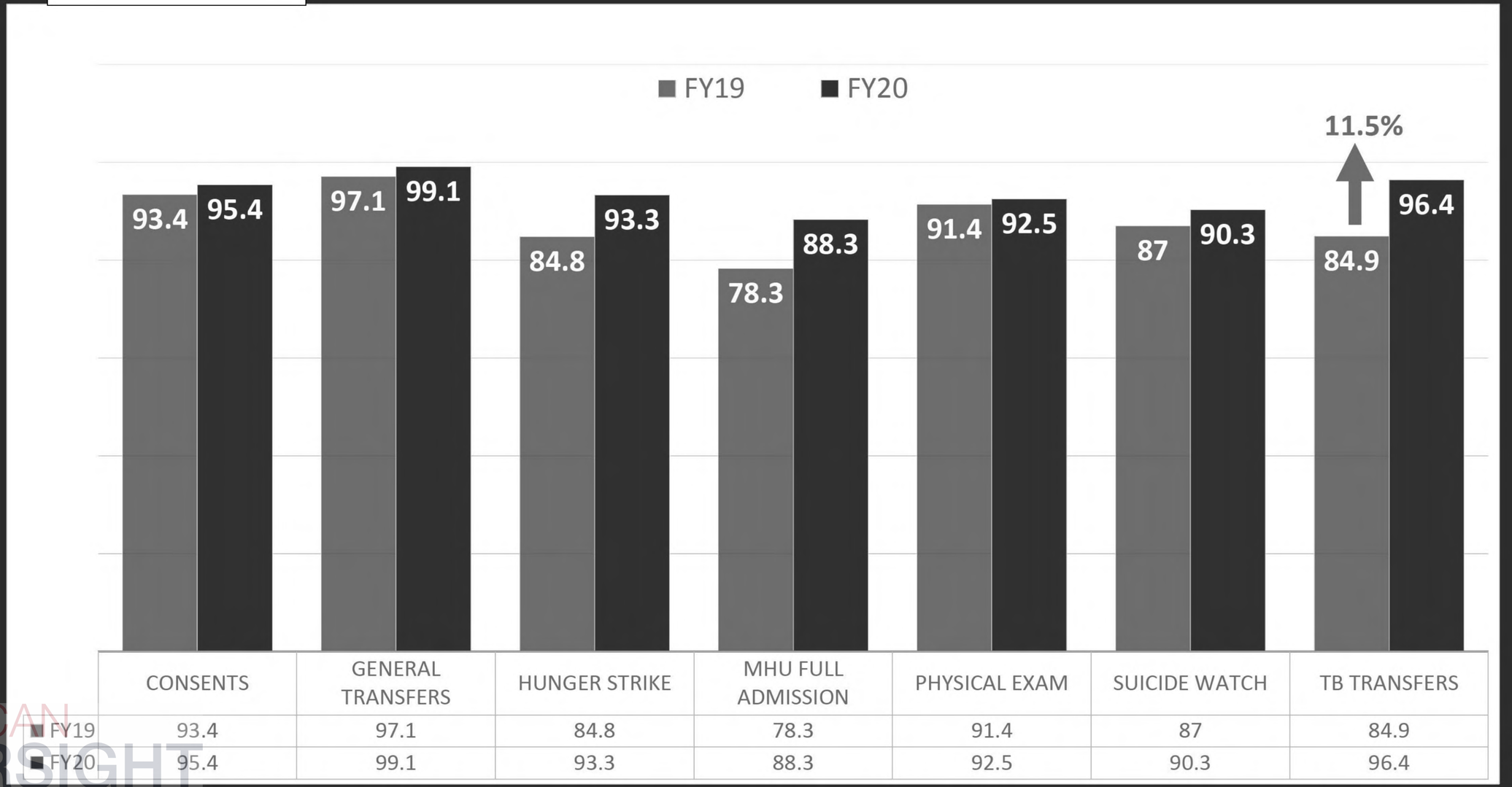
AVERAGE SCORES BY METRIC



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COMPLIANCE: IHSA PRE-AUDIT CHART REVIEW COMPARISON

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



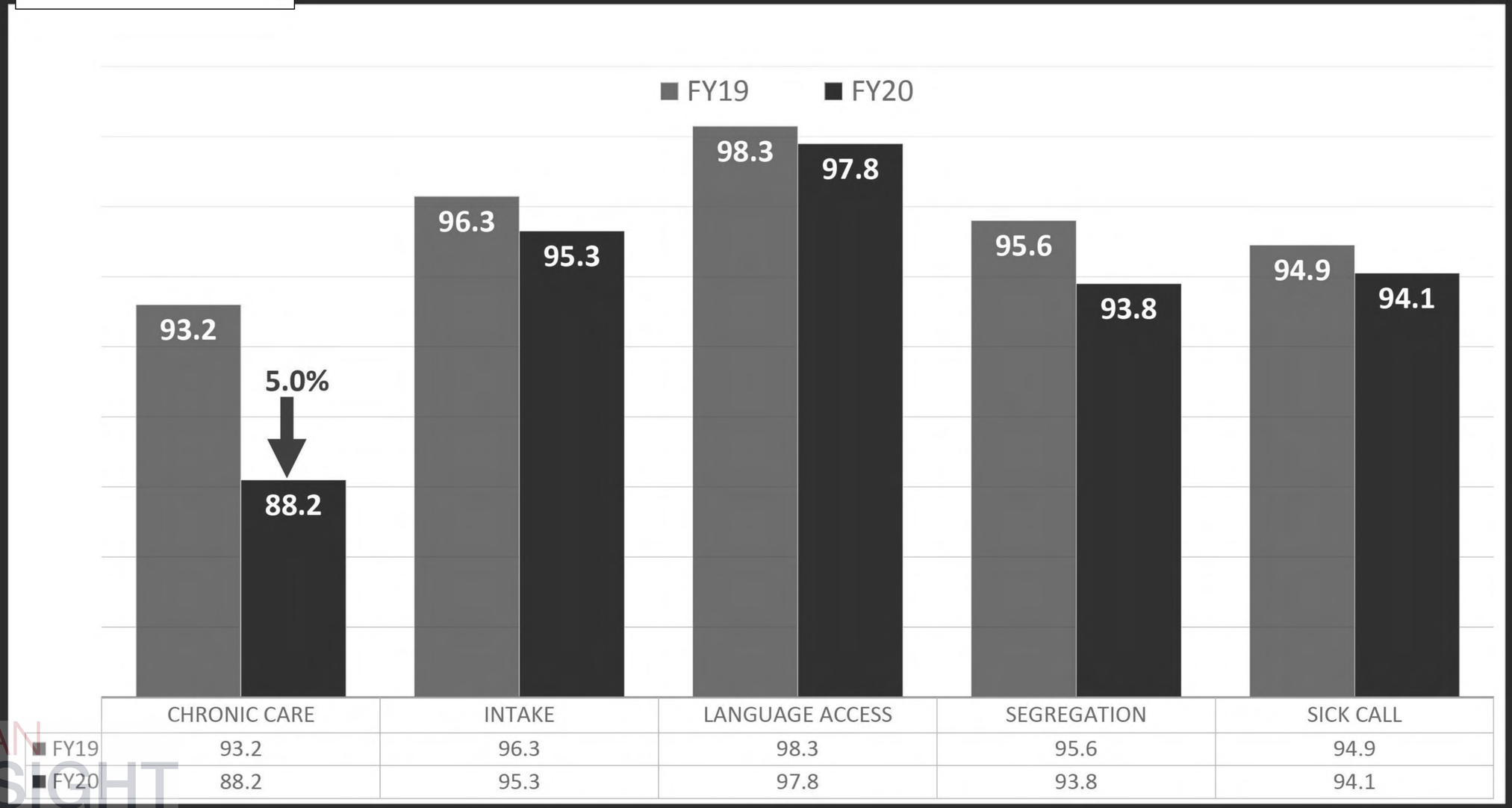
	CONSENTS	GENERAL TRANSFERS	HUNGER STRIKE	MHU FULL ADMISSION	PHYSICAL EXAM	SUICIDE WATCH	TB TRANSFERS
FY19	93.4	97.1	84.8	78.3	91.4	87	84.9
FY20	95.4	99.1	93.3	88.3	92.5	90.3	96.4

