



U.S. Immigration
and Customs
Enforcement

June 18, 2020

Daniel McGrath
American Oversight
1030 15th Street NW, B 255
Washington, DC 20005

RE: Worth Rises and American Oversight v. DHS et al, (20-cv-01876-AT)
ICE FOIA Case Number 2020-ICLI-00030
First Interim Release

Dear Mr. McGrath:

This is the first interim response to your client's Freedom of Information Act (FOIA) request to U.S. Immigration and Customs Enforcement (ICE) dated July 23, 2019. Your client is seeking records pertaining to the following:

All e-mail communications (e-mails, e-mail attachments, and calendar invitations) between political appointees and members of the Senior Executive Service in the offices specified below and the following entities:

- a. Correct Care Solutions (@correctcaresolutions.com),
- b. Wellpath (@wellpath.us, @higcapital.com),
- c. Correctional Medical Group Companies (CMGC) (@cmgcos.com),
- d. Armor Correctional Health (@armorcorrectional.com),
- e. Corizon (@corizonhealth.com),
- f. Wexford Health Sources (@wexfordhealth.com),
- g. NaphCare (@naphcare.com),
- h. Centene Corporation (@centene.com),
- i. CoreCivic (@cca.com @corecivic.com),
- j. G4S (@G4S.com),
- k. Akima Global Services (@akima.com),
- l. Management and Training Corporation (@mtctrains.com),
- m. Navigators Global (@navigatorsglobal.com),
- n. Brownstein Hyatt Farber Schreck, LLP (@bhfs.com),
- o. GEO Group (@geogroup.com),
- p. Talton Communications (@talton.com),
- q. Telmate (@telmate.com),

r. Global Tel Link (@gtl.net),
s. Securus Technologies (@securustechnologies.com),
t. CenturyLink (@CenturyLink.com),
u. Legacy Inmate (@legacyinmate.com),
v. PayTel(@paytel.com),
w. BI Incorporated (@Bi.com),
x. Attenti (@attentigroup.com),
y. Avalon (@avaloncorrections.net),
z. Libre By Nexus (@librebynexus.com, @pintausa.com),
aa. PTS of America (@prisonertransport.net)
bb. Valley Metro Security (@valleymetro.org),
cc. TransCor (@TransCor.com),
dd. Bradley Arant Boult Cummings LLP (@bradley.com) (including any communications with Paul Kavinsky) or
ee. Ballard Partners (@ballardfl.com) (including any communications with David Stewart).

Records were requested from the offices specified below:

a. Office of Director
b. Office of Deputy Director
c. ICE Health Service Corps
d. Office of Detention Oversight
e. Custody Management Office
f. Detention Management Division
g. Detention Planning and Acquisitions
h. Detention Monitoring Unit
i. Detention Standards Compliance Unit
j. Office of Acquisitions Management

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

A search of the ICE Office of Enforcement and Removal Operations (ERO) located records that were potentially responsive to your request. For this production ICE reviewed 541 pages of potentially responsive records. ICE has determined that 152 pages of records were non-responsive or duplicates. Additionally, three pages require further coordination with another component/agency. Therefore this production consists of 386 pages of responsive records, which have been Bates numbered 2020-ICLI-00030 1 through 2020-ICLI-00030 386.

ICE has applied FOIA Exemptions (b)(5), (b)(6), (b)(7)(C), and (b)(7)(E) to portions of the pages produced as described below.

ICE has applied FOIA Exemption 5 to protect from disclosure intra-agency documents that contain the recommendations, opinions, and conclusions of agency employees, and portions of the responsive documents which qualify for protection under the deliberative process privilege, the attorney-client privilege, and the attorney work-product privilege.

www.ice.gov

FOIA Exemption 5 protects inter-agency or intra-agency memorandums or letters which not be available by law to a party other than an agency in litigation with the agency. The deliberative process privilege protects the integrity of the deliberative or decision-making processes within the agency by exempting from mandatory disclosure opinions, conclusions, and recommendations included within inter-agency or intra-agency memoranda or letters. The release of this internal information would discourage the expression of candid opinions and inhibit the free and frank exchange of information among agency personnel. The attorney work-product privilege protects documents and other memoranda prepared by an attorney in contemplation of litigation. The attorney-client privilege protects confidential communications between an attorney and his client relating to a legal matter for which the client has sought professional advice. It applies to facts divulged by a client to his attorney, and encompasses any opinions given by an attorney to his client based upon, and thus reflecting, those facts, as well as communications between attorneys that reflect client-supplied information. The attorney-client privilege is not limited to the context of litigation.

ICE has applied FOIA Exemptions 6 and 7(C) to protect from disclosure the names, e-mail addresses, and phone numbers of ICE and DHS employees contained within the documents, as well as the names, and other personally identifiable information of other individuals contained within the records.

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

FOIA Exemption 7(C) protects records or information compiled for law enforcement purposes when production of such 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 interests in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate.

ICE has applied FOIA Exemption 7(E) to protect from disclosure internal agency law enforcement case numbers contained within the document, internal codes used to identify folders in an internal ICE task management system, law enforcement database category codes, and law enforcement techniques.

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. The disclosure of certain law enforcement sensitive information contained within the responsive records could reasonably be expected to risk circumvention of the law. Additionally, the techniques and procedures at issue are not well known to the public.

If you have any questions about this letter, please contact Kirti Reddy, Assistant U.S. Attorney, at (212) 637-2751 or kirti.reddy@usdoj.gov.

Sincerely,

Dexter E. Johnson/for

Catrina Pavlik-Keenan
FOIA Officer

Enclosure(s): 386 pages

cc:

Kirti Reddy
Assistant U.S. Attorney

www.ice.gov

From: (b)(6); (b)(7)(C)
Sent: 9 Oct 2015 18:26:19 -0400

To: (b)(6); (b)(7)(C)

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

Cc: (b)(6); (b)(7)(C)

Subject: Adelanto Daily Brief

- Staffing
 - Unknown if acting clinical director will return on Monday for light duty type work.
 - 1 new physician will be on vacation next week and to start with orientation on the floor the following week
 - 1 new physician will need to make up 2 days of orientation due to an emergency this week
 - 3 more RN's have quit or put in their notice (total of 5 RN's in past 2 weeks)
 - 1 LVN has put in her notice
 - 1 RN is converting from a full-time position to part-time.
 - 1 of the 2 applicants for DON has accepted a position elsewhere and per the AHSA they will begin accepting applications for the DON position again.
 - 1 medical records staff quit this week
 - 1 medical records staff will convert to correctional side of GEO
- Applicants
 - 6 RN's are in process of E-Quip either the initiation of E-Quip or completing
 - 2 Medical records staff are waiting for initiation of E-Quip
- GEO inspection is due the 1st week of November

V/r,

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

LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 19 Nov 2015 21:33:25 -0500

To: (b)(6); (b)(7)(C)

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

Cc: (b)(6); (b)(7)(C)

Subject: Adelanto Daily Report 11.19.2015

- Census 1449
- Intakes 31, Departures 41
- Chart audit on 11/17/2015 (complete results to be reported in weekly report)
 - 14 day physicals 24/25 (96%), one was completed late
 - Of 25 detainees audited 5 required some type of follow-up for acute conditions and 3 were follow-up appropriately (60%)

V/r,

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

LCDR, USPHS

ICE Health Service Corps

Field Medical Coordinator – San Bernardino Field Office

655 West Rialto Avenue Room (b)(6); (b)(7)(C)

San Bernardino, CA 92410

909-386 (b)(6); (b)(7)(C) Office

202-815 (b)(6); (b)(7)(C) Cell

1-866-693-6341 Secure Fax

(b)(6); (b)(7)(C) @ice.dhs.gov

Facility Monitoring System
DATE: July 5 2015
FACILITY: Adelanto Detention Facility
Corrective Action Plan

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

Facility: Adelanto Detention Facility

Date Submitted:

Date of Identified Problem(s): June 15-18, 2015

Warden: James Janecka

Region: Western Region

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

CMO

Agency performing Audit: ICE

Findings with corresponding performance indicator or policy

Desired Result

(Goal's) that address each identified area of noncompliance)

Measurable Evidence of Correction

(Qualitative and/or quantitative measures of correction)

Corrective Action Activities

(Initiatives planned to achieve correction)

Timeline

Update as of August 13, 2015

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)

Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.

Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.

A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.

Ongoing until 100% compliance is maintained.

Had not been initiated. Person who wrote the CAP was out on leave.

FMC to follow up.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Annual Competencies GEO HS Policy/Procedure 401-401A Continuing Education, Health Service Staff	Nursing staff will have annual competencies evaluated and documented in the medical training file by the HSA or DON.	Compliance will be evidenced by completed competencies by the HSA or DON, review with the Nurse signed dated and filed in the medical training file.	Development of competency testing by observation of intake, sick call and documentation of nursing assessment protocols, medication administration testing and review of documentation by chart reviews. A competency check off list will be utilized for return demonstration of observed nursing skills and documentation, copies of testing will all be placed in medical training files.	Date of completion October 31, 2015.	Person doing competencies on AL at time of site visit. No Status update able to be determined while on site and both administrators on site were unsure of completeness.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Mandatory Annual Training Geo HS Policy/Procedure 401-401A Continuing Education, Health Services Staff	All medical staff will have documented evidence of annual medical training as outlined in GEO HS Policy/Procedure 401-401A	Compliance is evidenced by training records kept by the HSA on all medical personnel.	Training is scheduled for July 8-9 and July 13th on the following topics: CPR/AED use; First Administration; Recognitions of and appropriate intervention in acute exacerbations of certain chronic illness such as diabetes, seizures and asthma; Life threatening medical situations and interventions; Four minute frist responder emergency response; Contacting healthcare professionals; procedures for appropriate referrals of I/D/Rs with health complaints; Medical request, triage, walk-ins and sick call process;	Date of Completion July 17, 2015	Training had been initiated but not completed as of site visit. Also, there was no standard method of tracking or identifying which staff had completed which areas of the training.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Training for Pharmacy staff GEO HS Policy/Procedure 401-401A Continuing Education, Health Service Staff	The Health Administrator maintains completed training and testing on file for staff who administer or deliver medications.	Compliance is evidenced by training records kept by the HSA on all licensed personnel.	Training is scheduled for July 8-9 and July 13th on the following topics: Pharmacy Forms: HS 144 Keep on Person; HS 168 Intake Screening; HS 288 8 Hour shift count; HS 290 Controlled Substance Inventory; HS 292 Needle Sharp Syringe Inventory; HS 319 Refrigerator/Freezer Log; HS 901 Adverse Drug Reaction Report; Policy/Procedure; HS 701 Adverse Drug reactions; HS 702 Arriving I/D/R medication; HS 703 Automatic Stop Orders; HS Crushing Medication; HS 705A Formulary; HS 706 High Risk Medication; HS 708A Keep-On-Person Medication; HS 709A Look-Alike Sound-Alike drugs; HS 710 Medication Administration; HS 711A Medication Variance Reports; HS 712 Minor Tranquilizers; HS 713A	7/17/2015 Training DHS-ICE-19-092019-000007	Required GEO to verify Scope of Practice for LPN staff that they are using as pharmacy staff. 2019-000007 test this HS-935 information

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.
Wasted Medication Inventory GEO HS Policy/Procedure 714-714A Outdated Medications	All outdated prescription medications (exclusive of controlled substances) are removed from the dispensing stock by the medication nurse, quarantined and disposed of during the consultant pharmacist quarterly visits and in accordance with Federal and State laws.	Compliance is evidenced by Correct Rx pharmacist quarterly medication destruction log.	Copies of the medication controlled medication destruction log signed, dated by the Correct Rx pharmacist and RN will be maintained on file for no less that 5 years. Copies of returned non controlled medication will be kept on a return medication log and maintained on file for no less that 5 years. Non controlled medications sent back to the pharmacy will be logged weekly and returned. . The AHSA will review and document compliance in the Pharmacy Communication log and reviewed by the HSA and any non-desired results will be immediately addressed and corrected. Results will be discussed and shared in staff meetings and documented in quarterly meetings.	7/17/2015 Training

Had not been initiated. Person who wrote the CAP was out on leave.

FMC to follow up.

Implimented and compliance. Suggested necessity to lock up narcotics for disposal to establish chain of custody as required.

DHS-ICE-19-0926-A-000008 HS-935

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
On-site Stock Medication Inventory Log GEO HS Policy/Procedure 721-721A Storage and Control, Non-Controlled Drugs	The LVN with oversight of the Pharmacist will conduct a weekly count of non controlled stock medication and maintain a log of re-ordered non controlled stock medications.	Compliance evidenced by weekly counts conducted and reported to the HSA by the Pharmacy Technician . The HSA will review the Inventory log for accuracy and review of re-ordered non controlled medication.	A pharmacy communication log HSA been developed for pharmacy compliance purposes. The HSA will review the onsite Stock non-controlled medication stock log and any re-ordered medication. The HSA will review and count 25 stock medication cards weekly to assure that medication signed out to the detainee in the interim until his/her medication is received. Review will consist of the	7/17/2015 Training	No single log exists, though each medication now has an individual log.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Non-Formulary Medication Log GEO HS Policy/Procedure 717-717A Prescribing Medications	The LVN with oversight of the pharmacy will keep a weekly log of non formulary medication ordered by Physicians and LIPs. The log will show order date; approval date and receipt date of medication.	Compliance is evidenced by collection of the weekly ordered non-formulary medication by the Physician or MLP. The HSA will review the log to assure medication procurement, receipt and issue of non formulary medication.	The HSA will review the non formulary request log, review 10 request for non formulary medication. The HSA will then review the chart, the request form, review the Correct Rx procurement and receipt of medication and review the MAR to validate the medication was issued as ordered. The HSA will document review of this log weekly and any non desired results will be immediately addressed. Evidence of review will be documented in the Pharmacy communication log. Results of this audit will be shared with staff and noted in the Quarterly meeting.	7/17/2015 Training	Not yet available.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Posting of Lookalike/Sound-alike medications GEO HS Policy Procedure 709-709A Look-Alike/Sound-Alike Drugs	Pharmacies will have Lookalike/Sound-alike medications posted as outlined in GEO Procedure 709A.	Compliance is evidenced by postings in the Pharmacy.	Postings have been placed in the Pharmacy. Staff have signed and dated that the Look alike Sound alike posting HSA been reviewedwill review the posting monthly and update the posting Quarterly. The quarterly update of the posting will be dated/initialed by the LVN with oversight of the Pharmacy.	7/17/2015 Training	Completed

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Management of Insulin Stock GEO HS Policy/Procedure 713-713A Multi-dose vials	Insulin bottles that are opened are dated and initialed and disposed after 28 days or if sterility is compromised.	Compliance is evidenced by a multi dose vial log. Open dates and date of disposal will be maintained weekly by the of the pharmacy. The AHSA will review the log weekly.	The AHSA will review the multi-dose vial log. The AHSA will take all open vials and review for date/initial when opened and verify on the log. The AHSA will review for discard date of opened vials and assure no vials remain past the 28 days per policy. The AHSA will document review of this log weekly and any non desired results will be discussed with the HSA and addressed immediately. Evidence of review will be documented in the Pharmacy communication log. Results will be shared with staff and noted in the Quarterly meeting.	7/17/2015 Training	Log revision suggested to maintain compliance.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Management of OTC medication GEO HS Policy/Procedure 721-721A Storage and Control, Non-Controlled Drugs	Over the counter medications 1. Oral medications shall be physically separated from non-oral medications. 2. External medicinal preparations shall be stored separately from internal medications. 3. Antiseptics, other medications for external use, and disinfectants shall be stored separately from internal and injectable medications. 4. Medications shall be physically separated from	Compliance is evidenced by weekly monitoring of OTC medication ordered, received and stocked by the The HSA will monitor pharmacy OTC shelves weekly and sign the weekly Pharmacy communication log.	OTC medications have been separated according to GEO procedure 721A. The AHSA? will monitor weekly the OTC medications and assure adherence to the procedure is followed. The AHSA will be accountable to visually inspect the OTC section in the pharmacy for compliance. Any non desired result from this inspection will be immediately addressed. Evidence of this inspection by the AHSA will be documented in the Pharmacy Communication book. Results of this inspection will be shared in staff meetings and noted in	7/17/2015 Training	Completed and inventory was checked and verified as accurate.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Restriction of Pharmacy Keys	The pharmacy keys will be limited to Health Administrator, Director of Nursing, shift charge nurses and assigned to the pharmacy and the Pharmacy Technician. Since this is a controlled environment,	Compliance is evidenced by restriction Memorandum sent to the Key Control Officer from the Health Administrator on what medical personnel can access Pharmacy keys.	See attached Memorandum to Security Key control officer. Keys have been restricted to only those nurses on the memorandum.	7/17/2015 Training	Pharmacy is accessible to multiple nursing staff, as we visualized several staff sharing keys to this restricted area. Currently, there is no plan to have an actual pharmacy, pharmacist, or pharm techs for this facility. IHSC has asked GEO to submit a plan to have a full pharmacy

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Management of Narcotic Medication GEO HS Policy/Procedure 720-720A Storage and Control, Controlled Drugs	Narcotic counts will be counted at the end of each shift by the incoming and outgoing staff and documented on the count log.	Compliance is evidenced by counts completed by the RN charge nurses signatures on the HS 288.	narcotic counts will be completed every 8 hours. Documentation will include review of the HS 292 Narcotic Inventory log and verification of the controlled narcotic count. The AHSA will review the narcotic log weekly for compliance. The AHSA twice weekly will observe the narcotic count. Documentation of the observed practice will be noted in the Pharmacy Communication Log. Any non desired results during this count will be immediately addressed. Results of this practice will be shared in staff meetings and noted in quarterly meetings.	7/17/2015 Training	Two person count is in place and verified, though 4 days in the last month revealed non-compliance.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Management of Daily shift counts GEO HS Policy/Procedure 1006-1006A Sharps, Needles, Syringes, and Instruments Control	Sharps, needles, and syringes will be counted at the end of each shift by the incoming and outgoing staff and documented on the count log	Compliance is evidenced by the RN charge nurse who counts with the oncoming and off going RN.	Oncoming and Outgoing RN charge nurses will complete sharp counts every 8 hours. Documentation will include review of the HS 292 Sharp and Tool Inventory for count each shift. The AHSA will review the sharp count weekly for compliance. The AHSA twice weekly will observe the sharp and tool count. Documentation of the observed practice will be noted in the Pharmacy communication log. Any non desired results will be immediately addressed and corrected. Results of this practice will be shared in staff meetings and noted in quarterly meetings.	7/17/2015 Training	Completed and inventory was checked and verified as accurate.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Crushing of Medications GEO HS Policy/Procedure 704-704A Crushing Medications	Any prescribing practitioner may order any or all medications to be crushed for administration provided that justification is documented in a progress note.	Compliance is evidenced by a physician order for crushing medications and said order is noted on the MAR.	Crushing of medication will be at the time of administration. The AHSA twice weekly will observe the pill pass and crushing of medications. Evidence of this observation will be documented in the Pharmacy Communication log and any non desired results will be immediately addressed and corrected. Results of this observation will be shared in staff meetings and documented in quarterly meetings.	7/17/2015 Training	All areas of clinic now have a sign of do not crush meds and providers have understanding of requirement to order crushing if they feel it is required.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Pill Line administration GEO HS Policy/Procedure 710-710A Medication Administration	The Nurse may Pre-pour medications as long as they are administered by the person who pre-poured the medication and administered to one detainee at a time (i.e. Segregation level 2 the nurse must only administer to one detainee at a time).	Compliance is evidenced by observation and monitoring by the AHSA.	The AHSA will observe pill pass in the West Segregation area twice weekly for adherence of administration of medication to one detainee at a time. Evidence of this observation will be documented in the Pharmacy Communication log and any non desired results will be immediately	7/17/2015 Training	Person doing competencies is on AL No Status determined. Awaiting GEO feedback on requested CA scope of practice for LPNs operating pharmacy.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Management of MedPars for offsite consults or procedures GEO HS Policy/Procedure 605-605A Continuity of Care	Treatment Authorization Request (TARS) will be reviewed by GEO CMO for appropriateness by the information provided for approval or disapproval or need for additional information.	The physician will submit a Treatment Authorization Request form for off site consults for specialty care. GEO CMO will review all request for consults for approval or disapproval or need for additional information to make a determination for offsite care.	Management of Treatment Request are reviewed and signed by the HSA. The HSA then has the MRT fax the request and documentation to AHH a contracting agency that reviews the request according to GEO Clinical Practice Guidelines for care and then formats the submission and findings for review by CMO. The approval process by or request for additional information can be reviewed on the AHH website. If approved the MRT then submits the MedPar to ICE for final approval. If the TAR is declined by (b)(6); the physician completes an administrative note on the non approval of requested offsite care for continuity in the detainee chart. The MRT scheduler will monitor the AHH website and any	7/17/2015 Training	Awaiting verification from FMC. DHS-ICE-19-0926-A-000019 HS-935

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Emergency Responses GEO HS Policy/Procedure 608-608A Emergency Services	On a monthly basis, the Health Service Administrator or designee will conduct a Code Blue Emergency with use of emergency equipment, document participants and critique the drill.	Compliance will be evidenced by monthly documentation of Code Blue the participants and medical equipment used in an emergency. A critique of the drill will be conducted and documented.	Monthly staff meetings conducted by the HSA/DON or AHSA will include Code Blue Emergency simulations with use of medical equipment or supplies. At the end of the drill a critique will be conducted with staff and documented in the staff meeting notes. The first Code Blue will be conducted at the August 12th Staff meeting.	7/17/2015 Training	Stated that they had an upcoming Mass Casualty Drill. Currently not conducting quarterly man down drills on each shift. FMC to follow up.

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Documentation in the Medical Record GEO HS Policy/Procedure HS 303-303A Contents and Format in Health Records	Medical Records will follow the Contents and Format outlined in HS Procedure 303 that defines the six sectioned medical folder.	Compliance is evidenced by continuity of all medical records with documents placed in sections as outlined by GEO procedure 303A.	The MRT's have been trained on Procedure 303A Contents and Format in Health Records. on 25 new intake charts to assure the charts are organized according to the procedure. Results of these chart reviews by the MRT will be shared with the HSA/DON/AHSA weekly any non desired results will be addressed and corrected. Results of these audits will be discussed in staff meetings and noted in quarterly meetings.	7/17/2015 Training	Compliant

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Documentation in the Medical Record GEO HS Policy/Procedure HS 302-302A Charting in the Health Records.	Each clinical encounter identifying the date, time and location of encounter. Any error in the record will have one strike through with initial and date.	Compliance is evidenced by basic chart reviews by MRT's.	The MRT's will conduct weekly basic audit tools on documentation of detainee records. Results of these chart reviews by the MRT will be shared with the HSA /DON/AHSA weekly any non desired results will be addressed and immediately corrected. Results from these audits will be shared in staff meetings and noted in quarterly meetings.	7/17/2015 Training	Compliant
Intake Screening Procedure GEO HS Policy/Procedure 615-615A Physical and Health Assessments	Nursing personnel completing Intake screening will provide privacy during the vital sign and data collection process, afford time for the detainee to read and sign consents; provide consistent instructions on how to access care during	Compliance is evidenced by visual observation and monitoring by the HSA/AHSA during the intake process.	The HSA will observe intake screening twice weekly to assure privacy during the intake data screening process. Using a check sheet the HSA will observe and document the intake process. Any non desired results during this process will be immediately addressed	7/17/2015 Training	Have instituted a new process to track and ensure compliance. Will have to verify success regularly

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Health Assessments GEO HS Policy/Procedure 601-601A Physical and Health Assessment	Mid Level Practitioners will do all physicals on non chronic patients.	Compliance is evidenced by weekly chart reviews for 14 day physicals.	RN's by California licensure will be trained by (b)(6); (b)(7)(C) to complete the 14 day physicals when needed. The MLP's will continue with this process as we are meeting compliance.	7/17/2015 Training	See above-currently in place
Chronic Care Management GEO HS Policy/Procedure 605-605A Continuity of Care	Weekly chart review of all chronic care will be completed to assure adherence to the clinical practice guideline.	Compliance is evidenced by weekly chart reviews for Chronic Care.	The QI nurse will use the Chronic Care chart review tools for weekly CC chart audits. Weekly the QI nurse will meet with the Medical Director, HSA, AHSA and DON regarding chart review findings and documentation of corrections. All non desired results will be documented in the weekly meeting with steps taken assure adherence to the Clinical Practice Guideline for Chronic care. Results will be shared in staff meetings and noted in quarterly meetings.	7/17/2015 Training	Compliant on referral timeframes

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Mental Health Medication Management GEO HS Policy/Procedure Mental Health Screening, Evaluation, and Services 616-616A; GEO HS Policy/Procedure Special Needs Inmates/Detainees 906-906A	Psychiatrist will have medication consents signed at the time psychotropic medication is ordered.	Compliance is evidenced by weekly chart review for Consents for Psychotropic medication.	The HSA will develop a Psychotropic medication Audit tool. The QI nurse will review 15 charts of detainees on psychotropic medication weekly. The chart will be reviewed for specific psychotropic medication consents to include date, time and signatures of the psychiatrist and detainee. Any non desired results will be reported to the HSA for immediate review and correction. Results of this audit will be shared in staff meetings and noted in quarterly meetings.	7/17/2015 Training	Compliant on referral timeframe

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Dental Follow up care GEO HS Policy/Procedure Dental Priorities 101-101A	Dental care shall be provided to all I/D/Rs including Priority 1, 2, 3, or 4 care within the specified timeframes for each priority as outlined in GEO HS procedure 101A.	Compliance is evidenced by weekly chart review for detainees on the priority dental list.	The Dental Assistant will use the Dental chart review tool. The Dental Assistant will review 10 charts weekly of those detainees on the wait list for dental care. The priority will be noted and timeframes for appointments documented. Any appointments outside the priority time frames will be immediately addressed and scheduled for treatment. All results from this audit will be shared with the HSA. Results of the audit will be shared in staff meetings and noted in quarterly meetings.	7/17/2015 Training	Compliant on dental follow up

Peer Reviews GEO Policy/Procedure 801-801A Clinical Performance Enhancement (Peer Review)	Physician Peer reviews will be managed by the contracting agency and will be performed by another professional of equal training in the same general discipline. NP and PA peer reviews are completed annually by the facility Medical Director.	Peer reviews are completed annually and kept on file in the Health Administrators office for Physicians, NP and PA's.	A peer review spreadsheet will be monitored monthly by the HSA to ensure compliance. The spreadsheet will include the date of all previous peer reviews and date of next peer scheduled review.	Ongoing until 100% compliance is maintained.	Had not been initiated. Person who wrote the CAP was out on leave. FMC to follow up.
Reasonable Accommodations GEO HS Policy/Procedure Special Needs 906-906A	The Health Administrator will assign a medical staff person on East and West to assume the responsibility to assure reasonable accommodation coordinator for detainees.	Compliance will be evidenced by development of a local procedure and designation of a Reasonable Accommodation Coordinator.	The HSA will work with the Corporate Director to develop local procedures for evacuation of detainees with disabilities during emergencies, available TTY/TDD services, ADA accommodations, logs to track reasonable accommodations, location of available wheelchairs, walkers, canes and seizure helmets.	7/17/2015 Training	Awaiting FMC follow up

a) Staffing: need appropriate staff to accommodate the increased population

b) Medical Clinic layout: observation rooms on the West not being utilized for greater than 4 hours

c) Personnel Records Review: monitoring of staff credentials and ensure all are within compliance (RN license not legible, CPR card expired)

Identified Noncompliance's addressed by ODC audit team	Desired Result (Goal's) that address each identified area of noncompliance)	Measurable Evidence of Correction (Qualitative and/or quantitative measures of correction)	Corrective Action Activities (Initiatives planned to achieve correction)	Timeline	Responsible Person/s for Implementation
	Recommended OTC medications are approved by the Health Services Administrator thru LCF commissary during the regular established meetings.	1. LCF Commissary meeting Minutes 2. Monthly Administration Meeting Minutes 3. Monthly Health Service Meeting minutes	A LCF commissary meeting will be conducted and all OTC medication will be reviewed and approved by medical services.	September 1, 2011	Warden A/W Operations, Corporate Director Regional Director Director of Nursing
Keep-on-person medications are not being issued to offenders in a timely manner	Offenders are issued KOP Medications in a timely manner and in accordance to policy. Medication Compliance is tracked through an organized an accountable system.	1. Medical Officer log 2. Unit Log 3. Facility building schedule 4. Director of Nursing daily rounds 5. Health Services Monthly Meeting minutes 6. Inmate grievances 7. Sick call requests 8. Regional audit findings	All offender medications orders were reviewed. Mar's were reviewed and compared to ODC Electronic Health Record and updated. All KOP medication that was pending issue has been delivered. New KOP procedures are to be implemented and designated dates and times each week will be posted which will provide consistency in delivery. A New procedure for offender KOP re-order has been developed and discussed with the offenders during a "Town Hall" meeting conducted in each unit. The offender will place the re-order form in the medical box located in the unit. Medical staff will round daily and ensure all re-orders are noted and ordered. Staff training will be conducted on August 18, 2011 to address the new KOP procedure.	*Immediate Action Completed *On-going Monitoring *Staff Training August 18, 2011	(b)(6); (b)(7)(C) D., Regional Director, Director of Nursing
Needle/syringe counts were not complete or were not accurate	Consistent, safe and secure accountability of needles and syringes. Controlled sharps have specific accountability records for administration, disposition and destruction.	1. Daily inspections by the Director of Nursing and assigned staff. 2. Health Services monthly meeting minutes report 3. Quarterly P&T inspection report 4. Staff Training documentation 5. Shift reports 6. Needle/Syringe log 7. Destruction log 8. Regional compliance audit findings 9. Facility audits findings 10. Safety Manager reports 11. Serious Incident Reports	Regional Director, Health Services will develop a new needle/syringe bounded log. The Director of Nursing will conduct daily inspections to ensure accuracy. At each shift, staff will conduct witnessed counts prior to being relieved in accordance with policy. Any discrepancies shall be reported immediately to the HSA and Shift commander immediately. Staff training will be conducted on August 18, 2011 to re-address proper procedures for needle/syringe accountability.	*Immediate Action Completed *On-going Monitoring *Staff Training August 18, 2011	(b)(6); (b)(7)(C) Regional Director Director of Nursing
Insulin syringes were being stored improperly	Consistent, safe and secure accountability of insulin syringes. Insulin syringes have specific accountability and stored according to established policy.	1. Daily inspections by the Director of Nursing and assigned staff. 2. Health Services monthly meeting minutes report 3. Quarterly P&T inspection report 4. Staff Training documentation 5. Shift reports 6. Needle/Syringe log 7. Destruction log 8. Regional compliance audit reports	Regional Director, Health Services will develop a new needle/syringe bounded log. The Director of Nursing will conduct daily inspections to ensure needles and syringes are stored appropriately and are secure. At each shift, staff will conduct witnessed counts prior to being relieved in accordance with policy. Any discrepancies shall be reported immediately to the HSA and Shift commander immediately. Staff training will be conducted on August 18, 2011 to re-address proper procedures for needle/syringe accountability and storage.	*Immediate Action Completed *On-going Monitoring *Staff Training August 18, 2011	(b)(6); (b)(7)(C) Regional Director Director of Nursing
No daily "access to care" documentation was found for the last three months (May-July)	Offenders have unimpeded access to care through prevention, treatment, and management of illness and the preservation of mental and physical well-being through services provided by the LCF medical department. Document all offender request to access for care and record encounters in a timely an efficient manner utilizing the ODC EHR.	1. Daily inspections of sick call logs by the Director of Nursing and assigned staff. 2. Health Services monthly meeting minutes report 3. Staff training documentation 4. Shift reports 5. Offender Grievances 6. Regional audit findings 7. Facility audit findings	Sick-call procedures have been re-addressed with staff. The Director of Nursing will provide daily oversight and supervision for all offender requests. The Director of Nursing will monitor and ensure all documentation (Sick Call Logs & EHR) is complete and ensure all offender requests are triaged the same day of receipt. ODC Nurse protocols will be utilized on every offender encounter and appropriately and timely addressed. Staff training will be conducted on August 18, 2011 to address access to care/offender requests.	*Immediate Action Completed *On-going Monitoring *Staff Training August 18, 2011	Medical Director Regional Director Director of Nursing

Dental sick-call requests are not being logged	Offenders have unimpeded access to dental care for prevention and treatment of routine and emergent complaints. Document all offender requests for access to dental care and record encounters in a timely and efficient manner.	1. Daily inspections of dental sick call logs by the Chief Dentist and assigned staff. 2. Health Services monthly meeting minutes report 3. Staff training documentation 4. Shift reports 5. Offender Grievances 6. Regional audit findings 7. Facility audit findings	Dental sick-call procedures and documentation have been re-addressed with dental staff. The Chief Dentist will monitor and provide daily oversight and supervision for all offender requests. The dental Hygienist will ensure all sick-call requests are documented and complete and ensure all offender requests are triaged the same day of receipt.	*Immediate Action Completed *On-going Monitoring *Staff Training August 18, 2011	Chief Dentist Dental Assistant Regional Director Director of Nursing
No daily documentation on the "Individual Offender Segregation" log for daily rounds or medication administration	Offenders in segregation have unimpeded access to care. Documentation is to be completed daily on the "Individual Offender Segregation" form for all scheduled and unscheduled rounds.	1. Daily inspections of SHU logs by the Director of Nursing and assigned staff. 2. Health Services monthly meeting minutes report 3. Staff training documentation 4. Shift reports 5. Offender Grievances 6. Regional audit findings 7. Facility audit findings 8. Monthly Administrative SHU Review report	The nurse assigned to the SHU will document daily rounds and/or medication administration on the Individual Offender Segregation log. The SHU officer and Director of Nursing will perform a weekly review of the log and initial. The log will also be reviewed during the monthly administrative SHU review by the medical department representative. Staff training will be conducted on August 18, 2011 to address daily documentation on the log.	August 19, 2011	Regional Director Director of Nursing
Per GEO policy, nurses are to document daily on the SHU Progress Notes; these are not being completed on a daily basis	Medical staff conducting daily segregation rounds, scheduled or unscheduled, document on the SHU Progress Note in a timely and consistent manner as established by GEO policy.	1. Daily inspections of SHU logs by the Director of Nursing and assigned staff. 2. Health Services monthly meeting minutes report 3. Staff training documentation 4. Shift reports 5. Offender Grievances 6. Regional audit findings 7. Facility audit findings 8. Monthly Administrative SHU Review report	The nurse assigned to the SHU will document daily on the SHU progress notes. The SHU officer and Director of Nursing will perform a weekly review of the progress notes and initial. The log will also be reviewed during the monthly administrative SHU review by the medical department representative. Staff training will be conducted on August 18, 2011 to address daily documentation on the log. Staff training will be conducted on August 18, 2011 to address daily documentation on the log.	August 19, 2011	Regional Director Director of Nursing

Other findings as indicated on the Second Quarter Comprehensive Audit

Identified Noncompliance's addressed by GEO audit team	Desired Result (Goal's) that address each identified area of noncompliance)	Measurable Evidence of Correction (Qualitative and/or quantitative measures of correction)	Corrective Action Activities (Initiatives planned to achieve correction)	Timeline	Responsible Person/s for Implementation
--	--	---	---	----------	---

Adelanto Hunger Strike Status as of December 3, 2015

Adelanto Hunger Strike (12-3-15)

A#	Last	First	COB	Diagnosis	Current Status	Hunger Strike initiated	Days on Hunger-Strike	# of Meals Missed	Height	Initial Weight Before Hunger-Strike and Date	Most Current Weight and Date	Total weight loss as of (date)	Comments
1	(b)(6); (b)(7)(C)				Remains on Hunger Strike	12/2/15 Suicide watch Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended	12/3/2015	1	12	69 in	11/11/2015 164 lbs		12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike. Moved to segregated dorm with access to water but no commissary
2					Remains on Hunger Strike	Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended November 14, 2015	12/3/2015	1	12	64 in	11/11/2015 118 lbs		12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike. Moved to segregated dorm with access to water but no commissary
3					Remains on Hunger Strike	12/3/15 Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended November 14, 2015	12/3/2015	1	12	64 in	11/9/2015 130		12/3/2015 consented to labs this morning 12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike. Moved to segregated dorm with access to water but no commissary
4					Remains on Hunger Strike	12/3/15 Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended November 14, 2015	12/3/2015	1	12	65 in	11/9/2015 154		12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike. Moved to segregated dorm with access to water but no commissary
5					Remains on Hunger Strike	12/3/15 Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended November 14, 2015	12/3/2015	1	12	67 in	11/11/2015 132 lbs		12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike. Moved to segregated dorm with access to water but no commissary
6					Remains on Hunger Strike	12/3/15 Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended	12/3/2015	1	12	65 in	11/11/2015 135 lbs		12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike. Moved to segregated dorm with
7					Remains on Hunger Strike	12/3/15 Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended November 14, 2015	12/3/2015	1	12	67 in	11/15/2015 168 lbs		12/3/2015 Refused mental health evaluation 12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike
8					Remains on Hunger Strike	12/3/15 Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended November 14, 2015	12/3/2015	1	12	68 in	11/9/2015 126 lbs		12/3/2015 consented to labs this morning 12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike. Moved to segregated dorm with access to water but no
9					Remains on Hunger Strike	12/3/15 Refused VS/wgt/hgt Had participated in 3 day hunger strike last month which ended November 14, 2015	12/3/2015	1	12	65 in	11/9/2015 167 lbs		12/2/15 Refused baseline assessment. 11/30/15 declared hunger strike. Moved to segregated dorm with access to water but no commissary
10													

*While the detainee is on hunger strike, this form will need to be completed on a daily basis and sent back to HQ:	*While the detainee is on hunger strike, this form will need to be completed on a daily basis and sent back to HQ:	*While the detainee is on hunger strike, this form will need to be completed on a daily basis and sent back to HQ:
Regional HSA, Regional CD, DAD of Administration, DAD of Clinical Services, COS, and Health Ops.	Regional HSA, Regional CD, DAD of Administration, DAD of Clinical Services, COS, and Health Ops.	Regional HSA, Regional CD, DAD of Administration, DAD of Clinical Services, COS, and Health Ops.

From: (b)(6); (b)(7)(C)
Sent: 17 Sep 2018 14:00:54 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Adelanto Proposed Action Plan 9.7.2018 V4
Attachments: Adelanto Proposed Action Plan 9.7.2018 V4.docx
Importance: High

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

The latest OIG report shows that we need to take a new direction with Adelanto that is multi-disciplinary and sustained. We have numerous recommendations and issues still remaining from the CRCL report last fall, as well as those from the OIG. I am proposing this effort. See below and attached. With your concurrence (and any edits), we can share with Field Ops, and the field. Once we have ICE-wide approval we can approach GEO. Please send me your thoughts.

(b)(7)(E); (b)(5)

(b)(7)(E), (b)(5)

U.S. Immigration and Customs Enforcement
Enforcement and Removal Operations



U.S. Immigration
and Customs
Enforcement

(b)(5); WIF Draft



(b)(5); WIF Draft

From: (b)(6); (b)(7)(C)
Sent: 30 Sep 2015 09:02:10 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: Adelanto psychologists contract mod

Have we made a contract mod to allow GEO to use 3 addn psychologists in place of the 3 MSWs that they can't find anyone to fill? They would have 6 psych rather than 3/3.

From: (b)(6); (b)(7)(C)
Sent: 22 Dec 2015 10:55:06 -0500
To: (b)(6); (b)(7)(C)
Subject: Adelanto response with MCMU edits
Attachments: CRCL ADELANTO ONSITE INVESTIGATION (IHSC 12-22-15) MCM update.docx

Sir,

Please find attached document with MCMU edits in red.

v/r,

(b)(6); (b)(7)(C)
Special Assistant
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
Desk: (202) 732-(b)(6);
BB: (202) 321-(b)(7)(C)
E-Fax: 877-718-5793

~~Warning: This document is UNCLASSIFIED/FOR OFFICIAL USE ONLY (U/FOUO) It contains information that may be exempt from public release under the Freedom of Information Act (5 USC. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid 'need-to-know' without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

CRCL ADELANTO ONSITE INVESTIGATION

30/60/90-DAY CORRECTIVE TIMELINES

(b)(5); (b)(7)(E)

(b)(5); (b)(7)(E)

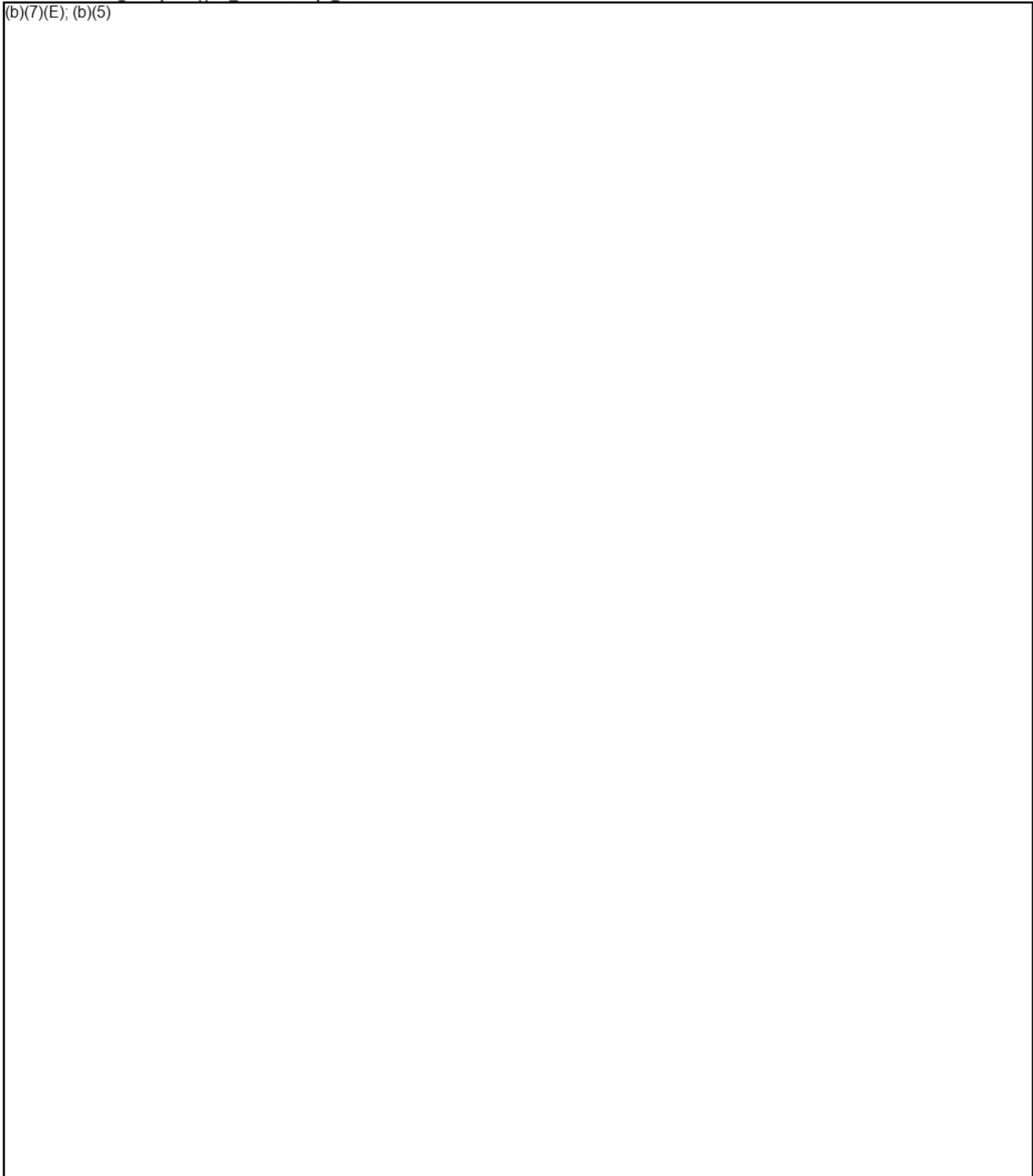
(b)(5); (b)(7)(E)

(b)(7)(E); (b)(5)

(b)(5); (b)(7)(E)

PBND 2011 4.3 Medical Care

(b)(7)(E); (b)(5)

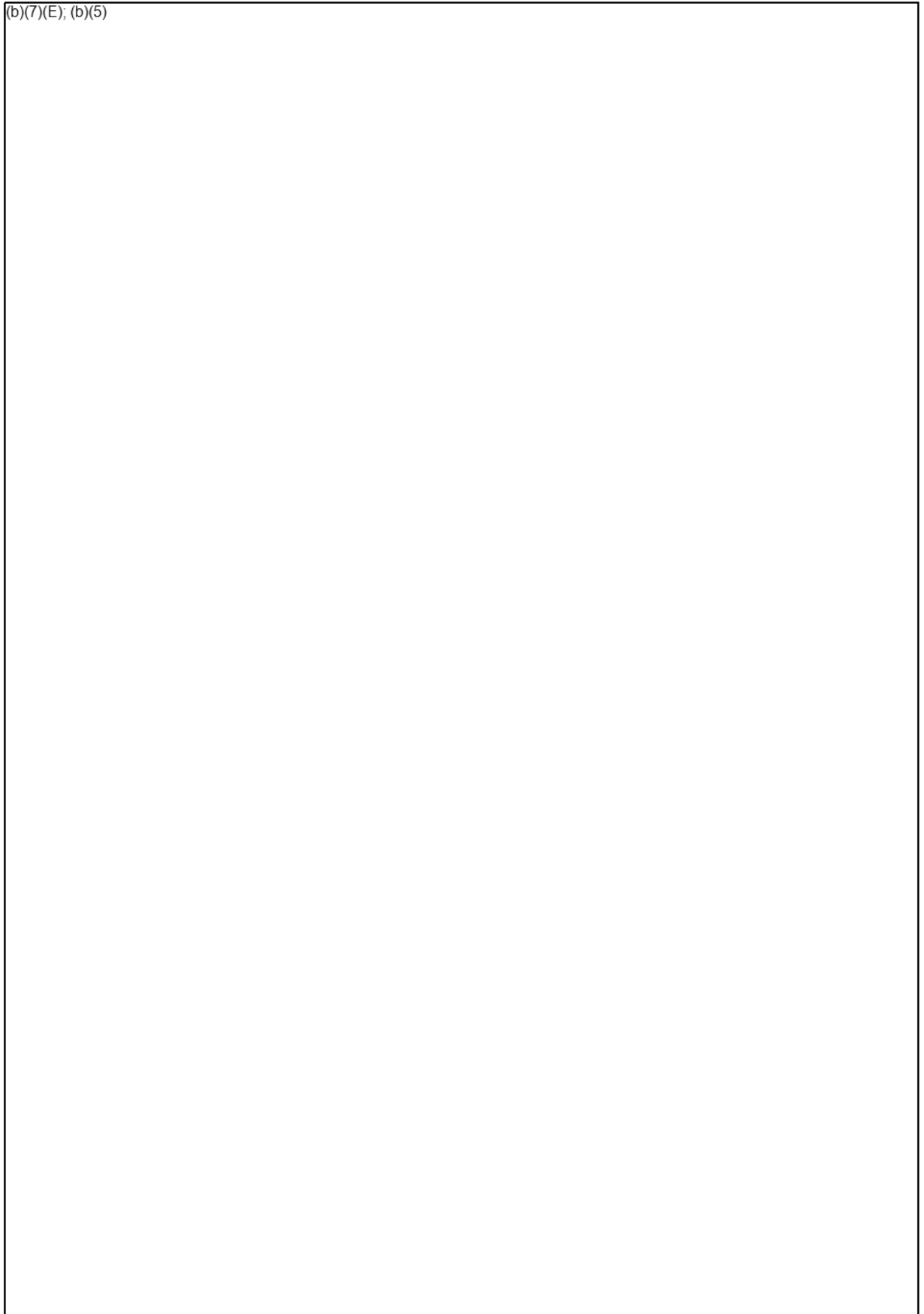


(b)(5); (b)(7)(E)

(b)(7)(E); (b)(5)

(b)(5); (b)(7)(E)

(b)(7)(E); (b)(5)



(b)(7)(E); (b)(5)

(b)(5); (b)(7)(E)

(b)(5); (b)(7)(E)

Adelanto - Medical Staff Currently Employed and Physically Working			
Authorized	Actual	Position	Notes
1	1	Health Service Admin (HSA)	
1	1	Asst. HSA (AHSA)	
2	2	Dental Assistant	
3	5	Medical Data Entry Clerk	2 additional positions are CCS funded
3	5	Medical Records Clerk	2 additional positions are CCS funded
1	1	Medical Records Supervisor	
6	6	Nurse Practitioner	
20	19	Registered Nurses	2 RN's are in CCS orientation. Will begin 40 hours of clinic orientation the week of March 7. These are included in the actual numbers. Actual staff include 18 full time RNs and 2 part time RNs. Another RN resigned effective 3/8/2016. Total will be at 18 RNs as of 3/8/3016. Following nursing staff are not working on the floor but in other nursing roles: 1 of these nurses is the assistant DON. 1 of the nurses is in the acting QCP RN role. 1 of these nurses is in the patient care coordinator role.
26	26	Licensed Practical Nurse	1 LVN was hired and is in CCS orientation and pre-service. Will begin 40 hours of clinic orientation the week of March 7. This LVN is counted in the total actual number.
2	0	Quality Care Professionals- RN	These are CCS funded positions. 1 RN is working in this position temporarily. She is currently counted in the RN numbers. There are no other staff noted to be in the pipeline for these positions.
2	1	Quality Care Professionals- LVN	These are CCS funded positions. One candidate interviewed on 2/24/16; a second candidate is pending interview. Another candidate was pending interview; however, she did not show up for the interview.
1	1	Director of Nursing	
0	1	Assistant Director of Nursing (New position)	The position was created using an RN position and is currently filled using on the RNs.
3	3	Physician	
2	2	Dentist	
6	4.5	Psychologist	One psychologist is no longer working at Adelanto. There are 2 full time psychologists and 1 part time psychologist in CCS orientation. Will begin 40 hours of clinic orientation the week of March 7. These are included in the actual numbers. 1 psychologist resigned effective week of March 25
2	2	Psychiatrist	1 psychiatrist resigned effective week of March 25
2	2	X-Ray Tech	

Medical Staff in the Hiring Process			
	1 vacant	Registered Nurse	This position is currently advertised. Another RN resigned effective 3/8/2016. Total will be 2 RNs as of 3/8/2016.
	2.5 vacant (1 vacancy as of 3/25)	Psychologist	Positions are currently advertised. 2 candidates are in the pipeline. One has been interviewed; the other interview is still pending.
	1 vacant as of 3/25	Psychiatrist	1 position will be open on March 25, 2016. Two viable candidates were interviewed and depending on the selection, one is available to start April 1, 2016 and the other mid-April.
	1 vacant	Quality Care Professionals-LVN	One candidate interviewed on 2/24/16; a second candidate is pending interview. Another candidate was pending interview; however, she did not show up for the interview.

From: (b)(6); (b)(7)(C)
Sent: 22 Dec 2015 23:41:37 -0500
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: Adelanto

LCDR (b)(6); (b)(7)(C) notified me tonight that she was instructed to have the Adelanto population lowered to 1000 due to their medical care failures. I guess the goal is to remove chronic care patients from that facility until accreditation standards can be met. She reports there are approximately 300 chronic care patients.

How do you intend to have these detainees placed? Have you talked with the front office about ATD? Do we need to place these detainees at IHSC sites? 2-300 chronic care patients is a significant amount. What time frame are you desiring this transfer to occur within?

I hope a CDR is being issued or their bed day rate lowered.

Thanks for your feedback

CAPT (b)(6); (b)(7)(C)
IHSC Western Regional Clinical Director
C 202-210-(b)(6); (b)(7)(C) / O 619-338-(b)(6)

ADDENDUM

This addendum is intended to serve as a summary of the *Report of ICE Health Service Corps (IHSC) Subject Matter Expert Team Visit - Adelanto ICE Processing Center - March 6 to 8, 2018*.

An evaluation of the Adelanto ICE Processing Center (AIPC) was conducted by IHSC between March 6 to 8, 2018. The evaluation had two intended purposes: (1) to identify alleged deficiencies identified by a November 2017 inspection at AIPC by the Department of Homeland Security Officer for Civil Rights and Civil Liberties; and (2) to assist and offer recommendations to the primary medical provider at AIPC, Correct Care Solutions regarding systemic processes. Based on this evaluation, IHSC identified serious non-compliance with generally accepted medical practices; and standards 4.3 entitled *Medical Care*, 4.8 entitled *Disability Identification, Assessment, and Accommodation*, and 6.2 entitled *Grievance System of the ICE Performance Based Detention Standards 2011*:

Medical Care, Section (V)(EE)(2)(e)(7). “The HSA shall implement a system of internal review and quality assurance. The system shall include: (e) on-site monitoring of health service outcomes on a regular basis through the following measures: (7) reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results.”

- An examination of CQI Committee meeting presentations revealed evidence that information being tracked and intervened upon are the results of prior adverse events, external audits, and investigation. Essentially, the medical program is correcting issues on-the-spot, but these issues are not informing the overall practice at the facility – this has led to the same or similar errors taking place overtime.
- Even though the electronic health record is one of the most crucial elements in maximizing the facility’s ability to continuously improve quality of health delivery in complex medical settings, standardization for and staff proficiency in the use of the electronic health record has received no attention from the QA program since the electronic health record was introduced at AIPC.
- The above was further evident during interviews with staff members, where the Chief stated, “I would like to track medication errors, but it doesn’t end up as a routinely collected measure or study because the Health systems administrator (HSA) is not focused on tracking.”
- The overall QA program at the facility is further exacerbated by the poor recordkeeping practices, especially so with the medication administration record (further explained below). For example, the cause for many medication errors is the result of not tracking the cause for such errors and trending them overtime.

Medical Care, Section (V)(B). “The Health Systems Administrator (HSA) shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.

- Management and leadership establish the processes and procedures for the entire medical program. It is clear that these fundamental elements of any facility medical program are either non-existent or not followed at AIPC; therefore, it is reasonable to conclude that the findings contained herein lie at least partially on a lack of leadership oversight at the facility.
- It should be noted that the current administrative and clinical leadership remained at AIPC when health care delivery was subcontracted to CCS in early 2017.

Medical Care, Section (V)(G)(12). “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: 12. documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.”

- The MAR and electronic health record are not communicating with one another. This leads to the provider and nursing staff not obtaining a complete picture of a detainee’s care. As an example, the MAR of a detainee with mental health illness contained 4 orders for quetiapine, 3 of which had been discontinued at least 2 months previously, and 3 orders for hydroxyzine, 2 of which had been discontinued the previous month. The interaction for these two medications produces additive sedation; and although a rare side-effect, it increases the risk of an irregular heart rhythm that may be serious and potentially life-threatening.
- In a review of 10 psychiatric patient charts, 100% of MARs printed from the pharmacy contained previously discontinued orders that were not recorded as such in the MAR.
- Additionally, in a review of 10 medical care-specific records, 60% of printed MARs contained discontinued orders.

Medical Care, Section (V)(G)(10). “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: (10) supervision by properly licensed personnel.”

- The above medication administration errors are compounded by (1) the lack of an onsite pharmacy; and (2) that the procurement and administration of medication at AIPC is directly overseen by a licensed vocational nurse – which is outside of the scope of practice for this position.

Medical Care, Section (V)(BB). “The HSA shall maintain a complete health record on each detainee that is: organized uniformly in accordance with appropriate accrediting body standards; available to all practitioners and used by them for health care documentation; and properly maintained and safeguarded in a securely locked area within the medical unit.

- Much like the MAR, the underutilization of the electronic health record and the use of work arounds outside of the system results in a high propensity for errors and loss of information. Essentially, the AIPC medical program is using three parallel systems: (1) the MAR; (2) the electronic health record; and (3) the manual scanning of paper based documents into the electronic health record.
- The manual scanning of paper based records into the electronic health record results in the loss of system functions, such as the ability to schedule, search, and find information; and requires the manual extraction of routinely collected data from multiple sources within the electronic health record. For example, currently, the facility conducts intake screening on paper, which consists of 13 pages for males and 15 pages for females; and once completed, the paper forms are scanned into the eHR by medical records staff, sometimes days later. Forty intakes per day, therefore, would be expected to produce approximately 600 pages requiring scanning.
- During a record review, the IHSC Team member investigating the use of the eHR (eCW) found that 7 (23%) of 30 records reviewed listed detainees as being in residence, when in fact they had left the facility over 20 days prior. Incorrect data or reports generated by the eHR, which would assist in determining, for example, which detainees require a mandatory physical exam 14 days into detention, currently requires a manual back up, or work-around process.

Medical Care, Section (V)(N)(3). “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. Such evaluation and screenings shall include: (b). history of any mental health treatment or evaluation; (c) history of illicit drug/alcohol use or abuse or treatment for such; and (d) history of suicide attempts.”

- Nine (90%) records of 10 reviewed by the IHSC Chief Psychiatrist had any mention that the provider had reviewed medical records for presence of a history of mental health illness prior to the patient encounter. No record reviewed made mention by a mental health provider of drug or alcohol history, despite documentation of “*extensive alcohol use, recent DUI and recent detoxification treatment.*”

Medical Care, Section (V)(R). “An initial dental screening shall be performed within 14 days of the detainee’s arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.”

- Three (33%) of 10 records reviewed were not in compliance with the specified time frame for a dental assessment.

Medical Care, Section (V)(C)(2). “Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines. All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines.”

- One (5%) of nineteen records reviewed did not have tuberculosis screening completed as per CDC guidelines. The chest x-ray was ordered five days after arrival and not completed until nine days after arrival. Failure to achieve 100% of the requirement of this standard places both detainees and staff at higher risk of tuberculosis infection, particularly given the origins of the detained population.

Medical Care, Section (V)(S)(4). “[A]n established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request. All written sick call requests shall be date and time stamped and filed in the detainee’s medical record. Medical personnel shall review the request slips and determine when the detainee shall be seen based on acuity of the problem.”

- Two (67%) of three records reviewed for urgent care (sick call) did not have a nursing referral to a provider submitted within 24 hours where appropriate.

Medical Care, Section (V)(U)(5). “Detainees who arrive at a detention facility with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications.”

- Two (20%) of ten records reviewed indicated that the detainees did not receive their medication within 24-72 hours. For example, one of the detainee’s medication was not ordered at intake because the personal supplies were in Russian. The detainee went without several cardiac medications for 2-3 days until seen by a provider.

Medical Care, Section (V)(C)(4)(c). “Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, The CDC and the Infectious Diseases Society of America.”

- One of six (16%) detainee records reviewed indicated the patient was not seen by an HIV or infectious disease specialist within 30 days of HIV infection identification.

Disability Identification, Assessment, and Accommodation; Section (V)(F)(4)(e). “Where an accommodation is granted, facility policy or procedures will ensure that all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations.”

Disability Identification, Assessment, and Accommodation; Section (V)(F)(4)(g). “After the facility has completed its review of a detainee with a disability or of a request for an accommodation, facility staff shall place written documentation of the following in the detainee’s medical and/or detention file...”

- Six (33%) of 20 detainee records reviewed were missing appropriate accommodation orders (special needs). Additionally, the facility does not clearly determine in-record-progress-notes if the provider has assessed the detainees for assistance with activities of daily living.

Grievance Systems, Section (V)(C)(4). “Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record shall be maintained per the following section “D. Record-Keeping and File Maintenance.”

- Four (11%) of thirty-six grievances were not addressed within 5 working days of receipt.

ADDENDUM

This addendum is intended to serve as a summary of the *Report of ICE Health Service Corps (IHSC) Subject Matter Expert Team Visit - Adelanto ICE Processing Center - March 6 to 8, 2018*.

An evaluation of the Adelanto ICE Processing Center (AIPC) was conducted by IHSC between March 6 to 8, 2018. The evaluation had two intended purposes: (1) to identify alleged deficiencies identified by a November 2017 inspection at AIPC by the Department of Homeland Security Officer for Civil Rights and Civil Liberties; and (2) to assist and offer recommendations to the primary medical provider at AIPC, Correct Care Solutions regarding systemic processes. Based on this evaluation, IHSC identified serious non-compliance with generally accepted medical practices; and standards 4.3 entitled *Medical Care*, 4.8 entitled *Disability Identification, Assessment, and Accommodation*, and 6.2 entitled *Grievance System of the ICE Performance Based Detention Standards 2011*:

Medical Care, Section (V)(EE)(2)(e)(7). “The HSA shall implement a system of internal review and quality assurance. The system shall include: (e) on-site monitoring of health service outcomes on a regular basis through the following measures: (7) reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results.”

- An examination of CQI Committee meeting presentations revealed evidence that information being tracked and intervened upon are the results of prior adverse events, external audits, and investigation. Essentially, the medical program is correcting issues on-the-spot, but these issues are not informing the overall practice at the facility – this has led to the same or similar errors taking place overtime.
- Even though the electronic health record is one of the most crucial elements in maximizing the facility’s ability to continuously improve quality of health delivery in complex medical settings, standardization for and staff proficiency in the use of the electronic health record has received no attention from the QA program since the electronic health record was introduced at AIPC.
- The above was further evident during interviews with staff members, where the Chief stated, “I would like to track medication errors, but it doesn’t end up as a routinely collected measure or study because the Health systems administrator (HSA) is not focused on tracking.”
- The overall QA program at the facility is further exacerbated by the poor recordkeeping practices, especially so with the medication administration record (further explained below). For example, the cause for many medication errors is the result of not tracking the cause for such errors and trending them overtime.

Medical Care, Section (V)(B). “The Health Systems Administrator (HSA) shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.

- Management and leadership establish the processes and procedures for the entire medical program. It is clear that these fundamental elements of any facility medical program are either non-existent or not followed at AIPC; therefore, it is reasonable to conclude that the findings contained herein lie at least partially on a lack of leadership oversight at the facility.
- It should be noted that the current administrative and clinical leadership remained at AIPC when health care delivery was subcontracted to CCS in early 2017.

Medical Care, Section (V)(G)(12). “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: 12. documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.”

- The MAR and electronic health record are not communicating with one another. This leads to the provider and nursing staff not obtaining a complete picture of a detainee’s care. As an example, the MAR of a detainee with mental health illness contained 4 orders for quetiapine, 3 of which had been discontinued at least 2 months previously, and 3 orders for hydroxyzine, 2 of which had been discontinued the previous month. The interaction for these two medications produces additive sedation; and although a rare side-effect, it increases the risk of an irregular heart rhythm that may be serious and potentially life-threatening.
- In a review of 10 psychiatric patient charts, 100% of MARs printed from the pharmacy contained previously discontinued orders that were not recorded as such in the MAR.
- Additionally, in a review of 10 medical care-specific records, 60% of printed MARs contained discontinued orders.

Medical Care, Section (V)(G)(10). “Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: (10) supervision by properly licensed personnel.”

- The above medication administration errors are compounded by (1) the lack of an onsite pharmacy; and (2) that the procurement and administration of medication at AIPC is directly overseen by a licensed vocational nurse – which is outside of the scope of practice for this position.

Medical Care, Section (V)(BB). “The HSA shall maintain a complete health record on each detainee that is: organized uniformly in accordance with appropriate accrediting body standards; available to all practitioners and used by them for health care documentation; and properly maintained and safeguarded in a securely locked area within the medical unit.

- Much like the MAR, the underutilization of the electronic health record and the use of work arounds outside of the system results in a high propensity for errors and loss of information. Essentially, the AIPC medical program is using three parallel systems: (1) the MAR; (2) the electronic health record; and (3) the manual scanning of paper based documents into the electronic health record.
- The manual scanning of paper based records into the electronic health record results in the loss of system functions, such as the ability to schedule, search, and find information; and requires the manual extraction of routinely collected data from multiple sources within the electronic health record. For example, currently, the facility conducts intake screening on paper, which consists of 13 pages for males and 15 pages for females; and once completed, the paper forms are scanned into the eHR by medical records staff, sometimes days later. Forty intakes per day, therefore, would be expected to produce approximately 600 pages requiring scanning.
- During a record review, the IHSC Team member investigating the use of the eHR (eCW) found that 7 (23%) of 30 records reviewed listed detainees as being in residence, when in fact they had left the facility over 20 days prior. Incorrect data or reports generated by the eHR, which would assist in determining, for example, which detainees require a mandatory physical exam 14 days into detention, currently requires a manual back up, or work-around process.

Medical Care, Section (V)(N)(3). “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. Such evaluation and screenings shall include: (b). history of any mental health treatment or evaluation; (c) history of illicit drug/alcohol use or abuse or treatment for such; and (d) history of suicide attempts.”

- Nine (90%) records of 10 reviewed by the IHSC Chief Psychiatrist had any mention that the provider had reviewed medical records for presence of a history of mental health illness prior to the patient encounter. No record reviewed made mention by a mental health provider of drug or alcohol history, despite documentation of “*extensive alcohol use, recent DUI and recent detoxification treatment.*”

Medical Care, Section (V)(R). “An initial dental screening shall be performed within 14 days of the detainee’s arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.”

- Three (33%) of 10 records reviewed were not in compliance with the specified time frame for a dental assessment.

Medical Care, Section (V)(C)(2). “Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines. All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines.”

- One (5%) of nineteen records reviewed did not have tuberculosis screening completed as per CDC guidelines. The chest x-ray was ordered five days after arrival and not completed until nine days after arrival. Failure to achieve 100% of the requirement of this standard places both detainees and staff at higher risk of tuberculosis infection, particularly given the origins of the detained population.

Medical Care, Section (V)(S)(4). “[A]n established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request. All written sick call requests shall be date and time stamped and filed in the detainee’s medical record. Medical personnel shall review the request slips and determine when the detainee shall be seen based on acuity of the problem.”

- Two (67%) of three records reviewed for urgent care (sick call) did not have a nursing referral to a provider submitted within 24 hours where appropriate.

Medical Care, Section (V)(U)(5). “Detainees who arrive at a detention facility with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications.”

- Two (20%) of ten records reviewed indicated that the detainees did not receive their medication within 24-72 hours. For example, one of the detainee’s medication was not ordered at intake because the personal supplies were in Russian. The detainee went without several cardiac medications for 2-3 days until seen by a provider.

Medical Care, Section (V)(C)(4)(c). “Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, The CDC and the Infectious Diseases Society of America.”

- One of six (16%) detainee records reviewed indicated the patient was not seen by an HIV or infectious disease specialist within 30 days of HIV infection identification.

Disability Identification, Assessment, and Accommodation; Section (V)(F)(4)(e). “Where an accommodation is granted, facility policy or procedures will ensure that all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations.”

Disability Identification, Assessment, and Accommodation; Section (V)(F)(4)(g). “After the facility has completed its review of a detainee with a disability or of a request for an accommodation, facility staff shall place written documentation of the following in the detainee’s medical and/or detention file...”

- Six (33%) of 20 detainee records reviewed were missing appropriate accommodation orders (special needs). Additionally, the facility does not clearly determine in-record-progress-notes if the provider has assessed the detainees for assistance with activities of daily living.

Grievance Systems, Section (V)(C)(4). “Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record shall be maintained per the following section “D. Record-Keeping and File Maintenance.”

- Four (11%) of thirty-six grievances were not addressed within 5 working days of receipt.

ICE Health Service Corps (IHSC) Quality of Care Assessment



ICE Uniform Corrective Action Plan (FMC Site Visit Follow-up)

Facility Name: Adelanto Detention Facility
Address (Street and Name): 10250 Rancho Road
City, State and Zip Code: Adelanto, CA 92301
County: San Bernardino
Date[s] of FMC Follow-up: TBD
Complete and Return to ICE HQ No Later Than: September 4, 2015

Facility Corrective Action Plan Assigned to: AFOD (b)(6); (b)(7)(C)
Date of Final Submission:

— FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE) —

Report produced on (date)

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

Instructions for the Corrective Plan of Action Response

Provide a detailed description of the corrective action taken by the facility to address each of the findings identified in the ICE Health Service Corps Field Medical Coordinator (FMC) review. Please ensure that each stated corrective plan of action addresses the noted medical findings to the fullest extent possible, and that it incorporates the recommendations. In the event a finding or recommendation cannot be implemented within the authorized timeline, please include an explanation in the “Corrective Plan of Action” column. The explanation should include a work around solution while pending final resolution, and an approximate completion date.

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

ICE Uniform Corrective Action Plan (FMC Reviews) Facility Name (AOR)			
<u>Assessment and Findings</u>	<u>Recommendations</u>	<u>Corrective Plan of Action</u>	<u>Completion Date</u>
2 out of 20 (10%) of the charts reviewed did not have a complete health evaluation within 14 days. One of the charts reviewed did not document a substance abuse history, vision screen, or color test. Another detainee arrived on May 14, 2015 and did not have a physical exam until June 9, 2015.	PBNDS 2011 states each facility shall conduct a 14 day PE "unless" there is a more immediate need to address acute or chronic illness	During the IHSC follow up site visit August 5-7, 14 day physicals were found out of compliance. On August 6, 2015, five RN's were trained to complete Healthy detainee H&P's. Training was provided by (b)(6); (b)(7)(C) and evidence of training was placed in the Nurses training file. Once trained the RN's completed the back log of H&P's found out of compliance. Since that date RN's continue to complete Healthy detainee H&P's. Improvements to the GEO	The backlog of 14 day History Physicals were completed on August 6, 2015. Chart reviews will be ongoing until 12/4/2015 to demonstrate compliance.

FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)

Report produced on (date)

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

		Tracking system for History and Physicals were completed August 14, 2015 and H&P's are now tracked from admission date to completion date of the H&P.. East and West Quality Control Professionals (QCPs) will review weekly all new intake charts to assure physicals are completed according to PBNDS 2011, to assure 100% compliance is demonstrated and sustained for three months. Thereafter the process will be ongoing to assure compliance. This process will be presented to and monitored by the quarterly facility Performance improvement (PI) Committee.	
2 out of 12 (17%) charts reviewed, documentation was inconsistent with the use of the language line. Spanish was identified as the primary language during the intake assessment however; it wasn't documented at every visit whether the provider spoke Spanish or if there was a need for the language line.	Proper use and documentation of interpreter need and use.	Prior to the follow up IHSC visit of August 5-7, a memorandum of qualified Spanish interpreters was developed and posted in exam rooms and intake areas, this memorandum is currently being updated and will be reposted by September 18, 2015. 100% of Providers were given training on documentation and use of Interpreters on June 18, 2015 by GEO Executive Vice-President/Chief Medical Officer (EVP/CMO). (b)(6); (b)(7)(C)	12/4/2015

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

Report produced on (date)

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

		(b)(6), (b)(7)(C) East and West QCP's will review 25 records for consent and documentation of interpreter service monthly to assure 100% compliance is demonstrated and sustained for three months. Thereafter the process will be ongoing to assure compliance. This process will be presented to and monitored by the quarterly facility Performance improvement (PI) Committee.	
(b)(5)	Proper follow-up of abnormal labs to include a face to face encounter.	100% of Providers were trained on June 18, 2015 by EVP/CMO on reviewing lab results and documentation of follow up procedures for abnormal lab values. July 2, 2015 all providers were provided access to LabCorp Beacon to view labs. East and West QCP's will review 25 charts weekly for physician ordered lab studies with review of the corresponding lab log for completion of the lab in a timely manner; chart will be reviewed for abnormal results with progress note documentation for physician follow up; review of charts weekly to assure 100% compliance is demonstrated and sustained for three months. Thereafter the process will be ongoing to	12/4/2015
in which the lab orders were not performed in a timely manner. One of the orders had to be reordered and another one had the wrong labs drawn. One of the charts reviewed had documentation that a written note was sent to the detainee advising him of his lab results. He was not seen face to face to discuss the results.			

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

Report produced on (date)

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

		(b)(5)		(b)(5)
	Implement a process to ensure timeliness of medical records filing.		12/4/2015	
(b)(5)	Conduct routine chart audits to ensure compliance with documentation.	completed GEO training. The MRS has decreased loose paper filing to a minimum on both east and west and is maintaining constant oversight to assure filing is completed and medical records are consistent with		
medical recordkeeping: • Loose pages in the chart that were not filed • Missing documentation to include dates and/or times on the encounter notes • Inaccurate documentation of "errors" within the clinical notes.		GEO HS Procedure 303 Contents and Format in Health Records. East and West QCP's will review 25 medical records for chart organization weekly to assure 95% compliance is demonstrated and sustained for three months. Thereafter the process will be ongoing to assure compliance. This process will be presented to and monitored by the quarterly facility Performance improvement (PI) Committee.		

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

Report produced on (date)

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

During the visit, there were two detainees who were actively on suicide watch. The facility is documenting according to policy and PBNDS 2011. However, the medical staff is not notifying the FMC when detainees are placed on suicide watch.	Review process for ICE/FMC significant event notifications, including when initiating a suicide watch.	Notifications of Suicide Watch are completed by the charge nurse on each shift by electronic email notification. The new (b)(6); (b)(7)(C) was added to the electronic list on July 23rd and receives all notifications since that date. The West QCP Nurse will review all Suicide notifications that were completed and sent to ICE/FMC weekly to assure 100% compliance is demonstrated and sustained for three months. Thereafter the process will be ongoing to assure compliance. This process will be presented to and monitored by the quarterly facility Performance improvement (PI) Committee.	12/4/2015
1 out of 13 (8%) of the charts reviewed with positive screens for mental illness was not evaluated by a mental health professional within 72 hours after the referral. One of the detainees with a history of unspecified mental health history was referred to the Mental Health Provider on June 3, 2015; however, as of June 17, 2015, he had not been seen.	Develop a system to track on-site mental health referrals to ensure they are completed as ordered or within 72 hours as per PBNDS 2011.	Implementation of the sensitive medical data (SMD) encounter form to track medical referrals and appointments began on August 24, 2015. 100% of all providers were trained by GEO (b)(6); (b)(7)(C) on August 20-21st. Improvements to provider appointment tracking on GEO Track will be completed by September 18th. Once GEO changes are implemented all providers will have their own	12/4/2015

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

Report produced on (date)

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

		appointment report to assure detainees are scheduled and seen when referred to a specific provider such as MH. East and West QCP's will review 25 SMDs for Mental Health referrals weekly to assure 100% compliance is demonstrated and sustained for three months. Thereafter the process will be ongoing to assure compliance. This process will be presented to and monitored by the quarterly facility Performance improvement (PI) Committee.	
One of the charts reviewed revealed that the detainee had a history of hypertension; however, a blood pressure was not documented on intake. 6 out of 19 (32%) detainees with a history of diabetes did not have a blood sugar measured or recorded on intake.	Review intake screening process with clinical staff to ensure that blood pressure checks are done on detainees with hypertension and blood sugar checks are done on diabetic detainees.	50% of all medical staff have received Intake training to include screening of CC detainees to include blood pressures and fingerstick glucose. Training for intake will be completed by October 31, 2015. East and West QCP's will review 25 CC intake charts monthly for documentation of vital signs and diabetic finger-sticks completed during the intake process to assure 100% compliance is demonstrated and sustained for three months. Thereafter the process will be ongoing to assure compliance. This process will be presented to and monitored by the quarterly	10/31/2015 for completion of Intake Screening training. 12/4/2015 for ongoing chart reviews.

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

Report produced on (date)

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

		facility Performance improvement (PI) Committee.	
The detainees are being seen and monitored for asthma in chronic care clinics; however, peak flows are not documented consistently.	Review Chronic Care guidelines with clinical staff to ensure that peak flows are done on detainees with asthma.	June 18th, 2015 100% of all providers were trained by EVP/CMO on documentation of peak flows for pulmonary patients; the providers were issued new peak flow meters in order to document 3 peak flows during the clinical encounter. East and West QCP's will review 25 Pulmonary Physician treatment plans for documentation of peak flows and O2 saturation levels are completed; chart reviews will be monthly to assure 100% compliance is demonstrated and sustained for three months. Thereafter the process will be ongoing to assure compliance. This process will be presented to and monitored by the quarterly facility Performance improvement (PI) Committee.	12/4/2015
See findings on the IHSC Report of Findings under Medication Administration Practices	Conduct training with staff to review proper medication administration practices.	100% of staff have been trained on Medication Administration practices	9/5/2015

~~FOR OFFICIAL USE ONLY (LAW ENFORCEMENT SENSITIVE)~~

Report produced on (date)

From: (b)(6); (b)(7)(C)
Sent: 5 Dec 2015 20:25:48 -0500
To: (b)(6); (b)(7)(C)
Subject: Adelanto

Have you heard that Adelanto will be given the OK to increase its population?



**U.S. Immigration
and Customs
Enforcement**

*Enforcement and Removal Operations
ICE Health Service Corps*

U.S. Department of Homeland Security
500 12th Street, SW 2nd Floor
Washington, DC 20536

DATE: October 16, 2015

MEMORANDUM FOR: (b)(6); (b)(7)(C)
Assistant Director
ICE Health Services Corps

THROUGH (b)(6); (b)(7)(C) MD
Deputy Assistance Director Clinical Services/Medical Director
ICE Health Services Corps

FROM: (b)(6); (b)(7)(C) RN
IHSC Field Medical Coordinator-Los Angeles Field Office

SUBJECT: Adelanto Detention Facility Report

This report for the Adelanto Detention Facility covers the period of October 10, 2015 through October 16, 2015 written by the IHSC Field Medical Coordinator (FMC) to provide information regarding medical care standards and compliance with established Immigration and Customs Enforcement (ICE) Performance-Based National Detention Standards (PBNDS 2011

Summary of findings:

Mental Health Treatment Planning

October 2015: 10 out of 10 (100%) of patients on the mental health caseload had a mental health evaluation, treatment, and follow-up plan documented. The patients were seen at least every 30 days and documentation of a SOAP note on each patient. These plans did include medications, labs and planned follow-up.

October 2015: 0 out of 10 (0%) of patients on the mental health caseload had a treatment plan updated at a minimum of 90 days.

There were no treatment plans in the records. Mental health treatment plans would typically include problems and symptoms, goals and objectives, interventions to include medications and behavioral management strategies. Mental health treatment plans would also include strengths and weaknesses, both mental health and medical diagnosis, and mini mental status exam. Some of these points were addressed in the psychiatric evaluation done initially, however they were not address every 90 days. An ideal treatment plan would be interdisciplinary to include, psychiatry, psychology, nursing, social work and corrections.

Complaints and Grievances

July, August, and September Grievance Logs

Total number of grievance related to medical 66

Percentage appropriately addressed within 5 working days 100%

Grievance type:

Availability of care specifically the provider/physician	10
Denial or refusal of specific requests for care	16
Delays in care	8
Competency/professional skillset of medical staff	6
Attitude, demeanor or conduct of staff	3
Lab/radiological results	5
Medication issues (administration)	15
Dental	6
Other (Outside provider complaint)	1

Medical Staff Currently Employed and Physically Working			
Authorized	Actual	Position	Notes
26	22	Licensed Practical Nurse	
3	3	Medical Data Entry Clerk	
3	3	Medical Records Clerk	
1	1	Medical Records Supervisor	
6	3	Nurse Practitioner	
20	18	Registered Nurses	1 RN last day is October 17th. Total will drop to 17 at that time.
1	0	Director of Nurses	
3	0	LCSW	
3	3.5	Physician	1 physician is out at least until November 15th. 1 new physician will begin seeing patients on October 22nd. 1 new physician will begin seeing patients on October 26th. (She will be working Thursdays, Fridays, Saturdays each week 10 hour shifts and work every other Sunday for a 10 hr shift.)
2	2	Dentist	
3	3	Psychologist	
2	2	Psychiatrist	
2	2	X-Ray Tech	
Medical Staff in the Hiring Process			
	2	Nurse Practitioner	3 are in process of initiating E-Quip.
	1	Nurse Practitioner	1 will begin GEO orientation on October 26th. (She is a re-hire so will be seeing patients once out of orientation.)
	1	Registered Nurse	4 have been hired and waiting for initiation into E-Quip

	1	Director Of Nurses	Completed interviews offered the position to one person and she accepted position somewhere else. Position still advertised.
	3	Licensed Clinical Social Worker	Advertised
	1	Physician	1 physician is submitting background paperwork today.
	1	Licensed Practical Nurse	4 hired and waiting for initiation into E-Quip.



**U.S. Immigration
and Customs
Enforcement**

*Enforcement and Removal Operations
ICE Health Service Corps*

U.S. Department of Homeland Security
500 12th Street, SW 2nd Floor
Washington, DC 20536

December 4, 2015

MEMORANDUM FOR:

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

Acting Assistant Director
ICE Health Services Corps

THROUGH

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

, MD

Deputy Assistance Director Clinical Services/Medical Director
ICE Health Services Corps

FROM:

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

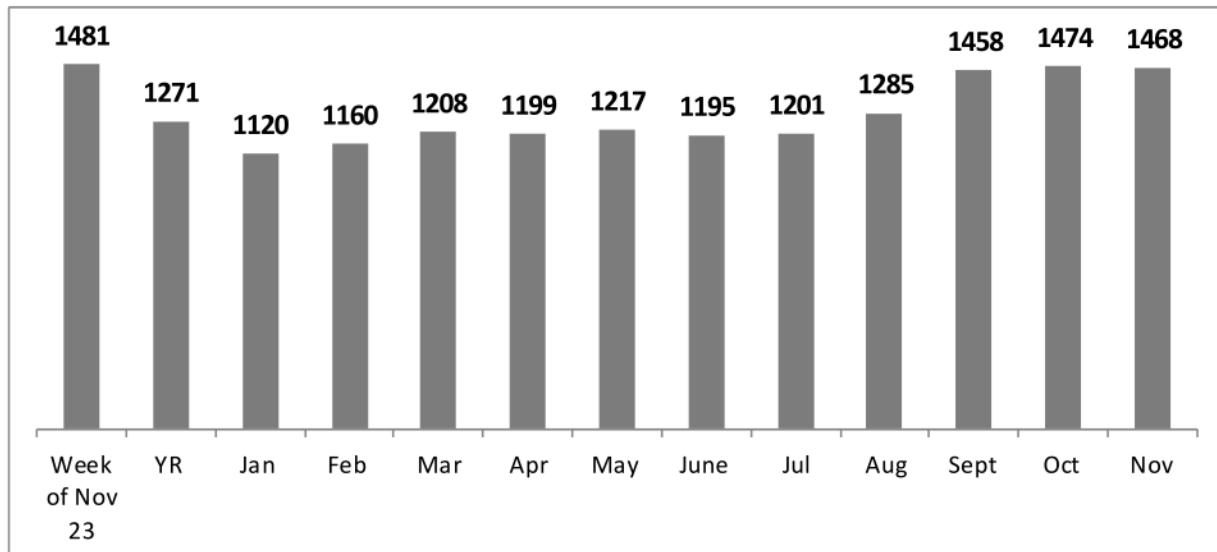
, RN

IHSC Field Medical Coordinator-Los Angeles Field Office

SUBJECT:

Adelanto Detention Facility Report

This report for the Adelanto Detention Facility covers the period of November 28, 2015 through December 4, 2015 written by the IHSC Field Medical Coordinator (FMC) to provide information regarding medical care standards and compliance with established Immigration and Customs Enforcement (ICE) Performance-Based National Detention Standards (PBNDS 2011) to also include other issues and an update on June 2015 Corrective Action Plan (CAP).