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DHS-19-0494-M-000098

COMPLIANCE: IHSA PRE-AUDIT CHART REVIEW COMPARISON

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



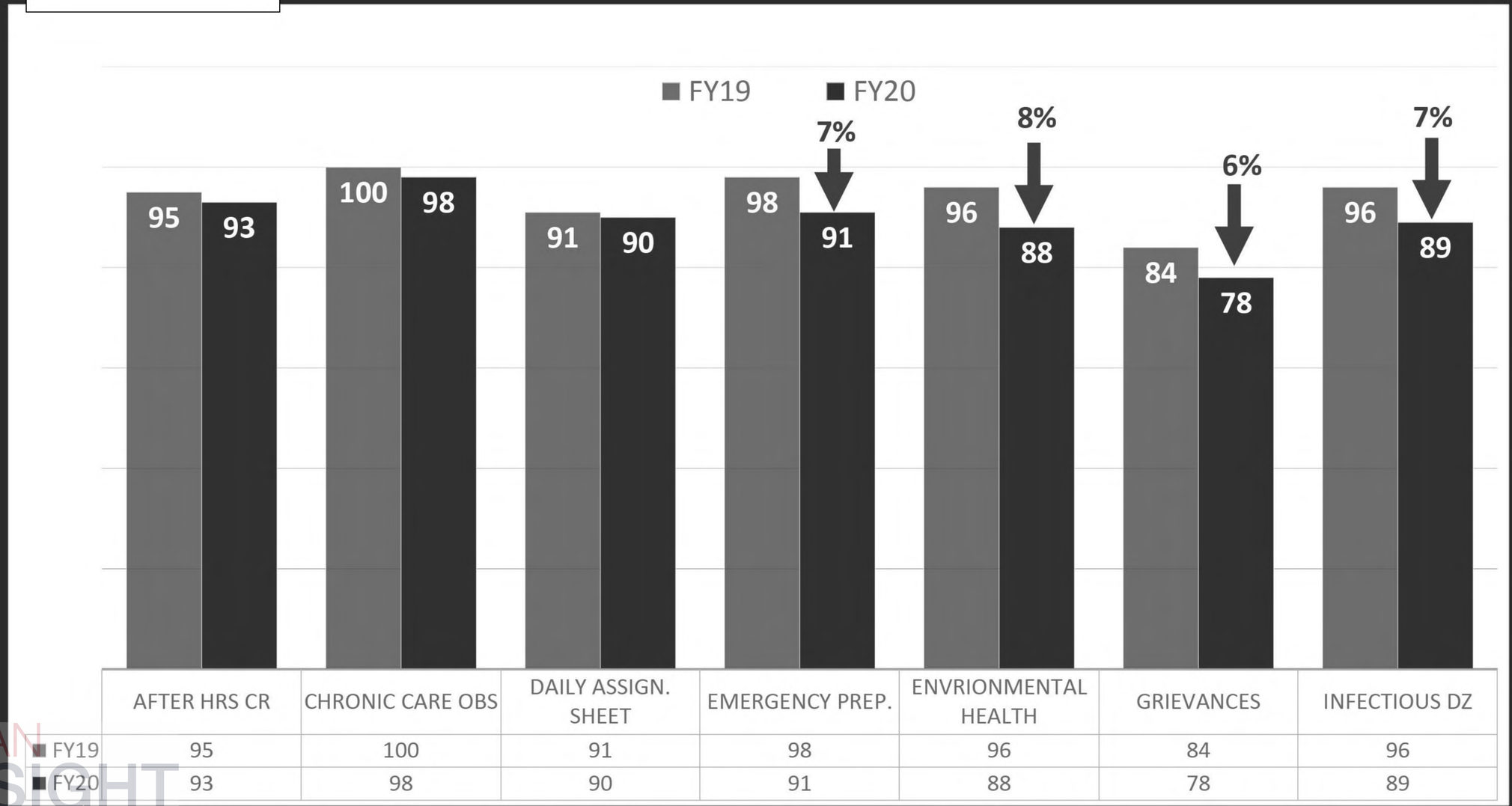
	CHRONIC CARE	INTAKE	LANGUAGE ACCESS	SEGREGATION	SICK CALL
FY19	93.2	96.3	98.3	95.6	94.9
FY20	88.2	95.3	97.8	93.8	94.1

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DHS-19-0494-M-000099

COMPLIANCE: IHSA ONSITE OBSERVATION COMPARISON

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



	AFTER HRS CR	CHRONIC CARE OBS	DAILY ASSIGN. SHEET	EMERGENCY PREP.	ENVRIONMENTAL HEALTH	GRIEVANCES	INFECTIOUS DZ
FY19	95	100	91	98	96	84	96
FY20	93	98	90	91	88	78	89

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COMPLIANCE: IHSA ONSITE OBSERVATION COMPARISON

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



	AFTER HRS OBS	LANGUAGE ACCESS OBS.	LOG BOOKS	PE OBS	PERSONNEL/CRED.	PRE-SCREEN OBS	SEGREGATION OBS.
FY19	86	94	80	84	79	68	58
FY20	90	100	85	98	86	92	100

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COMPLIANCE: IHSA FACILITY IMPROVEMENT PLANS

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

Quality Improvement

- CHRONIC CARE
- CONSENT FORMS
- EMERGENCY PREPARDNESS
- HUNGER STRIKE
- INFECTIOUS DISEASE
- *LOGBOOKS*
- MEETINGS
- MHU
- MISCELLANEOUS
- PHYSICAL EXAM
- SEGREGATION
- SICK CALL
- SUICIDE WATCH
- TRAININGS

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COMPLIANCE: IHSA FY21 ASSESSMENT SCHEDULE

ONSITE ASSESSMENT

- BUFFALO
- *DILLEY
- ELIZABETH
- ELOY
- EL PASO
- KROME
- PEARSALL
- PORT ISABEL
- TACOMA
- VARICK

SELF ASSESSMENT

- ALEXANDRIA
- BERKS
- CAROLINE
- FLORENCE
- HOUSTON
- JENA
- MONTGOMERY
- YORK

*REPEAT ONSITE ASSESSMENT

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2021-ICFO-38377 103

DHS-19-0494-M-000103

COMPLIANCE: IHSA PROGRAM IMPROVEMENTS

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

FY2016

- Paper forms
- Manual report routing

FY2017

- SP tool, Excel PT, dashboard created
- Data analysis by Deloitte
- Electronic report routing

FY2018

- Pre-audit threshold values added
- Electronic signature of reports

FY2019

- Dashboard improved
- Electronic notifications

FY2020

- Needs assessment
- Mitigation plan
- Trending dashboard created



IMPROVEMENT IS OUR GOAL, AND WE ARE ON TARGET!

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COMPLIANCE: IHSA NEXT STEPS FOR FY2021



IHSA MITIGATION PLAN

NEEDS ASSESSMENT ANALYSIS

IHSA DATA REVIEW

PUBLISHING OF IHSA POLICY & GUIDE

QUALITY REVIEW PROGRAM DEVELOPMENT

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REGIONAL COMPLIANCE SPECIALISTS (RCS) AND NATIONAL PERFORMANCE MEASURES (NPM) UPDATES

QUALITY IMPROVEMENT TEAM

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QI UPDATES: REGIONAL COMPLIANCE SPECIALISTS

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

- **MQMU Microsoft Stream Site**
  - **Quality Improvement Channel contains videos on QI topics and resources**

- **FHPM Performance Workflow**
  - **Maps the FHPM orientation, training delivery, and mid-year/annual performance reviews from MQMU, PHSP, and HOU perspectives**

- **FHPM Survey**
  - **Issued jointly by QI and RM Teams**
  - **10 responses received. Twice as many FHPM responses than 2017 Survey**
  - **Full analysis of survey is still pending**

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QI FACILITY UPDATES

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

- **Facility-Specific**
  - Sites are working hard at updating workplans for both national and local performance measures
    - 4th Quarter FY 2020 is on the NPM Dashboard
  - Facilities in the process of addressing HFMEA findings

- **FHPM Training**
  - Tentatively scheduled for April 13-15 as a virtual training

- **Action Plan updates**
  - Eastern - 1 pending RCA – Buffalo – Employee Health Issue (most deliverables at HQ level)
  - Western - 1 pending RCA- Tacoma- final review for close out-medication error
  - Central – 0

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QI UPDATES: NATIONAL PERFORMANCE MEASURES (NPM)

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

Measure	FY20 Quarter 1	FY20 Quarter 2	FY20 Quarter 3	FY20 Quarter 4	IHSC Goal
Hypertension	**81.4%** (n=512)	**80.6%** (n=428)	**81.8%** (n=340)	**84.1%** (n=214)	90%
Diabetes	48.5% (n=262)	56.9% (n=318)	52.9% (n=289)	70.5% (n=129)	90%
HIV	65.4% (n=52)	59.1% (n=66)	50.0% (n=52)	47.8% (n=23)	95%
Asthma	**99.1%** (n=765)	**98.9%** (n=729)	**99.3%** (n=539)	**99.1%** (n=468)	100%
Pregnancy Screen	**100%** (n=6659)	**100%** (n=3851)	**100%** (n=640)	**100%** (n=933)	100%
Medication Error	**2.3%** (n=87)	**11.6%** (n=86)	**15.6%** (n=32)	**7.7%** (n=39)	10%
Prenatal Visit	50.0% (n=72)	**85.7%** (n=21)	No Data	No Data	90%
Peds Antibiotic URI	**16.4%** (n=1021)	**8.1%** (n=854)	**5.0%** (n=40)	**0.0%** (n=6)	20%
Suicide Risk Assessment	**93.0%** (n=43)	**100%** (n=22)	**100%** (n=51)	**100%** (n=29)	90%
MDD/Anxiety	**50.0%** (n=30)	**45.5%** (n=22)	**40.0%** (n=40)	**41.3%** (n=29)	80%

Below Threshold
Meets or Exceeds Threshold
Near Threshold

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QI UPDATES: NPM (CON'T)

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

Measure	FY20 Quarter 1	FY20 Quarter 2	FY20 Quarter 3	FY20 Quarter 4	IHSC Goal
Narrow Therapeutic Index (NTI) Medications	30.2% (n=414)	30.7% (n=436)	29.6% (n=247)	42.9% (n=121)	90%
Bronchitis Antibiotic (Adults)	48.4% (n=31)	**30.0%** (n=40)	31.8% (n=22)	50% (n=4)	20%
Dental Opioid Rx	**88.6%** (n=44)	**89.2%** (n=37)	**90.0%** (n=10)	**100%** (n=9)	95%
Dental Antibiotic F/U	74.2% (n=89)	69.1% (n=259)	**77.1%** (n=201)	**79.8%** (n=99)	85%
Antibiotic Stewardship	**3.0%** (n=61148)	**3.3%** (n=51233)	**4.2%** (n=26215)	**4.2%** (n=16855)	3%

Below Threshold

Meets or Exceeds Threshold

Near Threshold

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QI UPDATES: NPM HIGHLIGHTS

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

- **Sample sizes continued to decrease**
- **Modest improvements noted in Chronic Care measures now that transfer summary data is on the eBO reports**
- **2nd straight quarter with no Prenatal Data**
- **Errors in the NPM dashboard tabular data noted that are not in the original data set are being addressed**

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QI UPDATES: NPM HOU AUDIT

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

Reviewed HTN, DM, and NTI Measures

Finding	Short-stay detainees included (mitigated)
Finding	Non-compliant detainees included (not mitigated)
Finding	Detainees with refusals included (mitigation in progress)

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QI UPDATES: NPM HOU AUDIT

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

Developed with HOU, CSU, and HRTO

Action Item	Refusal process in eCW is ill-defined, possible fix under way
Action Item	Outside lab entry could be done by medical assistants rather than MRT's
Action Item	Investigate reasons for patient refusals
Action Item	Consider more involvement in disease management from nursing and pharmacy

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QI UPDATES: NPM NEXT STEPS

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

- ❑ **Finalize eBO reports for NPM's**
  - **12 completed, can be used for 13 measures**
  - **Reports are now completed**

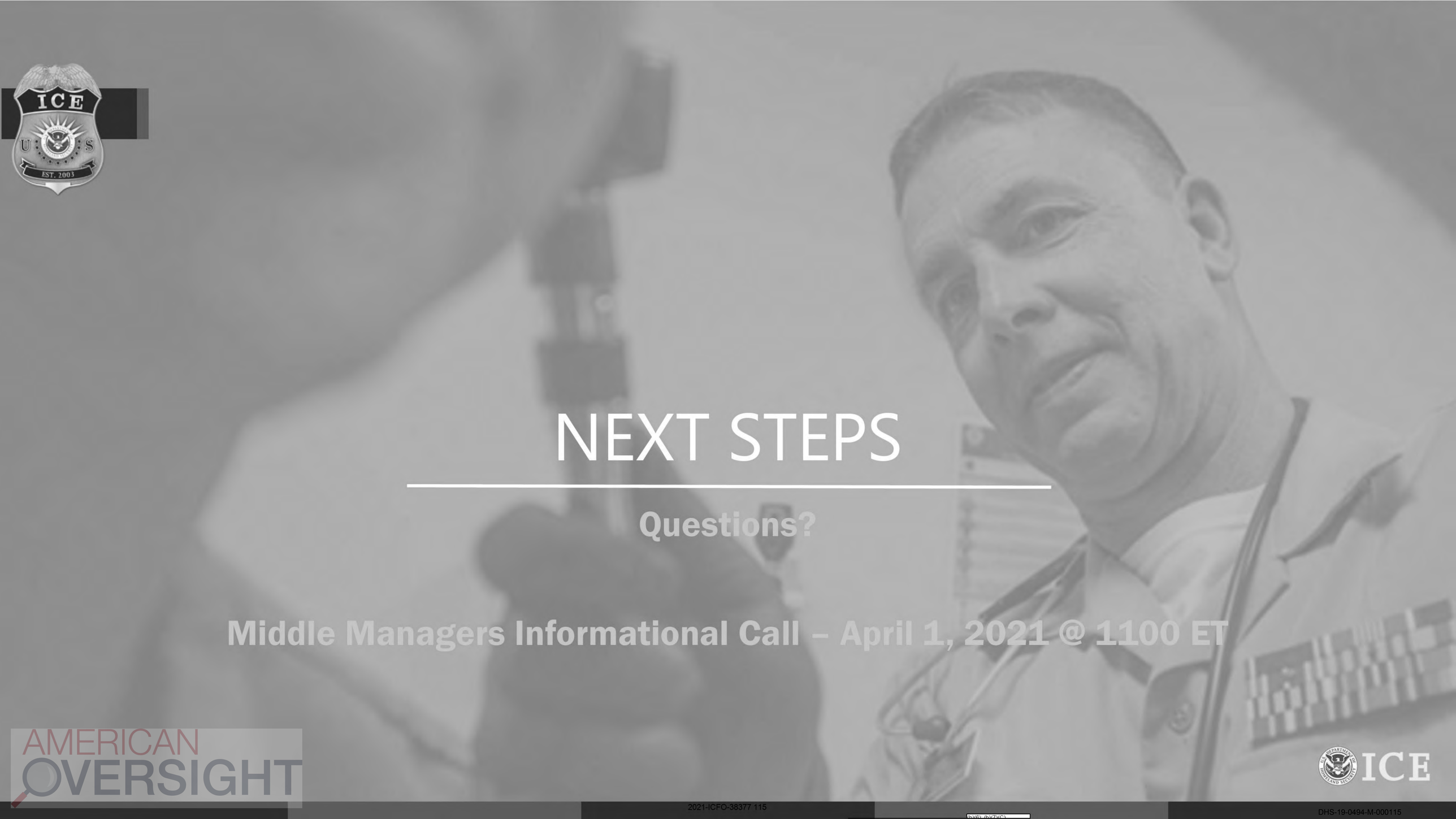
- ❑ **Technical Reference Guide – Complete!**
  - **Training completed with RCS staff**
  - **Site training initiated**

- ❑ **Data Dictionary – pending**

- ❑ **eCW Data Entry Guide is complete**

- ❑ **RCA Go-By**

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NEXT STEPS

Questions?

Middle Managers Informational Call – April 1, 2021 @ 1100 ET

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ICE

ICE Health Service Corps

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MQMU Data/Informational Call Meeting Minutes

Date: Thursday February 4, 2021, 1100 ET

Attendance:

☒ (b)(6); (b)(7)(C)
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MQM Staff:

☐ (b)(6); (b)(7)(C)
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MQMU Data/Informational Call Meeting Minutes

1) Risk Management Team – Incident Reporting Updates
   - IR Volume related to IT Systems (I[(b)(6); (b)(7)(C)]
     - During the months of May to December of 2019, there were 1,421 IRs submitted and 40% of them were IT related vulnerability issues.
     - The IT process vulnerability is being noted within the IR system and over time, the frequency of IT related vulnerability issues has increased. The PowerPoint slide shows you that the moderate is the highest, due to the rate of reoccurrence not the injury of harm.
   - System Engineering: Systems thinking, design and human factors analysis [(b)(6); (b)(7)(C)] [(b)(6); (b)(7)(C)]
     - The human science and the human factors engineering. The human factors science is understanding human anatomy, physiology and biomechanics. The human factors engineering is addressing problems by modifying systems design to better aid people or how to modify the system, around the human, to better aid them, in making the right decision. We aim to target a goal that provides safe care, true engineering approaches, guiding a user effortlessly to the right action.
     - Example: The PowerPoint slide shows you an example of a choice whether it's a human error or bad design. For example, working at a fast-paced fast food restaurant, it's a busy day with a lot of customers. There are 2 spray cans labeled "Fly and Insect Killer" and "Canola Cooking Spray," but the spray cans are the same color with other similar characteristics as well. The individual preparing the food uses the wrong spray can when preparing the customers food which leads to management terminating the staff worker. Was this a human error or bad design? This is a bad design because the design is not aiding the human in their environment which can cause a frequent human error.
     - Case Study (PPT Slide 9) - Quick transmit allows the user to print a paper requisition and it also sends an electronic order to LabCorp. Quick Print is an incomplete printed paper requisition and it does not send an electronic order to LabCorp. This is a bad design because the design of both digital buttons within the [(b)(7)(E)] system are color coded the same and they both begin with the word, "Quick" which can cause a frequent human error. Collaborating with the HITU team to suggest some visual changes to the buttons such as changing the color, location, wording, etc. is a possible resolution.
       - [(b)(6); (b)(7)(C)] eminds me of lookalike drug packages from the same manufacturer.
   - IHSC Strategic Goal – Strengthen foundation [(b)(6); (b)(7)(C)]
     - We need HITU to apply patient safety principles to IR referral process.