AVERAGE CENSUS FOR CURRENT WEEK & YEAR & PREVIOUS MONTHS

Intakes between November 9, 2015 through November 30, 2015 **625**

Releases between November 9, 2015 through November 30, 2015 **581**

Staffing:

*** Information obtained from GEO Human Resources (12/4/2015)**

Medical Staff Currently Employed and Physically Working			
Authorized	Actual	Position	Notes
1	1	Health Service Admin	
1	1	Asst. HSA	
26	22	Licensed Practical Nurse	
2	2	Dental Assistant	
3	5	Medical Data Entry Clerk	The 2 additional are GEO funded.
3	5	Medical Records Clerk	The 2 additional are GEO funded
1	1	Medical Records Supervisor	
6	5	Nurse Practitioner	
20	18	Registered Nurses	
1	0	Director of Nurses	
3	0	Licensed Clinical Social Worker	
3	3.5	Physician	1 physician is on extended sick leave was scheduled to return mid-November, but will not be back before mid-December.
2	2	Dentist	
3	3	Psychologist	
2	2	Psychiatrist	
2	2	X-Ray Tech	
Medical Staff in the Hiring Process			
	+.5	Physician	1 pending preliminary clearance
	1 vacant	Nurse Practitioner	1 pending preliminary clearance and 1 to complete e-quip and credentialing
	2 vacant	Registered Nurse	1 scheduled to start 12/7/2015 (orientation), 2 is pending preliminary clearance, 1 candidate to submit 85p
	1 vacant	Director Of Nurses	1 candidate to submit 85p
	0 vacant	Licensed Clinical Social Worker	3 SW positions converted to 2 psychology positions.
	2 vacant	Psychologist	Advertised
	3 vacant	Licensed Practical Nurse	3 scheduled to start 12/7/2015 (orientation)

Hunger strike-initiated December 3, 2015

- 9 detainees total (3 from Ghana, 6 from Bangladesh)
- All participated in the hunger strike in November
- 6 missed 18 meals, 3 have had Ensure and then missed 0, 2 and 4 meals since drinking Ensure.
- All are requesting release from detention
- Assistant Warden of medical has been conducting daily rounds and report the detainees are all alert and oriented and in no apparent distress.

Health Assessment

- Intake screen completed within 12 hours of booking
 - 21 of 21 (100%) Review of 21 charts on September 1, 2015
 - 25 of 25 (100%) Review of 25 charts on October 21, 2015
 - 60 of 60 (100%) Review of 60 charts on November 4, 2015
 - 25 of 25 (100%) Review of 25 charts on November 17, 2015
 - 31 of 31 (100%) Review of 31 charts on December 4, 2015
- PPD placed during medical screening, if applicable and read within 48-72 hours, or if PPD is positive by history, chest x-ray was ordered and read
 - 21 of 21 (100%) Review of 21 charts on September 1, 2015
 - 18 of 25 (72%) Review of 25 charts on October 21, 2015
 - 57 of 60 (95%) Review of 60 charts on November 4, 2015
 - 25 of 25 (100%) Review of 25 charts on November 17, 2015
 - 31 of 31 (100%) Review of 31 charts on December 4, 2015
- Comprehensive health assessment should be completed for each detainee within 14 days of arrival
 - 18 of 21 (86%) Review of 21 charts on September 1, 2015
 - 19 of 25 (76%) Review of 25 charts on October 21, 2015
 - 54 of 60 (90%) Review of 60 charts on November 4, 2015
 - 24 of 25 (96%) Review of 25 charts on November 17, 2015
 - Detainee arrived on October 22, 2015, and did not have his physical completed until November 9, 2015, which was 4 days late.
 - There was another detainee that did not have a physical assessment in the medical record but it was later found in loose filing.
 - 27 of 31 (87%) Review of 31 charts on December 4, 2015
 - Detainee arrived on September 11, 2015, and did not have his physical completed until October 8, 2015, which was 17 days late.

- Detainee arrived on October 20, 2015, and did not have his physical completed until November 5, 2015, which was 2 days late.
 - Detainee arrived on September 4, 2015, and did not have his physical completed until September 22, 2015, which was 4 days late.
 - Detainee arrived on November 17, 2015, and did not have his physical assessment at the time of the review, which is at least 2 days late. (Scheduled for December 5, 2015)
 - There was another detainee that did not have a physical assessment in the medical record, but it was later found in loose filing.
- Timely follow-up for significant findings of acute or chronic conditions within two working days
 - 18 of 21 (86%) Review of 21 charts on September 1, 2015
 - 9 of 11 (81%) Review of 25 charts on October 21, 2015
 - 8 of 11 (73%) Review of 70 charts on November 4, 2015
 - 3 of 5 (60%) Of the 25 total charts reviewed on November 17, 2015, only 5 had a significant finding that without timely intervention could lead to deterioration in function, pain, death, or risk to the public health. Of these 5, only 3 had appropriate or timely follow-up.
 - Detainee with blood pressure of 130/101 was not followed up timely. He has since been seen by a provider and is being monitored.
 - Detainee with a history of depression and a history of previous suicide attempt had intake completed on November 2, 2015, but was not seen by a mental health provider until November 17, 2015.
 - 2 of 5 (40%) Of the 31 charts review on December 4, 2015, only 5 had a significant finding that without timely intervention could lead to deterioration in function, pain, death, or risk to the public health. Of these 5 only 3 had appropriate or timely follow-up.
 - Mental health detainee transferred from Bureau of Prisons (BOP) Terminal Island with history of torticollis (side effect to psychotropic medications) was prescribed haldol decanoate (long acting antipsychotic medication) and cogentin (medication used to treat for side effects of antipsychotic medications) upon arrival to Adelanto. The detainee refused Cogentin; therefore, the psychiatrist discontinued this medication. Medical records from Terminal Island have been requested.
 - A registered nurse (RN) completed a physical exam for a detainee with a blood pressure of 168/88 during the exam. However, the RN did not refer the detainee to a higher level provider for follow-up of the blood pressure. He has since been seen by a provider and is being followed.
 - Detainee with depression arrived on November 4, 2015, and was scheduled to see mental health on November 5, 2015. He had not been seen at the time of this review on December 4, 2015. He is scheduled to be seen on December 5, 2015.

- Language access: Use of translator, provider fluency in language or English-speaking patient is documented
 - 26 of 31 (83%) Review of 31 charts on December 4, 2015
 - 2 of the charts did not document which language the detainee used.
 - 3 of the charts did not indicate that the language line was used when the preferred language was not English.

Other issues identified during audit:

Legibility of signatures was found on several charts for providers and nursing staff.

Date of the physical assessment was not documented on one chart.

14 day physical assessment completed by a registered nurse that had not be co-signed by the physician for 2 months

June 2015 Site Visit Findings Pending Additional Review for Resolution:

- There are currently 2 QCP's that are performing a variety of audits to include chronic care, all intakes and 14 day physicals and meeting weekly with the HSA, the Assistant HSA (AHSA), the providers and nursing staff. FMC has requested data for November to be reported next week.
- Chronic care management: The Quality Control Professional (QCP) conducts weekly chronic care chart reviews and meets weekly with medical leadership to review findings. FMC has requested data for November to be reported next week.
- Mental Health Medication Management: The psychiatrist has the medication consent forms signed at the time the medication is ordered. The QCPs utilize the psychotropic medication audit tool to review the charts. FMC has requested data for November to be reported next week.
- On-site stock medication inventory log: A log has been developed to track the medications used from the on-site stock medication cards, and the HSA or pharmacy nurse is reviewing 25 stock cards weekly to ensure medication is signed out.

The log has been created; however, data was not obtained which stock cards were being utilized properly. The pharmacy nurse reported that if a medication stock card was found to be incomplete, he educates the nurses involved and completes the card appropriately, but he did not document how many were not in compliance. The log is being utilized as confirmation that he checked the cards twice a week. The FMC addressed the lack of documentation on non-compliance and training data with the HSA. The FMC will review to ensure compliance for reporting next week.

- Pill line administration: Nurses may pre-pour medications as long as they are administered by the person who pre-poured them and are administered to one detainee at a time. The Assistant HSA (AHSA) is to observe pill pass twice weekly for adherence and document in the Pharmacy Communication Log. This is being monitored by HSA, AHSA and pharmacy nurse and documented in communication log.

This log has been created and this process is being monitored. The pharmacy nurse reported that if he observed noncompliance by the pill line nurses regarding this process, he would conduct just in time training, but he did not document how many times nurse were observed not following this process. The FMC addressed the lack of documentation on non-compliance and training data with the HSA. The FMC will continue review to ensure compliance for reporting next week.

- Intake screening procedures: Intakes are conducted with privacy, time for detainee to review the consent form and for nursing staff to provide consistent instructions on how to access care during detention. The HSA observes intake screening twice weekly. This is completed and documented in the communication log. The FMC will request documentation for evidence of compliance for reporting next week.
- Documentation of the use of the language line: Memorandum of qualified Spanish interpreters developed and posted in exam and intake areas. An updated memo was posted on September 18, 2015. 100% of providers were trained on the memo and documentation of interpreter as of June 18, 2015. 25 of records are reviewed monthly to determine compliance.

The information provided by the Quality Care Professional (QCP) did not reflect how many times the language line was needed. The information being monitored is not addressing the issues that were previously identified. The QCPs were educated what information should be generated with this audit. The FMC will review to ensure compliance for reporting next week.

- Lab orders are not performed timely: This has been an ongoing issue at Adelanto. Adelanto is conducting 25 chart reviews to ensure labs were drawn timely.

The information the QPCs are monitoring are not fully addressing compliance with the CAP. They are monitoring the number of labs are done and how many refused. They are not monitoring timeliness of the completion of the lab. The QPC's were educated about what is needed for monitoring according to the CAP. The FMC will review to ensure compliance for reporting next week.

- Dental follow-up care: The dental assistant will use the dental chart review tool to review 10 charts weekly to ensure priority levels are being met. The QPC's will be educated what is needed for monitoring according to the CAP. Based on the information provided, it is

unclear what is exactly being monitored. The FMC will review the audit tool being utilized to see if meets the CAP requirement for compliance.

- Reasonable accommodations: The AHSA is the reasonable accommodations coordinator for East and West. A local policy has been written and is being routed for signatures. The local policy addresses accountability of detainees and evacuation of detainees during an emergency. The HSA will work with corporate to develop local procedures for evacuation of detainees during an emergency, available TTY/TDD services, ADA accommodations log. FMC is reviewing the ADA accommodations log to ensure it will up to date and complete for next report.
- Did not notify FMC of detainees on a suicide watch. The new FMC had not been added to the distribution list for these notifications. This had been rectified, and FMC had been receiving notification. However, in November the FMC did not receive consistent suicide watch notifications. The HSA addressed this with the nursing staff to notify the FMCs daily of anyone currently on a suicide watch. This has not been an issue for the past three weeks; the FMC will continue to monitor.
- Annual nursing competencies: Adelanto is developing competency testing; pending completion date is October 31, 2015; however, Adelanto is requesting this date to be extended to December 31, 2015.
- Mandatory annual training: Annual training to be completed July 17, 2015, but this was pushed back to October 31, 2015. Per HSA this has been completed. FMC has requested the documentation multiple times; however, the facility has not provided the records. The records also are only sign in sheets for those that attended the training vs. rosters. This will require someone to match the sign in sheets with staff rosters to ensure all required staff was trained. The new AW of medical is currently working on this issue.
- Medical Record Organization and Documentation: Medical records should be organized by section with all paperwork filed appropriately. Error documentation should be completed appropriately. Adelanto CAP did not address error documentation. Adelanto has since created a tool for the medical records staff to audit for errors such as missing signatures or documentation and that documents are filed in the medical record correctly. The audit tool was to be utilized weekly but has not been utilized since mid-October. Adelanto has added 5 new medical records staff completing orientation this past week. The FMC will continue to monitor and verify audits are being conducted and report compliance next week.
- Medical records supervisor has been hired. Loose filing continues to be a problem. Given the upcoming CRCL site visit next week, Adelanto is working to get all loose filing completed by December 8, 2015. FMC will continue to monitor and report next week.

- Notifying detainees of lab results: A written note was sent to the detainee advising of the lab results vs. a face-to-face encounter. GEO did not address this finding in the CAP response. However, the new process will be as follows: The provider will order labs and inform the detainee that the lab results will be discussed at the next chronic care examination unless the results are abnormal at which time the detainee will have an appointment scheduled with the provider to discuss. If detainee is not a chronic care patient, the provider will schedule a follow-up appointment to discuss the results when the provider reviews them. This process had been communicated to providers at providers meeting on October 29, 2015.

During this past audit on December 4, 2015, one “notification” letter had been found in a chart. This was from a provider that had left Adelanto and returned. The HSA has been made aware and will address again at the next provider’s meeting. FMC will continue to monitor.

June 2015 Site Visit Findings Resolved:

- Posting Look alike/Sound alike medications: Look alike/Sound alike signs have been posted in pharmacy and treatment areas. This has been completed and verified by the FMC.
- Crushing medications: Providers must justify and document in the medical record an order to crush medications for administration. Do not crush signs posted in the clinic on June 19, 2015, and providers were educated regarding the need to order and justify in the medical record. FMC will verify the process is being followed.
- Management of MedPARs: GEO medical staff will submit a TAR for GEO Chief Medical Officer Review. If approved, then a MedPAR is entered. If denied, the provider makes a notation in the medical record. There is a process in place for urgent requests to be expedited and only requires health services administrator (HSA) authorization.

*Treatment authorization requests are no longer being routed through the Chief Medical Officer. Once a request is written by the provider, it is reviewed by the HSA and providers weekly for necessity and then processed for authorization by IHSC. If the provider considers the request urgent it can be expedited for immediate processing.

- Grievances: Grievances are handled as per PBNDS 2011, and senior medical staff complete. GEO states they were in compliance but had to revise the log. The FMC reviewed the grievance process in September 2015 and found the process to be compliant. A new log was created, and audits revealed that grievances are complete within the required time frame.
- Notifying detainees of lab results: A written note was sent to the detainee advising of the lab results vs. a face-to-face encounter. GEO did not address this finding in the CAP

response. However, the new process will be as follows: The provider will order labs and inform the detainee that the lab results will be discussed at the next chronic care examination unless the results are abnormal at which time the detainee will have an appointment scheduled with the provider to discuss. If detainee is not a chronic care patient, the provider will schedule a follow-up appointment to discuss the results when the provider reviews them. This process has been communicated to providers at providers meeting on October 29, 2015.

- Restriction of pharmacy keys: Limit to HSA, director of nursing (DON), shift charge nurse and assigned pharmacy staff. Memo developed restricting keys to these staff members. Upon query of several staff, only HSA, shift charge nurse and assigned pharmacy staff are using these keys.
- Training for pharmacy staff: HSA was trained by Correct RX on September 14, 2015, in a train the trainer program. On October 30, 2015, GEO reported that 100% of staff had been trained. Completed September 5, 2015. The FMC verified the training was complete on October 30, 2015.
- HSA reports Correct RX completed an on-site inspection of the pharmacy the first week of September; FMC has requested the report but the audit is not available from Correct RX until the pharmacist returns next week. A copy of the 3rd quarter audit was provided, and the Correct RX pharmacist did not cite any deficiencies.
- Management of over the counter (OTC) medications: Medications should be separated by route and from other medical supplies. Medications have been separated by route and from other medical supplies. The pharmacy nurse is monitoring this and documents in the communication log that it was checked and the medications are still separated.

From: (b)(6); (b)(7)(C)
Sent: 13 Nov 2015 22:44:18 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: Adelanto daily brief 11.13.15

- Census 1477
- Intakes since Monday 106
- Releases since Monday 101
- Hunger strike
 - 26 monitored initially in dorm without their private property or commissary.
 - 22 maintain they will continue
 - For the 4 that have started either eating or drinking Ensure the plan is to make sure they continue eating before they send them back to their own dorms.
 - Nurse remains on unit with the detainees on hunger strike.
 - Continue to try to get vital signs and offer food/Ensure/water

V/r,

(b)(6); (b)(7)(C) RN, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 6 Oct 2015 19:30:32 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: Adelanto Daily Brief 10.06.07

- Nakamoto surveyors are on site-8 total with 4 for each building.
- There was no physician on site yesterday Tuesday October 6 (one physician on site today)

V/r,

(b)(6); (b)(7)(C) BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 30 Oct 2015 22:12:33 -0400
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto Daily Brief 10.30.15

- Census 1462
- Per HSA and QI nurses, 14 days physicals are current
- 2 physicians and 3 mid-levels seeing patients today
- 2 RN's last day is tomorrow
- GEO audit Tuesday, Wednesday and Thursday next week

V/r,

(b)(6); (b)(7)(C) CDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From:

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

Sent:

2 Nov 2015 21:41:00 -0500

To:

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

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

Cc:

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

Subject:

Adelanto Daily Brief 11.02.15

- Census 1453
- GEO audit to start tomorrow
- Reviewed 20 charts with intake dates between 9/4/15 -10/19/15 and 100% have had their physical exams, however 2 (10%) were not within the 14 day period with one that was a week late and one that was 4 days late.
It was also noted that there were a large number of RN completed physicals with the physicians co-signing the documentation.
(Will provide comprehensive review with the weekly report)
- The 4th mid-level provider was seeing patients today.
- It was reported that over the weekend a large number of detainees on the West side of Adelanto refused to go to meals.
This threatened hunger strike was in retaliation for "poor medical care" and "bad food." This morning it was reported that only 400 detainees had remained in their dorm at meal times. According the ERO staff the facility had been on lock down on Friday, but is no longer on lock down. GEO and ERO are monitoring the situation.

V/r,

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

, RN, BSN

LCDR, USPHS

ICE Health Service Corps

Field Medical Coordinator – San Bernardino Field Office

655 West Rialto Avenue Room (b)(6); (b)(7)(C)

San Bernardino, CA 92410

909-386-(b)(6); Office

202-815-(b)(7)(C) Cell

1-866-693-6341 Secure Fax

(b)(6); (b)(7)(C) @ice.dhs.gov

From:

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

Sent:

3 Nov 2015 22:28:37 -0500

To:

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

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

Cc:

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

Subject:

Adelanto Daily Brief 11.03.2015

- Census 1503
- Detainees going to food service as normal
- GEO internal audit

V/r,

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

CDR, USPHS

ICE Health Service Corps

Field Medical Coordinator – San Bernardino Field Office

655 West Rialto Avenue Room (b)(6); (b)(7)(C)

San Bernardino, CA 92410

909-386-(b)(6); Office

202-815-(b)(7)(C) Cell

1-866-693-6341 Secure Fax

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

@ice.dhs.gov

From:

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

Sent:

18 Nov 2015 18:57:14 -0500

To:

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

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

Cc:

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

Subject:

Adelanto Daily Brief 11.18.15

- Census 1459
- Intakes 56, departures 64
- Medical information requested by CRCL sent 11/17/15
- GEO preparing for CRCL visit on Dec 9-11th
- Franco monitor visit on Nov 23-25th
- Unable to find suitable candidate for director of nursing position that is willing to take the position
- GEO medical records on West Side had made temporary improvements, however now documentation is not being filed timely. Documentation in the charts is unorganized. GEO has made staffing changings in an effort to correct the problems. Medical records has not been consistent with the chart audits as stated in the corrective action plan (CAP).

V/r,

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

RN, BSN

LCDR, USPHS

ICE Health Service Corps

Field Medical Coordinator – San Bernardino Field Office

655 West Rialto Avenue Room (b)(6)

San Bernardino, CA 92410

909-386-(b)(6); (b)(7)(C) Office

202-815-(b)(6); (b)(7)(C) Cell

1-866-693-6341 Secure Fax

(b)(6); (b)(7)(C) ice.dhs.gov

Page 093

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 094

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 095

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 096

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 097

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 098

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 099

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 100

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 101

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

From: (b)(6); (b)(7)(C)
Sent: 23 Jan 2018 09:38:00 -0500
To: (b)(6); (b)(7)(C)
Cc:
Subject: Disability Rights California at Adelanto

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

We've briefly discussed this but on February 1 and 2 (next Thursday and Friday) an oversight group by the name of Disability Rights California will be conducting a monitoring visit of the Adelanto Detention Facility. We gather from many of their public reports that they will be looking at the care and housing of detainees with identified mental illnesses.

Myself and (b)(6); (b)(7)(C) will be traveling to Adelanto to help facilitate the monitoring visit; however, given the focus on mental health care, we felt it would be prudent to have a seasoned IHSC representative accompany us on the trip. If you identify someone, we can certainly loop him/her into a coordination call that we will be having later in the week. If I dare make a recommendation, I have worked with (b)(6) (b)(6); (b)(7)(C) in the past on disability complaints and inquiries, and he has always been a fine representative. ☺

Please let me know. Thanks.

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

CORRECTIVE ACTION PLAN (CAP)

Facility Name:	Cibola Correctional Center		
Type of Audit:	Check One: ☐ Partner ☒ External ☐ Internal ☐ Continuous Improvement (CI)		
Name of Auditing Partner or Agency: <i>*If not internal or CI</i>	El Paso FMCs (ICE); (b)(6); (b)(7)(C)		
Audit Name/Type/Project: <i>*If not CI</i>	ICE Chronic Care and standards audit		
Date(s) of Audit or Date CI Identified:	12/10/19 to 12/12/19	Date Audit Report or CI Received:	

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(7)(E); (b)(4)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(7)(E); (b)(4)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(7)(E); (b)(4)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic

CORRECTIVE ACTION PLAN (CAP)

(b)(4); (b)(7)(E)

**Root Cause information is for internal purposes and may be removed when submitting the CAP to any external source.*

Proprietary Information – Not for Distribution – Copyrighted – Property of CoreCivic



U.S. Immigration
and Customs
Enforcement

April 10, 2018

MEMORANDUM FOR: (b)(6); (b)(7)(C)
ERO Assistant Director
ICE Custody Management

THROUGH: (b)(6); (b)(7)(C) DHSc, MPH
ERO Assistant Director
ICE Health Service Corps

FROM: CAPT (b)(6); (b)(7)(C) MD
IHSC Deputy Assistant Director
Health Care Compliance Branch

SUBJECT: Report of ICE Health Service Corps Subject Matter Expert Team Visit -
Adelanto ICE Processing Center - March 6 to 8, 2018

Purpose. The purpose of this site visit was to follow-up on a November 2017 on-site investigation of the Adelanto ICE Processing Center (AIPC) by the Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) to recommend improvements and provide assistance through collaboration with GEO and Correct Care Solutions to strengthen the AIPC health care delivery program.

Background. On March 6-8, 2018, an ICE Health Service Corps (IHSC) subject matter expert (SME) team performed a visit to the site to determine the status of AIPC's compliance with 2011 ICE Performance-based National Detention Standards. The principal members of the team consisted of the Deputy Assistant Directors for Health Care Compliance and Health Systems Support, IHSC Chief of Psychiatry, Unit Chief for Medical Case Management, IHSC staff pharmacy consultant, two Field Medical Coordinators, and a Risk Manager.

This report is based upon patient and administrative record reviews, interviews with detention and medical officials and department heads at the facility, GEO Group (managing contractor), and Correct Care Solutions (health care contractor) corporate staff.

1. Leadership

- Health care is processed slowly, inefficiently, is uncoordinated, disjointed, and lacks in continuity. The team noted that clinic leadership mostly identifies issues that require prospective surveillance for mitigation and interventions through scrutiny by outside entities or

as a result of adverse outcomes. The pattern of repeated non-compliance with PBNDS standards and measures of quality of care over time indicate a lack of administrative control and deficiencies in both the administrative and clinical arenas. Lack of clinical leadership extends to both medical and psychiatric disciplines that intersect with certain administrative functions. Psychiatric direction, especially as it pertains to quality assurance, are almost non-existent.

Not in compliance with PBNDS 4.3. V. B. *The Health Systems Administrator (HSA) shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.*

- The reactive nature of leadership is also reflected in the quality assurance (QA) activities. In an interview with the Chief of the QA department, she stated “I would like to track medication errors, but it doesn’t end up as a routinely collected measure or study because the HSA is not focused on tracking.”

Not in compliance with PBNDS 4.3 EE.2.7. *Reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results.*

- More than one year after GEO subcontracted the electronic health records, the facility is not fully utilizing the eHR medical record that has resulted in fragmentation in medical record continuity. Leadership must proactively implement the eHR as intended.

Not in compliance with PBNDS 4.3 V. BB. *The HSA shall maintain a complete health record on each detainee that is: organized uniformly in accordance with appropriate accrediting body standards; available to all practitioners and used by them for health care documentation; and properly maintained and safeguarded in a securely locked area within the medical unit.*

- Recommendations:

(b)(7)(E)

2. Pharmaceutical Management

- The medication procurement and administration process is currently overseen by an LVN, a staffing choice not authorized.

Not in compliance with PBNDS 4.3 V.G.11. Administration of medications by properly licensed, credentialed, trained personnel under the supervision of the health services administrator (HSA), clinical medical authority (CMA)...

- AIPC medical providers are regularly failing to send medication discontinuation notices to CorrectRx (mail-order pharmacy), which has resulted in medication administration records (MAR) that are more often incorrect than correct. In a review of 10 psychiatric patient charts, 100% of MARs printed from the pharmacy contained previously discontinued orders with an average of four discontinued orders on each MAR. In a review of 10 medical patients, 60% of printed MARs contained discontinued orders.

Not in compliance with PBNDS 4.3 V.G. 12. ...documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.

- A highly disproportionate use of sedating antipsychotics [65% compared to an average of 27% of the antipsychotics prescribed at AIPC and IHSC-staffed facilities, respectively] may indicate that mental health staff may be using antipsychotic medications as a tranquilizer instead of a therapeutic regimen focused on resolving symptoms and improving functional status.

PBNDS 4.3 V.G.3. Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed

(b)(7)(E)

(b)(7)(E)

3. Medical Record-keeping Practices

- AIPC's electronic medical record lacks a Medication Administration Record (MAR) and patient location information, leading to unsafe mental health care for detainees

Not in compliance with PBNDS 4.3. II.23. Information about each detainee's health status shall be treated as confidential, and health records shall be maintained in accordance with accepted standards separately from other detainee detention files and be accessible only in accordance with written procedures and applicable laws. Health record files on each detainee shall be well organized, available to all practitioners and properly maintained and safeguarded.

- A review of the use of force report pursuant to a detainee complaint states that he became hostile in his cell, struck a corrections officer, and was eventually subdued and placed in mechanical restraints. IHSC noted that AIDC had diagnosed the detainee with psychosis and that the patient was being regularly housed in segregation. The detainee had, in fact, been diagnosed with schizophrenia, and had a history of taking antipsychotic medications. Two months prior to the incident, the detainee was documented as taking antipsychotic medication off-and-on.

Not in compliance with PBNDS 4.3. V.Y.1.a. The use of restraints requires documented approval and guidance from the CMA. Record-keeping and reporting requirements regarding the medical approval to use restraints shall be consistent with other provisions within these standards, including documentation in the detainee's A-file.

- Recommendations:

(b)(7)(E)

(b)(7)(E)

4. Mental Health Program

- Reviewers were unable to find any instances of collateral information being collected for any detainee in AIPC. Initial mental health evaluations continue to be poor, without mention or documentation of any patient history from the detainee's previous facility from the detainees' previous health care providers or family members.

Not in compliance with PBNDS 4.3 V. O.3.b. *Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. Such evaluation and screenings shall include: [b]. history of any mental health treatment or evaluation;*

- AIPC houses detainees with serious mental disorders in segregation. Continuous and prolonged segregation housing of the seriously mentally ill detainees can exacerbate mental health and increase the likelihood of poor mental health outcomes.

Not in compliance with PBNDS 4.3 V. O.3.b, [j.3]. *Recommend actions for any appropriate treatment, including but not limited to the following: special management units (PBNDS 2.12); [also ICE Directive 11065.1, Review of the Use of Segregation for ICE Detainees (Segregation Directive)]*

- AIPC continues to have inadequate and delayed access to care for persons in mental health crisis who need acute inpatient psychiatric hospitalization.

Not in compliance with PBNDS 4.3 V. O.3.b, [j.4]. *Recommend actions for any appropriate treatment, including but not limited to the following: community hospitalization.*

- Recommendations:

(b)(7)(E)

(b)(7)(E)

5. Dental Assessments

- Thirty-three-percent (of 10) records reviewed were not in compliance.

Not in compliance with PBNDS 4.3 V.R. *An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.*

Recommendation: Review with clinical staff and develop on-going in-services for the Health Assessment PBNDS standard to ensure continued compliance with the standard.

6. Tuberculosis Screening Management

- One out of nineteen (5%) did not have tuberculosis screening completed as per CDC guidelines. One of the detainee's chest x-ray was not read within 72 hours due to housing issues. The chest x-ray was ordered five days after arrival. The chest x-ray was completed nine days after arrival.

Not in compliance with PBNDS 4.3 V.C.2. *Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines. All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines.*

Recommendation: Review with clinical staff and develop on-going in-services for the Tuberculosis Screening and Management PBNDS standard to ensure continued compliance with the standard.

7. Sick call

- Two of three (67%) of the charts reviewed for urgent care (sick call) did not have a nursing referral to an MD/PA/NP/DMD submitted within 24 hours where appropriate.

Not in compliance with PBNDS 4.3 V.S.4. *Sick Call- Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care*

services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.

(b)(7)(E)

8. Medical Care

- Two of ten (20%) of the charts reviewed indicated that the detainees did not receive their medication within 24-72 hours. One detainee's medication was not ordered at intake because the personal supplies were in Russian, and the nurse could not read them. The detainee went without several cardiac medications for 2-3 days until seen by a provider. In a second detainee, the transfer summary noted a history of asthma, but no medical conditions or medications were documented on the intake screening, and no medications were ordered until the exam 5 days later.

Not in compliance with PBNDS 4.3 V.U.5. *Detainees shall receive continuity of care from time of admission to time of transfer, release or removal. Detainees, who have received medical care, released from custody or removed shall receive a discharge plan, a summary of medical records, any medically necessary medication and referrals to community-based providers as medically-appropriate.*

(b)(7)(E)

9. Clinical Evaluation and Management

- Two out of ten (20%) of detainees did not have a chest x-ray completed within 72 hours of problem identification. In one instance, the detainee was identified on July 20, 2017; however, the chest x-ray was not completed until July 28, 2017. The other detainee was identified as being HIV positive on January 31, 2017. The chest x-ray was completed on May 26, 2017. (REPEAT FINDING)

Not in compliance with PBNDS 4.3 V.C.4.c. *Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, The CDC and the Infectious Diseases Society of America.*

- One of six (16%) of detainee records reviewed indicate they were not seen by an HIV or ID specialist within 30 days of HIV identification. The detainee was identified as being diagnosed with HIV on September 3, 2016; however, the detainee was not scheduled for ID visit until December 16, 2016.

Two of ten (20%) of detainees with HIV did not have a chest x-ray completed within 72 hours of problem identification. For one detainee, the diagnosis was identified on July 29, 2017; however, the chest x-ray was not ordered until August 16, 2017. The other detainee was

identified as being HIV positive HIV on September 3, 2016. The chest x-ray was ordered on February 9, 2017, and it was completed on February 10, 2017. (REPEAT FINDING)

Not in compliance with NCCHC J-G-01 Chronic Disease Services. *Patients with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function. For patients enrolled in an HIV program, it is recommended that care be supervised by an HIV specialist who will initiate and change therapeutic regimens as medically indicated*

(b)(7)(E)

10. Disability

- Six of 20 detainee records (~ 33%) reviewed were missing appropriate accommodation orders (Special needs). Additionally, the facility does not clearly determine in the progress notes if the provider has assessed the detainees for assistance with activities of daily living.

Not in compliance with PBNDS 4.8 V.F.4.e. *Disability Identification, Assessment, and Accommodation, F4. Multidisciplinary Team, e. Staff Notification- Where an accommodation is granted, facility policy or procedures will ensure that all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations.*

(b)(7)(E)

11. Medical Grievances

- Four out of thirty-six (11%) of the grievances were not addressed within 5 working days of receipt.

Not in compliance with PBNDS 6.2: V.C.4. *Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record shall be maintained per the following section "D. Record-Keeping and File Maintenance."*

(b)(7)(E)

(b)(7)(E)





U.S. Immigration
and Customs
Enforcement

April 10, 2018

MEMORANDUM FOR:

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

ERO Assistant Director
ICE Custody Programs

THROUGH:

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

, DHSc, MPH
ERO Assistant Director
ICE Health Service Corps

FROM:

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

MD
IHSC Deputy Assistant Director
Health Care Compliance Branch

SUBJECT:

Report of ICE Health Service Corps Subject Matter Expert Team Visit -
Adelanto ICE Processing Center - March 6 to 8, 2018

Purpose. The purpose of this site visit was to follow-up on a November 2017 on-site investigation of the Adelanto ICE Processing Center (AIPC) by the Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) to recommend improvements and provide assistance through collaboration with GEO and Correct Care Solutions to strengthen the AIPC health care delivery program.

Background. On March 6-8, 2018, an ICE Health Service Corps (IHSC) subject matter expert (SME) team performed a visit to the site to determine the status of AIPC's compliance with 2011 ICE Performance-based National Detention Standards. The principal members of the team consisted of the Deputy Assistant Directors for Health Care Compliance and Health Systems Support, IHSC Chief of Psychiatry, Unit Chief for Medical Case Management, IHSC staff pharmacy consultant, two Field Medical Coordinators, and a Risk Manager.

This report is based upon patient and administrative record reviews, interviews with detention and medical officials and department heads at the facility, GEO Group (managing contractor), and Correct Care Solutions (health care contractor) corporate staff.

1. Leadership

- Health care is processed slowly, inefficiently, uncoordinated, disjointed, and lacks in continuity. The team noted that clinic leadership mostly identifies issues that require prospective surveillance for mitigation and interventions through scrutiny by outside entities or

as a result of adverse outcomes. The pattern of repeated non-compliance with PBNDS standards and measures of quality of care over time indicate a lack of administrative control and deficiencies in both the administrative and clinical arenas. Lack of clinical leadership extends to both medical and psychiatric disciplines that intersect with certain administrative functions. Psychiatric direction, especially as it pertains to quality assurance, are almost non-existent.

Not in compliance with PBNDS 4.3. V. B. *The Health Systems Administrator (HSA) shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.*

- The reactive nature of leadership is also reflected in the quality assurance (QA) activities. In an interview with the Chief of the QA department, she stated “I would like to track medication errors, but it doesn’t end up as a routinely collected measure or study because the HSA is not focused on tracking.”

Not in compliance with PBNDS 4.3 EE.2.7. *Reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results.*

- More than one year after GEO subcontracted the electronic health records, recent audit findings determined deficiencies in medical record-keeping similar to those prior to having subcontracted the service. Although updated to an electronic format, the facility is not fully utilizing the eHR medical record that has resulted in fragmentation in its application. Leadership must proactively implement the eHR as intended.

Not in compliance with PBNDS 4.3 V. BB. *The HSA shall maintain a complete health record on each detainee that is: organized uniformly in accordance with appropriate accrediting body standards; available to all practitioners and used by them for health care documentation; and properly maintained and safeguarded in a securely locked area within the medical unit.*

(b)(7)(E)

2. Pharmaceutical Management

- The medication procurement and administration process is currently overseen by an LVN, a staffing choice not authorized.

Not in compliance with PBNDS 4.3 V.G.11. Administration of medications by properly licensed, credentialed, trained personnel under the supervision of the health services administrator (HSA), clinical medical authority (CMA)...

- AIPC medical providers are regularly failing to send medication discontinuation notices to CorrectRx (mail-order pharmacy), which has resulted in medication administration records (MAR) that are more often incorrect than correct. In a review of 10 psychiatric patient charts, 100% of MARs printed from the pharmacy contained previously discontinued orders with an average of four discontinued orders on each MAR. In a review of 10 medical patients, 60% of printed MARs contained discontinued orders.

Not in compliance with PBNDS 4.3 V.G. 12. ...documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.

- A highly disproportionate use of sedating antipsychotics [65% compared to an average of 27% of the antipsychotics prescribed at AIPC and IHSC-staffed facilities, respectively] may indicate that mental health staff may be using antipsychotic medications as a tranquilizer instead of a therapeutic regimen focused on resolving symptoms and improving functional status.

Questionable compliance with PBNDS 4.3 V.G.3. Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed

- Recommendations:

(b)(7)(E)

(b)(7)(E)

3. Medical Record-keeping Practices

- AIPC's electronic medical record lacks a Medication Administration Record (MAR) and patient location information, leading to unsafe mental health care for detainees

Not in compliance with PBNDS 4.3. II.23. Information about each detainee's health status shall be treated as confidential, and health records shall be maintained in accordance with accepted standards separately from other detainee detention files and be accessible only in accordance with written procedures and applicable laws. Health record files on each detainee shall be well organized, available to all practitioners and properly maintained and safeguarded.

- A review of the use of force report pursuant to a detainee complaint states that he became hostile in his cell, struck a corrections officer, and was eventually subdued and placed in mechanical restraints. IHSC noted that AIDC had diagnosed the detainee with psychosis and that the patient was being regularly housed in segregation. The detainee had, in fact, been diagnosed with schizophrenia, and had a history of taking antipsychotic medications. Two months prior to the incident, the detainee was documented as taking antipsychotic medication off-and-on.

Not in compliance with PBNDS 4.3. V.Y.1.a. The use of restraints requires documented approval and guidance from the CMA. Record-keeping and reporting requirements regarding the medical approval to use restraints shall be consistent with other provisions within these standards, including documentation in the detainee's A-file.

- Recommendations:

(b)(7)(E)

(b)(7)(E)

4. Mental Health Program

- Reviewers were unable to find any instances of collateral information being collected for any detainee in AIPC. Initial mental health evaluations continue to be poor, without mention or documentation of any patient history from the detainee's previous facility from the detainees' previous health care providers or family members.

Not in compliance with PBNDS 4.3 V. O.3.b. *Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. Such evaluation and screenings shall include: [b]. history of any mental health treatment or evaluation;*

- AIPC inappropriately houses detainees with serious mental disorders in segregation, rather than housing them in an appropriate mental health housing arrangement. Continuous and prolonged segregation housing of the mentally ill has led to inadequate mental health care and increased the likelihood of poor mental health outcomes.

Not in compliance with PBNDS 4.3 V. O.3.b, [j.3]. *Recommend actions for any appropriate treatment, including but not limited to the following: special management units (PBNDS 2.12); [also ICE Directive 11065.1, Review of the Use of Segregation for ICE Detainees (Segregation Directive)]*

- AIPC continues to have inadequate and delayed access to care for persons in mental health crisis who need acute inpatient psychiatric hospitalization.

Not in compliance with PBNDS 4.3 V. O.3.b, [j.4]. *Recommend actions for any appropriate treatment, including but not limited to the following: community hospitalization.*

- Recommendations:

(b)(7)(E)

(b)(7)(E)

5. Dental Assessments

- Thirty-three-percent (of 10) records reviewed were not in compliance.

Not in compliance with PBNDS 4.3 V.R. *An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.*

(b)(7)(E)

6. Tuberculosis Screening Management

- One out of nineteen (5%) did not have tuberculosis screening completed as per CDC guidelines. One of the detainee's chest x-ray was not read within 72 hours due to housing issues. The chest x-ray was ordered five days after arrival. The chest x-ray was completed nine days after arrival.

Not in compliance with PBNDS 4.3 V.C.2. *Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines. All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines.*

(b)(7)(E)

7. Sick call

- Two of three (67%) of the charts reviewed for urgent care (sick call) did not have a nursing referral to an MD/PA/NP/DMD submitted within 24 hours where appropriate.

Not in compliance with PBNDS 4.3 V.S.4. Sick Call- Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.

(b)(7)(E)

8. Medical Care

- Two of ten (20%) of the charts reviewed indicated that the detainees did not receive their medication within 24-72 hours. One detainee's medication was not ordered at intake because the personal supplies were in Russian, and the nurse could not read them. The detainee went without several cardiac medications for 2-3 days until seen by a provider. In a second detainee, the transfer summary noted a history of asthma, but no medical conditions or medications were documented on the intake screening, and no medications were ordered until the exam 5 days later.

Not in compliance with PBNDS 4.3 V.U.5. Detainees shall receive continuity of care from time of admission to time of transfer, release or removal. Detainees, who have received medical care, released from custody or removed shall receive a discharge plan, a summary of medical records, any medically necessary medication and referrals to community-based providers as medically-appropriate.

(b)(7)(E)

9. Clinical Evaluation and Management

- Two out of ten (20%) of detainees did not have a chest x-ray completed within 72 hours of problem identification. In one instance, the detainee was identified on July 20, 2017; however, the chest x-ray was not completed until July 28, 2017. The other detainee was identified as being HIV positive on January 31, 2017. The chest x-ray was completed on May 26, 2017. (REPEAT FINDING)

Not in compliance with PBNDS 4.3 V.C.4.c. Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, The CDC and the Infectious Diseases Society of America.

- One of six (16%) of detainee records reviewed indicate they were not seen by an HIV or ID specialist within 30 days of HIV identification. The detainee was identified as being diagnosed with HIV on September 3, 2016; however, the detainee was not scheduled for ID visit until December 16, 2016.

Two of ten (20%) of detainees with HIV did not have a chest x-ray completed within 72 hours of problem identification. For one detainee, the diagnosis was identified on July 29, 2017;

however, the chest x-ray was not ordered until August 16, 2017. The other detainee was identified as being HIV positive HIV on September 3, 2016. The chest x-ray was ordered on February 9, 2017, and it was completed on February 10, 2017. (REPEAT FINDING)

Not in compliance with NCCHC J-G-01 Chronic Disease Services. *Patients with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function. For patients enrolled in an HIV program, it is recommended that care be supervised by an HIV specialist who will initiate and change therapeutic regimens as medically indicated*

(b)(7)(E)

10. Disability

- Thirty-three-percent (of 20) records reviewed were missing appropriate accommodation orders (Special needs). Additionally, the facility does not clearly determine in the progress notes if the provider has assessed the detainees for assistance with activities of daily living.

Not in compliance with PBNDS 4.8 V.F.4.e. *Disability Identification, Assessment, and Accommodation, F4. Multidisciplinary Team, e. Staff Notification- Where an accommodation is granted, facility policy or procedures will ensure that all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations.*

(b)(7)(E)

11. Medical Grievances

- Four out of thirty-six (11%) of the grievances were not addressed within 5 working days of receipt.