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- RMU and HITU need to leverage IR data to prioritize application updates based upon risk scoring and assist with developing platform requirements.
- We need the Clinical team to teach Patient Safety concepts and Just Culture principles at the facility level and sharing IT IR related data.
- Performing all 3 above suggestions will improve Pharmacy by reducing overall workload which will decrease the number of work arounds. Most of the medication errors occur during the ordering phase of the process.
  - (b)(6); (b)(7)(C) On an incident report that was sent in, IT was selected because it was a medication administration which (b)(7)(E) was involved. Although, the incident had nothing to do with the (b)(7)(E) system. The concern is that, are individuals submitting the IR correctly selecting IT when its IT related?
    - ✓ (b)(6); (b)(7)(C) Selection of IT system related is indicated by the individual who's submitting the incident report. However it is the responsibility of the FHPM and the Risk Manager to ensure that the information submitted is reviewed and correct before being closed-out. Reviewing the possibility of the IT system involvement is part of the IR review process.

2) Compliance Team –IHSA Updates (b)(6); (b)(7)(C)

- FY20 Pre-Audit Assessment
  - The thresholds were above 75% for Administrative, Patient Care, Medication, Behavioral Health and PHSP.
  - IHSA Pre-audit chart review - There was an increase in TB transfers by 11.5% from FY19 to FY20. The documentation on the TB forms has improved.
  - There was a decrease in Chronic care by 5.0%. Five sites did not complete their physical exams within the 2-day window. Six sites did not consistently perform Global Alerts. Two sites did not meet their threshold of follow-up with their unstable patient within 90 days. A few charts were missing as well.
- IHSC Onsite Observation comparison
  - In FY19, there were 10 onsite visits.
  - In FY20, there were 3 onsite visits out of 10 onsite visits; onsite visits were impacted due to COVID-19 travel restrictions.
  - There were decreases in Emergency Preparedness by 7%, Environmental Health by 8%, Grievances by 6% and Infectious disease by 7% from FY19 to FY20.
    - Due to COVID-19 the site(s) stopped performing emergency drills which PHSP was immediately notified. PHSP reached out to the site(s) in order to resolve the situation.

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    - A wrong selection in grievances from formal to informal caused the decrease in grievances.
    - A site was utilizing an outdated tracking log and they also used a refrigerator log for a freezer which caused a decrease in environmental health. This situation was addressed immediately onsite.
    - One site had an issue with their respiratory isolation rooms daily check which was immediately resolved onsite.
  - There has been increases in pre-screening observations by 34% and segregation observations by 42% from FY19 to FY20.
- IHSA Facility Improvement Plans
  - Chronic care – Consistent issues with Global Alerts not being used. Some providers did not use the chronic care template.
  - Miscellaneous – Some had CLIA waivers but sometimes the updated waivers were not included in the book in which they housed the documentation. They were asked to update the waivers which they did.
  - Physical exam – lack of physical exams being completed within 2 days.
  - Emergency preparedness – Lack of emergency drills. Lack of communication for emergency drills due to COVID-19.
  - Segregation – Lack of documented segregation clearances. Some sites accepted the wording "biweekly" to mean they could update it during the work week and not within seven calendar days.
  - Hunger strike – Orthostatic vital signs were not being documented but a new hunger strike policy was released in FY2020 in which orthostatic vital signs did not need to be documented anymore unless the treatment plan required.
  - Sick call – This was most frequent due to RNs not documenting the guidelines that they used, or the category was not an approved guideline that a RN can address.
  - Infectious disease – Lack of hand hygiene monitoring at some sites.
  - Suicide watch – There were a lack of special needs forms not being scanned into the system for review. Lack of scanned documents for security review. The medical staff did not collect the documents from security staff nor make sure the documents were scanned into the system for review. There was a lack of RN documentation such as education, care plans and lack of follow-ups by behavioral health providers.
  - Logbooks – Updated documents were being entered into the proper logbook or books.
  - Meetings – Some sites had approval for not having monthly staff meeting. Some sites had missing meeting minutes for PHSP, QI and Facility triad meetings.

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- IHSA FY21 Assessment Schedule
  - Onsite assessment: Buffalo, Dilley, Elizabeth, Eloy, El Paso, Krome, Pearsall, Port Isabel, Tacoma, and Varick.
  - Self-assessment: Alexandria, Berks, Caroline, Florence, Houston, Jena, Montgomery and York.
- IHSA Program Improvements (FY2016-FY2021)
  - FY2016 – Paper forms and manual report routing.
  - FY2017 – SharePoint tool, Excel PT, dashboard created, data analysis by Deloitte, and electronic report routing.
  - FY2018 – Pre-audit threshold values added and electronic signature of reports.
  - FY2019 – Dashboard improved and electronic notifications.
  - FY2020 – Needs assessment, mitigation plan, and trending dashboard created.
  - IHSA next steps for FY2021
    - IHSA mitigation plan – performing observations remotely due to COVID-19 and allowing sites to complete their self-assessments.
    - Needs assessment analysis – Completed and requesting MQMU team members for their comments for final review.
    - IHSA data review –IHSA data entry completed in January. Reviewing all data to see if they are any areas of improvement.
    - Publishing of IHSA policy and guide – The Policy team recently informed of its close completion and should be released soon UPDATE: IHSA Policy and Guide released on February 8, 2021).
    - Quality Review Program (QRP) is still under development.
    - IHSA Links for additional information:

      HSA Dashboard and Trends Analysis Dashboard

      ➢ (b)(6); (b)(7)(C) 1) I performed a facility query regarding reasonable field expectations. I found that facilities are scanning documents into eCW at a rate of 75%. Regarding medical policy, it still states to use paper form for it. Will share the complete results with (b)(6); (b)(7)(C) 2) Regarding your on-site versus self-assessment, how does MQMU make the determination regarding who receives a self-assessment and which facilities receive an on-site visit?

      ✓ (b)(6); (b)(7)(C) 1) We encourage facilities to scan documents into (b)(7)(E) There's a criterion to determine who needs to perform a self-assessment versus an on-site visit. If a facility falls below the 75% threshold after their self-assessment, then the facility will have an on-site assessment. If a facility is above the 75% threshold after their self-assessment, then they can fall

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into 1 or 2 categories depending on the type of review they had the previous year. If they had on-site review, they automatically perform a self-assessment the following year if they are above the 75% threshold. Unless there is a high risk for improvement plan, then the facility will receive a repeat on-site assessment.

3) Quality Improvement Team – RCS Facility and National Performance Measures (NPM) Updates (b)(6); (b)(7)(C)
   - Regional Compliance Specialists
     - MQMU Microsoft Stream Site was created. It includes Quality Improvement Channels such as videos on QI topics and other resources. This is not intended to be a substitute for the upcoming IHSC TRAIN platform.
     - FHPM Performance Workflow was created to map out the responsibilities of MQM, PHSP, and HOU (Facility Leaders) when training and conducting the performance review of FHPMs.
     - We completed a FHPM Survey completed which was issued jointly by QI and RM teams. We received 10 responses which is twice as many FHPM responses than the 2017 Survey. We are now in the process of analyzing the results.
   - QI Facility Updates
     - Facility specific
       - Sites are working hard at updating workplans for both national and local performance measures.
         - FY2020 4th Quarter data is now available on the NPM Dashboard.
       - Facilities in the process of addressing HFMEA findings.
     - FHPM Training
       - Tentatively scheduled for April 13th to 15th as a virtual training.
     - Action Plan updates
       - Eastern - One pending RCA for Buffalo – Employee Health Issue (most deliverables at HQ level). Buffalo has completed their portion however the PHSP component will require a change in policy so their deadline has been extended to the end of February 2021. The COR has addressed their action items.
       - Western
         - One Port Isabel RCA – Fall we are at the early stages of information gathering.
         - One pending RCA for Tacoma – Final review for close out-medication error.
       - Central – 0 RCAs

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MQMU Data/Informational Call Meeting Minutes

- NPM Highlights
  - Sample sizes continued to decrease.
  - Modest improvements noted in Chronic Care measures now that transfer summary data is on the eBO reports.
  - 2nd straight quarter with no Prenatal Data.
  - Errors in the NPM dashboard tabular data noted that are not in the original data set are being addressed. Data sets have been resent to DeLoitte for correction.
- NPM HOU audit
  - Review HTN, DM and NTI measures.
    - Findings: short-stay detainees included (mitigated).
    - Findings: non-compliant detainees included (not mitigated).
    - Findings: detainees with refusals included (mitigation in progress).
  - Developed with HOU, CSU and HRTO
    - Action Item: Refusal process in (b)(7)(E) is ill-defined, possible fix under way. QI is working with (b)(6); (b)(7)(C) to resolve this situation though we found there are some downstream issues with making certain changes or adjustments.
      - ➢ (b)(6); (b)(7)(C) For appointment refusals, can't you run the clinical visit console report and filter for refusals? Med refusals, etc. are a separate issue that would need to be tackled.
        - ✓ (b)(6); (b)(7)(C) That's only once we get on one accord with how we will document. Globally, not use if REF as a status type. Also that is what Reid was mentioning about the downstream issues.
        - ✓ (b)(6); (b)(7)(C) We can get together and talk about this more offline. We'd like to get opinions from all on how to address these issues.
    - Action Item: Outside lab entry could be done by medical assistants rather than MRT's.
      - The NPM Data Entry Guide would be used to show how to enter labs from outside the Labcorp system.
      - HOU feels this would be better accomplished by MA's rather than MRT's due to MRT's workload with scanning documents.
    - Action Item: Investigate reasons for patient refusals.
      - Nurses have a sit-down with patient to find out why they're refusing care.
    - Action Item: Consider more involvement in disease management from nursing and pharmacy.
      - Utilizing pharmacy staff with DM management certification and encouraging nurses to become certified diabetes nurse educators.

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- QI NPM Next Steps
  - Complete
    - eBO reports for NPM's. Twelve are completed and can be used for 13 measures.
    - Technical Reference Guide is complete. Training completed with RCS staff. Site training initiated.
    - (b)(7)(E) Data Entry Guide
    - Root Cause Analysis (RCA) Go-By – Outlines the RCA process from the initial interaction and steps with the Risk Management team to the action planning and close out processes with the Regional Compliance Officers.
  - Pending
    - Data Dictionary is forthcoming.

4) Questions and Next steps:

- Meeting Check – In. All asked to weigh in on:
  - Meeting logistics - audio via conference call or Teams? Consensus to utilize Microsoft Teams for both visuals and audio going forward.
  - Participants find the meeting topics and MQM updates beneficial.
    - (b)(6); (b)(7)(C) Yes, I am glad for this call and found it helpful. Thank you for [taking] the time into pulling this together.
    - (b)(6); (b)(7)(C) Totally valuable. Would recommend ALL regionals are invited (NSU, CD, etc.)
    - (b)(6); (b)(7)(C) Yes, great information! This information directly and indirectly impacts training and many projects that the training unit has going on.
    - (b)(6); (b)(7)(C) Two considerations regarding the IT system issue: 1) can the system be integrated to support what IHSC needs, and 2) what is the cost of the integration. There are contractual constraints and we have to keep in mind any additional cost for changes. Also, we should look at why it is built the way it currently is and why the system was developed as a standard at that time. Just want all to understand that some changes are not minor.
      - ✓ (b)(6); (b)(7)(C) People need to report their patient safety concerns no matter how small it may be. On the review side, we need to apply the systems engineering and human factors concepts to the review.
- Meeting adjourned at 12:05 p.m. ET time.
- Next meeting: April 1, 2021

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

General Information | Demographics | Event Information | Event Review | MQMU Reviewer Only | Full View

Report Date	5/27/2019
IHSC Facility	Dilley
FHPM	(b)(6); (b)(7)(C)
Detainee A#	(b)(6); (b)(7)(C)
Detainee First Name	(b)(6); (b)(7)(C)
Detainee Last Name	
Date of Birth	
Age	32
Gender	Female
Pregnancy	Yes
Specialty	
Date and Time of Event	5/27/2019 3:00 PM
Location of Incident	
Event Description	Pill Line Nurse alerted Pharmacy that medications from a bonded out patient were not sent with patient. After checking eCW encounters, pharmacy discoverec Current Medications listed on transfer summary as "taking" were : (1) Prenatal Vitamins and (2) Nitrofurantoin Macrocrystal 100mg Capsules. Pharmacy obtain out the following buisness day.
IT System Involved	
Type of Incident/Occurrence	Pharmacy/Medication Lost or Missing
Health Care Team Member(s) Involved	
Comments	(b)(6); (b)(7)(C) (7/26/2019 9:34 AM): Unclear what part of the process resulted in the detainee leaving without the necessary medications. (b)(6): (6/19/2019 2:52 PM): Good communication between nursing and pharmacy
Local QI Committee Review Indicated	
Description of Action Plan	
Referral to Facility Leadership	
Referral to Subject Matter Expert	
Severity Score	Minor, 2
Probability Score	Possible, 3
Risk Score	Moderate (4-6)
Review Status	MQMU Final Review Completed
MQMU Comments	
Date of Final MQMU Review	
Root Cause Analysis Indicated	No
Case Study	

Version: 7 0

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General Information | Demographics | Event Information | Event Review | MQMU Reviewer Only | Full View

Report Date	9/22/2019
IHSC Facility	San Diego
FHPM	(b)(6); (b)(7)(C)
Detainee A#	(b)(6); (b)(7)(C)
Detainee First Name	(b)(6); (b)(7)(C)
Detainee Last Name	
Date of Birth	
Age	30
Gender	Female
Pregnancy	Yes
Specialty	Tuberculosis Case
Date and Time of Event	9/21/2019 6:05 PM
Location of Incident	
Event Description	Detainee with positive PPD placed in dorm rather than negative pressure room. Detainee was placed in negative pressure room.
IT System Involved	
Type of Incident/Occurrence	Exposures: Airborne
Comments	(b)(6); (b)(7)(C) TR) (7/7/2020 11:31 AM): Unclear what part of the process prevented resulted in the detainee with a positive PPD to be placed in the positive PPDs.
Local QI Committee Review Indicated	
Description of Action Plan	Local Tracking/Trending
Referral to Facility Leadership	
Referral to Subject Matter Expert	
Severity Score	Moderate, 3
Probability Score	Unlikely, 2
Risk Score	Moderate (4-6)
Review Status	MQMU Final Review Completed
MQMU Comments	
Date of Final MQMU Review	7/7/2020
Root Cause Analysis Indicated	No
Case Study	

Version: 10.0

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(b)(7)(E)
2021-ICFO-38377 126
DHS-19-0494-M-000126

ICE Health Service Corps
Root Cause Analysis and Action Plan

ROOT CAUSE ANALYSIS AND ACTION PLAN FRAMEWORK TEMPLATE

The IHSC Root Cause Analysis and Action Plan has nine analysis questions. The following framework is intended to provide a template for answering the analysis questions and aid in organizing the steps in a root cause analysis. All possibilities and questions should be fully considered in seeking "root cause(s)" and opportunities for risk reduction. Not all questions will apply in every case and there may be findings that emerge during the course of the analysis. Be sure however to enter a response in the "Root Cause Analysis Findings" field for each question. For each finding continue to ask "why?" and drill down further to uncover why parts of the process occurred or didn't occur when they should have. Significant findings that are not identified as root causes themselves have "roots.

As an aid to avoid "loose ends," the two columns on the right are provided to be checked off for later reference:

- "Root cause" should be answered with "Yes" or "No" for each finding. A root cause is typically a finding related to a process or system that has a potential for redesign to reduce risk. If a particular finding is relevant to the event is not a root cause, be sure that it is addressed later in the analysis with a "why?" questions such as "why did it contribute to the likelihood of the event?" or "why did it contribute to the severity to f the event?" Each finding that is identified as a root cause should be considered for an action and addressed in the action plan.
- "Plan of action" should be answered with "Yes" for any finding that can be reasonably considered for a risk reduction strategy. Each item checked in this column should be addressed later in the action plan.

INSTRUCTIONS

1. Complete the form with as much detail as possible.
2. Click on grey default text to add your own text.
3. Fields will automatically expand to fit the content. Do not attempt to resize the boxes manually.

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ICE Health Service Corps
Root Cause Analysis and Action Plan

Facility:	Date & Time Event Discovered:	Location of Event:	Type of Event:
FLORENCE	11/24/2018	MEDICAL CLINIC	SENTINEL EVENT-FETAL DEMISE

Date of Arrival:	Diagnosis:
8/24/2018	Miscarriage

Brief Summary of Event *(Use page 3 of this document to provide the Sequence of Events)*:

Patient with reported oligohydramnios seen in Florence processing Center. Patient reported to have pain while in the medical clinic. Fetus delivered by patient in clinic. Upon arrival of EMS to the scene it was noted that the baby was delivered and the cord was intact.