Not in compliance with PBNDS 6.2: V.C.4. *Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record shall be maintained per the following section "D. Record-Keeping and File Maintenance."*

(b)(7)(E)

(b)(7)(E)





U.S. Immigration
and Customs
Enforcement

April 10, 2018

MEMORANDUM FOR:

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

ERO Assistant Director
ICE Custody Programs

THROUGH:

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

ERO Assistant Director
ICE Health Service Corps

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

FROM:

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

IHSC Deputy Assistant Director
Health Care Compliance Branch

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

SUBJECT:

Report of ICE Health Service Corps Subject Matter Expert Team Visit -
Adelanto ICE Processing Center - March 6 to 8, 2018

Purpose. The purpose of this site visit was to follow-up on a November 2017 on-site investigation of the Adelanto ICE Processing Center (AIPC) by the Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) to recommend improvements and provide assistance through collaboration with GEO and Correct Care Solutions to strengthen the AIPC health care delivery program.

Background. On March 6-8, 2018, an ICE Health Service Corps (IHSC) subject matter expert (SME) team performed a visit to the site to determine the status of AIPC's compliance with 2011 ICE Performance-based National Detention Standards. The principal members of the team consisted of the Deputy Assistant Directors for Health Care Compliance and Health Systems Support, IHSC Chief of Psychiatry, Unit Chief for Medical Case Management, IHSC staff pharmacy consultant, two Field Medical Coordinators, and a Risk Manager.

This report is based upon patient and administrative record reviews, interviews with detention and medical officials and department heads at the facility, GEO Group (managing contractor), and Correct Care Solutions (health care contractor) corporate staff.

1. Leadership

- Health care is processed slowly, inefficiently, uncoordinated, disjointed, and lacks in continuity. The team noted that clinic leadership mostly identifies issues that require prospective surveillance for mitigation and interventions through scrutiny by outside entities or

as a result of adverse outcomes. The pattern of repeated non-compliance with PBNDS standards and measures of quality of care over time indicate a lack of administrative control and deficiencies in both the administrative and clinical arenas. Lack of clinical leadership extends to both medical and psychiatric disciplines that intersect with certain administrative functions. Psychiatric direction, especially as it pertains to quality assurance, are almost non-existent.

Not in compliance with PBNDS 4.3. V. B. *The Health Systems Administrator (HSA) shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.*

- The reactive nature of leadership is also reflected in the quality assurance (QA) activities. In an interview with the Chief of the QA department, she stated “I would like to track medication errors, but it doesn’t end up as a routinely collected measure or study because the HSA is not focused on tracking.”

Not in compliance with PBNDS 4.3 EE.2.7. *Reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results.*

- More than one year after GEO subcontracted the electronic health records, recent audit findings determined deficiencies in medical record-keeping similar to those prior to having subcontracted the service. Although updated to an electronic format, the facility is not fully utilizing the eHR medical record that has resulted in fragmentation in its application. Leadership must proactively implement the eHR as intended.

Not in compliance with PBNDS 4.3 V. BB. *The HSA shall maintain a complete health record on each detainee that is: organized uniformly in accordance with appropriate accrediting body standards; available to all practitioners and used by them for health care documentation; and properly maintained and safeguarded in a securely locked area within the medical unit.*

- Recommendations:

(b)(7)(E)

2. Pharmaceutical Management

- The medication procurement and administration process is currently overseen by an LVN, a staffing choice not authorized.

Not in compliance with PBNDS 4.3 V.G.11. Administration of medications by properly licensed, credentialed, trained personnel under the supervision of the health services administrator (HSA), clinical medical authority (CMA)...

- AIPC medical providers are regularly failing to send medication discontinuation notices to CorrectRx (mail-order pharmacy), which has resulted in medication administration records (MAR) that are more often incorrect than correct. In a review of 10 psychiatric patient charts, 100% of MARs printed from the pharmacy contained previously discontinued orders with an average of four discontinued orders on each MAR. In a review of 10 medical patients, 60% of printed MARs contained discontinued orders.

Not in compliance with PBNDS 4.3 V.G. 12. ...documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.

- A highly disproportionate use of sedating antipsychotics [65% compared to an average of 27% of the antipsychotics prescribed at AIPC and IHSC-staffed facilities, respectively] may indicate that mental health staff may be using antipsychotic medications as a tranquilizer instead of a therapeutic regimen focused on resolving symptoms and improving functional status.

Questionable compliance with PBNDS 4.3 V.G.3. Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed

- Recommendations:

(b)(7)(E)

(b)(7)(E)

3. Medical Record-keeping Practices

- AIPC's electronic medical record lacks a Medication Administration Record (MAR) and patient location information, leading to unsafe mental health care for detainees

Not in compliance with PBNDS 4.3. II.23. Information about each detainee's health status shall be treated as confidential, and health records shall be maintained in accordance with accepted standards separately from other detainee detention files and be accessible only in accordance with written procedures and applicable laws. Health record files on each detainee shall be well organized, available to all practitioners and properly maintained and safeguarded.

- A review of the use of force report pursuant to a detainee complaint states that he became hostile in his cell, struck a corrections officer, and was eventually subdued and placed in mechanical restraints. IHSC noted that the patient had been diagnosed with psychosis and that he was being regularly housed in segregation. The detainee had, in fact, been diagnosed with schizophrenia, and had a history of taking antipsychotic medications. Two months prior to the incident, the detainee was documented as taking antipsychotic medication off-and-on.

Not in compliance with PBNDS 4.3. V.Y.1.a. The use of restraints requires documented approval and guidance from the CMA. Record-keeping and reporting requirements regarding the medical approval to use restraints shall be consistent with other provisions within these standards, including documentation in the detainee's A-file.

- Recommendations:

(b)(7)(E)

(b)(7)(E)

4. Mental Health Program

- Reviewers were unable to find any instances of collateral information being collected for any detainee in AIPC. Initial mental health evaluations continue to be poor, without mention or documentation of any patient history from the detainee's previous facility from the detainees' previous health care providers or family members.

Not in compliance with PBNDS 4.3 V. O.3.b. *Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. Such evaluation and screenings shall include: [b]. history of any mental health treatment or evaluation;*

- AIPC inappropriately houses detainees with serious mental disorders in segregation, rather than housing them in an appropriate mental health housing arrangement. Continuous and prolonged segregation housing of the mentally ill has led to inadequate mental health care and increased the likelihood of poor mental health outcomes.

Not in compliance with PBNDS 4.3 V. O.3.b, [j.3]. *Recommend actions for any appropriate treatment, including but not limited to the following: special management units (PBNDS 2.12); [also ICE Directive 11065.1, Review of the Use of Segregation for ICE Detainees (Segregation Directive)]*

- AIPC continues to have inadequate and delayed access to care for persons in mental health crisis who need acute inpatient psychiatric hospitalization.

Not in compliance with PBNDS 4.3 V. O.3.b, [j.4]. *Recommend actions for any appropriate treatment, including but not limited to the following: community hospitalization.*

- Recommendations:

(b)(7)(E)

(b)(7)(E)

5. Dental Assessments

- Thirty-three-percent (of 10) records reviewed were not in compliance.

Not in compliance with PBNDS 4.3 V.R. *An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.*

(b)(7)(E)

6. Tuberculosis Screening Management

- One out of nineteen (5%) did not have tuberculosis screening completed as per CDC guidelines. One of the detainee's chest x-ray was not read within 72 hours due to housing issues. The chest x-ray was ordered five days after arrival. The chest x-ray was completed nine days after arrival.

Not in compliance with PBNDS 4.3 V.C.2. *Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines. All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines.*

(b)(7)(E)

7. Sick call

- Two of three (67%) of the charts reviewed for urgent care (sick call) did not have a nursing referral to an MD/PA/NP/DMD submitted within 24 hours where appropriate.

Not in compliance with PBNDS 4.3 V.S.4. Sick Call- Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.

(b)(7)(E)

8. Medical Care

- Two of ten (20%) of the charts reviewed indicated that the detainees did not receive their medication within 24-72 hours. One detainee's medication was not ordered at intake because the personal supplies were in Russian, and the nurse could not read them. The detainee went without several cardiac medications for 2-3 days until seen by a provider. In a second detainee, the transfer summary noted a history of asthma, but no medical conditions or medications were documented on the intake screening, and no medications were ordered until the exam 5 days later.

Not in compliance with PBNDS 4.3 V.U.5. Detainees shall receive continuity of care from time of admission to time of transfer, release or removal. Detainees, who have received medical care, released from custody or removed shall receive a discharge plan, a summary of medical records, any medically necessary medication and referrals to community-based providers as medically-appropriate.

(b)(7)(E)

9. Clinical Evaluation and Management

- Two out of ten (20%) of detainees did not have a chest x-ray completed within 72 hours of problem identification. In one instance, the detainee was identified on July 20, 2017; however, the chest x-ray was not completed until July 28, 2017. The other detainee was identified as being HIV positive on January 31, 2017. The chest x-ray was completed on May 26, 2017. (REPEAT FINDING)

Not in compliance with PBNDS 4.3 V.C.4.c. Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, The CDC and the Infectious Diseases Society of America.

- One of six (16%) of detainee records reviewed indicate they were not seen by an HIV or ID specialist within 30 days of HIV identification. The detainee was identified as being diagnosed with HIV on September 3, 2016; however, the detainee was not scheduled for ID visit until December 16, 2016.

Two of ten (20%) of detainees with HIV did not have a chest x-ray completed within 72 hours of problem identification. For one detainee, the diagnosis was identified on July 29, 2017;

however, the chest x-ray was not ordered until August 16, 2017. The other detainee was identified as being HIV positive on September 3, 2016. The chest x-ray was ordered on February 9, 2017, and it was completed on February 10, 2017. (REPEAT FINDING)

Not in compliance with NCCHC J-G-01 Chronic Disease Services. *Patients with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function. For patients enrolled in an HIV program, it is recommended that care be supervised by an HIV specialist who will initiate and change therapeutic regimens as medically indicated*

(b)(7)(E)

10. Disability

- Thirty-three-percent (of 20) records reviewed were missing appropriate accommodation orders (Special needs). Additionally, the facility does not clearly determine in the progress notes if the provider has assessed the detainees for assistance with activities of daily living.

Not in compliance with PBNDS 4.8 V.F.4.e. *Disability Identification, Assessment, and Accommodation, F4. Multidisciplinary Team, e. Staff Notification- Where an accommodation is granted, facility policy or procedures will ensure that all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations.*

(b)(7)(E)

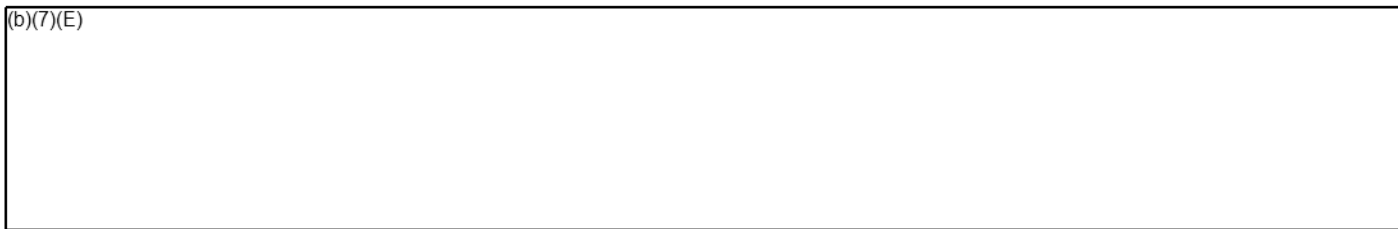
11. Medical Grievances

- Four out of thirty-six (11%) of the grievances were not addressed within 5 working days of receipt.

Not in compliance with PBNDS 6.2: V.C.4. *Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record shall be maintained per the following section "D. Record-Keeping and File Maintenance."*

(b)(7)(E)

(b)(7)(E)



From: (b)(6); (b)(7)(C)
Sent: 17 Nov 2015 16:43:21 -0500
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto 11.7.15 through 11.14.15 weekly report
Attachments: Adelanto 11.7.15 through 11.14.15.doc

Ma'am,

For your review and approval, see attached weekly report by FMC on Adelanto facility updates and follow up.

R/

(b)(6); (b)(7)(C) RN, MSN, CCHP, CPHM
CAPT, U.S. Public Health Service
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Custom Enforcement
202 (b)(6); (b)(7)(C)
202
866-808-8154 (f)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Tuesday, November 17, 2015 10:25 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 11.7.15 through 11.14.15

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

See the attached report for Adelanto for last week. Due to the hunger strikes, LCDR (b)(6); (b)(7)(C) did not do any chart reviews.

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C), RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room (b)(6); (b)(7)(C)
Laguna Niguel, CA 92677

949-360-(b)(7)(E) Office
202-689-(b)(7)(E) Cell phone
866-460-9503 Secure Fax

(b)(7)(E)

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(7)(E)
Sent: Monday, November 16, 2015 4:18 PM
To: (b)(7)(E)
Subject: Adelanto 11.7.15 through 11.14.15

Please see corrections and highlights in red.



**U.S. Immigration
and Customs
Enforcement**

*Enforcement and Removal Operations
ICE Health Service Corps*

U.S. Department of Homeland Security
500 12th Street, SW 2nd Floor
Washington, DC 20536

DATE: November 13, 2015

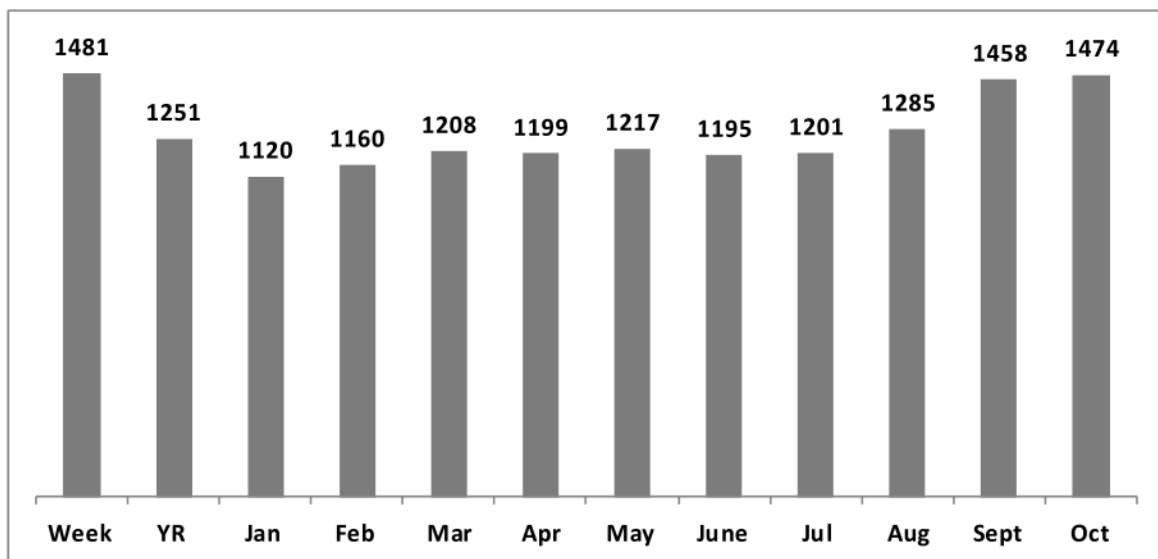
MEMORANDUM FOR: (b)(7)(E)
Acting Assistant Director
ICE Health Services Corps

THROUGH (b)(7)(E)
Deputy Assistance Director Clinical Services/Medical Director
ICE Health Services Corps

FROM: (b)(7)(E)
Field Medical Coordinator-Los Angeles Field Office
ICE Health Services Corps

SUBJECT: Adelanto Detention Facility Report

This report for the Adelanto Detention Facility covers the period of November 7, 2015, through November 14, 2015, to provide information regarding medical care standards and compliance with established Immigration and Customs Enforcement (ICE) Performance-Based National Detention Standards (PBNDS 2011) to also include other issues and an update on June 2015 Corrective Action Plan (CAP).



AVERAGE CENSUS FOR CURRENT WEEK & YEAR & PREVIOUS MONTHS

Staffing:

Medical Staff Currently Employed and Physically Working			
Authorized	Actual	Position	Notes
1	1	Health Service Admin	
1	1	Asst. HSA	
26	22	Licensed Practical Nurse	5 in pre-service (training)
2	2	Dental Assistant	
3	4	Medical Data Entry Clerk	3 in pre-service (training)
3	5	Medical Records Clerk	2 in pre-service (training)
1	1	Medical Records Supervisor	
6	5	Nurse Practitioner	1 in pre-service (training)
20	18	Registered Nurses	2 in pre-service (training)
1	0	Director of Nurses	
3	0	Licensed Clinical Social Worker	
3	3.5	Physician	1 physician is on extended sick leave was scheduled to return mid-November, but will not be back before mid-December.
2	2	Dentist	
3	3	Psychologist	
2	2	Psychiatrist	
2	2	X-Ray Tech	
Medical Staff in the Hiring Process			
	+5	Physician	1 physician is waiting for ICE background 1 additional physician interviewed
	1 vacant	Nurse Practitioner	2 are completing E-Quip and credentialing.
	2 vacant	Registered Nurse	Interviews scheduled 11/10 and 11/11
	1 vacant	Director Of Nurses	Pending on candidate's decision
	3 vacant	Licensed Clinical Social Worker	Advertised
	3 vacant	Licensed Practical Nurse	1 interview scheduled

* Information obtained from GEO Human Resources (11/10/15)

Hunger Strike:

On November 8, 2015, 26 detainees declared a hunger strike because they felt as if their bonds were set too high and they wanted to be released. They were sent to a separate dorm to segregate them from other detainees in the facility. They were not allowed personal property or commissary. However, they had access to water. Detainees refused daily vital signs and weights and refusals were obtained. Food, fluid and Ensure were offered multiple times throughout each day.

On November 12, 2015, 2 physicians went to the detainees to perform physical assessments; however, all of the detainees refused, and refusal forms were obtained. On November 13,

2015, a psychologist spoke with each detainee offering mental health services; however, all of the detainees declined except for one. Refusal forms were obtained and placed in the medical records. No significant issues were identified with the detainee that agreed to speak with mental health.

On November 14, 2015, at 0135, all of the detainees accepted two double sack lunches and milk and/or juice and/or Ensure. This ended the hunger strike.

June 2015 Site Visit Findings Resolved:

The FMC will review each of the resolved issues for continued and consistent compliance for reporting on November 20, 2015.

- Posting Look alike/Sound alike medications: Look alike/Sound alike signs have been posted in pharmacy and treatment areas. This has been completed and verified by FMC.
- Crushing medications: Providers must justify and document in the medical record an order to crush medications for administration. Do not crush signs posted in the clinic on June 19, 2015, and providers were educated regarding the need to order and justify in the medical record.
- Management of MedPARs: GEO medical staff will submit a TAR for GEO Chief Medical Officer Review. If approved, then a MedPAR is entered. If denied, the provider makes a notation in the medical record. On August 20, 2015, Adelanto conducted a tracer studies from the time a TAR is written until it has been approved and a MedPAR is created and ready for ICE authorization. The range of time was 3 to 17 days and the average time was 11.7 days. There is a process in place for urgent requests to be expedited and only requires health services administrator (HSA) authorization.

*Treatment authorization requests are no longer being routed through the Chief Medical Officer. Once a request is written by the provider, it is reviewed by the HSA and providers weekly discussed weekly for necessity and then processed for authorization by IHSC. If the provider considers the request urgent it can be expedited for immediate processing.

- Grievances: Grievances are handled as per PBNDS 2011 and have senior medical staff complete. GEO states they were in compliance but had to revise the log. The FMC reviewed the grievance process in September 2015 and found the process to be compliant. A new log was created, and audits revealed that grievances are complete within the required time frame.
- Restriction of pharmacy keys: Limit to HSA, director of nursing (DON), shift charge nurse and assigned pharmacy staff. Memo developed restricting keys to these staff members. Upon query of several staff, only HSA, shift charge nurse and assigned pharmacy staff are using these keys.

- Chronic care management: The Quality Control Professional (QCP) will conduct weekly chronic care chart reviews and meet weekly with medical leadership to review findings. There are currently 3 QCP's that are performing a variety of audits to include chronic care, all intakes and 14 day physicals and meeting weekly with the HSA, the Assistant HSA (AHSA), the providers and nursing staff.
- Mental Health Medication Management: The psychiatrist will have medication consents signed at the time the medication is ordered. The HSA will develop psychotropic medication audit tool for the QCP to use in reviewing 15 charts of detainees on psychotropic medications weekly. Psychotropic medication audit tool has been developed and are being utilized for reviewing charts by the QCPs.
- HSA reports Correct RX completed an on-site inspection of the pharmacy the first week of September and a copy of the audit was provided. According to the audit and the Correct RX pharmacist there were no deficiencies..
- On-site stock medication inventory log: A log has been developed, and the HSA is reviewing 25 stock cards weekly to ensure medication is signed out. FMC will verify for continued compliance.
- Management of over the counter (OTC) medications: Medications should be separated by route and from other medical supplies. Medications have been separated by route and from other medical supplies. This is being monitored by pharmacy nurse and documented in communication log.
- Pill line administration: Nurses may pre-pour medications as long as administered by the person who pre-poured and administered to one detainee at a time. AHSA to observe pill pass twice weekly for adherence and document in Pharmacy Communication Log. This is being monitored by HSA, AHSA and pharmacy nurse and documented in communication log.
- Documentation of use of language line: Memorandum of qualified Spanish interpreters developed and posted in exam and intake areas. Updated memo to be posted on September 18. 100% of providers trained on memo and documentation of interpreter as of June 18. 25 of records are reviewed monthly to determine compliance.
- Lab orders are not performed timely: Response from Adelanto did not address the finding. This has been an ongoing issue at Adelanto. Adelanto is conducting 25 chart reviews to ensure labs were drawn timely.
- Dental follow-up care: Dental assistant will use the dental chart review tool to review 10 charts weekly to ensure priority levels are being met. Audits completed on East and west for past month as of October 30, 2015.

- Notifying detainees of lab results: A written note was sent to the detainee advising of the lab results vs. a face-to-face encounter. GEO did not address this finding in the CAP response. Process will be as follows: Provider will order labs and at that time will inform the detainee that the results of the labs will be discussed at next chronic care examination unless the results are abnormal at which time the detainee will have an appointment scheduled with the provider to discuss. If detainee is not a chronic care patient they will be scheduled to discuss labs when they have resulted. This process has been communicated to providers at providers meeting on October 29, 2015.
- Reasonable accommodations: AHSA is the reasonable accommodations coordinator for East and West. A local policy has been written and is being routed for signatures. The local policy addresses accountability of detainees and evacuation of detainees during an emergency. The HSA will work with corporate to develop local procedures for evacuation of detainees during an emergency, available TTY/TDD services, ADA accommodations log.
- Intake screening procedures: Intakes are conducted with privacy, time for detainee to review consent form and for nursing staff to provide consistent instructions on how to access care during detention. HSA is observing intake screening twice weekly. This is being done and documented in communication log.

June 2015 Site Visit Findings Pending Additional Review for Resolution:

- Did not notify FMC of detainees on a suicide watch. The new FMC had not been added to the distribution list for these notifications; this had been rectified and FMC had been receiving notification; however, in November the FMC did not consistently receive the suicide watch notifications.
- Annual nursing competencies: Adelanto is developing competency testing with a pending completion date is October 31, 2015; however, Adelanto requested an extension until December 31, 2015.
- Mandatory annual training: Annual training was to be completed July 17, 2015, but was pushed back to October 31, 2015. Per HSA this has been completed. FMC will request documentation.
- Medical Record Organization and Documentation: Medical records should be organized by section with all paperwork filed appropriately. Error documentation should be completed appropriately. According to HSA, medical records is conducting ten chart audits daily to check for proper documentation of date, time, location of the clinical encounter, stamp, signature etc. using a basic audit tool. They will then follow-up to ensure the errors are corrected when possible. They are also auditing 25 intake charts weekly to ensure the document placement in chart is correct.

Medical records supervisor was hired, and in August all loose paper had been filed. However, in September paperwork had not been filed timely. Medical records had been caught up with loose filing at the end of October; however, since then paperwork has not been filed timely.

- Training for pharmacy staff: HSA was trained by Correct RX on September 14, 2015, in a train the trainer program. On October 30, 2015, GEO reported that 100% of staff had been trained. Completed September 5, 2015. The FMC verified this on October 30, 2015.

From: (b)(6); (b)(7)(C)
Sent: 23 Nov 2015 10:04:12 -0500
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto 11.15.15 through 11.20.15 (2)
Attachments: Adelanto 11.15.15 through 11.20.15.doc
(b)(6);
(b)(7)(C)

See attached Adelanto report (NOV 20 2015) that (b)(6); (b)(7)(C) has approved.
Please send it back to me once she has signed it.

Thank you.

R/

(b)(6); (b)(7)(C)
CAPT, U.S. Public Health Service
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Custom Enforcement
202-732-(b)(6); (b)(7)(C) w/
202-321-(b)(6); (b)(7)(C) cell)
866-808-8154 (f)
Email: (b)(6); (b)(7)(C) @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Friday, November 20, 2015 6:10 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 11.15.15 through 11.20.15 (2)

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

Please see the attached Adelanto site visit report for this week.

PEs: 1 of 25 not completed within 14 days.

There are still a variety of issues that have not been addressed. Many of the quality control audit tools GEO developed to monitor compliance with the CAP are not actually useful in monitoring compliance. These issues are identified in the report. LCDR (b)(6); (b)(7)(C) will address with GEO, including the new assistant warden over medical, when she returns from leave after Thanksgiving week.

CA (b)(6); (b)(7)(C) will be at Adelanto next week. The (b)(6); (b)(7)(C) monitor will be on-site, and the FMCs are asked to be available. She is not currently planning on reviewing things as LCDR (b)(6); (b)(7)(C) does since she will be covering the entire AOR. However, if something is needed urgently, I can task it to her.

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

(b)(6); (b)(7)(C), RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator – Western Region
Los Angeles Field Office
24000 Avila Rd., Room (b)(6); (b)(7)(C)
Laguna Niguel, CA 92677
949-(b)(6); (b)(7)(C) Office
202-(b)(6); (b)(7)(C) BlackBerry
866-460-9503 Secure Fax

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

Please note new address and phone number.

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From: (b)(6); (b)(7)(C)
Sent: Friday, November 20, 2015 3:02 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto 11.15.15 through 11.20.15 (2)

Made my additions red



**U.S. Immigration
and Customs
Enforcement**

*Enforcement and Removal Operations
ICE Health Service Corps*

U.S. Department of Homeland Security
500 12th Street, SW 2nd Floor
Washington, DC 20536

DATE: November 20, 2015

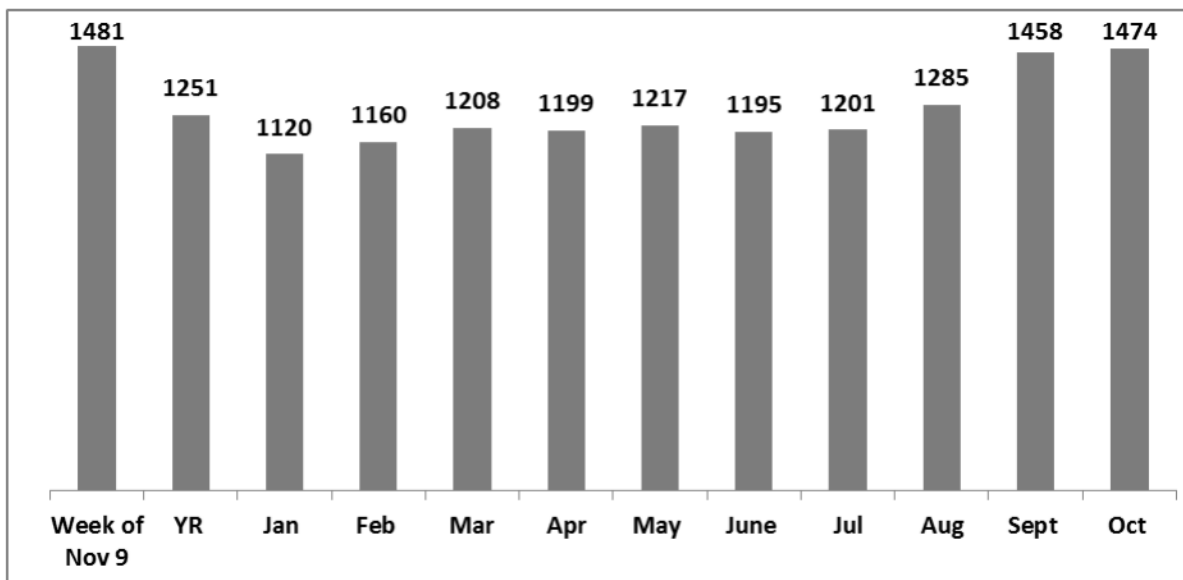
MEMORANDUM FOR: (b)(7)(E)
Acting Assistant Director
ICE Health Services Corps

THROUGH (b)(7)(E)
Deputy Assistance Director Clinical Services/Medical Director
ICE Health Services Corps

FROM: LCDR (b)(6); (b)(7)(C) RN
IHSC Field Medical Coordinator-Los Angeles Field Office

SUBJECT: Adelanto Detention Facility Report

This report for the Adelanto Detention Facility covers the period of November 15, 2015 through November 20, 2015 written by the IHSC Field Medical Coordinator (FMC) to provide information regarding medical care standards and compliance with established Immigration and Customs Enforcement (ICE) Performance-Based National Detention Standards (PBNDS 2011) to also include other issues and an update on June 2015 Corrective Action Plan (CAP).



AVERAGE CENSUS FOR CURRENT WEEK & YEAR & PREVIOUS MONTHS

Nov. 9, 2015-Nov. 15, 2015
Intakes 150
Departures 130

Staffing:

*** Information obtained from GEO Human Resources (11/19/15)**

Medical Staff Currently Employed and Physically Working			
Authorized	Actual	Position	Notes
1	1	Health Service Admin	
1	1	Asst. HSA	
26	22	Licensed Practical Nurse	5 are onsite and in orientation
2	2	Dental Assistant	
3	4	Medical Data Entry Clerk	3 are onsite and in orientation. The 1 additional is GEO funded.
3	5	Medical Records Clerk	2 are onsite and in orientation. The 2 additional are GEO funded
1	1	Medical Records Supervisor	
6	5	Nurse Practitioner	1 are onsite and in orientation
20	18	Registered Nurses	2 are onsite and in orientation
1	0	Director of Nurses	
3	0	Licensed Clinical Social Worker	
3	3.5	Physician	1 physician is on extended sick leave was scheduled to return mid-November, but will not be back before mid-December.
2	2	Dentist	
3	3	Psychologist	
2	2	Psychiatrist	
2	2	X-Ray Tech	
Medical Staff in the Hiring Process			
	+5	Physician	1 pending preliminary clearance
	1 vacant	Nurse Practitioner	1 pending preliminary clearance and 1 to complete e-quip and credentialing
	2 vacant	Registered Nurse	2 to complete e-quip
	1 vacant	Director Of Nurses	Position declined by candidate. Will continue to interview with one interview scheduled for 11/17/2015
	3 vacant	Licensed Clinical Social Worker	Advertised
	3 vacant	Licensed Practical Nurse	2 to complete e-quip and 4 to initiate into e-quip, 3 to submit 85p

***New Associate Warden - Medical**

(b)(6); (b)(7)(C) start date at GEO was October 27, 2015. He is retired from Bureau of Prisons at Terminal Island and was the Associate Warden of Operations with full oversight over the medical department.

Grievances October 2015

Complaints and Grievances (October, 2015)

- Total number of grievance related to medical: 14
- Percentage appropriately addressed within 5 working days: 100%

Grievance related to:

- Availability of care (requesting to see a provider) 1
- Availability of care (requesting to see a specialist) 4
- Denial or refusal of specific requests for care 2
- Competency/professional skillset of medical staff 2
 - Detainee reported inadequate care for skin condition
 - Detainee reported inadequate care for injury
- Medication issues 3
- Other (requests for medical records) 1
- Withdrawn 1

Dental Care Review November 18, 2015

24 of 25 charts review (96%) had a completed oral screening within 14 days of arrival to the facility. Oral screening includes visual observation of the teeth and gums, and notation of any obvious or gross abnormalities.

None of the 25 charts reviewed had any obvious or gross abnormalities which would have required a dental evaluation within 48 hours of the referral.

One detainee had arrived at Adelanto on October 25, 2015, and had not been screened by dental by November 16, 2015.

Health Assessment

- Intake screen complete within 12 hours of booking
 - 21 of 21 (100%) Review of 21 charts on September 1, 2015
 - 25 of 25 (100%) Review of 25 charts on October 21, 2015
 - 60 of 60 (100%) Review of 60 charts on November 4, 2015
 - 25 of 25 (100%) Review of 25 charts on November 17, 2015
- PPD placed during medical screening, if applicable and read within 48-72 hours, or if PPD is positive by history, chest x-ray was ordered and read
 - 21 of 21 (100%) Review of 21 charts on September 1, 2015
 - 18 of 25 (72%) Review of 25 charts on October 21, 2015
 - 57 of 60 (95%) Review of 60 charts on November 4, 2015

- 25 of 25 (100%) Review of 25 charts on November 17, 2015
- Comprehensive health assessment should be completed for each detainee within 14 days of arrival
 - 18 of 21 (86%) Review of 21 charts on September 1, 2015
 - 19 of 25 (76%) Review of 25 charts on October 21, 2015
 - 54 of 60 (90%) Review of 60 charts on November 4, 2015
 - 24 of 25 (96%) Review of 25 charts on November 17, 2015
 - Detainee arrived on October 22, 2015, and did not have his physical completed until November 9, 2015, which was 4 days late.
 - There was another detainee that did not have a physical assessment in the medical record but it was later found in loose filing.
- Timely follow-up for significant findings of acute or chronic conditions within two working days
 - 18 of 21 (86%) Review of 21 charts on September 1, 2015
 - 9 of 11 (81%) Review of 25 charts on October 21, 2015
 - 8 of 11 (73%) Review of 70 charts on November 4, 2015
 - 3 of 5 (60%) Of the 25 total charts reviewed on November 17, 2015, only 5 had a significant finding that without timely intervention could lead to deterioration in function, pain, death, or risk to the public health. Of these 5, only 3 had appropriate or timely follow-up.
 - Detainee with blood pressure of 130/101 was not followed up timely. He has since been seen by a provider and is being monitored.
 - Detainee with a history of depression and a history of previous suicide attempt had intake completed on November 2, 2015, but was not seen by a mental health provider until November 17, 2015.
- Patient education documented at each encounter
 - 11 of 25 (44%) Review of 25 charts on November 17, 2015
 - There is inconsistent patient education documented on each encounter. Education is provided during each intake and during registered nurse (RN) sick call when a nursing protocol is utilized; however, on almost all other encounters patient education is not documented.
- Language access: Use of translator, provider fluency in language or English-speaking patient is documented
 - 19 of 25 (84%) Review of 25 charts on November 17, 2015
 - 3 of the charts did not document which language the detainee used.
 - 1 chart had English documented as language; however, it was found in later documentation that the detainee's preferred language was Spanish

Other issues identified during audit:

Reviewed 50 refusals and found that 2 (4%) had been completed appropriately. The risks and benefits of the medication/treatment that was being offered was either left off completely or had generic information pre-filled in the blank and was not addressing the true risks and/or benefits of the medication/treatment being offered. This had been addressed previously, and all the pre-printed refusals were supposed to be disposed of. There were also two refusal forms that had been signed by the detainee and a witness but did not specify what was being refused.

Health problems page is not being utilized consistently. Of the 25 charts reviewed, the problems page was accurate 88% of the time.

The long term chronic medication sheets and the short term medication sheets are not being utilized consistently.

One consent form for HIV testing was signed by the patient and signed by the provided but none of the education points were marked.

June 2015 Site Visit Findings Pending Additional Review for Resolution:

- There are currently 2 QCP's that are performing a variety of audits to include chronic care, all intakes and 14 day physicals and meeting weekly with the HSA, the Assistant HSA (AHSA), the providers and nursing staff.

GEO reported:

Total intake screenings conducted for October 2015—761

761 of 761 (100%) were completed within 12 hours of booking.

Physical assessments due for October 2015 on the West side—311

286 of 311(92%) were completed within the 14 day time frame.

Data for the East side was requested; however, GEO did not provide it as requested.

- Chronic care management: The Quality Control Professional (QCP) will conduct weekly chronic care chart reviews and meet weekly with medical leadership to review findings.

GEO reported:

Total chronic care due for October 2015—186

179 of 186 (96%) completed when due. This total includes detainees that signed refusals.

7 of 186 (4%) were rescheduled for November and out of compliance.

The chronic care nurse did not track reasons for the need to re-schedule or the reasons for refusals. She will start tracking this as part of her reviews.

- **Mental Health Medication Management:** The psychiatrist will have medication consent forms signed at the time the medication is ordered. The HSA will develop a psychotropic medication audit tool for the QCP to use in reviewing 15 charts of detainees on psychotropic medications weekly. The psychotropic medication audit tool has been developed and is being utilized by the QCPs for reviewing charts.

GEO reports:

28 of 31 (90%) new psychotropic medications ordered had appropriate consent forms signed by the detainee and the provider.

The 3 (10%) that did not have consent forms have since been obtained.

- **On-site stock medication inventory log:** A log has been developed to track the medications used from the on-site stock medication cards, and the HSA is reviewing 25 stock cards weekly to ensure medication is signed out.

The log has been created; however, data was not obtained which stock cards were being utilized properly. The pharmacy nurse reported that if a medication stock card was found to be incomplete, he educates the nurses involved and completes the card appropriately, but he did not document how many were not in compliance. The log is being utilized as confirmation that he checked the cards twice a week. The FMC will address the lack of documentation on non-compliance and training data with the HSA.

- **Pill line administration:** Nurses may pre-pour medications as long as administered by the person who pre-poured and administered to one detainee at a time. The Assistant HSA (AHSA) is to observe pill pass twice weekly for adherence and document in the Pharmacy Communication Log. This is being monitored by HSA, AHSA and pharmacy nurse and documented in communication log.

This log has been created and this process is being monitored. The pharmacy nurse reported that if he observed noncompliance by the pill line nurses regarding this process, he would conduct just in time training, but he did not document how many times nurse were observed not following this process. The FMC will address the lack of documentation on non-compliance and training data with the HSA.

- **Intake screening procedures:** Intakes are conducted with privacy, time for detainee to review the consent form and for nursing staff to provide consistent instructions on how to access care during detention. The HSA is observing intake screening twice weekly. This is being done and documented in the communication log. The HSA did not provide the documentation for compliance.
- **Documentation of the use of the language line:** Memorandum of qualified Spanish interpreters developed and posted in exam and intake areas. An updated memo was posted

on September 18, 2015. 100% of providers were trained on the memo and documentation of interpreter as of June 18, 2015. 25 of records are reviewed monthly to determine compliance.

GEO reports:

Looked at 30 records; 11 documented used of the language line.

The information provided by the Quality Care Professional (QCP) did not reflect how many times the language line was needed. The information being monitored is not addressing the issues that were previously identified. The QCPs will be educated what information should be generated with this audit.

- Lab orders are not performed timely: This has been an ongoing issue at Adelanto. Adelanto is conducting 25 chart reviews to ensure labs were drawn timely.

GEO reports:

Labs= 167 ordered; 48 refused

The information the QPCs are monitoring are not fully addressing compliance with the CAP. They are monitoring the number of labs are done and how many refused. They are not monitoring timeliness of the completion of the lab. The QPC's will be educated about what is needed for monitoring according to the CAP.

The FMC reviewed the laboratory log book for October which has the date the lab was ordered, when the lab was drawn and when the lab results were available. Upon cursory review of this log, there did not appear to be any issues with timeliness of labs being performed. The FMC will discuss with GEO leadership about the QPC's chart reviews to ensure the log is accurate and that labs are drawn timely.

- Dental follow-up care: The dental assistant will use the dental chart review tool to review 10 charts weekly to ensure priority levels are being met. Audits completed on East and West for past month as of October 30, 2015.

GEO reports:

Dental 31: 1 refused

The QPC's will be educated what is needed for monitoring according to the CAP. Based on the information provided, it is unclear what is exactly being monitored. The FMC will review the audit tool being utilized to see if meets the CAP requirement for compliance.

- Reasonable accommodations: The AHSA is the reasonable accommodations coordinator for East and West. A local policy has been written and is being routed for signatures. The local policy addresses accountability of detainees and evacuation of detainees during an emergency. The HSA will work with corporate to develop local procedures for evacuation

of detainees during an emergency, available TTY/TDD services, ADA accommodations log. FMC will review the ADA accommodations log to ensure it will up to date and complete for next report.

- Did not notify FMC of detainees on a suicide watch. The new FMC had not been added to the distribution list for these notifications. This had been rectified, and FMC had been receiving notification. However, in November the FMC did not receive consistent suicide watch notifications. The HSA addressed this with the nursing staff to notify the FMCs daily of anyone currently on a suicide watch.
- Annual nursing competencies: Adelanto is developing competency testing; pending completion date is October 31, 2015; however, Adelanto is requesting this date to be extended to December 31, 2015.
- Mandatory annual training: Annual training to be completed July 17, 2015, but this was pushed back to October 31, 2015. Per HSA this has been completed. FMC has requested the documentation multiple times; however, the facility has not provided the records. The records also are only sign in sheets for those that attended the training vs. rosters. This will require someone to match the sign in sheets with staff rosters to ensure all required staff was trained.
- Medical Record Organization and Documentation: Medical records should be organized by section with all paperwork filed appropriately. Error documentation should be completed appropriately. A medical records supervisor was hired which has decreased the loose paper pending to be filed. Adelanto CAP did not address error documentation. Adelanto has since created a tool for the medical records staff to audit for errors such as missing signatures or documentation and that documents are filed in the medical record correctly. The audit tool was to be utilized weekly but has not been utilized since mid-October.
- Medical records supervisor has been hired, and in August all loose paper had been filed. Medical records fell behind with filing in September, and caught up again by October 23, 2015. It was apparent in November that there was a significant amount of loose filing. The HSA has made some personnel moves to address this problem. FMC will continue to monitor.