Event Type: Select one below

Near Miss	Adverse Event	Sentinel Event
☐ Medication Error Caught Prior to Administration	☐ Medication Error That Reached Patient	☐ Suicide
☐ Wrong Patient	☐ Injury Due to Medical Equipment Failure	☐ Unanticipated Death
☐ Wrong Procedure	☐ Fall With Injury	
☐ Other (Brief Description):	☐ Suicide Attempt	
Click here to enter text.	☒ Other (Brief Description):	
	Miscarriage	

☒ Event Requires Full RCA ☐ Event Does Not require Full RCA

Outcome of Event:

☐ Death ☐ Permanent Harm ☐ Severe Temporary Harm ☒ No Significant Harm with Additional Monitoring ☐ None

HEADQUARTERS USE ONLY

Assigned HQ Risk Manager	Date RCA Initiated:	Date RCA Received at HQ:	Date RCA Reviewed by RM:	Date of Six Month Follow-Up:
(b)(6); (b)(7)(C)	11/20/2018	11/20/2018	12/6/2018	7/15/2019

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ICE Health Service Corps
Root Cause Analysis and Action Plan

Sequence of Events Log

Date	Time	Provider	Sequence of Events
8/24/2018	2200	RN	Pt states she was informed "I have low fluid in the sack, and was told that I was to be monitored every three hours". Medications upon arrival; nitrofurantoin related to urinary tract infection last dose 8/24/18. Pt calm with no signs of distress upon arrival, denies acute need for medical care. No medical documents upon arrival. ICE and security notified at time of arrival; Transportation and ICE officials, (b)(6); (b)(7)(C) and one unknown ICE officer. Informed staff facility is not equipped to monitor and care for pregnant females with potential complications. RN request made for transportation to hospital or facility that is equipped for care. (b)(6); (b)(7)(C) notified RN that detainee will not stay and be transferred out as soon as possible. Detainee is left in medical clinic holding area pending transportation. Detainee has consult with the three ICE officials (b)(6); (b)(7)(C) and one unknown ICE officer. ICE officials have pt documents on hand, enclosed is ER documentation, from Holy Cross ER Nogales AZ. Per medical documents pt. is to follow up with gynecology as soon as possible related to oligohydramnios. After review; no documentation noted for monitoring every 3 hours as per pt. statement. Pt is mildly emotional and crying after consult with ICE officials. Medical Security staff informed RN of pt. increased emotional status. 2304 -2311 Lionbridge contacted- Pt emotional states she is scared and worried about the baby. Pt educated on pending transportation for care and the need to try and remain calm, relaxation techniques such as breathing reviewed. Pt denies pain, discharge or bleeding Ice notified immediately of change in pt emotional status. Ice staff member, (b)(6); (b)(7)(C) returns to clinic to talk with pt regarding pending transportation (b)(6); (b)(7)(C) also tries to calm patient. Pt status; mildly emotional, maintaining calm conversation with staff members. Pt kept in triage room.
8/24/2018	2230	RN	Vital signs conducted (114/73 hr 86, rr 16 sp02 99%). Apx. 2355 -Second set taken when patient motions to lower abdominal area. When questioned by RN she notes pain in Spanish (128/83, HR 114, rr18, sp02 98% 8/10 pain). Pt mildly emotional, maintaining calm conversation with no signs of severe pain, no SOB. Third set taken (107/74, hr 90, rr 16, 98% sp02 6/10) pt. notes decrease in pain 0000-0005 - Attempts made to contact Lionbridge and Interpretalk. Attempts made for assistance from medical staff. No Contact was made.
8/25/2018	0000-0005	RN	Attempts made to contact Lionbridge and Interpretalk. Attempts made for assistance from medical staff. No Contact was made.

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8/25/2018	0013-0018	RN	Contact made with Interpetalk - pt informed RN that she feels baby is coming and is having lower abdominal pain. Pt status; mildly emotional maintaining calm conversation no signs of severe pain or SOB. Pt remained in triage room pending emergency services. No pelvic/vaginal examination conducted. Immediately post conversation; RN called and notified ICE officer of change in pt status and need for ambulance. RN was informed that the SDDO was in route to medical clinic to notify him upon arrival. (b)(6); (b)(7)(C) notified of need for emergency services. SDDO confirmed request and stated ambulance would be ordered. Contact made with medical provider on call NP Bernal related to patient status and request for emergency service, provider concurred. RN Ramirez on site to aid with needed documents for patient transfer to hospital ER.
8/25/2018	0026	RN	Facility Call placed to emergency service
8/25/2018	0037	RN	Emergency services on site -care transferred – pelvic/vaginal examination conducted – request made for biohazard bag.
8/25/2018	0105	RN	Emergency services departed - No findings reviewed with RN. Facility security informed RN they were informed of spontaneous abortion while in medical clinic and products of conception were placed in biohazard bag and transported with pt. however this was not witnessed by RN.
8/25/18		EMS	The following was documented by EMS: Called for labor. On arrival RN stated patient had been at hospital in Nogalas. She was told that she was 16 weeks pregnant and she had no amniotic fluid in sac. RN said that she had two contractions. Patient Spanish only. Asked if any more contraction. She said no more pain because in her pants. FFD female. Placed on gurney seatbelted into place. 0047 vitals-BP 126/78, 104 HR; 0105 Vitals: 115/66 BP, 77 HR, 16 RR

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ICE Health Service Corps
Root Cause Analysis and Action Plan

Root Cause Analysis

#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
1	Was there a breakdown in the intended process?	List the relevant process steps as defined by the policy, procedure, protocol, or guidelines in effect at the time of the event. You may need to include multiple processes. **Select the appropriate policy of process that should have been followed:** ☒Medical Care ☐Mental Health ☐Nursing Guidelines	1. Prescreening process not conducted 2. Intake screening not performed	Incidental Finding	The detainee was stable upon arrival to the facility. Skin check performed, interpreter used, reported having a hx of hospital visit. RN Did not prescreen patient because she was high risk and there was no way to monitor her. RN reported informing ICE of this. ICE then informed RN that detainee would not stay at the facility The RN reported that upon her orientation training, she was told that "if it was something we could not do, then immediate notification is given to ICE	Choose an item.

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#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
					regarding the concern." She was later advised after this event that detainees could not be rejected. Prior to this case, this was the RN's understanding of the process. RN reported that under circumstances in which a detainee would not be housed at the facility, ICE would immediately take the detainee out. In this case, the detainee remained in the facility while 3 ICE officers were completing her paperwork. RN reported the following regarding intake: If a detainee was going to be housed at the facility, then the detainee would be screened. The RN reported that the provider was called regarding this patient and she stated,	

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#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
					"If they tell you that she will stay, then perform the prescreen and send her to the hospital." ICE stated that the detainee would not need to be sent out because she would not be staying.	
2	What human factors were relevant to the outcome?	Discuss staff-related human performance factors that contributed to the event. Examples may include, but are not limited to: Choose an item.	N/A	Choose an item.	Click here to enter text.	Choose an item.
3	How did the equipment performance affect the outcome?	Consider all medical equipment and devices used in the course of patient care, including AED devices, crash carts, suction, oxygen, instruments, monitors, infusion equipment, etc.	No doppler available for use to assess fetal heart tones	Contributing Factor	Fetal Heart Rate not monitored, equipment not available per nurse. HSA thinks that a doppler is at the facility, but does not know where it is.	Yes

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ICE Health Service Corps
Root Cause Analysis and Action Plan

#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
		In your discussion, provide information on the following as applicable: Choose an item.				
4	Were there any other factors that directly influenced this outcome?	List any other factors not yet discussed: Transient patient	Patient was to be a transient detainee who would not stay in the facility	Incidental Finding	Per RN, Females are brought into the clinic or tele-trailer to perform skin checks in private area. Processes for monitoring patients per the RN: if the pt was in distress, there would be follow up with the detainee. However, this detainee was awaiting transport. So, no further follow up done. Pt was in the waiting in the clinic.	No
5	Was the staff properly qualified and currently competent for their responsibilities at the time of the event?	Include information on the following for all staff and providers involved in the event. Comment on the processes in place to ensure staff is competent and qualified. Examples may include but are not limited to: Knowledge deficit	Knowledge deficit regarding OB care, OB monitoring, and acceptance process for incoming detainees	Contributing Factor	RN stated that her training is the "basics," knows" what she learned in school" regarding OB care. She reports that she does not have extensive training in OB. RN and HSA do not recall OB specific training for the	Yes

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#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
					site. RN felt that that a vaginal visualization is not within her scope of practice. Detainee did not "look wet." She did not report to the RN that she was wet. No training of staff on OB care has been given to the knowledge of the RN and HSA. The RN reported that upon her orientation training, she was told that "if it was something we could not do, then immediate notification is given to ICE regarding the concern." She was later advised after this event that detainees could not be rejected	
6	Did the staffing mix on the day of the event directly contribute to event?	Were the proper disciplines available to provide necessary care? Were more staff needed to provide necessary care?	Yes, RN was working night shift, which is not her normal shift.	Contributing Factor	Staffing: 3 nurses on staff that night. Bulk of workload is intake screening at the facility. Thus, 2 nurses were assigned to intake and 1 in clinic.	Yes

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#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
					The RN was alone with the detainee and stated that she called to medical department but was unable to reach a medical staff member to get further assistance.	
7	Did staff performance during the event meet expectations?	Describe whether staff performed as expected within or outside of the processes. To what extent was leadership aware of any performance deviations at the time? What proactive surveillance processes are in place for leadership to identify deviations from expected processes? Include omissions in critical thinking and/or performance variance from defined policy, procedure, protocol and guidelines in effect at the time.	RM does not assess performance issues, but reviews processes	Contributing Factor	RN stated that her training is the "basics," knows" what she learned in school" regarding OB care. She reports that she does not have extensive training in OB. RN and HSA do not recall OB specific training for the site. RN felt that that a vaginal visualization is not within her scope of practice. Detainee did not "look wet." She did not report to the RN that she was wet. No training of staff on OB care has been given to the knowledge of the RN and HSA.	Yes

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#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
					The RN reported that upon her orientation training, she was told that "if it was something we could not do, then immediate notification is given to ICE regarding the concern." She was later advised after this event that detainees could not be rejected	
8	Was all the necessary information available when needed? Accurate? Complete? Unambiguous?	Discuss where patient assessments were completed, share, and accessed by members of the treatment team, to include providers, according to the organizational processes. Identify the information systems used during patient care. Discuss to what extent the available patient information (e.g. radiology studies, lab results, or medical record) was clear and sufficient to provide an adequate summary of the patient's condition, treatment, and response to treatment. Describe staff utilization and adequacy of policy, procedure, protocol, and	1. Yes, detainee had paperwork from the hospital 2. Multiple events documented in one encounter	Incidental Finding	RN obtained documentation "from the hospital around 11-1130P", oligohydramnios was on the paperwork. RN documented late because she stayed with the patient felt that the patient was a priority over the documentation. She reported that there is a computer in the room, but she was not logged in.	No

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#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
		guidelines specific to the patient care provided.				
9	Was the communication among participants adequate for this situation?	Analysis of factors related to communication should include evaluation of verbal, written, electronic communication or the lack thereof. Consider the following in your response, as appropriate: • The timing of communication of key information. • Misunderstandings related to language/cultural barriers, abbreviations, terminology, etc. • Proper completion of internal and external hand-off communication.	1. Notification of provider/HSA	Incidental Finding	Per the RN, when a patient is staying, provider notified of status. If pt was not staying but is stable, a provider would not be notified. In this case, the detainee was stable upon arrival initially. When her status changed, the RN reported that she intervened, and an interpreter was called to see what was going on with the patient. Emotional distress noted, vitals taken to ensure that she was stable. Provider was not notified/updated on the patient's status during this period. Interpretalk called when the detainee reported having abdominal pain and ICE was told that the detainee needed to go out (to the hospital).	No

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ICE Health Service Corps
Root Cause Analysis and Action Plan

#	Analysis Question	Prompts	Root Cause Analysis Findings *(Explain/identify the areas that were not followed)*	Root Cause/Contributing Factor/Incidental	Ask "Why"	Plan of Action
					Provider notified that the detainee was sent to the hospital after the detainee left via ambulance. Per the RN, the clinic area included a small room. As a result, only ER services were in the room with the patient when they arrived. Thus, the RN was unaware of miscarriage	

Root Cause Analysis Committee Composition

#	Discipline	Title
1	Registered Nurse	RN
2	Registered Nurse	Nurse Manager
3	Registered Nurse	Risk Manager
4	Registered Nurse	Regional Compliance Specialist
5	Registered Nurse???	HSA
6	Click here to enter text.	Click here to enter text.
7	Click here to enter text.	Click here to enter text.
8	Click here to enter text.	Click here to enter text.

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ICE Health Service Corps
Root Cause Analysis and Action Plan

Action Plan

Date Implemented	Organization Plan of Action Risk Reduction Strategies	Method: Policy, Education, Audit, Observation & Implementation	Classification of Corrective Action	Responsible Party	Measurement Strategy	Expected Outcome	Due Date	Complete
12/7/2018	Action Item #1: Staff training for OB patients	Policy review, education PPT, hands-on training	Training	Program Manager	PPT for all nursing staff with signed acknowledgment; competency sign off hands-on training	100% compliance with standards	1/10/2019	Choose an item.
12/7/2018	Action Item #2: Training on correct documentation practices	Education, with case studies, pre and post testing	Training	Program Manager	Training with signed acknowledgement and test results	100% compliance	1/10/2019	Choose an item.
12/7/2018	Action Item #3: Review current staffing and plan for shift coverage	Audit of staffing at time of incident and current staffing	Staffing	HSA	Statistical information regarding staffing at incident, staffing now and planning for future	20% increase in staffing since incident occurred; continue to monitor staffing to maintain awareness of needs	2/28/2019	Choose an item.

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12/7/2018	Action Item #4: SBAR/ Patient Prioritization	Use of SBAR with providers when afterhours/ Use of correct patient prioritization	Communication	Nurse Manager and Program Manager	Pre and Posttest exam with PPT, and signed acknowledgement of task and test results	100% compliance	1/10/2019	Choose an item.
12/7/2018	Action Item #5: Operations Review of ICE intake procedures and critical detainees	Policy review, Use of chain of command	Training	HSA	Signed acknowledgment	100% compliance	1/10/2019	Choose an item.
12/11/2018	Action Item #6: Study radio usage of nurses; specifically on night shift	Random radio checks over a 3 month period	Equipment	Nurse Manager	Quantitative report of radio usage	100% compliance	Click here to enter a date.	Choose an item.
12/11/2018	Action Item #7: Add OB scenario to one of the required yearly drills for each shift	Drill staff	Training	Compliance Officer/Nurse Manager	Signed drill attendance roster	100% compliance	Click here to enter a date.	Choose an item.
Click here to enter a date.	Action Item #8: Click here to enter text.	Click here to enter text.	Choose a classification.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Choose an item.
Click here to enter a date.	Action Item #9: Click here to enter text.	Click here to enter text.	Choose a classification.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter a date.	Choose an item.

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ICE Health Service Corps
Root Cause Analysis and Action Plan

What immediate improvement measures have already been implemented?

Click here to enter text.	**Comments:** Click here to enter text.

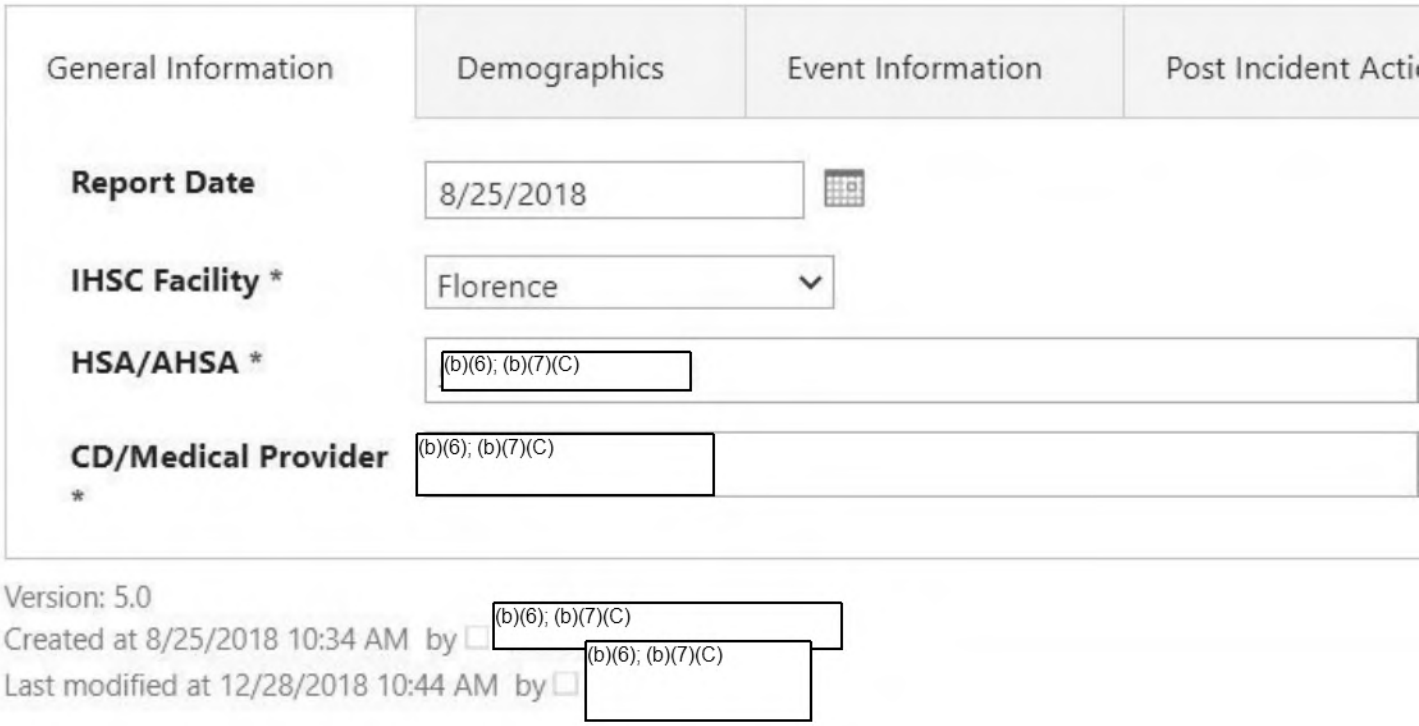
Headquarters Recommendations for National Implementation

Click here to enter text.