June 2015 Site Visit Findings Resolved:

- Posting Look alike/Sound alike medications: Look alike/Sound alike signs have been posted in pharmacy and treatment areas. This has been completed and verified by the FMC.
- Crushing medications: Providers must justify and document in the medical record an order to crush medications for administration. Do not crush signs posted in the clinic on June 19,

2015, and providers were educated regarding the need to order and justify in the medical record. FMC will verify the process is being followed.

- Management of MedPARs: GEO medical staff will submit a TAR for GEO Chief Medical Officer Review. If approved, then a MedPAR is entered. If denied, the provider makes a notation in the medical record. There is a process in place for urgent requests to be expedited and only requires health services administrator (HSA) authorization.

*Treatment authorization requests are no longer being routed through the Chief Medical Officer. Once a request is written by the provider, it is reviewed by the HSA and providers weekly for necessity and then processed for authorization by IHSC. If the provider considers the request urgent it can be expedited for immediate processing.

- Grievances: Grievances are handled as per PBNDS 2011, and senior medical staff complete. GEO states they were in compliance but had to revise the log. The FMC reviewed the grievance process in September 2015 and found the process to be compliant. A new log was created, and audits revealed that grievances are complete within the required time frame.
- Notifying detainees of lab results: A written note was sent to the detainee advising of the lab results vs. a face-to-face encounter. GEO did not address this finding in the CAP response. However, the new process will be as follows: The provider will order labs and inform the detainee that the lab results will be discussed at the next chronic care examination unless the results are abnormal at which time the detainee will have an appointment scheduled with the provider to discuss. If detainee is not a chronic care patient, the provider will schedule a follow-up appointment to discuss the results when the provider reviews them. This process has been communicated to providers at providers meeting on October 29, 2015.
- Restriction of pharmacy keys: Limit to HSA, director of nursing (DON), shift charge nurse and assigned pharmacy staff. Memo developed restricting keys to these staff members. Upon query of several staff, only HSA, shift charge nurse and assigned pharmacy staff are using these keys.
- Training for pharmacy staff: HSA was trained by Correct RX on September 14, 2015, in a train the trainer program. On October 30, 2015, GEO reported that 100% of staff had been trained. Completed September 5, 2015. The FMC verified the training was complete on October 30, 2015.
- HSA reports Correct RX completed an on-site inspection of the pharmacy the first week of September; FMC has requested the report but the audit is not available from Correct RX until the pharmacist returns next week. A copy of the 3rd quarter audit was provided, and the Correct RX pharmacist did not cite any deficiencies.

- Management of over the counter (OTC) medications: Medications should be separated by route and from other medical supplies. Medications have been separated by route and from other medical supplies. This is being monitored by pharmacy nurse and documented in communication log that it was checked and the medications are still separated.

From: (b)(6); (b)(7)(C)
Sent: 6 Jan 2016 17:19:54 -0500
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA PBNDS 2011

fyi

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 06, 2016 5:19 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA PBNDS 2011

So it looks as if there will be no action from M&A to hold GEO accountable either by CDR or withholding. This is very frustrating.
Thank you for following up and have a good evening.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 06, 2016 4:09 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

(b)(6); (b)(7)(C)
Yesterday we received the following response from GEO:

"We would request that you refer to the ODO/Nakamoto audit performed in October, 2015. Although we have not received a copy of this audit from ICE, we have been informed that there were no medical findings. This audit, as you know, takes into account the PBNDS (thereby the NCCHC) standards. As I believe will be demonstrated by this audit we are in fact "performing in accordance with NCCHC Standards."

Although we applied for and paid for the application fees for NCCHC Accreditation in 2013 - the process was suspended. We are now in the process of reapplying for accreditation and anticipate a quick turn around. I will forward our current application in a separate email. I hope this information is adequate please let me know if you require additional information."

We replied that having no findings in the audit does not release GEO from the responsibility to obtain the required NCCHC Accreditation, and have asked GEO to provide us with an estimated date for certification. They stated that they would provide us a copy of the application and the anticipated certification date. We will forward this upon receipt.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 06, 2016 1:03 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

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

Has GEO confirmed whether they are NCCHC certified, as contractually required?

Thanks

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

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

From:

Sent: Thursday, December 31, 2015 11:31 AM

To: (b)(6); (b)(7)(C)

Cc:

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

Subject: RE: Adelanto basic IGSA PBNDs 2011

We will follow up with GEO regarding the NCCHC accreditation

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

Detention, Compliance & Removals (DCR) - Laguna | Contracting Officer

DHS | ICE | Office of Acquisition Management (OAQ)

Phone: 949-425-(b)(6); (b)(7)(C) Mobile: 949-315-(b)(6); (b)(7)(C)

Email: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Wednesday, December 30, 2015 6:42 PM

To: (b)(6); (b)(7)(C)

Cc:

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

Subject: RE: Adelanto basic IGSA PBNDs 2011

(b)(6); (b)(7)(C) for extracting this from contract

From: (b)(6); (b)(7)(C)

Sent: Wednesday, December 30, 2015 6:20:12 PM

To: (b)(6); (b)(7)(C)

Cc:

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

Subject: FW: Adelanto basic IGSA PBNDs 2011

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

In May 2013, GEO committed to achieving NCCHC accreditation at Adelanto detention facility

If they have not done so they are in violation of the contract. I have heard from (b)(6); (b)(7)(C) that if the facility were accredited we would not be seeing these problems. Someone at ERO or OAQ should follow up with GEO regarding whether they are in compliance with this provision, and ask for documentation.

Thanks

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 5:50:41 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA PBND 2011

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

Attached is the requested mod for Adelanto incorporating PBND 2011, and the attachment listing the optimal standards. Please let me know if you need anything else.

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 2:25 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA

Can your office send (b)(6); (b)(7)(C) the Adelanto IGSA and answer his question below?

Thanks,

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

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

Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAM)
801 "I" Street, N.W., Room (b)(6); (b)(7)(C)
Mail Stop 5750
Washington, D.C. 20536-5750
Phone: 202-732- (b)(6); (b)(7)(C)

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 5:11 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA

Can you send me the contract mod where GEO agreed to implement PBND 2011, and in particular the attachment where they committed to certain specified optimal?

Thanks

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 4:38 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto basic IGSA

Sending you the basic IGSA. There is more, but I don't want to drown you.

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

Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAQ)
801 "I" Street, N.W., Room (b)(6); (b)(7)(C)
Mail Stop 5750
Washington, D.C. 20536-5750
Phone: 202-732-(b)(6); (b)(7)(C)

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 29 Sep 2015 21:19:59 -0400
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto Daily Brief

News from Adelanto

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 29, 2015 9:11:30 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto Daily Brief

- (b)(6); (b)(7)(C) arrived to Adelanto at approximately 10am.
- Plan to remain at approximately 1500 detainees until medical standards are being met at higher level.
- Plan to incrementally increase numbers by approximately 100 per week when medical standards are being met more consistently.
- 2 physicians will begin orientation on Thursday Oct 1st.
- DON position is advertised and some interviews have been conducted.
- Plan to advertise for 2 more psychologists in place of LMSW's.
- ERO will expedite process of Equip and clearance to fill remaining open positions
- FMC will continue to monitor and provide updates.

V/r,

(b)(6); (b)(7)(C)
USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 14 Nov 2015 10:18:40 -0500
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: FW: Adelanto hunger strike over

LCDR (b)(6); (b)(7)(C) will continue to monitor the situation.

(b)(6); (b)(7)(C)
MD USPHS
(A)Associate Medical Director
Western Regional Clinical Director
ICE Health Service Corps/ERO/ICE/DHS
610 W Ash St (b)(6); (b)(7)(C) San Diego, CA 92101
619-338 (b)(6) / C 202-21 (b)(6) F 619-677-3138

From: (b)(6); (b)(7)(C)
Sent: Saturday, November 14, 2015 7:11 AM
To: (b)(6); (b)(7)(C)
Subject: FW: HUNGER STRIKE

V/r,

(b)(6); (b)(7)(C) LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909 (b)(6); (b)(7)(C) Office
202 (b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)

~~Important: This e-mail message is intended for the exclusive use of the recipient(s) named above. It may contain information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient, any dissemination, distribution, or copying is strictly prohibited. If you think you have received this e-mail message in error, please notify the sender immediately.~~

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)

Sent: Saturday, November 14, 2015 5:33:16 AM

To: (b)(6); (b)(7)(C)

Subject: Fwd: HUNGER STRIKE

----- Forwarded message -----

From: (b)(6); (b)(7)(C)

Date: Nov 14, 2015 2:17 AM

Subject: HUNGER STRIKE

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

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

Cc:

Please be advised that ALL detainees on hunger strike currently in 5C have eaten. All detainees have received double sack lunches and milk and/or juice, and/or ensure. (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) personally served all items one room at a time to ensure all detainees received their meals at approximately 0135.

From: (b)(6); (b)(7)(C)
Sent: 13 Nov 2015 21:16:03 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto hunger strikers
Attachments: Adelanto Mass Hunger Strike Reporting Form November 2015.xlsx

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

V/r,

(b)(6); (b)(7)(C)
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6)
San Bernardino, CA 92410
909-386-(b)(6); Office
202-815-(b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Friday, November 13, 2015 6:05 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto hunger strikers

V/r,

(b)(6); (b)(7)(C)
RN, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6);
San Bernardino, CA 92410
909-386-(b)(6); Office
202-815-(b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Friday, November 13, 2015 9:47 AM

To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto hunger strikers

Thank you.

(b)(6); (b)(7)(C) HSc, MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-731-(b)(6); (b)(7)(C) | Cell: 202-321-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)

NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use this information. Please inform the sender that you received this message in error and delete the message from your system.

From: (b)(6); (b)(7)(C)
Sent: Friday, November 13, 2015 12:11 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto hunger strikers

Yes sir.

V/r,

(b)(6); (b)(7)(C) RN, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Friday, November 13, 2015 9:09 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto hunger strikers

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

HQ is requesting more information about the specific hunger strikers, their intake, etc. Since there is a large number of detainees on strike, it's just a matter of time before ERO HQ asks for additional information.

This hunger strike reporting form has been developed to help track the cases. Could you complete this and update it daily so we can see how things are progressing. Court orders may be something we need to consider at some point and/or transferring to other facilities.

Thanks

(b)(6), (b)(7)(C)
D USPHS
(A) Associate Medical Director
Western Regional Clinical Director
ICE Health Service Corps/ERO/ICE/DHS
610 W Ash St # [REDACTED] San Diego, CA 92101
619-338-[REDACTED] / C 202-21-[REDACTED] F 619-677-3138

Adelanto Hunger Strike Status as of (November 13, 2015 1600)

A#	Last	First	COB	Diagnosis	Current Status	Hunger-strike initiated	Days on hunger-strike	Initial weight before hunger-strike	Total weight loss as of (date)	Total weight loss as of (date)	Total weight loss as of (date)	Comments
(b)(6); (b)(7)(C)				Remains on Hungerstrike OR Off Hungerstrike		mm/dd/yyyy	3	lbs	lbs	lbs	lbs	
				Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 138 lb	11/11/2015 139 lbs	11/13/2015 1lbs		11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesment. Detainee refused assessment 11/11/15 Refused ensure and IV fluids at Adelanto sent to outside hospital but left against medical advice. Did drink 8 oz of water at Adelanto. BP 157/62 P 77 RR 17
				Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 162 lbs	11/11/2015 164 lbs	11/13/2015 2lbs		11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesment. Detainee refused assessment BP 141/88, P 88, RR 14, Tm 97.9 11/10/15 BP 132/89, P 91, RR 18 Tm 97.8 11/8/2015. Placed in segregated dorm
				Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 146 lbs	11/11/2015 139 lbs	11/13/2015 7lbs		11/13/2015 Refused to speak with mental health. 11/11/15 Drank 2 Ensures, given 1000ml of NS fluids, 11/10/15 BP 102/71, P 98, RR 16, tm 98.0 11/8/2015. Placed in segregated dorm
				Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 136 lbs	11/11/2015 130 lbs	11/13/2015 6lbs		11/13/2015 Refused to speak with mental health. 11/11/2015 Sent to medical from dorm and refused all treatment VS (0341) BP 129/97, P 108, RR 22, TM 97.5 VS (1715) BP 143/94, P 94. RR 20 TM 97.9 11/10/15 BP 143/94, P 94, RR 20, TM 97.9 11/8/2015. Placed in segregated dorm
				Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3		11/11/2015 118 lbs			11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesment. Detainee refused assessment VS BP 113/67, P 81, RR 18, TM 97.5 11/10/15 VS BP 105/78, P 91, RR 16, TM 97.9 11/8/2015. Placed in

(b)(6); (b)(7)(C)	remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/11/2015 140 lbs	11/11/2015 138 lbs	11/13/2015 2 lbs	11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment VS 150/85, P 61, RR 20, BP 121/80 P 90, RR 18, Tm 98.4 11/10/15 refused ensure and juice at Adelanto, sent to outside hospital. Left against medical advice Vs BP 139/81, P 87, RR 16, TM 97.9 11/8/2015. Placed in
	remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	10/27/15 144 lbs	11/11/2015 140 lbs	11/13/2015 4 lbs	11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 148/97, P 10, RR 24, TM 97.8 11/10/15 BP 142/96, P 84, RR 16, Tm 97.8 11/8/2015. Placed in segregated dorm
	remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 135 lbs	11/11/2015 130 lbs	11/13/2015 5 lbs	11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 132/94, HR 106, RR 42, TM 97.5 11/10/15 VS BP 138/89, P 74, RR 16, Tm 98.2 11/8/2015. Placed in segregated dorm
	remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 109 lbs	11/11/2015 104 lbs	11/13/2015 5 lbs	11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 102/75, P 91, RR 24, Tm 97.8 11/10/2015 drank 3 ensures VS BP 110/75, P 101, RR 16, Tm 98.2 11/8/2015. Placed in segregated dorm
	remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3				11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 130/89, HR 99, RR 24, Tm 97.7 11/10/15 VS 119/83, P 74. RR 16, Tm 97.9 11/8/2015. Placed in segregated dorm

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

Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015	11/11/2015	11/13/2015	11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment 116/78, P 63, RR 18, Tm 98.4 11/10/2015 BP 119/83, p 74, RR 16, Tm 97.9 11/8/2015. Placed in segregated dorm
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals He is no apparent distress	11/11/2015	3	11/9/2015 139 lbs	11/11/2015 132 lbs	11/13/2015 7 lbs	11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 122/70, P 76, RR 18, TM 98.7 11/10/2015 Vs. BP 109/71, HR 81 RR 16, Tm 97.4
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 200 lbs	11/10/2015 205 lbs	11/13/2015 5 lbs	11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment 11/11/2015 Sent to medical from dorm and refused all treatment
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 129 lbs	11/11/2015	11/13/2015	11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment 11/10/15 Hospital send out for hypoglycemia, dehydration, given IV fluids at outside hospital, refused admission, left against medical advice 11/8/2015. Placed in
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 139 lbs	11/11/2015 135 lbs	11/13/2015 4 lbs	11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment Vs 120/73. P 74, RR 14, TM 97.6 11/10/2015 VS 124/85, P 74, RR 16, Tm 97.7 11/8/2015. Placed in segregated dorm
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 161 lbs	11/11/2015 174 lbs	11/13/2015 gained 13 lbs	11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment Vs. BP 105/74, P 61, RR 18, 11/10/2015 VS. 105/69, P 115, RR 20, Tm 97.7
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 156 lbs			11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment 11/8/2015. Placed in segregated dorm

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

Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 191 lbs				11/13/2015 Detainee did agree to speak with mental health, no significant findings. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment 11/10/15 Vs. BP 145/85. P 103, RR 17, Tm 97.3 11/8/2015. Placed in segregated
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 126 lbs				11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment Vs (1245) BP 142/68, P 124, RR 28,(1447) BP 110/79, P 77, Tm 97.7 11/10/2015 Vs. BP 121/76, P 72, RR 16, Tm 97.7 11/8/2015. Placed in
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 174 lbs				11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 128/92, P 80, RR 16, Rm 97.6 11/10/15 given IV fluids, 1000ml normal saline 11/8/2015. Placed in segregated dorm
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	10/17/2015 178 lbs	11/9/2015 167 lbs	11/13/2015 11 lbs		11/13/2015 Refused to speak with mental health. 11/12/2015 Returned from hospital continues to refuse meals, Returned to segregated dorm 11/11/2015 Sent to outside hospital for blood emesis. BP 125/80, P 84. RR 18, TM 98.5 11/10/2015 VS BP 125/84, HR 71, RR 16, Tm 97.4
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 132 lbs				11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 118/80, P 74, RR 16, tm 97.4 11/10/2015 VS BP 118/79, P 66, RR 16< Tm 97.5 11/8/2015. Placed in
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3		11/11/2015 136 lbs			11/13/2015 Refused to speak with mental health . 11/12/2015 physician went to dorm for assesement. Detainee refused assessment 142/103, P 74,RR 18, Tm 98.1 11/10/2015 Refused ensure and IV fluids at Adelanto sent to outside hospital. Left against medical advice VS BP 123/78, P 69Rr 16, TM 97.6 11/8/2015. Placed

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

Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 166 lbs	11/11/2015 136 lbs	11/13/2015 6 lbs	11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 143/94, RR 20, P 94, Tm 97.9 11/10/2015 Drank 3 Ensures VS BP 143/94, HR 94, RR 20, Tm 97.9 11/8/2015. Placed in
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 151 lbs	11/11/2015 152 lbs	11/13/2015 gained 1 lb	11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment 134/93, P 72, RR 16, Tm 98.4 11/10/2015 VS BP 131/92, P 71, TM 97.5 11/8/2015. Placed in segregated dorm
Remains on Hunger strike	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals and/or boost	11/11/2015	3	11/9/2015 160 lbs	11/11/2015 160 lbs	11/13/2015 no wgt loss	11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment 11/11/2015 VS BP 137/93, HR 72, RR 16 TM 98.4 11/10/2015 Sent to medical from dorm and refused all treatment VS BP 131/92, P 71, TM 97.5 11/8/2015. Placed in segregated dorm

*While the detainee is on hunger strike, this form will need to be completed on a daily basis and sent back to HQ: Regional HSA, Regional CD, DAD of Administration, DAD of Clinical Services, COS, and Health Ops.

*While the detainee is on hunger strike, this form will need to be completed on a daily basis and sent back to HQ: Regional HSA, Regional CD, DAD of Administration, DAD of Clinical Services, COS, and Health Ops.

*While the detainee is on hunger strike, this form will need to be completed on a daily basis and sent back to HQ: Regional HSA, Regional CD, DAD of Administration, DAD of Clinical Services, COS, and Health Ops.

From: (b)(6); (b)(7)(C)
Sent: 22 Dec 2015 09:07:51 -0500
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans

I have confirmed that the 11am meeting with CRCL is on the Adelanto On-Site Follow-up – to talk to the actual contractors who were on site.

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

(o) 202-732 (b)(6);
(c) 202-344 (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Friday, December 18, 2015 9:55 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

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

We'd like to set up a call next Tuesday with our experts so that ICE has full information and can ask questions. Our written product at this point won't add the context you are seeking. Could you let me know if Tuesday would work for you? We have not yet confirmed expert availability, but will do that right away. (b)(6); (b)(7)(C) will be our POC on this. She ran that site visit and can answer many of your questions.

Thanks. (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 4:15 PM
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Ok, thanks (b)(6); (b)(7)(C) Let me know what you find out and we will go from there.

Sent with Good (www.good.com)

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 2:57:16 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Good afternoon (b)(6); (b)(7)(C)

I reached out to the team to see what documents we have at this point. It may be more useful for us to brief you, or to have our experts call in to brief you. The experts will not have draft reports this quickly. I will get back to you shortly.

Thanks for reaching out (b)(6); (b)(7)(C)

From: Miller, Philip T

Sent: Thursday, December 17, 2015 3:32 PM

To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@HQ.DHS.GOV>; (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@HQ.DHS.GOV>

Cc: Homan, Thomas <(b)(6); (b)(7)(C)@HQ.DHS.GOV>

Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans

Good afternoon ladies,

I hope this note finds you well. I'm working with IHSC and CMD on POAs, some points appear to contextual but we don't have any supporting documents. Is there a chance we can get some of the teams' documents? That would help our process...

Thanks

Sent with Good (www.good.com)

From: Johnson, Tae D

Sent: Wednesday, December 16, 2015 9:17:08 PM

To: Miller, Philip T; Gurule, Jon M; Rapp, Marc A

Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans

FYSA

From: (b)(6); (b)(7)(C)

Sent: Wednesday, December 16, 2015 9:14:12 PM

To: Homan, Thomas; Johnson, Tae D; Lanum, Scott; Landy, Kevin; (b)(6); (b)(7)(C)

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

Cc: (b)(6); (b)(7)(C)

Subject: Adelanto On-site Follow-up: 30/60/90 Day Plans

Dear ICE Colleagues –

(b)(5)

(b)(5)

Thanks –

Dana

Dana Salvano-Dunn
Director, Compliance Branch
Office for Civil Rights and Civil Liberties

From: (b)(6); (b)(7)(C)
Sent: 17 Dec 2015 12:33:53 -0500
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans
Attachments: CRCL ADELANTO ONSITE INVESTIGATION.pdf

Corrections to CRCL investigation

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 11:25 AM
To: (b)(6); (b)(7)(C)
Cc: Salvano-Dunn, Dana
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

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

(b)(5)

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

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

Senior Policy Advisor
Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security Headquarters
Washington, DC
Cell: 202-577- (b)(6);
Office: 202-391- (b)(7)(C)

(b)(6); (b)(7)(C) hq.dhs.gov



Homeland
Security

~~Warning: This message may contain attorney-client communications, attorney work product, and agency deliberative communications, all of which may be privileged and not subject to disclosure outside the agency or to the public. Please consult with the Department of Homeland Security, Office of the General Counsel before disclosing any information contained in this email.~~

From: Peredo-Berger, Luzviminda (b)(6); (b)(7)(C) peredo.berger@dhs.gov
Sent: Wednesday, December 16, 2015 11:00 PM
To: Salvano-Dunn, Dana; Homan, Thomas; Johnson, Tae D; Lanum, Scott; Landy, Kevin; Smith, Stewart D

Cc: (b)(6); (b)(7)(C)

Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Dana, thank you for this timely preliminary report. As always , we appreciate the very critical feedback from CRCL and will continue to address these serious concerns and make every effort to advise Adelanto on a Corrective action plan benchmarking at 30,60, and 90 days. (b)(6); (b)(7)(C)

From: Salvano-Dunn, Dana

Sent: Wednesday, December 16, 2015 9:14:12 PM

To: Homan, Thomas; Johnson, Tae D; Lanum, Scott; Landy, Kevin (b)(6); (b)(7)(C)

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

(C)

Subject: Adelanto On-site Follow-up: 30/60/90 Day Plans

Dear ICE Colleagues –

(b)(5)

Thanks –

Dana

Dana Salvano-Dunn

Director, Compliance Branch

Office for Civil Rights and Civil Liberties

From: Johnson, Tae D
Sent: 22 Dec 2015 10:39:15 -0500
To: Rapp, Marc A; Miller, Philip T; Bernacke, Michael V; Smith, Stewart D
Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans
Attachments: 1 ERO Response to CRCL Adelanto Onsite Investigation Long Ver
12.10.15.....docx

I will not have a chance to merge the document before the 11am but here is the very rough draft that still needs a lot of work.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, December 22, 2015 8:01 AM
To: Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

AD Johnson,

Please find the Adelanto response attached. If there are any questions or concerns please do not hesitate to let me know.

(b)(6); (b)(7)(C), (A)DAD
DMD
202-732 (b)(6); (b)(7)(C) (Desk)
202-491 (b)(6); (b)(7)(C) (Cell)

From: (b)(6); (b)(7)(C)
Sent: Monday, December 21, 2015 4:53 PM
To: (b)(6); (b)(7)(C)
Cc: Johnson, Tae D
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Just spoke with Tae.

Meeting is at 930 tomorrow

Therefore drop dead is 830 tomorrow..

Sent with Good (www.good.com)

From: (b)(6); (b)(7)(C)
Sent: Monday, December 21, 2015 4:31:29 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

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

We just received the responses from the field and have a few questions for the facility. Will have this in your inbox by 9am.

Thanks,

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

From: (b)(6); (b)(7)(C)

Sent: Monday, December 21, 2015 12:55:31 PM

To: (b)(6); (b)(7)(C)

Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

10-4.

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

*Chief of Staff
Custody Management
ICE/ERO*

office: (202) 732-
cellular: (202) 3-

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

(b)(6); (b)(7)(C) dhhs.gov



~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)

Sent: Monday, December 21, 2015 1:55 PM

To: (b)(6); (b)(7)(C)

Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Today COB

From: (b)(6); (b)(7)(C)
Sent: Monday, December 21, 2015 1:51 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans

Eta?

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

*Chief of Staff
Custody Management
ICE/ERO*

*office: (202) 732- (b)(6); (b)(7)(C)
cellular: (202) 31- (b)(6); (b)(7)(C)*

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



Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From: Johnson, Tae D
Sent: Thursday, December 17, 2015 9:46 PM
To: (b)(6); (b)(7)(C)
(b)(6);
Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans

(b)(5)

Page 202

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 203

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 204

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 205

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 206

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 207

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 208

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 209

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 210

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 211

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

Page 212

Withheld pursuant to exemption

(b)(5) ; WIF Draft

of the Freedom of Information and Privacy Act

From: (b)(6); (b)(7)(C)
Sent: 17 Dec 2015 16:08:34 -0500
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans
Attachments: CRCL ADELANTO ONSITE INVESTIGATION (IHSC Responses).docx
Importance: High

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

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 3:58 PM
To: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans
Importance: High

Please see attached template and provide your complete responses by COB on Monday. We'll collectively review on Tuesday morning.

<< File: CRCL ADELANTO ONSITE INVESTIGATION.DOCX >>
R/ Stew

(b)(6); (b)(7)(C) MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-732-(b)(6); Cell: 202-321-(b)(6);
Email: St-(b)(6); (b)(7)(C)



U.S. Immigration
and Customs
Enforcement

~~NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use this information. Please inform the sender that you received this message in error and delete the message from your system.~~

-----Original Appointment-----

From: ERO Scheduler
Sent: Thursday, December 17, 2015 9:26 AM
To: ERO Scheduler; Miller, Philip T; Homan, Thomas; Johnson, Tae D; Gurule, Jon M; Smith, Stewart D;
(b)(6); (b)(7)(C) (b)(6); (b)(7)(C)
B
Subject: Adelanto On-site Follow-up: 30/60/90 Day Plans
When: Thursday, December 17, 2015 3:00 PM-3:30 PM (UTC-05:00) Eastern Time (US & Canada).
Where: ERo Conf Rm. 11069

<< File: CRCL ADELANTO ONSITE INVESTIGATION.DOCX >>

From: (b)(6); (b)(7)(C)
Sent: 23 Dec 2015 14:24:18 -0500
To: Sr (b)(6); (b)(7)(C)
Subject: FW: Adelanto patients

I advised Tae and Phil Miller .

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 23, 2015 1:46 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto patients

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

Can you please clarify for me what list you are looking for? I do have a list from the Mental Health Medical Segregation meeting from 12-15-15 that contains only three detainee's from Adelanto. Do you know whom at ICE is requesting this information today?

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

Detention and Deportation Officer
Domestic Operations Division-East
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
500 12th St, SW
Washington, DC 20024
202-732-(b)(6); Desk
202-359-(b)(7)(C) Cell

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need to know" without prior approval of an authorized DHS official. **No portion of this report should be furnished to the media, either in written or verbal form.**

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 23, 2015 1:15 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto patients

Hi,

Can you please help us? Apparently "ICE" needs this list today.....

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

CAPT, USPHS
Behavioral Health Branch Chief
ICE Health Service Corps
Office: (202) 732-(b)(6);
BB: (202) 236-2 (b)(7)(C)

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From: (b)(6); (b)(7)(C)

Sent: Wednesday, December 23, 2015 12:48 PM

To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>

(b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)

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

Subject: Adelanto patients

Hello,

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

(b)(6); (b)(7)(C) requesting a list of the most serious MH cases in Adelanto. I do not have any

patients in segregation due to MH and there is anybody on the SMI list. Can you please provide (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) the names and A numbers of all the patients in segregation with MH diagnoses. I tried to

contact (b)(6); (b)(7)(C) but there was no success. I also e-mail CDF (b)(6); (b)(7)(C) but we have not heard from her yet.

(b)(6); (b)(7)(C) wants the list today. Thank you.

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

CAPT, USPHS

Behavioral Health Branch Chief

ICE Health Service Corps

Office: (202) (b)(6);

BB: (202) (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From: (b)(6); (b)(7)(C)
Sent: 22 Dec 2015 22:17:30 -0500
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto

Adding (b)(6); (b)(7)(C) as I'm sure some will come to IHSC facilities

(b)(6); (b)(7)(C)
Deputy Assistant Director Clinical Services
Medical Director
ICE/ERO/IHSC
Washington, D.C.
Desk 202732 (b)(6); (b)(7)(C)
Sent with Good (www.good.com)

From: Johnson, Tae D
Sent: Tuesday, December 22, 2015 8:41:42 PM
To: Pineiro, Marlen; Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: Rapp, Marc A; Kane, Katrina S
Subject: RE: Adelanto

Adding (b)(6); (b)(7)(C) It will take some time to come up with the number of chronic care cases. Hopefully, some can be absorbed in Otay Mesa, Tacoma, Denver and Mesa Verde. Will send you the Adelanto CRCL report under a separate cover. Things are pretty bad.

From: Pineiro, Marlen
Sent: Tuesday, December 22, 2015 8:30:35 PM
To: Johnson, Tae D
Cc: Rapp, Marc A; Kane, Katrina S
Subject: RE: Adelanto

Dropping Phil and tom and adding KK. I'm not aware of the issue at all as this is the first I'm hearing of it.

(b)(5)

Thanks

MP

Sent with Good (www.good.com)

From: Miller, Philip T
Sent: Tuesday, December 22, 2015 7:25:55 PM
To: Johnson, Tae D; Homan, Thomas
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

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

Tae,

I concur with this COA. Please coordinate with ICE Air and Dom Ops. This will impact west coast operations and we need to be prepared to relocate new arrests to other areas.

What is the status of Aurora expansion and the new facility in Nevada?

Phil

Sent with Good (www.good.com)

From: Johnson, Tae D
Sent: Tuesday, December 22, 2015 7:18:15 PM
To: Homan, Thomas; Miller, Philip T
Subject: Adelanto

Phil/Tom - as I mentioned today in passing (to Phil), I contacted GEO and explained the severity of the issues at Adelanto. They seem to understand the sense of urgency and will look at detailing someone to the facility soon - but need to work around the state

(b)(5)

Additionally, I will request that all new intakes be suspended and that all chronic care

case be removed from the facility. I think this is an appropriate response given the concerns. I will solicit IHSC assistance with identifying cases for transfer as well as identifying a suitable location capable of providing the needed care.

We will continue to monitor GEOs efforts to correct the issues and will not authorize the population to exceed 1000 detainees until further notice.

Please let me know if there are any issues with this course of action. Thx.

Additionally, I will request that all new intakes be suspended and that all chronic care case be removed from the facility. I think this is an appropriate response given the concerns. I will solicit IHSC assistance with identifying cases for transfer as well as identifying a suitable location capable of providing the needed care.

We will continue to monitor GEOs efforts to correct the issues and will not authorize the population to exceed 1000 detainees until further notice.

Please let me know if there are any issues with this course of action. Thx.

From: (b)(6); (b)(7)(C)
Sent: 29 Sep 2015 08:28:27 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto _2015.xlsx
Attachments: Adelanto _2015.xlsx

Sir,

Here is what we sent to CAPT (b)(6); (b)(7)(C) in June. The YTD I believe was end of May.

V/r

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 29, 2015 8:25:17 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto _2015.xlsx

From: (b)(6); (b)(7)(C)
Sent: Sunday, June 28, 2015 2:36 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto _2015.xlsx

Formatted the summary section for you. Also sent it to (b)(6); (b)(7)(C)

r/

(b)(6); (b)(7)(C)
MBA, MHA
Chief, IHSC Resource Management Unit
ICE Health Service Corps
201 Varick St.
4th Floor ICE Medical
New York, NY 10014
Phone: 212-863 (b)(6); (b)(7)(C)
Fax: 212-863 (b)(6); (b)(7)(C)
Cell: 202-461 (b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

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

ICE Health Service Corps
(212) 863-(b)(6); Work
(202) 465-(b)(7)(C) Mobile
(212) 863-3470 Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

201 Varick St
4th Floor ICE Medical Facility
New York, NY 10014

Adelanto ScriptCare Pharmacy Costs

FY	Number of Prescriptions	Costs
2013	(b)(7)(E)	
2014		
2015 YTD		
Totals		

From:

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

Sent:

15 Oct 2015 16:47:53 -0400

To:

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

Cc:

Subject:

FW: Adelanto 10.3.15 through 10.9.15 - Update as of OCT 15 2015

Attachments:

Medical Staffing Oct 15 2015 (3).xlsx

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

See attached for latest update on staffing at Dilley. Sorry for the delay on this one, but it is similar to the previous update from last week which indicate that they still have some medical/MH vacancies or staff who are not working yet as they are still in clearance process. More background on this in emails below –FYA.

R/

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

MSN, CCHP, CPHM

CAPT, U.S. Public Health Service

Chief, Medical Case Management Unit

ICE Health Service Corps

Enforcement and Removal Operations

U.S. Immigration and Custom Enforcement

202-732-(b)(6); (b)(7)(C) (w)

202-321-(b)(7)(C) (cell)

866-808-8154 (f)

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)

Sent: Thursday, October 15, 2015 2:08 PM

To: (b)(6); (b)(7)(C)

Subject: FW: Adelanto 10.3.15 through 10.9.15

See below from (b)(6); (b)(7)(C). Sorry for the delay. There was some items that needed additional clarification from the HSA as well as a power outage affecting computer access.

Attached is what the warden sent to the AFOD this morning; however, there seem to be some inconsistencies with what the HSA is telling LCDR (b)(6); (b)(7)(C)

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

BSN, MBA-HCM, CPHM

CAPT, USPHS

ICE Health Service Corps

Regional Field Medical Coordinator - Western Region

24000 Avila Rd.

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

Laguna Niguel, CA 92677

949-360-(b)(6); (b)(7)(C) Office

202-689-(b)(7)(C) Cell phone

866-460-9503 Secure Fax

(b)(6); (b)(7)(C) ice.dhs.gov

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From: (b)(6); (b)(7)(C)

Sent: Thursday, October 15, 2015 10:45 AM

To: (b)(6); (b)(7)(C)

Subject: RE: Adelanto 10.3.15 through 10.9.15

The numbers they just sent me are not what was discussed yesterday and do not match what they had reported previously. I am getting clarification.

But for Physicians.. They currently have 3 full time physicians (b)(6); (b)(7)(C)) They have 1 physician (b)(6); (b)(7)(C) that has agreed to work 3-10hr shifts per week plus an addition Sunday every other week

(b)(6); (b)(7)(C) will not be back until November 15th at the earliest (b)(6); (b)(7)(C) will begin seeing patients on October 22th (b)(6); (b)(7)(C) will start seeing patients on October 26th.

According to HSA, there are no open Mental Health positions.

(b)(5)

V/r,

(b)(6); (b)(7)(C)
N, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 15, 2015 10:16 AM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.3.15 through 10.9.15

What about the MH and NP positions?

(b)(6); (b)(7)(C)
RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room 1552
Laguna Niguel, CA 92677
949-360-(b)(6); (b)(7)(C) Office
202-689-(b)(6); (b)(7)(C) Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 15, 2015 10:11 AM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.3.15 through 10.9.15

I have requested the chart with the positions filled and vacant, but in the AFOD meeting yesterday they confirmed that the 5 RN's I had reported had quit in addition to 2 LVN's. The DON position is still advertised.

They do not know when (b)(6); (b)(7)(C) will be coming back.

V/r,

(b)(6); (b)(7)(C)
N, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6);
San Bernardino, CA 92410
909-38 (b)(6); Office
(b)(7)(C)
202-81 (b)(6); Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 15, 2015 8:43 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 10.3.15 through 10.9.15
Importance: High

See the below request. The information is needed by 1300 EST today.

(b)(6); (b)(7)(C)
RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room 1552
Laguna Niguel, CA 92677
949-360 (b)(6); Office
(b)(7)(C)
202-689 (b)(6); Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 15, 2015 8:39 AM

To: (b)(6); (b)(7)(C)

Subject: RE: Adelanto 10.3.15 through 10.9.15

Please verify with the FMC regarding any medical/MH staff vacancies and what they are. Adelanto is saying that they have **no vacancies** in medical/MH now. Please verify that they are all working or if not, which positions are still in process of hiring, clearance, etc.

(b)(6); (b)(7)(C) needs a break down of this by 1pm EST today. Please cc him on your response due to time crunch.

Thank you.

(b)(6); (b)(7)(C), MSN, CCHP, CPHM
CAPT, U.S. Public Health Service
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Custom Enforcement
202-73 (b)(6); (b)(7)(C) (w)
202-32 (b)(7)(C) (cell)
866-808-8154 (f)
Email: (b)(6); (b)(7)(C) @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 10, 2015 12:12 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 10.3.15 through 10.9.15

(b)(6); (b)(7)(C) RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room 1552
Laguna Niguel, CA 92677
949-360 (b)(6); (b)(7)(C) Office
202-689 (b)(7)(C) Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It

~~contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Friday, October 09, 2015 7:56:13 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto 10.3.15 through 10.9.15

V/r,

(b)(6); (b)(7)(C)
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-5065 Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

Department	Authorized	Actual	Position	Notes
Medical	1	1	Health Services Administrator	
	1	1	Asst. Health Services Admin	
	2	2	Dental Assistant	
	26 (Contractual)	22	Licensed Practical Nurse	(b)(6); (b)(7)(C)
	1 (Additional GEO funded)	0	Licensed Practical Nurse	
	3	3	Medical Data Entry Clerk	
	2 (Additional GEO funded)	0	Medical Data Entry Clerk	
	3	3	Medical Records Clerk	
	2 (Additional GEO funded)	0	Medical Records Clerk	
	1	1	Medical Records Supervisor	
	6	3	Nurse Practitioner	
	20 (Contractual)	20	Registered Nurses	
	6 (Additional GEO Funded)	0	Registered Nurses	
	1	1	Director of Nurses	
	3	0	Licensed Clinical Social Worker	
	2	2	Lab Tech.	
	3	3.5	Physician	
	2	2	Dentist	
	3	3	Psychologist	
	2	2	Psychiatrist	
	2	2	X-Ray Tech	
Total	81 (+ 11 Geo funded)	71.5		

From: (b)(6); (b)(7)(C)
Sent: 15 Oct 2015 12:27:29 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto 10.3.15 through 10.9.15
Attachments: Adelanto 10.3.15 through 10.9.15.doc, Sept 2015 MAR audit..docx

We'll start including you on Adelanto updates

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 15, 2015 11:46:27 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto 10.3.15 through 10.9.15

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

I have requested an update from the LOS FMC regarding current staffing and vacancies at Adelanto for you by 1300 EST, per your request.

For your reference, see attached the last draft of the FMC's focused review report of Adelanto as of 10/9, which indicated they still had a few vacancies.

R/

(b)(6); (b)(7)(C)
, RN, MSN, CCHP, CPHM
CAPT, U.S. Public Health Service
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Custom Enforcement
202-732-(b)(6); (b)(7)(C) W)
202-321-(b)(6); (b)(7)(C) cell)
866-808-8154 (f)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 10, 2015 12:12 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 10.3.15 through 10.9.15

(b)(6); (b)(7)(C), RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room (b)(6); (b)(7)(C)
Laguna Niguel, CA 92677
949-36 (b)(6); (b)(7)(C) Office
202-68 (b)(6); (b)(7)(C) Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Friday, October 09, 2015 7:56:13 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto 10.3.15 through 10.9.15

V/r,

(b)(6); (b)(7)(C), RN, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-3 (b)(6); (b)(7)(C) Office
202-8 (b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov



**U.S. Immigration
and Customs
Enforcement**

*Enforcement and Removal Operations
ICE Health Service Corps*

U.S. Department of Homeland Security
500 12th Street, SW 2nd Floor
Washington, DC 20536

DATE: October 9, 2015

MEMORANDUM FOR: (b)(6); (b)(7)(C)
Assistant Director
ICE Health Services Corps

THROUGH (b)(6); (b)(7)(C)
Deputy Assistance Director Clinical Services/Medical Director
ICE Health Services Corps

FROM: (b)(6); (b)(7)(C)
IHSC Field Medical Coordinator-Los Angeles Field Office

SUBJECT: Adelanto Detention Facility Report

This report for the Adelanto Detention Facility covers the period of October 3, 2015 through October 9, 2015 written by the IHSC Field Medical Coordinator (FMC) to provide information regarding medical care standards and compliance with established Immigration and Customs Enforcement (ICE) Performance-Based National Detention Standards (PBNDS 2011

GEO inspection to be conducted at the beginning of November.

Nakamoto group is scheduled for PBNDS inspection completed October 8, 2015

Findings for both East and West buildings:

- Safety and security
 - Detainee's personal property was not secured in cells.
 - Valuables in the drop safe were not checked each shift.
 - Fire drills were not conducted consistently on a quarterly basis.
- Medical
 - Interviewed 75-80 detainees regarding specific medical concerns to include access to care
 - Identified one detainee with a complaint on both the East and West side, however when the auditors investigated the complaints they determined there was no issues
 - Commented that their overall findings were that GEO's policies are good and practices are being followed according to PBNDS 2011
 - Commented that they did not look at quality of care but just that the standards were being met

The following reflects the findings for Adelanto Detention Facility on October 3, 2015 through October 9, 2015 from an audit of the Medication Administration Record for the period of September 1, 2015 through October 5, 2015.

Delivery of medication: All prescribed medications and medically necessary treatments shall be provided to detainees on schedule and without interruption, absent exigent circumstances.