OHA MQM Recommendations

☐ Agree event does not require Full RCA ☐ See attached RCA Feedback Form ☐ Other recommendations: _____

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General Information | Demographics | Event Information | Post Incident Actic

Subject Status * Detainee

Detainee First Name * (b)(6); (b)(7)(C)

If staff or visitor, please indicate with N/A.

Detainee Last Name * (b)(6); (b)(7)(C)

If staff or visitor, please indicate with N/A.

Detainee Alien # (b)(6); (b)(7)(C)

If staff or visitor, please indicate with nine 0's (e.g., 000000000)

Date of Birth (b)(6); (b)(7)(C)

Age 31

Gender *
- ○ Male
- ◉ Female

Transgender No

Date of Camp Arrival 8/24/2018

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Last modified at 12/28/2018 10:44 AM by (b)(6); (b)(7)(C)

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General Information | Demographics | Event Information | Post Incident Acti

Type of Incident/Occurrence *
Medical Emergency

Near Miss
☐

Date and Time of Event *
8/24/2018 11 PM 50

Event Location
MEDICAL - FLORENCE

Where did the incident take place?

Event Description *
PT ARRIVED AT 2220 WITH NO MEDICAL SUMMARY- PT NOTIFIED RN THAT SHE WAS 4 MONTHS PREGNANT. PT STATED SHE WAS IN HOSPITAL ONE DAY PRIOR (NOGALAS A HOLY CROSS ER) AND WAS INFORMED " I HAVE LOW FLUID I THE SACK". PT CURRENTLY TAKING Nitrofurantoin FOR URINARY INFECTION. ICE AND SECURITY NOTIFIED AT TIME O ARRIVAL. RN REQUEST MADE FOR PT TRANSPORTATION RELATED TO POSSIBLE NEED FOR FURTHER EVALUATION AND/OR TX TO A HOSPITAL. PT CALM AND DENIED NEED FO MEDICAL CARE AT TIME OF ARRIVAL. SDDO AND ICE STAFF O

Do not use names and avoid opinionated statements.

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Details of Immediate Intervention	MEDICAL PROVIDER NOTIFIED; PT TO BE SENT VIA AMBULANC TO HOSPITAL PT VS CONDUCTED STARTED AT 1130 PM LAST VS TAKEN 1158 - 114/73 HR 86, RR 16 SP02 99%, 128/83 HR RR 18, 114 SP02 9 107/74 HR 90 RR 16 SP02 98 RA. CARE TRANSFERED TO EMERGENCY SERVICES UPON ARRIVAL. EMERGENCY SERVICES ON SITE FOR PATIENT EXAMINATION. P TRANSFERED TO BANNER IRONWOOD FOR CONTINUED CARE
Diagnosis *	ACUTE PAIN
Weapons Involved	☐

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Weapon Description	
	No existing entries.
Work Related	☐
Witnesses	☐
Witness Name	

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General Information | Demographics | Event Information | Post Incident Actio

Condition After Occurrence *: Transferred to Hospital

Medical Provider Notified: ☑
If applicable. Medical providers include the CD or MLPs.

Medical Provider Assessed Patient: ☐
If applicable. Medical providers include the CD or MLPs.

Treatment Provided:
- ☐ X-Rays Ordered/Taken
- ☐ Laboratory Tests Ordered/Taken
- ☑ Transferred to Hospital for Further Evaluation
- ☐ Medication Ordered/Given
- ☐ Other (explain in Other Treatment box)

Reported/Notified HSA: ☑

PREA Case - ICE Notified: ☐

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Other Treatment

Complete if "Other" selected for Treatment Provided.

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General Information	Demographics	Event Information	Post Incident Acti

HSA/AHSA Reviewed ☑

HSA/AHSA Comments

No existing entries.

CD/Medical Provider Reviewed ☑

CD/Medical Provider Comments

No existing entries.

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No existing entries.

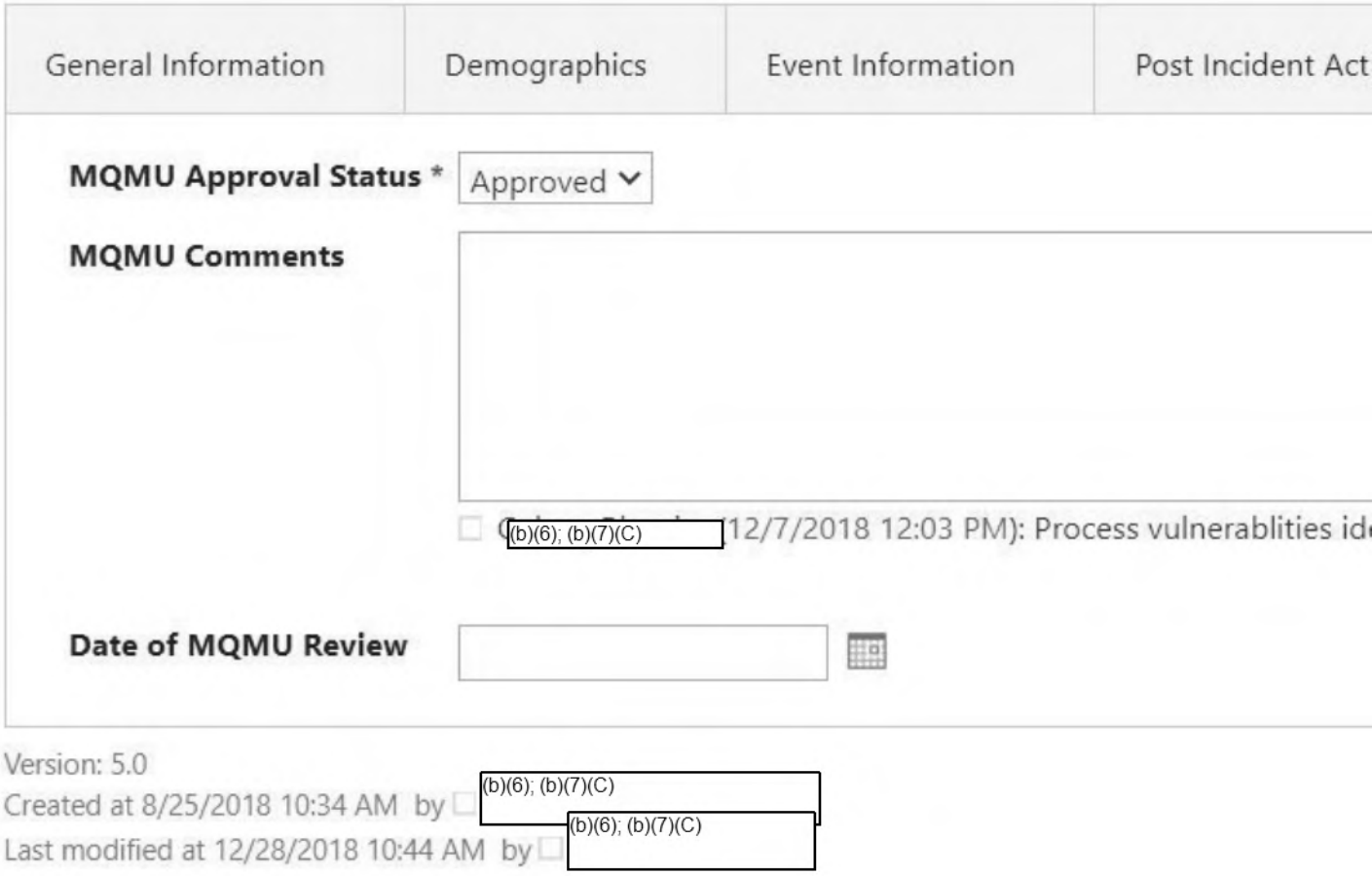
QI Committee Reviewed ☐

Description of Corrective Action Plan

No existing entries.

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From: (b)(6); (b)(7)(C)
To:
Subject: OIG Request
Date: Wednesday, April 14, 2021 11:40:02 AM
Attachments: IRS.5.27.2019.120.pdf
IRS.9.22.2019.837.pdf
VILLEGAS ALVARADO RCA 2018.pdf
Flo.IR.8.25.2018.pdf

Good morning (b)(6); (b)(7)(C) Per your request. I hope you have a wonderful day.

Regards,

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

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

(b)(6); (b)(7)(C) U.S. Public Health Service
(b)(6); (b)(7)(C) Medical Quality Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Custom Enforcement
desk: (b)(6); (b)(7)(C) **cell:** (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

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