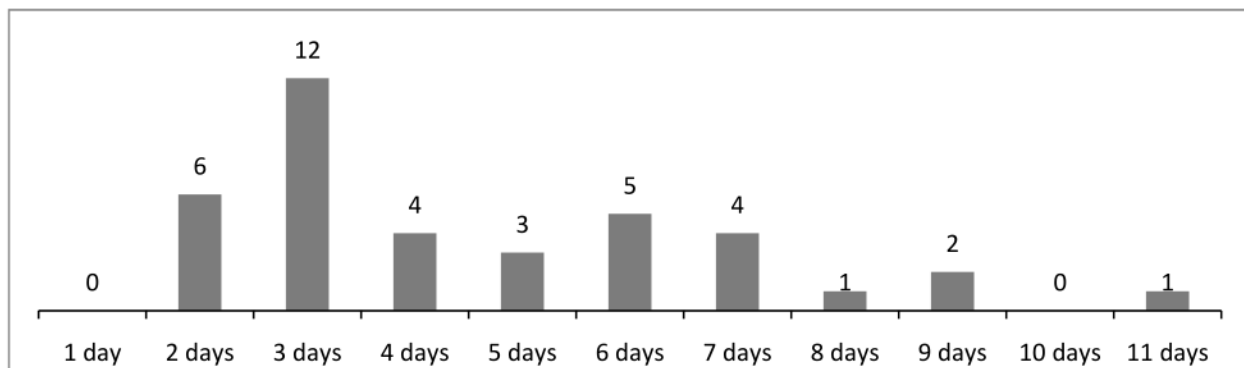
Upon review of the Medication Administration Record it was discovered:

- Orders were written and the medications administered anywhere between 2 days and 11 days with the majority administered within 4 days of when the order was written.
- Medications were delivered from the pharmacy or obtained from the local pharmacy anywhere from the same day to 6 days later with the majority obtained either the same day or the next day.
- Once the medications had been delivered the number of days before it was administered or given to the detainee was anywhere from the same day to 12 days with the majority of the medications administered between 2 and 3 days.
- Types of medications that had been delayed in their administration
 - **Antibiotics** (6)
 - Histamine Blocker (3)
 - Vitamin K (1)
 - Tramadol (2)
 - **Antihypertensive** (4)
 - **Psychotropic** (3)
 - **Anti-TB** (1 for 4 days)
 - Topical, Fiber, Eye drops (14)
 - **HIV medications** (1 for 3 days)
 - **Diabetic medications** (2)
 - Inhaler (1)

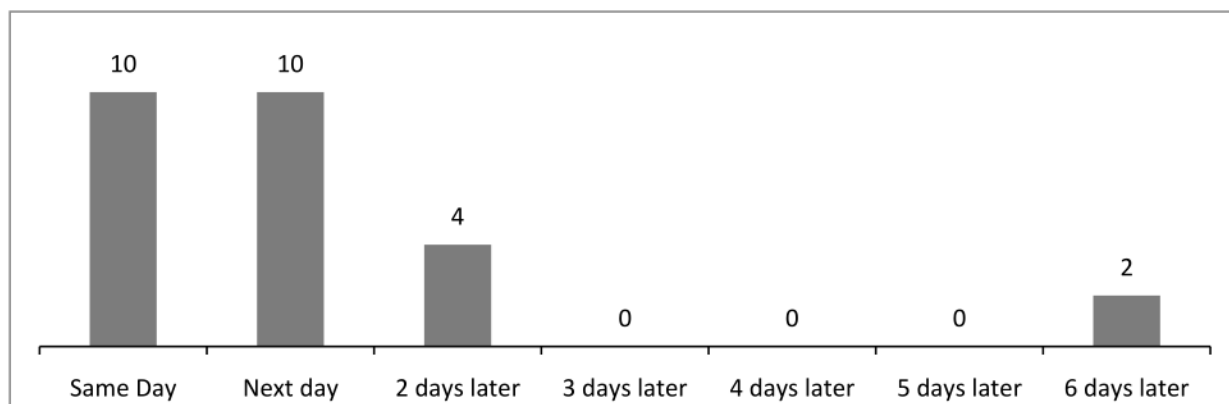
Staffing: Please note; I have only changed the “notes” on the following staffing chart.

Medical Staff Currently Employed and Physically Working			
Authorized	Actual	Position	Notes
26	25	Licensed Practical Nurse	1 LVN has resigned
3	3	Medical Data Entry Clerk	2 data entry clerks have resigned
3	3	Medical Records Clerk	
1	1	Medical Records Supervisor	
6	3	Nurse Practitioner	
20	19	Registered Nurses	5 RN's have resigned in past 2 weeks. 1 RN is converting from a full-time position to a part-time position.
1	0	Director of Nurses	Had interviewed 2 for this position, the stronger candidate has taken position elsewhere. Will open back up for more applicants per AHSA
3	0	Licensed Clinical Social Worker	Plan to convert these positions to 2 psychology positions.
3	2	Physician	Clinical director on convalescent leave as of September 14, 2015. She may return next week on limited duty. Only one physician actually working. 1 new physician completed training this week but will be on vacation next week. He will start on the floor for orientation the following week (October 19, 2015). The second new physician did not complete her first week of orientation, but should be here to either complete that training or start orientation on the floor.
2	2	Dentist	
3	3	Psychologist	
2	2	Psychiatrist	
2	2	X-Ray Tech	
Medical Staff in the Hiring Process			
		Data Entry Clerk	1 is completing E-Quip 1 is waiting for initiation into E-Quip
	2	Nurse Practitioner	3 are in process
	1	Nurse Practitioner	Per HSA will start in-service next week.
	1	Registered Nurse	3 waiting initiation into E-Quip 2 completing E-Quip, 1 pre-clearance
	1	Director Of Nurses	Will open back up for applications
	3	Licensed Clinical Social Worker	Advertised
	1	Physician	Completing E-Quip
	1	Licensed Practical Nurse	Pending preliminary clearance

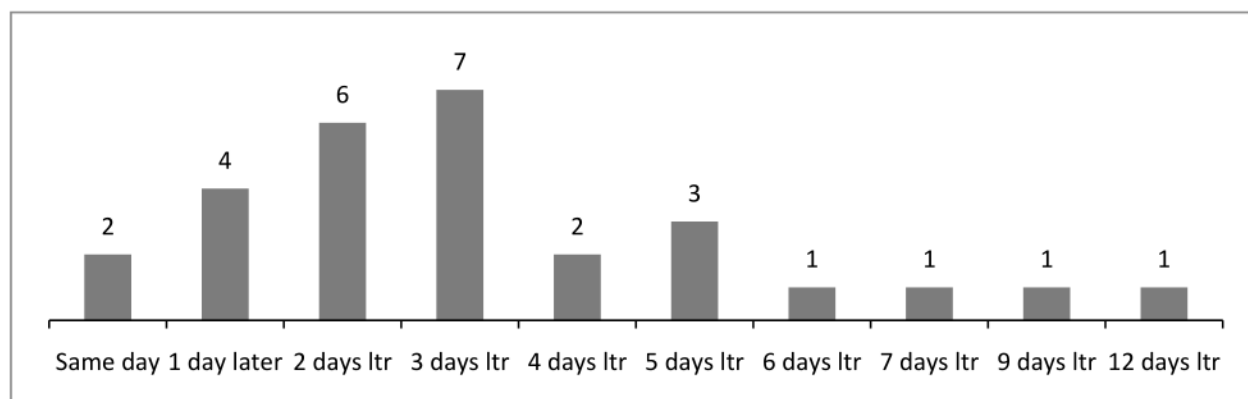
There had been approximately 38 instances medications were not administered because the medications had not been obtained from either the mail-order pharmacy or the local pharmacy.



Number of days a medication was either administered or given to a detainee following a written order.
For example, an order is written; day 1 is the day following the writing of the order.



Number of days between when the order is written and when the medication is delivered



Number of days between the time medications are delivered and medications are administered or given to the detainee

From:

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

Sent:

19 Oct 2015 11:33:23 -0400

To:

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

Cc:

Subject:

FW: Adelanto 10.10.15 through 10.16.15 - MD clarification

FYI – Clarification for 10/16/15 **Adelanto** focused review in regards to **physicians on site actually working:**

Adelanto is contracted to have 3 physicians, but currently have 4 physicians with one they are calling part-time (although she will be working 30 hours one week and 38 hours one week).

Currently the only physician seeing patients is (b)(6); (b)(7)(C) as of 10/16/15).

The two new ones are orienting with him. The dates in the chart are the dates they will begin seeing patients on their own. One of the physicians is of course (b)(6); (b)(7)(C) which is still on extended sick leave.

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

on site working
- FT in orientation
part-time) – in orientation
(FT – on extended sick leave)

R/

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

RN, MSN, CCHP, CPHM

CAPT, U.S. Public Health Service

Chief, Medical Case Management Unit

ICE Health Service Corps

Enforcement and Removal Operations

U.S. Immigration and Custom Enforcement

202-732 (b)(6); (b)(7)(C) (w)

202-321 (b)(6); (b)(7)(C) (cell)

866-808-8154 (f)

Email: (b)(6); (b)(7)(C) @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)

Sent: Monday, October 19, 2015 10:57 AM

To: (b)(6); (b)(7)(C)

Subject: FW: Adelanto 10.10.15 through 10.16.15

See below

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

RN, BSN, MBA-HCM, CPHM

CAPT, USPHS

ICE Health Service Corps
Regional Field Medical Coordinator – Western Region
Los Angeles Field Office
24000 Avila Rd., Room (b)(6); (b)(7)(C)
Laguna Niguel, CA 92677
949-360-(b)(6); (b)(7)(C) Office
202-689-(b)(6); (b)(7)(C) BlackBerry
866-460-9503 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

Please note new address and phone number.

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need to know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Monday, October 19, 2015 7:57 AM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.10.15 through 10.16.15

Yes, from my understanding they are contracted to have 3 physicians, but currently have 4 physicians with one they are calling part-time (although she will be working 30 hours one week and 38 hours one week).

The only physician seeing patients is (b)(6); (b)(7)(C). The two new ones are orienting with him. The dates in the chart are the dates they will begin seeing patients on their own. One of the physicians is of course (b)(6); (b)(7)(C) which is still on extended sick leave.

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
(part-time)
(sick leave)

V/r,

(b)(6); (b)(7)(C)
RN, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-3-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 20 Oct 2015 12:44:30 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto 10.10.15 through 10.16.15
Attachments: DailyCensusJune-Current2015.pdf

FYI – see below and attached the latest updates on Adelanto average monthly/daily census and outside referrals.

(b)(6); (b)(7)(C)
RN, MSN, CCHP, CPHM
CAPT, U.S. Public Health Service
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Custom Enforcement
202-732-(b)(6); (w)
202-321-(b)(7)(C) (cell)
866-808-8154 (f)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

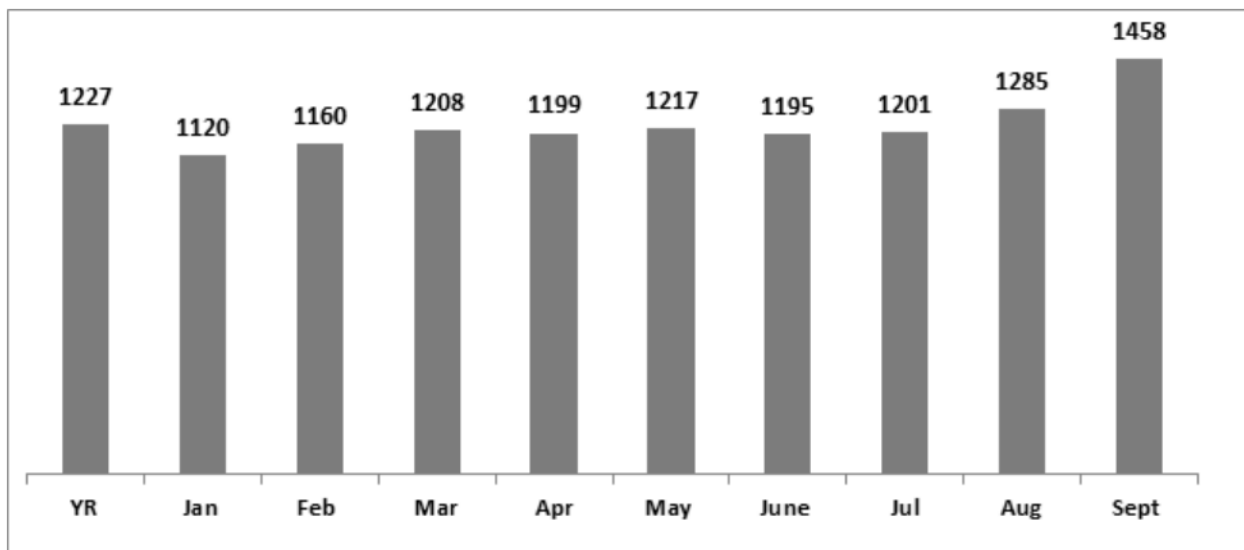
~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need to know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 20, 2015 12:40 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto 10.10.15 through 10.16.15

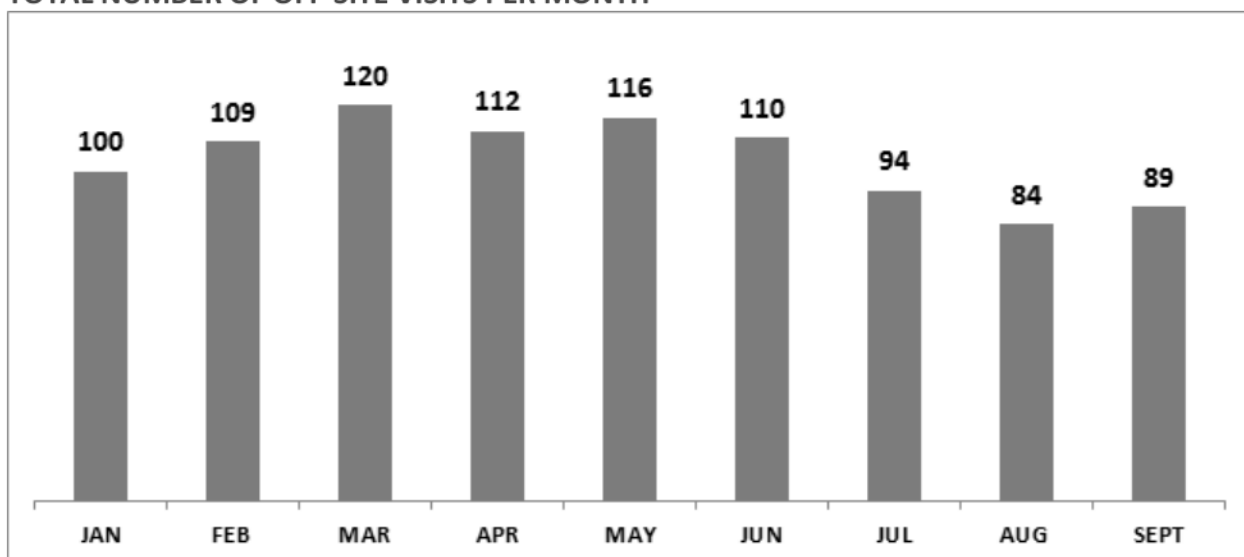
Good morning,
Here is the information requested. I have also attached the daily census starting June 2nd until October 18th.

In regards to the cause in the drop in the number of off site visits (below), GEO does not have explanation.

AVERAGE MONTHLY CENSUS



TOTAL NUMBER OF OFF-SITE VISITS PER MONTH



These site visits include the routine appointments such as dialysis, physical therapy, and chemotherapy.

V/r,

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

RN, BSN

LCDR, USPHS

ICE Health Service Corps

Field Medical Coordinator – San Bernardino Field Office

655 West Rialto Avenue Room (b)(6); (b)(7)(C)

San Bernardino, CA 92410

909-386-(b)(6); (b)(7)(C) Office

202-815-(b)(7)(C) Cell

1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Monday, October 19, 2015 3:38 AM
To: (b)(6); (b)(7)(C)
Cc: [REDACTED]
Subject: RE: Adelanto 10.10.15 through 10.16.15

Thx

From: (b)(6); (b)(7)(C)
Sent: Sunday, October 18, 2015 9:42:44 PM
To: (b)(6); (b)(7)(C)
Cc: [REDACTED]
Subject: RE: Adelanto 10.10.15 through 10.16.15

The average population from the numbers I have since Sept 17, 2015 is 1472. I will verify this tomorrow and get the numbers for offsite referrals.

V/r,

(b)(6); (b)(7)(C)
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Sunday, October 18, 2015 10:40 AM
To: (b)(6); (b)(7)(C)
Cc: [REDACTED]
Subject: FW: Adelanto 10.10.15 through 10.16.15

Please research the request for average population and daily population . Do you know how many off site referrals are done per month? Thx

From: (b)(6); (b)(7)(C)
Sent: Sunday, October 18, 2015 9:03:19 AM
To: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto 10.10.15 through 10.16.15

What us the average population?

Very respectfully,

(b)(6); (b)(7)(C) MHA, RDH, CCHP
Chief of Health Operations
ICE Health Service Corps
500 12th St. SW, Mailstop (b)(6); (b)(7)(C)
Washington, DC 20536

(202)732 (b)(6); (b)(7)(C) Office
(202)210 (b)(6); (b)(7)(C) BB
(b)(6); (b)(7)(C) @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal~~

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 17, 2015 11:57:50 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto 10.10.15 through 10.16.15

Keeping you all in the loop for Adelanto. Will ask the FMC to include total population with current staffing.

CAP (b)(6); (b)(7)(C) M.D.
Deputy Assistant Director Clinical Services
Medical Director
ICE/ERO/IHSC
Washington, D.C.
Desk 202732 (b)(6); (b)(7)(C)
Sent with Good (www.good.com)

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 17, 2015 8:48:42 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 10.10.15 through 10.16.15

For your review, please see attached Adelanto focus review for last week.

(b)(6);

(b)(6); (b)(7)(C)
RN, MSN, CCHP, CPHM
CAPT, USPHS
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
202-732 (b)(6); (office)
202-321 (b)(7)(C) (cell)
866-808-8154 (fax)
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 17, 2015 2:52:47 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 10.10.15 through 10.16.15

See the attached

(b)(6); (b)(7)(C)
RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room 1552
Laguna Niguel, CA 92677
949-36 (b)(6); Office
(b)(7)(C)
202-68 Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information~~

Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 17, 2015 11:47:15 AM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.10.15 through 10.16.15

Revised.

V/r,

(b)(6); (b)(7)(C) LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 17, 2015 10:34 AM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.10.15 through 10.16.15

Can you briefly add what the treatment plans were missing for clarity?

(b)(6); (b)(7)(C), RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room (b)(6); (b)(7)(C)
Laguna Niguel, CA 92677
949-360-(b)(6); (b)(7)(C) Office
202-689-(b)(6); (b)(7)(C) Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From: (b)(6); (b)(7)(C)
Sent: Friday, October 16, 2015 9:54:10 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.10.15 through 10.16.15

Treatment plans are different right? Ones I am used to have stuff like strengths/weaknesses/ mini status, diagnosis, medical diagnosis, symptoms, appearance, etc..
All these have are progress notes but not really treatment plans..

V/r,

(b)(6); (b)(7)(C)
CDR, USPHS

ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-815-(b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Friday, October 16, 2015 8:52 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.10.15 through 10.16.15

For the MH treatment plans, it states that none had treatment plans updated at a minimum of every 90 days but then states they were seen at least every 30 days and SOAP notes had meds, etc. documented.

(b)(6); (b)(7)(C) RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room (b)(6); (b)(7)(C)

Laguna Niguel, CA 92677

949-360-(b)(6); (b)(7)(C) Office

202-681-(b)(6); (b)(7)(C) Cell phone

866-460-9503 Secure Fax

(b)(6); (b)(7)(C)@ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)

Sent: Friday, October 16, 2015 7:36:20 PM

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

Subject: Adelanto 10.10.15 through 10.16.15

V/r,

(b)(6); (b)(7)(C), BSN

LCDR, USPHS

ICE Health Service Corps

Field Medical Coordinator – San Bernardino Field Office

655 West Rialto Avenue Room (b)(6); (b)(7)(C)

San Bernardino, CA 92410

909-386-(b)(6); (b)(7)(C) Office

202-815-(b)(6); (b)(7)(C) Cell

1-866-693-6341 Secure Fax

(b)(6); (b)(7)(C)@ice.dhs.gov

Census By Facility
6/1/2015 - 10/19/2015

U.S. CORRECTIONS	Actual Count	Male	Female
WESTERN REGION			
Adelanto Detention Facility			
06/01/2015	1191	1191	0
06/02/2015	1193	1193	0
06/03/2015	1204	1204	0
06/04/2015	1203	1203	0
06/05/2015	1217	1217	0
06/06/2015	1217	1217	0
06/07/2015	1217	1217	0
06/08/2015	1227	1227	0
06/09/2015	1221	1221	0
06/10/2015	1229	1229	0
06/11/2015	1216	1216	0
06/12/2015	1202	1202	0
06/13/2015	1204	1204	0
06/14/2015	1204	1204	0
06/15/2015	1206	1206	0
06/16/2015	1195	1195	0
06/17/2015	1196	1196	0
06/18/2015	1184	1184	0
06/19/2015	1184	1184	0
06/20/2015	1187	1187	0
06/21/2015	1187	1187	0
06/22/2015	1184	1184	0
06/23/2015	1181	1181	0
06/24/2015	1175	1175	0
06/25/2015	1174	1174	0
06/26/2015	1174	1174	0

Census By Facility
6/1/2015 - 10/19/2015

U.S. CORRECTIONS	Actual Count	Male	Female
WESTERN REGION			
06/27/2015	1173	1173	0
06/28/2015	1174	1174	0
06/29/2015	1175	1175	0
06/30/2015	1170	1170	0
07/01/2015	1183	1183	0
07/02/2015	1168	1168	0
07/03/2015	1170	1170	0
07/04/2015	1170	1170	0
07/05/2015	1171	1171	0
07/06/2015	1158	1157	1
07/07/2015	1165	1158	7
07/08/2015	1168	1160	8
07/09/2015	1212	1202	10
07/10/2015	1192	1182	10
07/11/2015	1192	1182	10
07/12/2015	1192	1182	10
07/13/2015	1211	1201	10
07/14/2015	1198	1183	15
07/15/2015	1192	1176	16
07/16/2015	1201	1183	18
07/17/2015	1227	1206	21
07/18/2015	1232	1211	21
07/19/2015	1234	1213	21
07/20/2015	1227	1196	31
07/21/2015	1213	1183	30
07/22/2015	1202	1175	27
07/23/2015	1212	1176	36

DHS-ICE-19-0926-A-000247

2020-ICLI-00030 247

Census By Facility 6/1/2015 - 10/19/2015

U.S. CORRECTIONS	Actual Count	Male	Female
WESTERN REGION			
07/24/2015	1218	1181	37
07/25/2015	1222	1185	37
07/26/2015	1222	1185	37
07/27/2015	1218	1181	37
07/28/2015	1227	1176	51
07/29/2015	1206	1156	50
07/30/2015	1206	1156	50
07/31/2015	1217	1166	51
08/01/2015	1228	1169	59
08/02/2015	1229	1170	59
08/03/2015	1226	1168	58
08/04/2015	1255	1194	61
08/05/2015	1236	1174	62
08/06/2015	1233	1173	60
08/07/2015	1222	1178	44
08/08/2015	1248	1185	63
08/09/2015	1249	1186	63
08/10/2015	1250	1187	63
08/11/2015	1240	1179	61
08/12/2015	1259	1198	61
08/13/2015	1262	1201	61
08/14/2015	1272	1212	60
08/15/2015	1274	1214	60
08/16/2015	1275	1215	60
08/17/2015	1282	1223	59
08/18/2015	1250	1191	59

DHS-ICE-19-0926-A-000248

2020-ICLI-00030 248

Census By Facility
6/1/2015 - 10/19/2015

U.S. CORRECTIONS

	Actual Count	Male	Female
WESTERN REGION			
08/19/2015	1243	1183	60
08/20/2015	1227	1169	58
08/21/2015	1286	1213	73
08/22/2015	1288	1217	71
08/23/2015	1316	1239	77
08/24/2015	1351	1269	82
08/25/2015	1389	1298	91
08/26/2015	1402	1314	88
08/27/2015	1389	1301	88
08/28/2015	1379	1293	86
08/29/2015	1380	1293	87
08/30/2015	1382	1293	89
08/31/2015	1373	1287	86
09/01/2015	1355	1270	85
09/02/2015	1343	1249	94
09/03/2015	1371	1277	94
09/04/2015	1437	1338	99
09/05/2015	1448	1342	106
09/06/2015	1451	1343	108
09/07/2015	1451	1343	108
09/08/2015	1432	1325	107
09/09/2015	1418	1315	103
09/10/2015	1425	1306	119
09/11/2015	1472	1353	119
09/12/2015	1480	1361	119
09/13/2015	1487	1368	119
09/14/2015	1489	1356	133

DHS-ICE-19-0926-A-000249

2020-ICLI-00030 249

Census By Facility 6/1/2015 - 10/19/2015

U.S. CORRECTIONS

Actual Count Male Female

WESTERN REGION

09/15/2015	1506	1374	132
09/16/2015	1485	1353	132
09/17/2015	1491	1361	130
09/18/2015	1496	1367	129
09/19/2015	1496	1367	129
09/20/2015	1497	1367	130
09/21/2015	1487	1357	130
09/22/2015	1462	1335	127
09/23/2015	1472	1346	126
09/24/2015	1468	1343	125
09/25/2015	1460	1339	121
09/26/2015	1472	1352	120
09/27/2015	1475	1354	121
09/28/2015	1493	1370	123
09/29/2015	1467	1343	124
09/30/2015	1453	1330	123
10/01/2015	1452	1336	116
10/02/2015	1457	1341	116
10/03/2015	1459	1342	117
10/04/2015	1460	1342	118
10/05/2015	1486	1335	131
10/06/2015	1475	1346	129
10/07/2015	1503	1373	130
10/08/2015	1487	1359	128
10/09/2015	1491	1370	121
10/10/2015	1494	1373	121

DHS-ICE-19-0926-A-000250

2020-ICLI-00030 250

Census By Facility
6/1/2015 - 10/19/2015

U.S. CORRECTIONS

	Actual Count	Male	Female
WESTERN REGION			
10/11/2015	1496	1374	122
10/12/2015	1499	1377	122
10/13/2015	1458	1336	122
10/14/2015	1458	1336	122
10/15/2015	1448	1328	120
10/16/2015	1459	1346	113
10/17/2015	1475	1360	115
10/18/2015	1476	1361	115
Adelanto Detention Facility	183237		

DHS-ICE-19-0926-A-000251

2020-ICLI-00030 251

From: (b)(6); (b)(7)(C)
Sent: 17 Dec 2015 12:48:26 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto staffing

FYI - Adelanto staffing update below

(b)(6); (b)(7)(C) CCHP, CPHM
CAPT, USPHS
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
202-732-(b)(6); (b)(7)(C) office)
202-321-(b)(7)(C) cell)
866-808-8154 (fax)
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 11:01:06 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto staffing

See below

(b)(6); (b)(7)(C) RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room (b)(6); (b)(7)(C)
Laguna Niguel, CA 92677
949-360-(b)(6); (b)(7)(C) Office
202-689-(b)(7)(C) Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO).
It contains information that may be exempt from public release under the Freedom of~~

Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 7:59:55 AM
To: (b)(6); (b)(7)(C)
Subject: Adelanto staffing

- One physician was terminated on December 15, 2015.
- Physician that had been on extended sick leave is due back December 17, 2015.
- Assistant HSA was terminated on December 15, 2015.
- Director of Nursing position is still open.
- One RN position remains vacant.
- Three LPN positions remains vacant.

V/r,

(b)(6); (b)(7)(C)
RN, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room (b)(6); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) SBD Office
760-561-(b)(6); (b)(7)(C) Ext. (b)(6) ADF Office
202-815-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 21 Sep 2015 08:32:59 -0400
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto

From: Miller, Philip T
Sent: Monday, September 21, 2015 8:27:09 AM
To: (b)(6); (b)(7)(C)
Tae D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

(b)(6);

How are things going to Adelanto?

Phil

From: (b)(6); (b)(7)(C)
Sent: Thursday, September 17, 2015 3:54 PM
To: Miller, Philip T; (b)(6); (b)(7)(C); Homan, Thomas; Gurule, Jon M; Hariadi, John W; Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

Good afternoon. Current population is 1484, guaranteed minimum is 1455.

From: Miller, Philip T
Sent: Thursday, September 17, 2015 12:51:09 PM
To: (b)(6); (b)(7)(C); Homan, Thomas; Gurule, Jon M; Hariadi, John W; Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

Dropping SND and adding LOS and Tae.

What is the population and what is the GM?

Tae,
Please inform GEO of our concerns and ask what their POA is to increase staff.

Thanks,
Phil

Sent with Good (www.good.com)

From: (b)(6); (b)(7)(C)
Sent: Thursday, September 17, 2015 2:47:23 PM
To: Homan, Thomas; Miller, Philip T; Gurule, Jon M; Hariadi, John W
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto

We have received initial updated information from the FMC after an Adelanto visit this week – they have lost physician and nursing leadership staff recently and are not maintaining compliance with initial physical examination, among other process issues that have not been resolved. It is my recommendation that we do not increase the daily population at the facility at this time. JK

(b)(6); (b)(7)(C)
ERO Assistant Director – IHSC
(202) 732 – (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 31 Jan 2019 15:43:55 +0000
To: (b)(6); (b)(7)(C)
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center

FYSA.

(b)(6); (b)(7)(C)
Deputy Assistant Director Clinical Services
ISHC Medical Director
500 12th Street, SW
Washington, DC 20536
Desk: 202-73 (b)(6); (b)(7)(C)
Cell: 202-515 (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) e.dhs.gov

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

From: (b)(6); (b)(7)(C)
Sent: Thursday, January 31, 2019 10:40 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: Re: DRC, Monitoring Report-Adelanto Detention Center

Good morning,

No, I had not seen the documents. When I was onsite yesterday, the AFOD mentioned that he received the report, was working on it with the facility, and would send it to me. Thanks for sharing. I will review and work with the facility.

V/R,

(b)(6); (b)(7)(C)
DrPH, MSN, FNP-BC

CAPT, USPHS
ICE Health Service Corps
Field Medical Coordinator – Los Angeles Field Office
300 N. Los Angeles St
Room 7621
Los Angeles, CA 90012
213-83 (b)(6); (b)(7)(C) Office
202-80 (b)(6); (b)(7)(C) Cellular

877-699-5778 Secure Fax

(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Thursday, January 31, 2019 7:24:34 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center

Please let me know if you had seen these documents related to the DRC visit to Adelanto. Have you been working with the facility for responses?

Thanks

(b)(6); (b)(7)(C) CCHP
Deputy Assistant Director Clinical Services
ISHC Medical Director
500 12th Street, SW
Washington, DC 20536
Desk: 202-7 (b)(6); (b)(7)(C)
Cell: 202-51 (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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

From: (b)(6); (b)(7)(C)
Sent: Thursday, January 31, 2019 8:11 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov <(b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov <(b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center
Importance: High

Good morning,

I am back from furlough.

I hope someone forwarded this to you, but just in case. We should discuss soon.

My understanding is that that the field office is putting together a response right now that we will see. I assume the FMC is involved as well.

Cyrena and I are talking with DRC Friday to ask for an extension to the response deadline of February 7th.

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

From: A (b)(6); (b)(7)(C) disabilityrightsca.org>

Sent: Thursday, January 17, 2019 5:58 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>; S (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @geogroup.com>

(b)(6); (b)(7)(C) @disabilityrightsca.org>; P (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @disabilityrightsca.org>; (b)(6); (b)(7)(C) @ice.dhs.gov>;

(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: DRC, Monitoring Report-Adelanto Detention Center

All,

Please see the attached cover letter and related materials. Thank you and we look forward to hearing from you.

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

Litigation Counsel

Disability Rights California

Bay Area Regional Office

1330 Broadway, Suite (b)(6); (b)(7)(C)

Oakland, CA 94612

Tel: (510) 267- (b)(6); (b)(7)(C)

Direct Dial: (510) 267- (b)(6); (b)(7)(C)

Fax: (510) 267-1201

Email: (b)(6); (b)(7)(C) disabilityrightsca.org

~~The information in this transmittal (including attachments, if any) is privileged and confidential and is intended only for the recipient(s) listed above. Any review, use, disclosure, distribution or copying of this transmittal is prohibited except by or on behalf of the intended recipient. If you have received this transmittal in error, please notify me immediately by reply email and destroy all copies of the transmittal. Any inadvertent disclosure does not waive the attorney-client privilege. Thank you~~

From: (b)(6); (b)(7)(C)
Sent: 31 Jan 2019 18:52:46 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Request for Adjustment of Medical Staffing at Adelanto Processing Center Contract #EROIGSA-11-0003
Attachments: 1-31-19 RSA for Adelanto Medical.pdf

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

CAPT (b)(6); (b)(7)(C) has received a request from the LOS AOR COR regarding Adelanto wanting to request to hire 2 MH professionals (type not specified) in place of one psychologist at no additional cost to the FED GOV.

I have asked for clarification of the type of MH professional they intend on hiring.

It seems they are having difficulty hiring the 6 required psychologists per the contract (5 on staff).

Please advise.

R/

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

Chief, MCMU

From: (b)(6); (b)(7)(C)

Sent: Thursday, January 31, 2019 1:41 PM

To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: Request for Adjustment of Medical Staffing at Adelanto Processing Center Contract #EROIGSA-11-0003

See the below and attached request regarding the Adelanto contract related to medical staffing.

(b)(6); (b)(7)(C), RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator – Western Region
949-360-(b)(6) Office – NOTE NEW NUMBER
202-689-(b)(7)(C) Cell Phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)

Sent: Thursday, January 31, 2019 10:35 AM

To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) dhs.gov'
(b)(6); (b)(7)(C) @dhs.gov <(b)(6); (b)(7)(C) dhs.gov>

Subject: Request for Adjustment of Medical Staffing at Adelanto Processing Center Contract #EROIGSA-11-0003

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

Please see attached letter request from GEO, requesting to hire 2 mental health professionals in place of one psychologist as follows at no cost to the government. Please confirm that you concur with GEO attached request.

If you are not the point of contract, can you provide me with the correct contact to get it this approved by IHSC?

Position	Current	Proposed	Change	Justification
Psychologist	6.00	5.00	(1.00)	Improved recruitment opportunity; MHPs to provide masters-level care (i.e. group therapy, case management, etc.)
MHP	-	2.00	2.00	

Thank you,

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

Contract Specialist
Detention, Compliance & Removals (DCR)
Office: (949) 425-(b)(6);
Mobile: (949) 943-(b)(7)(C)

January 31, 2019



One Park Place, Suite 700
621 Northwest 53rd Street
Boca Raton, Florida 33487

TEL: 561 893 0101
866 301 4436
FAX: 561 443 1833
www.geogroup.com

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

Contracting Officer

Detention, Compliance & Removals

U.S. DHS | ICE | Office of Acquisition Management

24000 Avila Road, Suite (b)(6); (b)(7)(C)

Laguna Niguel, CA 92677

**RE: Request for Adjustment of Medical Staffing at Adelanto Processing Center
Contract #EROIGSA-11-0003**

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

The GEO Group, Inc. (GEO), on behalf of the City of Adelanto, respectfully requests your consideration to modify the medical staffing plan. Despite ongoing efforts to recruit and retain psychologists in the area, we have only been able to fill five of the six required positions.

As such, we are requesting approval to hire two mental health professionals (MHPs) in place of one psychologist as follows:

Position	Current	Proposed	Change	Justification
Psychologist	6.00	5.00	(1.00)	Improved recruitment opportunity; MHPs to provide masters-level care (i.e. group therapy, case management, etc.)
MHP	-	2.00	2.00	

This request is at no cost to the government. If you have any questions, please do not hesitate to contact me.

Sincerely,

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

Executive Vice President, Contract Administration

cc: (b)(6); (b)(7)(C) Adelanto City Manager

February 5, 2016



One Park Place, Suite 700
621 Northwest 53rd Street
Boca Raton, Florida 33487

TEL: 561 893 0101
866 301 4436
FAX: 561 443 1833

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

Deputy Assistant Director
Office of Acquisition Management
U.S. Department of Homeland Security
24000 Avila Road, Suite (b)(6);
Laguna Niguel, CA 92677

Dear (b)(6);

This is in response to your January 28, 2016 letter to the City of Adelanto regarding the 1,940 Bed Adelanto ICE Detention Facility at which GEO has been providing comprehensive operational services under a subcontract with the City of Adelanto. The City has authorized GEO to negotiate with ICE regarding concerns over healthcare services at the Adelanto facility (please see attached letter from the City of Adelanto).

Introduction

GEO deeply appreciates the thirty (30) year partnership we have enjoyed with the U.S. Immigration and Enforcement (ICE) in providing state-of-the-art secure residential detention services. GEO presently operates twelve (12) privately managed ICE facilities totaling approximately 11,000 beds. As a company we have committed ourselves to operational excellence to the best of our abilities.

In the case of the Adelanto Detention Facility we acknowledge having encountered a

(b)(5)

Background

We feel it is first important to understand the history and contractual commitments that gave rise to the Adelanto Facility. The first phase of the Adelanto Detention Facility occurred in May 27, 2011 in the form of a 650 bed \$50 million facility financed by GEO and designed to ICE specifications. GEO successfully provided all operating services including medical at a blended per diem of (b)(4); (b)(7)(E) and minimum guarantee at

(b)(4);

The second phase of Adelanto Detention Facility occurred August 1, 2012 in the form of a 650 bed (b)(4); million expansion of the facility which resulted in a total capacity of

(b)(5)

1,300 beds. The facility expansion was financed by GEO and designed to ICE specifications. GEO successfully provided all operating services including medical at a blended per diem of (b)(4); (b)(7)(E) bed minimum guarantee at \$99.00.

The third phase of Adelanto Detention Facility occurred in September 12, 2015 in the form of a (b)(4); (b)(7)(E) million expansion of the facility which resulted in a total capacity of 1,940 beds. The facility expansion was financed by GEO and designed to ICE PBNDS 2011 specifications. GEO provides all operating services including medical at a blended per diem of \$95.24, with a 1,455 bed minimum guarantee (b)(4);

Presently, the total cost of the 1,940 bed Adelanto ICE Detention Facility is (b)(5). It is a single-purpose designed-to-suit facility built in strict accordance to ICE specifications and representation. Not only is this GEO's largest investment in a single detention facility, to our knowledge, it is the single largest investment in a detention facility by the private sector.

Negotiated Contractual Commitments

Each phase for the development of the 1,940 bed Adelanto Facility was preceded by lengthy contractual negotiations which included the incorporation of the 2011 PBNDS standards, PREA legislation and additional health service requirements over and beyond the initial contractual obligations. This was done in partnership with ICE leadership in order to add value to the existing contract. The majority of these enhancements were absorbed by GEO.

Voluminous financial information was provided to ICE as back-up to each of these initiatives and spanned a duration of several months during each negotiation. Numerous conference calls, face-to-face meetings, as well as a substantial exchange of documentation occurred during this time with OAQ, ERO and local ERO field leadership. There were numerous meetings held at the highest levels in Washington DC between GEO leadership and the heads of OAQ and ERO.

These negotiations were dependent upon ICE's communicated needs and resulted in the related contractual requirements. GEO made significant financial commitments in all three phases of the Adelanto Facility development and expansion based on good faith negotiations with ICE. As a result of ICE's specified needs, many scenarios identifying different minimum guarantees were submitted by GEO.

All of the facility financing costs and 450 of the 500 personnel costs are embedded in the minimum guarantee of 1,455 detainees. From GEO's perspective, the minimum guarantee represents the minimum threshold of acceptable financial performance/return in order to undertake the project. What is truly desired and expected is an annual average of 90% of capacity or 1,746 detainees.

The minimum guarantee was discussed, financially analyzed, negotiated on a good faith basis, and agreed upon by both ICE and GEO over several months. All pricing

(b)(5)

(b)(5)

February 5, 2016
Page 3

information requested by ICE was submitted by GEO and reviewed by ICE at the local and national levels. Several different minimum guarantees were considered and evaluated in depth. The end result was ICE's choice of a 1,455 minimum guarantee that would provide a lower per diem of (b)(4), compared to other alternatives.

(b)(5)

(b)(5)

The minimum census guarantee of 1,455 is the critical financial means for GEO to provide (b)(5) at the \$157 million Adelanto Facility. This facility is the most expensive facility under GEO ownership, as well as, in the entire U.S. private corrections sector. It is imperative that ICE understands that neither GEO nor any other private sector company could make such a large investment without a stable minimum census guarantee. The desire by ICE to re-set a minimum census guarantee would unquestionably damage ICE's service provider competition.

(b)(5)

California is a difficult state in which to obtain medical personnel due to the California Corporate Practice of Medical Doctrine which restricts for-profit companies from directly hiring licensed independent practitioners including physicians, dentists, psychiatrists, and psychologists. Consequently, GEO has had to engage physician-owned companies to provide those practitioners. Even that approach has been challenging due to a highly competitive market for much in demand medical personnel.

In July of 2015, at the opening of the third phase of the Adelanto Facility, GEO had its own concerns regarding the likely turnover of medical personnel, and thus authorized an additional eight (8) medical staff positions at GEO's expense. The GEO supplemental medical staff includes two (2) registered nurses, two (2) practical nurses, two (2) medical records clerks and two (2) data entry clerks. GEO has funded these supplemental positions at an annual cost of \$500,740, bringing the total authorized and supplemental medical positions from 81 to 89.

To our knowledge, the 89 medical positions at the Adelanto Facility is the largest medical staff at any private sector detention or corrections facility. It is probably larger than any

February 5, 2016

Page 4

(b)(5)

(b)(5)

ICE Clearances for Medical Staff

A critical factor affecting the recruitment of quality medical personnel is the lengthy time period for receiving ICE clearance. Medical personnel of all types are in high demand. The best staffing prospects are not going to wait weeks to obtain an ICE clearance to work in a detention facility. This results in a significant reduction in the potential labor pool available for higher quality healthcare employees.

(b)(5)

Detainee Thru-put and Chronic Cases

The average length of stay for a detainee at the Adelanto Facility is approximately three (3) weeks. This is a very short period of time compared to corrections facilities, even jails. It is a pressurized and condensed period in which medical staff must complete comprehensive physical examinations of detainees within fourteen (14) days, schedule and implement medical procedures/treatment before the detainee's departure, while handling new intakes.

The rapid detainee thru-put and volume creates significant stress for staff, leading some staff to resign as a result of the pressure of such an intense work environment. The stress on medical staff is further exacerbated by the medical profile of the detainee population.

When the Adelanto detainee population was at 1,500, it was a considerable concern that over 500, or one-third, were chronic care cases. That certainly was not the case before the third phase expansion. And now, with the census at approximately 999, there are presently 482 chronic care cases representing more than 48% of the population.

(b)(5)

February 5, 2016
Page 5

Facility, it represents (b)(5) and possibly the western United States. It is understandable for ICE to want to use the facility to its fullest potential. But its use must not be excessive or without consideration of how chronic care detainees can be medically assisted during a brief span of time.

In hindsight, it is likely that neither GEO nor ICE correctly calculated the number of healthcare personnel necessary to handle the ambitious healthcare objectives of the Expedited Adelanto Facility. GEO would welcome a constructive “lessons learned” discussion and how to further improve Adelanto healthcare operations.

Response to ICE Contract Discrepancy Report of December 28, 2015

The GEO response to the December 28, 2015 ICE Contract Discrepancy Report was prompt and comprehensive. The bulk of the GEO Corporate Medical Division, as well as, the GEO Corporate Compliance Division spent the week of December 28, 2015 at the Adelanto Facility reviewing and working toward curing each deficiency. GEO’s Chief Executive Officer (CEO) (b)(6); (b)(7)(C) personally spent time at the Facility on December 30, 2015, meeting with the ICE AFOD, reviewing the status of remedial actions regarding each deficiency item with the GEO Healthcare and Contract Compliance divisions, and meeting with representatives of Correct Care Solutions (CCS) whom (b)(6); (b)(7)(C) had requested to conduct a site visit for the purposes of developing a pricing proposal to undertake the medical services as a subcontractor to GEO.

Additional GEO healthcare staff were brought in from multiple GEO facilities to participate in the two-team approach to a comprehensive review of the detainee healthcare files. One team reviewed the files for completeness and to identify follow-up treatment, while the other team scheduled the necessary appointments.

On January 4, 2016, GEO submitted the ICE Uniform Corrective Action Plan with attachments for the Adelanto facility, which established reasonable timelines to cure the deficiencies. GEO has met or exceeded those timelines.

On January 7, 2016 GEO received a proposal from CCS to become a subcontractor for GEO in providing the healthcare services at the Adelanto Detention Facility with an agreed upon start date of February 1, 2016, pending approval from ICE. This proposed contract change was communicated to ICE for further review and approval.

A second week of corporate intervention by the Healthcare and Contract Compliance Divisions took place during the week of January 18, 2016. Again, there was a comprehensive review on the improving status of the deficiency items (b)(6); (b)(7)(C) also was onsite at this time and engaged in discussions with the ICE AFOD and participated in a GEO team review of the deficiency remedial actions.

A third corporate intervention will begin the week of February 8, 2016 and will include representatives from Healthcare, Human Resources, Security, and Administration. The entire team is expected to stay a minimum of two weeks.

New Healthcare Subcontract with CCS

The new healthcare subcontract with CCS was implemented on February 1st without any difficulties. CCS provides healthcare services at 462 facilities with a combined average daily population of over 250,000 individuals. CCS has provided healthcare services to ICE detainees for nearly a decade. Further, CCS is a healthcare provider on a subcontract basis to GEO at several other GEO facilities.

With respect to healthcare personnel, CCS's contract with GEO stipulates a required 89 healthcare positions which is eight (8) more than the 81 positions required for GEO under ICE's contract. The eight (8) supplemental positions are inclusive of the eight (8) positions independently approved and funded by GEO to have back-up personnel to fill nursing vacancies and ensure quality control on behalf of the detainees and ICE.

With respect to healthcare pricing, CCS's contract with GEO mirrors GEO's minimum census of 1,455 and inputs a charge of (b)(4); (b)(7)(F) per diem. For each detainee above the minimum of 1,455 there is a charge (b)(4); (b)(7)(F). Accordingly, GEO's subcontractor is dependent on the continuation of the minimum census guarantee by ICE of 1,455 detainees.

With respect to healthcare leadership for the Adelanto facility, CCS has moved quickly to identify the top three (3) positions. The new Health Services Administrator (HSA) is (b)(6); (b)(7)(C) who is onsite, actively working, and has over 20 years of experience with the US Bureau of Prisons (BOP) including 10 years as a Health Services Administrator.

The new Assistant Health Services Administrator (AHSA) (b)(6); (b)(7)(C) who is onsite and has 20 years of experience with the US Navy as a Medical Corps Officer and holds a Master's Degree in Health Services. (b)(6); (b)(7)(C) is knowledgeable of NCCHC and ACA standards and audits and is experienced in ICE operations. (b)(6); (b)(7)(C) is awaiting ICE clearance.

The new Director of Nursing (DON) is (b)(6); (b)(7)(C), formerly an RN at the Adelanto facility with several years of experience, who is onsite, and already has ICE clearance. Additionally, CCS has informed GEO that it will be upgrading one of the nurses to an Assistant DON.

Electronic Health Records (eHR)

With respect to ICE's desire for an Electronic Health Record System (eHR), CCS has an in-house eHR system called Electronic Records Management Application (ERMA) which is ONC certified. However, CCS is able to either phase in and use their system or contract with ICE's current vendor, eClinicalWorks (eCW) and use their system.

CCS is prepared to integrate either system at the Adelanto facility within 90 to 120 days, based on ICE's needs and preferences. GEO selected CCS as the subcontractor for Health

(b)(5)

(b)(5)

With either system CCS would have to develop specialized ICE reports and forms. Coordination with ICE to determine their exact requirements is paramount, and there are preliminary questions that could assist in this process.

(b)(5)

Attached are copies of CCS' eHR Implementation Charter and Implementation Schedule for either the ERMA or eCW system. GEO will await ICE's decision as to which system to select before moving forward. In the interim, the current manual system is being evaluated. Implementation of enhanced and improved processes will be immediate and utilized until the selected eHR system is in place.

February 5, 2016
Page 8

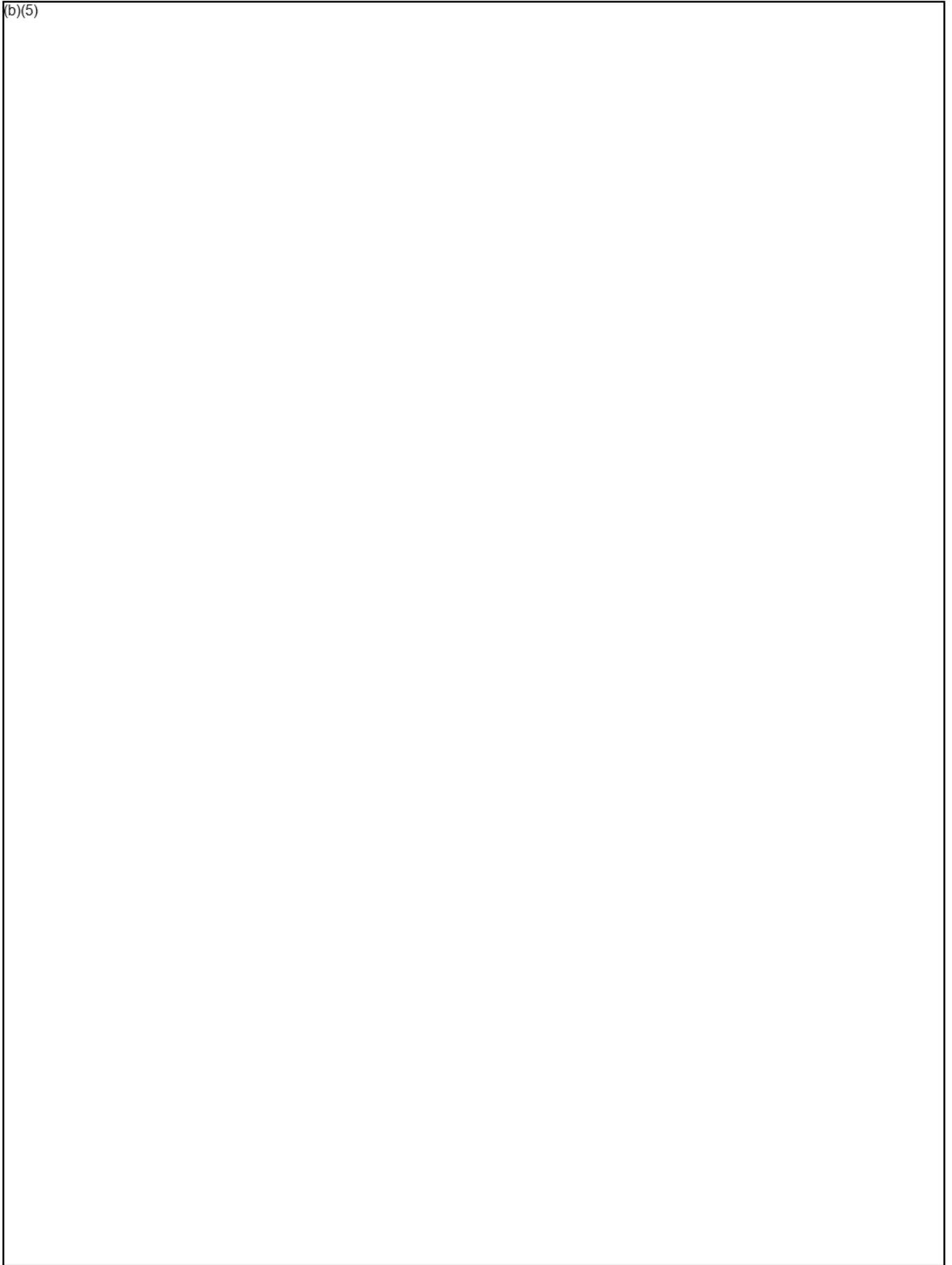
Status of GEO Healthcare Remedial Actions

With respect to the healthcare items cited in ICE's December 28th Contract Discrepancy Report (CDR), almost all matters have been cured.

(b)(5)

(b)(5)

(b)(5)



Summary

From our view, GEO is in compliance with the IGSA and the December 28, 2016 Contract Discrepancy Report (CDR) directives. The CDR covered both operational and health service concerns at the Adelanto facility. Direction and/or recommendations were identified throughout the CDR, and corrective actions were to be implemented immediately, 30, 60 or 90 days, and in some instances (such as with the eHR system) 12 months was the suggested phase-in time. As instructed by ICE, the initial response and corrective action plans were completed and forwarded to ICE on January 4, 2016. To date there has been no formal feedback on our January 4, 2016 response. (See attached GEO-updated ICE Uniform Corrective Action Plan, dated February 5, 2016).

The January 28, 2016 ICE letter demanding a reduction of the Guaranteed Minimum below the 1,455 limit is both disconcerting, as well as, confusing. The January 28th letter was forwarded one month from the CDR and completely reversed the original time frames set out in the December 28th CDR. This is also concerning again due to the fact that there has been no formal follow-up response or review by ICE of the progress that has been made at the facility.

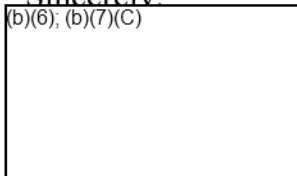
As outlined in our January 4th response, all recommendations and/or deficiencies noted relative to non-medical operational issues have all been addressed and corrective actions put in place. The remaining medical issues have also been addressed and almost all have been remedied. Further, the requirements of ICE's January 28th letter have been achieved or remedial actions are in progress (see attached January 28th ICE Requirements Report). We are exceeding the Adelanto minimum staffing of 450 FTEs and, in fact, have 459 active FTEs, 20 active part-time Detention Officers, and 7 medical staff on payroll awaiting ICE clearance.

GEO is concerned that ICE is attempting to impose a bilateral change to the IGSA which we do not believe is contractually appropriate given GEO's completed corrective actions requested by ICE, and would result in significant disruption to the facility due to our need to reduce staffing levels to a new minimum census. GEO is providing a \$157 million state-of-the-art detention facility designed specifically to ICE requirements and is in compliance with all minimum guarantee staffing requirements. We believe the Adelanto detainee census should be returned to normal as soon as possible.

GEO values its 30 year partnership with ICE and is proud of the quality services we have provided throughout all of our contracts with ICE. We are confident that we can have a meaningful discussion and work through any outstanding issues to the benefit of both parties. Accordingly, we respectfully request a meeting on this matter.

Sincerely,

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

A rectangular box with a black border, used to redact the signature of the Executive Vice President. The text "(b)(6); (b)(7)(C)" is written in the top left corner of the box.

Executive Vice President, Contract Administration

Page 272

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 273

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 274

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 275

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 276

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 277

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 278

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 279

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 280

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 281

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 282

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 283

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 284

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 285

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 286

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 287

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 288

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act

Page 289

Withheld pursuant to exemption

(b)(5)

of the Freedom of Information and Privacy Act



U.S. Immigration
and Customs
Enforcement

April 10, 2018

MEMORANDUM FOR: Tae Johnson
ERO Assistant Director
ICE Custody Programs

THROUGH: (b)(6); (b)(7)(C) DHSc, MPH
ERO Assistant Director
ICE Health Service Corps

FROM: (b)(6); (b)(7)(C) MD
IHSC Deputy Assistant Director
Health Care Compliance Branch

SUBJECT: Report of ICE Health Service Corps Subject Matter Expert Team Visit -
Adelanto ICE Processing Center - March 6 to 8, 2018

Purpose. The purpose of this site visit was to follow-up on a November 2017 on-site investigation of the Adelanto ICE Processing Center (AIPC) by the Department of Homeland Security (DHS), Office for Civil Rights and Civil Liberties (CRCL) to recommend improvements and provide assistance through collaboration with GEO and Correct Care Solutions to strengthen the AIPC health care delivery program.

Background. On March 6-8, 2018, an ICE Health Service Corps (IHSC) subject matter expert (SME) team performed a visit to the site to determine the status of AIPC's compliance with 2011 ICE Performance-based National Detention Standards. The principal members of the team consisted of the Deputy Assistant Directors for Health Care Compliance and Health Systems Support, IHSC Chief of Psychiatry, Unit Chief for Medical Case Management, IHSC staff pharmacy consultant, two Field Medical Coordinators, and a Risk Manager.

This report is based upon patient and administrative record reviews, interviews with detention and medical officials and department heads at the facility, GEO Group (managing contractor), and Correct Care Solutions (health care contractor) corporate staff.

1. Leadership

- Health care is processed slowly, inefficiently, uncoordinated, disjointed, and lacks in continuity. The team noted that clinic leadership mostly identifies issues that require prospective surveillance for mitigation and interventions resulting in scrutiny by outside

entities or through adverse outcomes. The pattern of repeated non-compliance with PBNDS standards and measures of quality of care over time indicate a lack of administrative control and deficiencies in both the administrative and clinical arenas. Lack of clinical leadership extends to both medical and psychiatric disciplines that intersect with certain administrative functions. Psychiatric direction, especially as it pertains to quality assurance, are almost non-existent.

Not in compliance with PBNDS 4.3. V. B. *The Health Systems Administrator (HSA) shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA together with the HSA establishes the processes and procedures necessary to meet the medical standards outlined herein.*

- The reactive nature of leadership is also reflected in the quality assurance (QA) activities. In an interview with the Chief of the QA department, she stated “I would like to track medication errors, but it doesn’t end up as a routinely collected measure or study because the HSA is not focused on tracking.”

Not in compliance with PBNDS 4.3 EE.2.7. *Reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results.*

- More than one year after GEO subcontracted the electronic health records, recent audit findings determined deficiencies in medical record-keeping similar to those prior to having subcontracted the service. Although updated to an electronic format, the current state of the not fully utilizing the eHR medical record is so fragmented in its application that it does provide the envisioned enhancement when compared to previous paper records. Leadership must proactively implement the her as intended.

Not in compliance with PBNDS 4.3 V. BB. *The HSA shall maintain a complete health record on each detainee that is: organized uniformly in accordance with appropriate accrediting body standards; available to all practitioners and used by them for health care documentation; and properly maintained and safeguarded in a securely locked area within the medical unit.*

- Recommendations:

(b)(5)

2. Pharmaceutical Management

- The medication procurement and administration process is currently overseen by an LVN, a staffing choice not authorized.

Not in compliance with PBNDS 4.3 V.G.11. Administration of medications by properly licensed, credentialed, trained personnel under the supervision of the health services administrator (HSA), clinical medical authority (CMA)...

- AIPC medical providers are regularly failing to send medication discontinuation notices to CorrectRx (mail-order pharmacy), which has resulted in medication administration records (MAR) that are more often incorrect than correct. In a review of 10 psychiatric patient charts, 100% of MARs printed from the pharmacy contained previously discontinued orders with an average of four discontinued orders on each MAR. In a review of 10 medical patients, 60% of printed MARs contained discontinued orders.

Not in compliance with PBNDS 4.3 V.G. 12. ...documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.

- A highly disproportionate use of sedating antipsychotics [65% compared to an average of 27% of the antipsychotics prescribed at AIPC and IHSC-staffed facilities, respectively] may indicate that mental health staff may be using antipsychotic medications as a tranquilizer instead of a therapeutic regimen focused on resolving symptoms and improving functional status.

Questionable compliance with PBNDS 4.3 V.G.3. Prescription practices, including requirements that medications are prescribed only when clinically indicated, and that prescriptions are reviewed before being renewed

- Recommendations:

(b)(5)

- Coordinate with current remote pharmacy provider (CorrectRx) to determine whether MAR labels can be provided with each new medication issued to reduce likelihood of transcription errors.
- Implement a more stringent psychiatric peer review program to focus on the quality of care provided, especially to complex patients.

3. Medical Record-keeping Practices

- AIPC's electronic medical record lacks a Medication Administration Record (MAR) and patient location information, leading to unsafe mental health care for detainees

Not in compliance with PBNDS 4.3. II.23. Information about each detainee's health status shall be treated as confidential, and health records shall be maintained in accordance with accepted standards separately from other detainee detention files and be accessible only in accordance with written procedures and applicable laws. Health record files on each detainee shall be well organized, available to all practitioners and properly maintained and safeguarded.

- A review of the use of force report pursuant to a detainee complaint states that he became hostile in his cell, struck a corrections officer, and was eventually subdued and placed in mechanical restraints. IHSC noted that AIDC had diagnosed the detainee with psychosis and that the patient was being regularly housed in segregation. The detainee had, in fact, been diagnosed with schizophrenia, and had a history of taking antipsychotic medications. Two months prior to the incident, the detainee was documented as taking antipsychotic medication off-and-on.

Not in compliance with PBNDS 4.3. V.Y.1.a. The use of restraints requires documented approval and guidance from the CMA. Record-keeping and reporting requirements regarding the medical approval to use restraints shall be consistent with other provisions within these standards, including documentation in the detainee's A-file..

- Recommendations:

(b)(5)

(b)(5)

4. Mental Health Program

- Reviewers were unable to find any instances of collateral information being collected for any detainee in AIPC. Initial mental health evaluations continue to be poor, without mention or documentation of any patient history from the detainee's previous facility from the detainees' previous health care providers or family members.

Not in compliance with PBNDS 4.3 V. O.3.b. *Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. Such evaluation and screenings shall include: [b]. history of any mental health treatment or evaluation;*

- AIPC inappropriately houses detainees with serious mental disorders in segregation, rather than housing them in an appropriate mental health housing arrangement. Continuous and prolonged segregation housing of the mentally ill has led to inadequate mental health care and increased the likelihood of poor mental health outcomes.

Not in compliance with PBNDS 4.3 V. O.3.b, [j.3]. *Recommend actions for any appropriate treatment, including but not limited to the following: special management units (PBNDS 2.12); [also ICE Directive 11065.1, Review of the Use of Segregation for ICE Detainees (Segregation Directive)]*

- AIPC continues to have inadequate and delayed access to care for persons in mental health crisis who need acute inpatient psychiatric hospitalization.

Not in compliance with PBNDS 4.3 V. O.3.b, [j.4]. *Recommend actions for any appropriate treatment, including but not limited to the following: community hospitalization.*

- Recommendations:

(b)(5)

5. Dental Assessments

- Thirty-three-percent (of 10) records reviewed were not in compliance.

Not in compliance with PBNDS 4.3 V.R. *An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.*

(b)(5)

6. Tuberculosis Screening Management

- One out of nineteen (5%) did not have tuberculosis screening completed as per CDC guidelines. One of the detainee's chest x-ray was not read within 72 hours due to housing issues. The chest x-ray was ordered five days after arrival. The chest x-ray was completed nine days after arrival.

Not in compliance with PBNDS 4.3 V.C.2. *Screening for TB is initiated at intake and in accordance with Center for Disease Control and Prevention (CDC) guidelines. All new arrivals shall receive TB screening within 12 hours of intake and in accordance with CDC guidelines.*

(b)(5)

7. Sick call

- Two of three (67%) of the charts reviewed for urgent care (sick call) did not have a nursing referral to an MD/PA/NP/DMD submitted within 24 hours where appropriate.

Not in compliance with PBNDS 4.3 V.S.4. Sick Call- Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting.

(b)(5)

8. Medical Care

- Two of ten (20%) of the charts reviewed indicated that the detainees did not receive their medication within 24-72 hours. One detainee's medication was not ordered at intake because the personal supplies were in Russian, and the nurse could not read them. The detainee went without several cardiac medications for 2-3 days until seen by a provider. In a second detainee, the transfer summary noted a history of asthma, but no medical conditions or medications were documented on the intake screening, and no medications were ordered until the exam 5 days later.

Not in compliance with PBNDS 4.3 V.U.5. Detainees shall receive continuity of care from time of admission to time of transfer, release or removal. Detainees, who have received medical care, released from custody or removed shall receive a discharge plan, a summary of medical records, any medically necessary medication and referrals to community-based providers as medically-appropriate.

(b)(5)

9. Clinical Evaluation and Management

- Eight out of ten (80%) of detainees had a chest x-ray completed within 72 hours of problem identification, if not already done. In one instance, the detainee was identified on July 20, 2017; however, the chest x-ray was not completed until July 28, 2017. The other detainee was identified as being HIV positive on January 31, 2017. The chest x-ray was completed on May 26, 2017. (REPEAT FINDING)

Not in compliance with PBNDS 4.3 V.C.4.c. Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, The CDC and the Infectious Diseases Society of America.

- One of six (16%) of detainee records reviewed indicate they were not seen by an HIV or ID specialist within 30 days of HIV identification. The detainee was identified as being diagnosed with HIV on September 3, 2016; however, the detainee was not scheduled for ID visit until December 16, 2016.

Two of ten (20%) of detainees with HIV did not have a chest x-ray completed within 72 hours of problem identification. For one detainee, the diagnosis was identified on July 29, 2017; however, the chest x-ray was not ordered until August 16, 2017. The other detainee was identified as being HIV positive HIV on September 3, 2016. The chest x-ray was ordered on February 9, 2017, and it was completed on February 10, 2017. (REPEAT FINDING)

Not in compliance with NCCHC J-G-01 Chronic Disease Services. *Patients with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function. For patients enrolled in an HIV program, it is recommended that care be supervised by an HIV specialist who will initiate and change therapeutic regimens as medically indicated*

(b)(5)

10. Disability

- Thirty-three-percent (of 20) records reviewed were missing appropriate accommodation orders (Special needs). Additionally, the facility does not clearly determine in the progress notes if the provider has assessed the detainees for assistance with activities of daily living.

Not in compliance with PBNDS 4.8 V.F.4.e. *Disability Identification, Assessment, and Accommodation, F4. Multidisciplinary Team, e. Staff Notification- Where an accommodation is granted, facility policy or procedures will ensure that all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations.*

(b)(5)

11. Medical Grievances

- Four out of thirty-six (11%) of the grievances were not addressed within 5 working days of receipt.

Not in compliance with PBNDS 6.2: V.C.4. Designated medical staff shall act on the grievance within five working days of receipt and provide the detainee a written response of the decision and the rationale. This record shall be maintained per the following section "D. Record-Keeping and File Maintenance."

(b)(5)



U.S. Immigration
and Customs
Enforcement

May 21, 2018

MEMORANDUM FOR: Tae Johnson
ERO Assistant Director
ICE Custody Management

THROUGH: (b)(5)
ERO Assistant Director
ICE Health Service Corps

FROM: (b)(5)
IHSC Deputy Assistant Director
Health Care Compliance Branch

SUBJECT: Report of ICE Health Service Corps Subject Matter Expert Team Visit -
Adelanto ICE Processing Center - March 6 to 8, 2018

Executive Summary:

Between March 6 and 8, 2018, a subject matter expert (SME) team of ICE Health Service Corps (IHSC) Officers (IHSC Team – see Appendix A) undertook a visit to the Adelanto ICE Processing Center (AIPC) to: 1) evaluate the status of healthcare at the site; and 2) to assist and offer recommendations to the primary subcontractor, GEO and its subcontracted health care provider, Correct Care Solutions (CCS), regarding systemic processes that may be hindering provision of necessary and appropriate medical care.

The IHSC Team findings indicate serious noncompliance with several PBNDS standards including, the leadership and the quality assurance program; pharmaceutical management; medical record keeping practices; and the mental health program. Other important deficiencies involve aspect of dental and medical care. IHSC Team found, although to a lesser degree, deficiencies in meeting PBNDS pertaining to sick call practices; clinical evaluation and management; disability; and medical grievances. These last four areas are not listed or discussed in the report.

The IHSC Team provides recommendations toward future improvements in and sustained compliance with the described PBNDS standards.

Full Report

Between March 6 and 8, 2018, a subject matter expert (SME) team of ICE Health Service Corps (IHSC) Officers (IHSC Team) undertook a visit to the Adelanto ICE Processing Center (AIPC) to evaluate the status of healthcare at the site. The IHSC Team's visit followed-up deficiencies in health service delivery cited by the U.S. Department of Homeland Security's Office for Civil Rights and Civil Liberties (CRCL) after its on-site investigation in November 2017. The IHSC Team's visit was also intended to assist and offer recommendations to the primary subcontractor, GEO and its subcontracted health care provider, Correct Care Solutions (CCS), regarding systemic processes that may be hindering provision of necessary and appropriate medical care. The composition of the IHSC Team is listed below (Appendix A).

This report is based on, among other things, on record reviews; use of the Quality of Medical Care (QMC) toolkit; interviews with facility and corporate principals; and observations of clinical and administrative practices. The scope of the report is limited to AIPC's compliance with the ICE Performance-based National (PBNB) Standards (PBNBS) 2011, required of AIPC under the Intergovernmental Service Agreement (IGSA) with the City of Adelanto.

Findings.

***Note:** Below are listed several values indicating the proportions of medical records found deficient with regards to PBNB standards in relation to the number of records reviewed to assess particular standards. These values represent a screening method commonly used as a method of program monitoring and evaluation (M&E) and a means to identifying areas of deficiencies requiring greater scrutiny by other methodologies (e.g., 100% record review and audits). By design, this screening method is not intended to represent statistical analyses.*

***Note:** This report has been abbreviated to address only those deficiencies in health care delivery specific to PBNB standards 2011. Standards deficiencies deemed of lesser import per the screening method utilized and as compared to those described below, are not discussed in this report.*

Leadership and Quality Assurance (QA)

1. PBNBS 4.3 V.EE.2.e.7. *The Health Systems Administrator (HSA) shall be authorized and responsible for making decisions about the deployment of health resources and the day-to-day operations of the health services program. The CMA (Chief Medical Authority, together with the HAS, establishes the processes and procedures necessary to meet the medical standards outlined herein.*
2. PBNBS 4.3 V.EE.2.e.7. *The HSA shall implement a system of internal review and quality assurance. The system shall include... (e) on-site monitoring of health service outcomes on a regular basis through the following measures... (7) reevaluating problems or concerns, to determine whether the corrective measures have achieved and sustained the desired results.*

Leadership, or the persons responsible for the administrative and clinical matters that support the facility's management and care delivery, is significantly deficient in establishing processes and procedures for fundamental elements of any medical program, primarily in the areas **quality assurance (QA) program, pharmaceutical management, medical record-keeping practices** in

particular the facility's **electronic health record (eHR)**], and **mental health program** (see corresponding sections below).

QA processes have been unable to ensure effectiveness of corrective actions in many areas requiring improvement. This is based on an examination of the minutes, (data collection, analyses, and subsequent presentations of results and recommendations considered at AIPC's quarterly Continuous Quality Improvement (CQI) Committee meetings in 2017), along with historical knowledge as it reflects on current problems and concerns at AIPC.

Discussion.

Because the information being tracked and intervened upon at the direction of the CQI Committee has been, for the most part, chosen from findings in audits and reports of prior site visits, upon prior adverse events, external audits, and investigations, the facility's Leadership, and by extension, the QA program is essentially and continuously attempting to correct issues in a reactive manner and retroactively. Even under these circumstances, CQI activities are insufficient in informing improvement actions for current problems and concerns, but more importantly from a prospective view.

It should be noted that the current administrative and clinical leadership was kept on by CCS when healthcare delivery at AIPC was subcontracted to them in early 2017; however, deficiencies in leadership were evident and have been documented before CCS health services began to provide health services at Adelanto.

Quality assurance. A definition of a QA program is one that consists of activities and programs intended to assure or improve the quality of care in either a defined medical setting or a program. The concept includes the assessment or evaluation of the quality of care; identification of problems or shortcomings in the delivery of care; designing activities to overcome these deficiencies; and follow-up monitoring to ensure effectiveness of corrective steps.

The IHSC visit made evident that the information being tracked and intervened upon has been, and for the most part, chosen in reaction to prior findings by external entities. Thus, the facility's Leadership, and by extension, the QA program, is consuming a large part of its effort in continuously attempting to correct issues on-the-spot, leaving little room for proper M&E efforts that might better serve the improvement of current and future problems.

In addition, a number of QA activities instituted to address problems under study by the CQI Committee have not been effective and/or whatever improvement achieve sustainable over time, and part of the reason may be because such QA activities have not been assessed for effectiveness post implementation. For example, medical grievances, which although trended, discussed, and intervened upon at the direction of the CQI Committee, demonstrate a wide fluctuation in the proportion of grievances received in the four quarters (Q) of 2017 (Q1 -20%, Q2 -10%, Q3 - 28%, and Q4 -11%). The number that were "late" were reported as zero for the entire year of 2017 in the graphics presented.

Prominent among the unidentified root causes of problems and concerns include the relatively small number of incident reports generated for any issues, such as medication errors, that may have been encountered. For example, and although the medication administration record (MAR) issues are trended, the causes of errors and other findings are not, except in very few cases such as "Psychotropic

Medications Tracking” (a separately tracked topic). With respect to the latter, the only regularly tracked information of potential clinical usefulness is the number of psychotropic medication prescribed and renewed. With respect to the former (the MAR), only administrative matters such as number of MARs audited are tracked.

(b)(5)

Pharmaceutical Management

1. PBNDS 4.3. V.G.12. *Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: 12. documentation of accountability for administering or distributing medications in a timely manner, and according to licensed provider orders.*
2. PBNDS 4.3. V.G.10. *Each detention facility shall have and comply with written policy and procedures for the management of pharmaceuticals, to include: (10) supervision by properly licensed personnel.*

In a review of ten psychiatric patient charts, 100% of MARs printed from the pharmacy contained previously discontinued orders that were not recorded as such in the MAR. Each of the MAR records reviewed had an average of four discontinued but still active orders. This means that the patient may have been administered the same medication more than once and/or in higher dosage within the prescribed period. In a review of ten medical care-specific records, 60% of printed MARs contained discontinued but still active orders.

In addition, in an interview of the HSA regarding pharmaceutical management in AIPC, he stated and his statement collaborated by the posted organization chart that the medication procurement and administration process at AIPC is currently overseen by an licensed vocational nurse (LVN).

The purpose of any institutional policy is to provide staff with the compulsory parameters of and for their duties.

Discussion:

Medication administration represents practices of high frequency and potentially serious adverse outcomes. For example (see also below), the MAR of a detainee with mental illness contained four orders for quetiapine, three of which had been discontinued at least two months previously, and three orders for hydroxyzine, two of which had been discontinued the previous month. Drug-drug interaction for these two medications produces additive sedation; and although a rare side-effect, it increases the risk of an irregular heart rhythm that may be serious and potentially life-threatening.

Furthermore, during the interview with the author, one of the members of the AIPC QA team (an LVN) stated, *"I am not comfortable in passing out pills at pill line because you never know if the medication, the dosage, or the quantity is correct in the MAR."*

Medication management documentation errors seriously diminish AIPC's capability for accountability of medication administration. Medication administration and record documentation errors (see medical record keeping practices below) were recounted proximal to a patient death by the ICE Office of Detention Oversight (ODO) Detainee Death Report. In their report ODO documents that one day before his death by suicide, a detainee in segregation had already refused his psychiatric medications for 48 hours (a twice-a-day medication) and for 24 hours (a once-a-day medication). In an ODO team member's interview with the HSA, the HSA acknowledged that the nurse failed to follow AIPC's medication administration policy by not notifying a provider after the detainee missed three doses of any medication. In addition, the facility psychologist, who had visited the detainee approximately three hours before his death, was not aware that the patient was not compliant with his medications at the time because the information was not available to him at the time. It is not clear whether or not these errors may have contributed to the detainee's death.

(b)(5)

4. Develop regular, discipline-specific in-services for all categories of staff (including administrative personnel) involved in any aspect of care that intersects with pharmaceutical management in order to impart the correct processes for ordering and discontinuing medications all the way through to the pharmacist, as well as other aspects of AIPC's pharmaceutical functions.
5. Classify as, and institute QA activities, including the reporting, trending and analysis for "medication errors;" the address, at a minimum, the situation where discontinued orders for medications persist in the MAR.

Medical Record-Keeping Practices

PBNDS 4.3 V.BB. *The HSA shall maintain a complete health record on each detainee that is: organized uniformly in accordance with appropriate accrediting body standards; available to all practitioners and used by them for health care documentation; and properly maintained and safeguarded in a securely locked area within the medical unit.*

Inadequate standardization of policies and procedures for and use of the eHR results in unnecessary searches for information within the system, the potential loss of information because of parallel systems of data management, diminished capacity for the accountability of clinical and administrative functions, and for performing QA activities that require routinely-collected information.

Discussion:

1. Loss of information. Instead of entering information directly into the eHR's structured fields, where the information can be reliably found and used for multiple administrative and clinical purposes, information in the form of filled-out paper forms and other physical documents are frequently scanned into the eHR as non-searchable versions and in non-standardized target locations. This practice constitutes a "work-around," or parallel process of data management that can result in unnecessary, if non-productive, searches for information within the system, and potential loss of information within and exterior to the electronic system.
2. Accountability for clinical and administrative functions. A record review found that seven (23%) of 30 records reviewed listed detainees as being in residence, when in fact, they had left the facility 20 days prior. Incorrect data and reports emanating from these data, as generated by the her, not only cripple any type of visit appointment system, but also the availability of and accountability for essential information such as laboratory results, correct administration of medication, and even detainee physical location. Further, the perception of inaccuracies in the eHR diminishes staff trust in the system, and often results in the creation of additional work-arounds that are subject to a greater degree
3. Continuity and quality of care. With the underuse of the eHR, the efficient, reliable and accountable tracking, analysis, trending, and reporting of information is significantly diminished. It also makes the production of structured reporting for the purposes of quality and enhancement of health care delivery, and administrative and clinical functions become more cumbersome and time-consuming, and therefore inefficient.

(b)(5)

Mental Health Program

PBNDS 4.3 V.N.3. *Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day. Such evaluation and screenings shall include: (b). history of any mental health treatment or evaluation; (c) history of illicit drug/alcohol use or abuse or treatment for such; and (d) history of suicide attempts.*

Nine (90%) records of ten reviewed had any mention that the provider had reviewed the medical records for presence of a history of mental health illness prior to the patient encounter. No record reviewed made mention by any mental health provider of drug or alcohol history.

Discussion:

With respect to the documentation by a mental health provider of drug or alcohol history, one particular record reviewed made no mention of the detainee's "*extensive alcohol use, recent DUI and recent detoxification treatment*" history documented elsewhere.

Lack of documentation affirming or negating either the availability of a prior record for review or having elicited a history of mental illness and/or substance abuse would not meet compliance with this standard, since it cannot be verified. Failure to find such information may also be dependent on the deficient standardization of the eHR medical record.

(b)(5)

Dental Assessments

PBNDS 4.3 V.R. *An initial dental screening shall be performed within 14 days of the detainee's arrival. The initial dental screening may be performed by a dentist or a properly trained qualified health provider.*

Three (33%) of ten records reviewed did not meet the requirement for a dental screening to be done within 14 days of detainee's arrival.

(b)(5)

Medical Care

PBNDS 4.3 V.U.5. *Detainees who arrive at a detention facility with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications.*

Two (20%) of ten records reviewed indicated that the detainees did not receive their medication within 24 hours.

Discussion:

One of the records reviewed showed that one detainee went without cardiac medications for 2-3 days until seen by a provider. The medication was not provided because the detainee's personal supply was in Russian

(b)(5)

(b)(5)

Disability

PBNDS 4.8 V.F.4.e. *Where an accommodation is granted, facility policy or procedures will ensure that all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations*

PBNDS 4.8 V.F.4.g. *After the facility has completed its review of a detainee with a disability or of a request for an accommodation, facility staff shall place written documentation of the following in the detainee's medical and/or detention file.*

Six (33%) of 20 detainee records reviewed were missing appropriate accommodation orders (special needs). Additionally, AIPC does not clearly determine in-record-progress-notes if the provider has assessed the detainees for assistance with activities of daily living.

(b)(5)

(b)(5)



Appendix A

Composition of the ICE Health Service Corps (IHSC) Subject Matter Expert Team:

(b)(6); (b)(7)(C)	D (Lead), Deputy Assistant Director for Health Care Compliance
(b)(6); (b)(7)(C)	Deputy Assistant Director for Health Systems Support (HSS)
(b)(6); (b)(7)(C)	Chief of Psychiatry, IHSC
(b)(6); (b)(7)(C)	Unit Chief for Medical Case Management
(b)(6); (b)(7)(C)	IHSC staff pharmacy consultant \
(b)(6); (b)(7)(C)	HSC Field Medical Coordinator
(b)(6); (b)(7)(C)	IHSC Field Medical Coordinator
(b)(6); (b)(7)(C)	HSC Risk Manager

Adelanto NCCHC Summary of Exit Conference March 1, 2016

Findings:

(b)(5); (b)(7)(E)

(b)(5); (b)(7)(E)

From: (b)(5); (b)(7)(E)
Sent: 15 Sep 2017 19:02:22 +0000
To: (b)(5); (b)(7)(E)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

Is (b)(6); (b)(7)(C) invited to this call? I think she should be.

(b)(5); (b)(7)(E)

MSc, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-732-7475 | Cell: 202-321-7475

From: (b)(5); (b)(7)(E)
Sent: Friday, September 15, 2017 2:17 PM
To: (b)(5); (b)(7)(E)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

That could work for me

That could work for me
From: (b)(5); (b)(7)(E)
Sent: Friday, September 15, 2017 2:08 PM
To: (b)(5); (b)(7)(E)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

Me too...

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Sep 15, 2017, 1:53 PM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Adelanto - Mental Health Cases and Franco

I am available during that time.

From: (b)(6); (b)(7)(C)
Sent: Friday, September 15, 2017 1:50 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

Adelanto AFOD and OCC are available Wednesday, Sept. 20 1300 - 1500 EST.

(b)(6); (b)(7)(C) RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room (b)(6);
Laguna Niguel, CA 92677
949-360 (b)(6); Office
202-684 (b)(6); Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) ce.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 13, 2017 8:10 AM
To: (b)(6); (b)(7)(C)
Cc: S
Subject: RE: Adelanto - Mental Health Cases and Franco

thx

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 13, 2017 8:27 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

CAPT (b)(6); (b)(7)(C) will set a meeting up for next week.

(b)(6); (b)(7)(C) RN, MSN, CCHP
CAPT, USPHS
Chief, Medical Case Management Unit
ICE/ERO/IHSC
202-734 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) ce.dhs.gov>
Date: Wednesday, Sep 13, 2017, 7:46 AM
To: (b)(6); (b)(7)(C) ce.dhs.gov>
Cc: (b)(6); (b)(7)(C) ce.dhs.gov (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) ce.dhs.gov>, (b)(6); (b)(7)(C) ce.dhs.gov>

Subject: FW: Adelanto - Mental Health Cases and Franco

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

R/

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

MD, MSc

U.S. Public Health Service - Commissioned Corps
Deputy Assistant Director – Health Care Compliance
Immigration Health Service Corps (IHSC)
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536
Tel. (202) 732 (b)(6); (b)(7)(C)
Cel. (202) 805 (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)

Sent: Tuesday, September 12, 2017 8:44 PM

To: (b)(6); (b)(7)(C)

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

Cc: (b)(6); (b)(7)(C)

Subject: RE: Adelanto - Mental Health Cases and Franco

Since it sounds as if the AFOD should be in attendance, please consider another day next week .
Thx

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>

Date: Tuesday, Sep 12, 2017, 4:54 PM

To: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)@associates.ice.dhs.gov>, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: RE: Adelanto - Mental Health Cases and Franco

The Adelanto AFOD is out of the office Thursday and Friday this week.
Today was the regularly scheduled weekly MH meeting at Adelanto; however, the AFOD did not attend so that CAP (b)(6); (b)(7)(C) address this concern with him.

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

RN, BSN, MBA-HCM, CPHM

CAPT, USPHS

ICE Health Service Corps

Regional Field Medical Coordinator - Western Region

24000 Avila Rd.

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

Laguna Niguel, CA 92677
949-360-(b)(6); Office
202-689-(b)(7)(C) Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) ce.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 9:41 AM

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

Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto - Mental Health Cases and Franco

I have a retirement ceremony I promised to staff on Friday .
I have added (b)(6); address the best time on Friday..
Is there another day Thursday just in case?

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 12:35 PM

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

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

Subject: RE: Adelanto - Mental Health Cases and Franco

I'm OK with it if OK with everyone else...

R/
CAPT (b)(6); (b)(7)(C), MD, MSc
U.S. Public Health Service - Commissioned Corps
Deputy Assistant Director – Health Care Compliance
Immigration Health Service Corps (IHSC)
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536
Tel. (202) 732-(b)(6);
Tel. (202) 732-(b)(7)(C)
Cel. (202) 809-(b)(6);
e-mail (b)(6); (b)(7)(C) e.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 12:33 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto - Mental Health Cases and Franco

(b)(6);
(b)(7)(C) is on admin leave tomorrow. What about FRI?

From: M (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 12:28 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C) **Subject:** FW: Adelanto - Mental Health Cases and Franco

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

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

(b)(6);
(b)(7)(C) can you go ahead and set up the meeting for tomorrow, if at all possible (but not at 11:00 EST)?

Thanks to all,

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

(b)(6); (b)(7)(C) MD, MSc
Deputy Assistant Director – Health Care Compliance
Immigration Health Service Corps (IHSC)
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536
Tel. (202) 732-4 (b)(6);
Cel. (202) 809 (b)(7)(C)
e-mail: (b)(6); (b)(7)(C) ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 12:16 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto - Mental Health Cases and Franco

Thanks for the heads up about this --- I imagine the OCC has this well in hand, but I'm happy to help in any way I can – please let me know!

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 11:47 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto - Mental Health Cases and Franco

We'll get back to you before this meeting is scheduled. Feel free to reach out to us earlier on this

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 11:16 AM
To: (b)(6); (b)(7)(C)
Subject: RE: franco cases

(b)(5); (b)(7)(E)

(b)(6); (b)(7)(C), RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room 1552
Laguna Niguel, CA 92677
949-361-(b)(6); (b)(7)(C) office
202-681-(b)(7)(C) cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)@ice.dhs.gov

Date: Monday, Sep 11, 2017, 5:19 PM

To: (b)(6); (b)(7)(C)@ice.dhs.gov

Cc: (b)(6); (b)(7)(C)@ice.dhs.gov, (b)(6); (b)(7)(C)@ice.dhs.gov, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov

Subject: RE: Adelanto - Mental Health Cases and Franco

Thanks (b)(6); (b)(7)(C). Doubt, however, that we can gather all these people for tomorrow, plus we need to discuss internally first.

(b)(6); (b)(7)(C): Thoughts?

Including (b)(6); (b)(7)(C) since he's the contracts guru.

Best,

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

(b)(6); (b)(7)(C) MD, MSc

U.S. Public Health Service - Commissioned Corps
Deputy Assistant Director – Health Care Compliance
Immigration Health Service Corps (IHSC)
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536
Tel. (202) 732-(b)(6);
Cel. (202) 809-(b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)

Sent: Monday, September 11, 2017 3:40 PM

To: (b)(6); (b)(7)(C)

Cc:

Subject: FW: Adelanto - Mental Health Cases and Franco

Sir,

(b)(5); (b)(7)(E)

R/

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

RN, MSN, CCHP, CPHM, CLNC
CAPT, U.S. Public Health Service
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Custom Enforcement
202-732-(b)(6);
202-321-(b)(7)(C)
866-808-8154 (f)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)

Sent: Tuesday, September 05, 2017 11:14 AM

To: (b)(6); (b)(7)(C)

Cc:

Subject: Mental Health Cases and Franco

Good morning (b)(6); (b)(7)(C)

(b)(5); (b)(7)(E)

(b)(5); (b)(7)(E)

We would like to schedule a meeting to include IHSC, BHU, ERO, and OCC to further discuss. Please let me know of your availability for a call this week. Thanks.

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

V/R,

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

DrPH, MSN, FNP-BC

CAPT, USPHS

ICE Health Service Corps

Field Medical Coordinator – Los Angeles Field Office

300 N. Los Angeles St

*Room (b)(6);
(b)(7)(C)*

Los Angeles, CA 90012

*213-830-(b)(6);
(b)(7)(C) Office*

*202-809-(b)(6);
(b)(7)(C) Cellular*

877-699-5778 Secure Fax

(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 15 Sep 2017 19:01:50 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

I'm good with this time.

(b)(6); (b)(7)(C)
PHSc, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-732-(b)(6); Cell: 202-321-(b)(6);

From: (b)(6); (b)(7)(C)
Sent: Friday, September 15, 2017 2:17 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

That could work for me

That could **From:** (b)(6); (b)(7)(C)
Sent: Friday, September 15, 2017 2:08 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

Me too...

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Sep 15, 2017, 1:53 PM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: Adelanto - Mental Health Cases and Franco

I am available during that time.

From: (b)(6); (b)(7)(C)
Sent: Friday, September 15, 2017 1:50 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto - Mental Health Cases and Franco

Adelanto AFOD and OCC are available Wednesday, Sept. 20 1300 - 1500 EST.

(b)(6); (b)(7)(C), RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room 1 (b)(6);
Laguna Niguel, CA 92677
949-360 (b)(6); Office
202-689 (b)(7)(C) Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 13, 2017 8:10 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto - Mental Health Cases and Franco

thx

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 13, 2017 8:27 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto - Mental Health Cases and Franco

CAPT (b)(6); (b)(7)(C) will set a meeting up for next week.

(b)(6); (b)(7)(C)
RN, MSN, CCHP
CAPT, USPHS
Chief, Medical Case Management Unit
ICE/ERO/IHSC
202-732 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) ice.dhs.gov>
Date: Wednesday, Sep 13, 2017, 7:46 AM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) ice.dhs.gov>, (b)(6); (b)(7)(C) ice.dhs.gov>, (b)(6); (b)(7)(C) ice.dhs.gov>, (b)(6); (b)(7)(C) ice.dhs.gov>

To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: RE: Adelanto - Mental Health Cases and Franco

Thanks for the heads up about this --- I imagine the OCC has this well in hand, but I'm happy to help in any way I can -- please let me know!

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 11:47 AM
To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: FW: Adelanto - Mental Health Cases and Franco

We'll get back to you before this meeting is scheduled. Feel free to reach out to us earlier on this

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 12, 2017 11:16 AM
To: (b)(6); (b)(7)(C)
Subject: RE: franco cases

(b)(5); (b)(7)(E)

(b)(6); (b)(7)(C) RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.

Room (b)(6);
(b)(7)(C)
Laguna Niguel, CA 92677
949-360-(b)(6) Office
202-689-(b)(7) Cell phone
866-460-9503 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From (b)(6); (b)(7)(C) @ice.dhs.gov>

Date: Monday, Sep 11, 2017, 5:19 PM

To (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C) @ice.dhs.gov>, Shurina,

(b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: RE: Adelanto - Mental Health Cases and Franco

Thank (b)(6);
(b)(7) Doubt, however, that we can gather all these people for tomorrow, plus we need to discuss internally first.

(b)(6); (b)(7)(C) Thoughts?

Including (b)(6); since he's the contracts guru.

Best,

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

(b)(6); (b)(7)(C) MD, MSc

U.S. Public Health Service - Commissioned Corps
Deputy Assistant Director – Health Care Compliance
Immigration Health Service Corps (IHSC)
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536
Tel. (202) 732-(b)(6);
(b)(7)(C)
Cel. (202) 802-(b)(6);
(b)(7)(C)
e-mail (b)(6); (b)(7)(C) @ice.dhs.gov

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

Sent: Monday, September 11, 2017 3:40 PM

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

Cc

Subject: FW: Adelanto - Mental Health Cases and Franco

Sir,

(b)(7)(E); (b)(5)

R/

(b)(6); (b)(7)(C) RN, MSN, CCHP, CPHM, CLNC

CAPT, U.S. Public Health Service
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Custom Enforcement
202-732-(b)(6); (b)(7)(C)w)
202-321-(b)(7)(C)cell)
866-808-8154 (f)
Email: (b)(6); (b)(7)(C)ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 05, 2017 11:14 AM
To: (b)(6); (b)(7)(C)
C: (b)(6); (b)(7)(C)
Subject: Mental Health Cases and Franco

Good morning (b)(6); (b)(7)(C)

(b)(7)(E); (b)(5)

We would like to schedule a meeting to include IHSC, BHU, ERO, and OCC to further discuss. Please let me know of your availability for a call this week. Thanks.

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

V/R,

(b)(6); (b)(7)(C) rPH, MSN, FNP-BC

CAPT, USPHS
ICE Health Service Corps
Field Medical Coordinator – Los Angeles Field Office
300 N. Los Angeles St
Room 7621
Los Angeles, CA 90012
213-830-(b)(6); Office
202-809-(b)(7)(C) Cellular
877-699-5778 Secure Fax
(b)(6); (b)(7)(C)ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 10 Aug 2017 16:44:54 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: ADELANTO

I haven't signed anything. I simply stated he was going on leave. I haven't seen any leave slips, as of yet.

(b)(6); (b)(7)(C) DHSc, MPH, CCHP
Assistant Director - ILE Health Services
Office: 202-732-(b)(6); (b)(7)(C) | Cell: 202-321-(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Thursday, August 10, 2017 12:43 PM
To: (b)(6); (b)(7)(C)
Subject: FW: ADELANTO

(b)(6); (b)(7)(C) let me know that you've been signing off his leave slips . No problem. Can medical services continue be involved in the clinical judgement / decision making regarding (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Tuesday, August 08, 2017 10:30 AM
To: (b)(6); (b)(7)(C)
Subject: RE: ADELANTO

Yes. In summary:

- Annual leave tomorrow - Sunday, Aug 13.
- In Etowah, Mon 14th – 19th, and
- Annual leave Aug. 22nd - 27th

I sent my leave slip to (b)(6); (b)(7)(C) for the Aug. 22nd - 27th given leadership change. Do you want me to send to you?

As you were still were Acting AD then, I sent you a retrospective 1 day request for AL for Jul 17th (about which I e-mailed you) that I'd forgotten to send you. I used that day to take care of some immigration issues related to (b)(6); (b)(7)(C) and kids.

P/
(b)(6); (b)(7)(C) MD, MSc
U.S. Public Health Service - Commissioned Corps
Deputy Assistant Director – Health Care Compliance
Immigration Health Service Corps (IHSC)
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536
Tel. (202) 732-(b)(6); (b)(7)(C)

Cel. (202) 809-[REDACTED]
e-mail: [REDACTED]@ice.dhs.gov

From: [REDACTED]
Sent: Tuesday, August 8, 2017 11:49 AM
To: [REDACTED]
Subject: RE: ADELANTO

[REDACTED] other than your upcoming AI this week and Etowah, I understand that you'll be on AL when you return from Etowah until the 28th?

From: [REDACTED]
Sent: Tuesday, August 08, 2017 9:36 AM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: ADELANTO

[REDACTED]

I'm leaving town this evening and won't be back until Aug 28th, unfortunately; nevertheless, my trip to Adelanto will not be until next month, so we still have time to meet before I go there.

My best,

[REDACTED] MD, MSc
U.S. Public Health Service - Commissioned Corps
Deputy Assistant Director – Health Care Compliance
Immigration Health Service Corps (IHSC)
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536
Tel. (202) 732-[REDACTED]
Cel. (202) 809-[REDACTED]
e-mail: [REDACTED]@ice.dhs.gov

From: [REDACTED]
Sent: Monday, August 7, 2017 6:03 PM
To: [REDACTED]
Cc: [REDACTED]
Subject: RE: ADELANTO

[REDACTED] are you able to meet this week or next at CRCL?

[REDACTED]

From: [REDACTED]
Sent: Saturday, July 22, 2017 9:22 PM
To: [REDACTED]@HQ.DHS.GOV
[REDACTED]
[REDACTED]@ice.dhs.gov

Cc: (b)(6); (b)(7)(C) ice.dhs.gov>; (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) HQ.DHS.GOV>

Subject: RE: ADELANTO

Thx very much (b)(6); (b)(7)(C) I am very happy to hear that you and (b)(6); (b)(7)(C) are meeting personally to address the mutual Adelanto issues.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) HQ.DHS.GOV>
Date: Saturday, Jul 22, 2017, 9:05 PM
(b)(6); (b)(7)(C) @ice.dhs.gov>
C: (b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C) ice.dhs.gov> (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) HQ.DHS.GOV>
Subject: RE: ADELANTO

That would be great (b)(6); (b)(7)(C) Adelanto is my investigation so I'm not sure anyone else has to attend a meeting other than you and I. I'd be happy to go over the concerns with you that pertain to our December onsite at the facility, the medical and mental health concerns we had at that time and continue to have and, of course, the three deaths that have occurred since our December onsite.

I am out all of next week, but am back the week after next. I can come there, or you can come here. Please give me a couple of dday and time options for the week of July 31 and I'll get back to you.

Thanks much. My best to you also.

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

Senior Policy Advisor
Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security Headquarters
Washington, DC
Cell: 202-577-(b)(6); (b)(7)(C)
Office: 202-35

(b)(6); (b)(7)(C) hq.dhs.gov



Homeland
Security

~~Warning: This message may contain attorney-client communications, attorney work product, and agency deliberative communications, all of which may be privileged and not subject to disclosure outside the agency or to the public. Please consult with the Department of Homeland Security, Office of the General Counsel before disclosing any information contained in this email.~~

From: (b)(6); (b)(7)(C)

Sent: Monday, July 17, 2017 5:16 PM

To: (b)(6); (b)(7)(C) <[redacted]@HQ.DHS.GOV>

Cc: (b)(6); (b)(7)(C) <[redacted]@ice.dhs.gov>; (b)(6); (b)(7)(C) <[redacted]@ice.dhs.gov>

Subject: RE: ADELANTO

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

I would very much appreciate a meeting with you (and your colleagues as you feel appropriate) to discuss your message below.

Funding has severely constrained IHSC's travel to only that which is mission critical; and therefore, none of us have been able to go to Adelanto.

Nevertheless, I'm hoping to go there before the end of FY17 and would like to know what information you are interested in (and concerned about).

I await your response.

Receive my best,

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

(b)(6); (b)(7)(C) ID, MSc

U.S. Public Health Service - Commissioned Corps
Deputy Assistant Director – Health Care Compliance
Immigration Health Service Corps (IHSC)
U.S. Department of Homeland Security
500 12th Street, SW
Washington, DC 20536
Tel. (202) 732- (b)(6);
Cel. (202) 800- (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)

Sent: Monday, July 10, 2017 11:26 AM

To: (b)(6); (b)(7)(C)

Cc:

Subject: ADELANTO

Good Morning (b)(6); (b)(7)(C)

When CRCL and IHSC last met, you stated that an IHSC team was going back to Adelanto within a few weeks to conduct another review of the medical and mental health care. CRCL asked if you would look at whether detainees with serious mental illness issues were still being housed in segregation. If you found that was occurring, we also asked you to evaluate whether they had been sufficiently diagnosed and were receiving appropriate and consistent medications.

Did you go? Given CRCL's findings and recommendations on those issues, we are interested to hear how it went.

Thanks much.

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

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

Senior Policy Advisor
Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security Headquarters
Washington, DC

Cell: 202-577-(b)(6);
Office: 202-351-(b)(7)(C)

(b)(6); (b)(7)(C) [g.dhs.gov](mailto:(b)(6); (b)(7)(C)@dhs.gov)



Homeland
Security

Warning: This message may contain attorney-client communications, attorney work product, and agency deliberative communications, all of which may be privileged and not subject to disclosure outside the agency or to the public. Please consult with the Department of Homeland Security, Office of the General Counsel before disclosing any information contained in this email.

From: (b)(6); (b)(7)(C)
Sent: 8 Aug 2017 09:06:09 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: April 2017 Death of (b)(6); (b)(7)(C)

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

(b)(6); (b)(7)(C), DHSc, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-731-(b)(6); (b)(7)(C)
Cell: 202-321-(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Aug 07, 2017, 11:35 PM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: April 2017 Death of (b)(6); (b)(7)(C)

CRCL closed out the death at (b)(6); (b)(7)(C)

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Monday, Aug 07, 2017, 8:33 PM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@HQ.DHS.GOV>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@HQ.DHS.GOV>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: April 2017 Death of (b)(6); (b)(7)(C)

Wonderful ! Thx (b)(6); (b)(7)(C) I'll be sure to let the others know and continue to monitor Adelanto closely

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@HQ.DHS.GOV>
Date: Monday, Aug 07, 2017, 7:28 PM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@HQ.DHS.GOV>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: April 2017 Death of (b)(6); (b)(7)(C)

Hi, (b)(6); (b)(7)(C) I wanted to pass on to you that our Medical Expert Consultant, (b)(6); (b)(7)(C) reviewed records for the above detainee who died in April while detained at Adelanto. (b)(6); (b)(7)(C) found a few issues of concern, however he concluded that, overall, based on the records he reviewed, the detainee was receiving reasonable care while at the Adelanto. And (b)(6); (b)(7)(C) commented, "His apparent initial presentation of a very high mortality incident (bleeding varices) resulted in timely transfer to (the) outside hospital. He stabilized in the hospital, but had a second bleed while in a hospital setting and expired."

(b)(6); (b)(7)(C) was happy to learn that Adelanto now has an electronic medical record system. I will be closing this Adelanto matter with no recommendations.

Best wishes,

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

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

Senior Policy Advisor
Office for Civil Rights and Civil Liberties
U.S. Department of Homeland Security Headquarters
Washington, DC
Cell: 202-577-(b)(6); (b)(7)(C)
Office: 202-351-(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @hq.dhs.gov



Homeland
Security

~~Warning: This message may contain attorney-client communications, attorney work product, and agency deliberative communications, all of which may be privileged and not subject to disclosure outside the agency or to the public. Please consult with the Department of Homeland Security, Office of the General Counsel before disclosing any information contained in this email.~~

From: (b)(6); (b)(7)(C)
Sent: 1 Sep 2017 21:14:28 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: OPA - Bay Area CBS Follow Ups from Adelanto Detention Tour

Cleared.

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

(b)(6); (b)(7)(C), DHSc, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-7(b)(6);
Cell: 202-321(b)(7)(C)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Friday, Sep 01, 2017, 3:26 PM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: OPA - Bay Area CBS Follow Ups from Adelanto Detention Tour

Good afternoon (b)(6); (b)(7)(C)

Can you confirm the proposed statement below? Once confirmed I will clear for ERO.

Thank you
(b)(6); (b)(7)(C)

Staff Officer to the ERO Executive Associate Director
202 732 (b)(6);
(b)(6); (b)(7)(C) @ice.dhs.gov
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Friday, September 01, 2017 2:00 PM
To: #ICE OPA ERO Issue Paper (b)(7)(E) @ice.dhs.gov
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov; (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: OPA - Bay Area CBS Follow Ups from Adelanto Detention Tour

ISSUE: (b)(6); (b)(7)(C) a producer for the Bay Area CBS affiliate who toured the Adelanto ICE Service Processing Center earlier this month as part of her research for a broader story about ICE's detention system, asked whether ICE's Health Service Corps has received any additional resources or funding as recommended in a report issued last year by the Homeland Security Advisory Council.

(b)(5)

(b)(5)

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

Western Regional Communications Director/Spokesperson
U.S. Immigration and Customs Enforcement (ICE)

Office: 949-366-(b)(6);

Cell: 949-337-(b)(7)(C)

www.ice.gov

From: (b)(6); (b)(7)(C)
Sent: 22 Dec 2015 22:14:44 -0500
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

Ok thx

CAPT (b)(6); (b)(7)(C)
Deputy Assistant Director Clinical Services
Medical Director
ICE/ERO/IHSC
Washington, D.C.
Desk 202732 (b)(6); (b)(7)(C)
Sent with Good (www.good.com)

From: Johnson, Tae D
Sent: Tuesday, December 22, 2015 8:35:43 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto

FYSA - let's discuss tomorrow.

From: Miller, Philip T
Sent: Tuesday, December 22, 2015 8:25:55 PM
To: Johnson, Tae D; Homan, Thomas
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

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

Tae,

I concur with this COA. Please coordinate with ICE Air and Dom Ops. This will impact west coast operations and we need to be prepared to relocate new arrests to other areas.

What is the status of Aurora expansion and the new faculty in Nevada?

Phil

Sent with Good (www.good.com)

From: Johnson, Tae D
Sent: Tuesday, December 22, 2015 7:18:15 PM
To: Homan, Thomas; Miller, Philip T
Subject: Adelanto

Phil/Tom - as I mentioned today in passing (to Phil), I contacted GEO and explained the severity of the issues at Adelanto. They seem to understand the sense of urgency and will look at detailing someone to the facility soon - but need to work around the state licensure issue.

I also spoke to (b)(6); (b)(7)(C) and while they have issued CDRs in the past, they have not withheld or deducted funds. They will work with OAQ to withhold funding and suspend the GM until the issues are addressed.

Additionally, I will request that all new intakes be suspended and that all chronic care case be removed from the facility. I think this is an appropriate response given the concerns. I will solicit IHSC assistance with identifying cases for transfer as well as identifying a suitable location capable of providing the needed care.

We will continue to monitor GEOs efforts to correct the issues and will not authorize the population to exceed 1000 detainees until further notice.

Please let me know if there are any issues with this course of action. Thx.

From: (b)(6); (b)(7)(C)
Sent: 6 Dec 2015 20:34:15 -0500
To: (b)(6); (b)(7)(C); D;Johnson, Tae D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto

While in Seattle this week I met with the DFOD from LA and he didn't communicate that the beds were going up. We talked about what the Adelanto continued issues of not meeting standards and about the need to continue to monitor the site closely.

From: (b)(6); (b)(7)(C)
Sent: Saturday, December 05, 2015 9:56 PM
To: Johnson, Tae D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto

I have not.

(b)(6); (b)(7)(C) DHSc, MPH, MA
Acting Assistant Director | ICE Health Service Corps
500 12th Street SW | 2nd Floor (b)(6); (b)(7)(C)
Washington, D.C. 20534
Office: 202-7 (b)(6); (b)(7)(C)
Cell: 202-321 (b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C) ce.dhs.gov

From: Johnson, Tae D
Sent: Saturday, December 05, 2015 8:25:48 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto

Have you heard that Adelanto will be given the OK to increase its population?

From: Johnson, Tae D
Sent: 6 Dec 2015 15:33:31 -0500
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

Thank (b)(6); (b)(7)(C) not sure where GEO is getting their information.

From: (b)(6); (b)(7)(C)
Sent: Sunday, December 06, 2015 12:55:11 PM
To: Johnson, Tae D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto

Tae , I have received an email this weekend which continues to identify Adelanto 's deficiency in meeting the 14 day PE requirements. How can anyone propose that the site can do more when they can't satisfy the already current basic requirements like a PE being completed by 14 days on site ?

From: Johnson, Tae D
Sent: Sunday, December 06, 2015 10:28:04 AM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

10-4

From: (b)(6); (b)(7)(C)
Sent: Sunday, December 06, 2015 12:02:00 AM
To: Johnson, Tae D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto

No

From: Johnson, Tae D
Sent: Saturday, December 05, 2015 8:25:48 PM
To: (b)(6); (b)(7)(C)

Subject: Adelanto

Have you heard that Adelanto will be given the OK to increase its population?

From: (b)(6); (b)(7)(C)
Sent: 6 Jan 2016 17:41:45 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); D;Johnson, Tae D;Rapp, Marc A; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

So in Oct 2015 the ODO /Nakamoto review gave them flying colors including meeting NCCHC standards !! IHSC has CAPs galore CRCL was on the verge of closing them down! What a disparity !

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 06, 2016 4:08:42 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Johnson, Tae D; Rapp, Marc A; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

(b)(6);
(b)(7)(C)
Yesterday we received the following response from GEO:

(b)(5)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 06, 2016 1:03 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Johnson, Tae D; Rapp, Marc A; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

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

Has GEO confirmed whether they are NCCHC certified, as contractually required?

Thanks

(b)(6);

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 31, 2015 11:31 AM
To: (b)(6); (b)(7)(C); Johnson, Tae D
Cc: (b)(6); (b)(7)(C);
(b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

We will follow up with GEO regarding the NCCHC accreditation

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

Detention, Compliance & Removals (DCR) - Laguna | Contracting Officer
DHS | ICE | Office of Acquisition Management (OAQ)
Phone: 949-425-(b)(6); Mobile: 949-315-(b)(6);
Email: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 6:42 PM
To: (b)(6); (b)(7)(C); Johnson, Tae D
Cc: (b)(6); (b)(7)(C);
(b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

Thx (b)(6); (b)(7)(C) for extracting this from contract

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 6:20:12 PM
To: (b)(6); (b)(7)(C); Johnson, Tae D
Cc: (b)(6); (b)(7)(C);
(b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA PBNDS 2011

(b)(6); (b)(7)(C) Tae,

(b)(5); (b)(7)(E)

Thanks

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 5:50:41 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA PBNDS 2011

Hi (b)(6); (b)(7)(C)
Attached is the requested mod for Adelanto incorporating PBNDS 2011, and the attachment listing the optimal standards. Please let me know if you need anything else.

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 2:25 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA

Can your office send (b)(6); (b)(7)(C) the Adelanto IGSA and answer his question below?

Thanks,

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

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

Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAM)
801 "I" Street, N.W., Room 5000 (b)(6); (b)(7)(C)
Mail Stop 5750
Washington, D.C. 20536-5750
Phone: 202-732-(b)(6); (b)(7)(C)

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 5:11 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA

Can you send me the contract mod where GEO agreed to implement PBNDS 2011, and in particular the attachment where they committed to certain specified optimals?

Thanks

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 4:38 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto basic IGSA

Sending you the basic IGSA. There is more, but I don't want to drown you.

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

Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAQ)
801 "I" Street, N.W., Room (b)(6);
Mail Stop 5750
Washington, D.C. 20536-5750
Phone: 202-732-(b)(6);

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: Johnson, Tae D
Sent: 4 Jan 2016 17:49:59 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

Subject: RE: Adelanto basic IGSA PBNDs 2011

No – this week if all goes as planned.

From: (b)(6); (b)(7)(C)
Sent: Monday, January 04, 2016 1:09 PM
To: Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDs 2011

As a follow-up, has a final consolidated document been completed yet? If yes – would appreciate a copy for our files.

Thanks Tae.

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
D.H.Sc., MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-732-(b)(6); (b)(7)(C) | Cell: 202-321-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

~~NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use this information. Please inform the sender that you received this message in error and delete the message from your system.~~

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 31, 2015 10:10 AM
To: Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDs 2011

Tae –

Please see IHSC's final responses based on our most recent discussion.

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
D.H.Sc., MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-732-(b)(6); (b)(7)(C) | Cell: 202-321-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

~~NOTICE: This communication may contain privileged or otherwise confidential information. If you are not an intended recipient or believe you have received this communication in error, please do not print, copy, retransmit, disseminate, or otherwise use this information. Please inform the sender that you received this message in error and delete the message from your system.~~

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 9:42 PM

To: (b)(6); (b)(7)(C) Johnson, Tae D

Cc: (b)(6); (b)(7)(C)

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

Subject: RE: Adelanto basic IGSA PBNDS 2011

Th (b)(6);
(b)(7)(C) for extracting this from contract

From: (b)(6); (b)(7)(C)

Sent: Wednesday, December 30, 2015 6:20:12 PM

To: (b)(6); (b)(7)(C); Johnson, Tae D

Cc: (b)(6); (b)(7)(C)

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

Subject: FW: Adelanto basic IGSA PBNDS 2011

(b)(6);
(b)(7)(C) d Tae,

(b)(5); (b)(7)(E)

Thanks

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

From: (b)(6); (b)(7)(C)

Sent: Wednesday, December 30, 2015 5:50:41 PM

To: (b)(6); (b)(7)(C)

Cc:

Subject: FW: Adelanto basic IGSA PBNDS 2011

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

Attached is the requested mod for Adelanto incorporating PBNDS 2011, and the attachment listing the optimal standards. Please let me know if you need anything else.

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

From: (b)(6); (b)(7)(C)

Sent: Wednesday, December 30, 2015 2:25 PM

To: (b)(6); (b)(7)(C)

Cc:

Subject: FW: Adelanto basic IGSA

Can your office send (b)(6); (b)(7)(C) the Adelanto IGSA and answer his question below?

Thanks,

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

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

Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAQ)
801 "I" Street, N.W., Room (b)(6);
Mail Stop 5750
Washington, D.C. 20536-5750
Phone: 202-732-(b)(6);

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 5:11 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA

Can you send me the contract mod where GEO agreed to implement PBNDS 2011, and in particular the attachment where they committed to certain specified optimals?

Thanks

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 4:38 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto basic IGSA

Sending you the basic IGSA. There is more, but I don't want to drown you.

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

Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAQ)
801 "I" Street, N.W., Room (b)(6); (b)(7)(C)
Mail Stop 5750
Washington, D.C. 20536-5750
Phone: 202-732-(b)(6);

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From:

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

Sent:

6 Jan 2016 22:24:47 -0500

To:

Johnson, Tae D; (b)(6); (b)(7)(C)

Cc:

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

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

Subject:

RE: Adelanto basic IGSA PBNDS 2011

Thank you

From: Johnson, Tae D

Sent: Wednesday, January 06, 2016 6:58:23 PM

To:

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

Cc:

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

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

Subject: RE: Adelanto basic IGSA PBNDS 2011

We are pursuing sanctions.

From:

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

Sent: Wednesday, January 06, 2016 6:24:35 PM

To: Johnson, Tae D

Cc:

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

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

Subject: RE: Adelanto basic IGSA PBNDS 2011

Tae,

(b)(5); (b)(7)(E)

Thanks

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

Sending you the basic IGSA. There is more, but I don't want to drown you.

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

Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAQ)
801 "I" Street, N.W., Room (b)(6),
Mail Stop 5750 (b)(7)(C)
Washington, D.C. 20536-5750
Phone: 202-732-(b)(6),

Email (b)(6), (b)(7)(C)@ice.dhs.gov

From: Johnson, Tae D
Sent: 6 Jan 2016 18:58:23 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
(b)(6);
Subject: RE: Adelanto basic IGSA PBNDS 2011

We are pursuing sanctions.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 06, 2016 6:24:35 PM
To: Johnson, Tae D
Cc: (b)(6); (b)(7)(C); Johnson, Tae D; Rapp, Marc A; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

Tae,

(b)(5); (b)(7)(E)

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 06, 2016 4:08:42 PM
To: (b)(6); (b)(7)(C)
Cc: Johnson, Tae D; Rapp, Marc A; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

(b)(5); (b)(7)(E)

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 06, 2016 1:03 PM
To: (b)(6); (b)(7)(C)
cc: (b)(6); (b)(7)(C); Johnson, Tae D; Rapp, Marc A; (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

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

Has GEO confirmed whether they are NCCHC certified, as contractually required?

Thanks

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

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 31, 2015 11:31 AM
To: (b)(6); (b)(7)(C); Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

We will follow up with GEO regarding the NCCHC accreditation

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

Detention, Compliance & Removals (DCR) - Laguna | Contracting Officer
DHS | ICE | Office of Acquisition Management (OAQ)
Phone: 949-425-(b)(6); (b)(7)(C) Mobile: 949-315-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 6:42 PM
To: (b)(6); (b)(7)(C) Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA PBNDS 2011

Th (b)(6); (b)(7)(C) for extracting this from contract

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 6:20:12 PM
To: (b)(6); (b)(7)(C) Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA PBNDS 2011

(b)(6); (b)(7)(C) and Tae,

(b)(5); (b)(7)(E)

Thanks

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 5:50:41 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Adelanto basic IGSA PBNDS 2011

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

Attached is the requested mod for Adelanto incorporating PBNDS 2011, and the attachment listing the optimal standards. Please let me know if you need anything else.

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 2:25 PM

To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto basic IGSA

Can your office send Kevin the Adelanto IGSA and answer his question below?

Thanks,

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

(b)(6); (b)(7)(C)
Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAQ)
801 "I" Street, N.W., Room (b)(6); (b)(7)(C)
Mail Stop 5750
Washington, D.C. 20536 (b)(6); (b)(7)(C)
Phone: 202-732-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 5:11 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto basic IGSA

Can you send me the contract mod where GEO agreed to implement PBNDS 2011, and in particular the attachment where they committed to certain specified optimals?

Thanks

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 30, 2015 4:38 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto basic IGSA

Sending you the basic IGSA. There is more, but I don't want to drown you.

(b)(6); (b)(7)(C)
Assistant Director
Detention Compliance and Removals Division
DHS | ICE | Office of Acquisition Management (OAQ)
801 "I" Street, N.W., Room (b)(6); (b)(7)(C)
Mail Stop 5750
Washington, D.C. 20536-5750
Phone: 202-732-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 19 Nov 2015 16:05:09 -0500
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto

Good afternoon,
Phil Miller has asked me to look at the staffing (current) and give a recommendation of what the current population should be based on the medical staffing. I will have that analysis completed by tomorrow early afternoon.

From: (b)(6); (b)(7)(C)
Sent: Thursday, November 19, 2015 3:32 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto

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

I've cc'd Tae on this who handles the Adelanto contract.

R/

(b)(6); (b)(7)(C) DHSc, MPH, MA
Acting Assistant Director | ICE Health Service Corps
500 12th Street SW | 2nd Floor (b)(6); (b)(7)(C)
Washington, D.C. 20534
Office: 202-731-(b)(6); (b)(7)(C)
Cell: 202-321-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Thursday, November 19, 2015 2:53:03 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto

From: (b)(6); (b)(7)(C)
Sent: Thursday, November 19, 2015 2:14 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto

Hello Captain: Please respond to the shaded comments.
I am under a deadline from the 11th floor.

Adelanto—Expansion (California)

- The modification for a 640 bed expansion was signed on April 27, 2014.
 - Expansion of Adelanto West is complete. On April 17, 2015, the Field Office advised OAQ that they will retain July 1, 2015 as the start date for housing detainees in the expanded space.
 - The East renovation is complete. The construction that occurred in the East involved renovation of existing office space.
 - Total number of beds is 1,940 with a 1,455 Guaranteed Minimum (GM).
- On May 7, 2015, the Office of Detention Oversight (ODO) advised ERO of concerns related to the readiness of the facility to handle a larger and more diverse population, especially with regard to medical care.
- On June 19, 2015, IHSC completed its on-site review of medical operations at the facility. The IHSC assessment found issues in the areas of clinic activities, medication administration, clinic appointments, intake screening, staff interviews, review of medical records, and local operating procedures. The Medical Director for GEO Care, who was also on site, is fully informed of all issues. It is possible that activation of the additional bed space capacity may be delayed depending on the seriousness of the medical issues.
- On June 29, 2015, GEO met with ICE officials and submitted a medical staffing plan. The plan has been accepted by IHSC.
- ICE has requested an action plan to address the areas of concern identified by the IHSC site visit. On July 5, 2015, GEO submitted a Corrective Action Plan (CAP), with an ongoing timeline for correction by mid-September. It addresses medical training requirements; management of medication; control of sharps, needles, syringes, and instruments; medication administration procedures; off-site specialty care; grievance procedures; emergency preparedness; maintenance of medical records; screening and physical procedures; chronic care management; dental follow-up care; and reasonable accommodations. The plan will be monitored until 100 percent compliance is reached.
- On August 21, 2015, IHSC indicated that they will assign an FMC to Adelanto for the next several weeks for daily monitoring of operations and implementation of the CAP.
- On August 21, 2015, IHSC provided a summary of the staffing issues, which included :
 - Only 2 of 6 mid-level provider positions are filled;
 - Only 2 of 3 physician positions are filled;
 - Only 0 of 3 clinical social worker positions are filled;
 - Only 2 out of 3 psychologist positions are currently filled.
- On September 18, 2015, OAQ gave notification to GEO that the ADP at Adelanto would occur incrementally due to concerns with staffing levels.
- As of October 9, 2015, GEO's [\[BJM1\]](#) medical department is fully staffed. Additional staff has been hired, including two physicians who are currently taking required training. Five medical positions are pending e-QIP. The ICE Personnel Security Unit (PSU) has been asked to expedite the clearances.
- Next Steps: IHSC is working with ERO on pending scope changes expected by November 30, 2015. [\[BJM2\]](#)

Please update where we now are with staffing.
Please clarify what this sentence means. Scope changes?

From: (b)(6); (b)(7)(C)
Sent: 22 Dec 2015 22:16:17 -0500
To: Johnson, Tae (b)(6); (b)(7)(C)
Cc: Rapp, Marc A; Kane, Katrina S; (b)(6); (b)(7)(C)
Subject: RE: Adelanto

We discuss with appropriate staff in AM.

CAPT (b)(6); (b)(7)(C)
Deputy Assistant Director Clinical Services
Medical Director
ICE/ERO/IHSC
Washington, D.C.
Desk 2027 (b)(6);
Sent with Good (www.good.com)

From: Johnson, Tae D
Sent: Tuesday, December 22, 2015 8:41:42 PM
To: Pineiro, Marlen; (b)(6); (b)(7)(C)
Cc: Rapp, Marc A; Kane, Katrina S
Subject: RE: Adelanto

Adding (b)(6); (b)(7)(C) it will take some time to come up with the number of chronic care cases. Hopefully, some can be absorbed in Otay Mesa, Tacoma, Denver and Mesa Verde. Will send you the Adelanto CRCL report under a separate cover. Things are pretty bad.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, December 22, 2015 8:30:35 PM
To: Johnson, Tae D
Cc: Rapp, Marc A; Kane, Katrina S
Subject: RE: Adelanto

Dropping Phil and tom and adding KK. I'm not aware of the issue at all as this is the first I'm hearing of it.

We are happy to help support but need a bit more background and more importantly timeline and number of cases needing movement. I'm sure it's too soon to know where they are going but If you could at least give us initial timeline on when this is to occur, how often and how many cases we could start setting wheels in motion on our end.

From: Johnson, Tae D
Sent: 6 Dec 2015 10:28:04 -0500
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto

10-4

From: (b)(6); (b)(7)(C)
Sent: Sunday, December 06, 2015 12:02:00 AM
To: Johnson, Tae D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto

No

From: Johnson, Tae D
Sent: Saturday, December 05, 2015 8:25:48 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto

Have you heard that Adelanto will be given the OK to increase its population?

From: (b)(6); (b)(7)(C)
Sent: 17 Dec 2015 13:00:05 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto staffing

Yikes!

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 12:48 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto staffing

FYI - Adelanto staffing update below

(b)(6); (b)(7)(C), RN, MSN, CCHP, CPHM
CAPT, USPHS
Chief, Medical Case Management Unit
ICE Health Service Corps
Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
202-732-(b)(6); (b)(7)(C) (office)
202-321-(b)(7)(C) (cell)
866-808-8154 (fax)
(b)(6); (b)(7)(C) [ice.dhs.gov](mailto:(b)(6); (b)(7)(C)@ice.dhs.gov)

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 11:01:06 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto staffing

See below

(b)(6); (b)(7)(C) RN, BSN, MBA-HCM, CPHM
CAPT, USPHS
ICE Health Service Corps
Regional Field Medical Coordinator - Western Region
24000 Avila Rd.
Room (b)(6); (b)(7)(C)
Laguna Niguel, CA 92677
949-3(b)(6); (b)(7)(C) Office

202-689-^{(b)(6);}
^{(b)(7)(C)} Cell phone
866-460-9503 Secure Fax
^{(b)(6); (b)(7)(C)} @ice.dhs.gov

~~Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.~~

From: ^{(b)(6); (b)(7)(C)}
Sent: Thursday, December 17, 2015 7:59:55 AM
To: ^{(b)(6); (b)(7)(C)}
Subject: Adelanto staffing

- One physician was terminated on December 15, 2015.
- Physician that had been on extended sick leave is due back December 17, 2015.
- Assistant HSA was terminated on December 15, 2015.
- Director of Nursing position is still open.
- One RN position remains vacant.
- Three LPN positions remains vacant.

V/r,

^{(b)(6); (b)(7)(C)} RN, BSN
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – San Bernardino Field Office
655 West Rialto Avenue Room ^{(b)(6);}
^{(b)(7)(C)}
San Bernardino, CA 92410
909-386-3233 SBD Office
760-561-^{(b)(6);} Ext ^{(b)(6);} ADF Office
202-815-^{(b)(7)(C)} Cell
1-866-693-6341 Secure Fax
^{(b)(6); (b)(7)(C)} @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 7 Dec 2015 11:27:25 -0500
To: (b)(6); (b)(7)(C); Johnson, Tae D
Subject: RE: Adelanto

More smoking mirrors

From: (b)(6); (b)(7)(C)
Sent: Monday, December 07, 2015 8:50:07 AM
To: (b)(6); (b)(7)(C); Johnson, Tae D
Subject: RE: Adelanto

Sounds as if Adelanto is "floating " the idea since the transgender unit is a "no go". Thx
For additional insider info

From: (b)(6); (b)(7)(C)
Sent: Sunday, December 06, 2015 8:34:15 PM
To: (b)(6); (b)(7)(C); Johnson, Tae D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto

While in Seattle this week I met with the DFOD from LA and he didn't communicate that the beds were going up. We talked about what the Adelanto continued issues of not meeting standards and about the need to continue to monitor the site closely.

From: (b)(6); (b)(7)(C)
Sent: Saturday, December 05, 2015 9:56 PM
To: Johnson, Tae D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto

I have not.

(b)(6); (b)(7)(C) DHSc, MPH, MA
Acting Assistant Director | ICE Health Service Corps
500 12th Street SW | 2nd Floor | (b)(6); (b)(7)(C)
Washington, D.C. 20534
Office: 202-733-(b)(6);
Cell: 202-321-(b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: Johnson, Tae D

Sent: Saturday, December 05, 2015 8:25:48 PM

To: (b)(6), (b)(7)(C)

Subject: Adelanto

Have you heard that Adelanto will be given the OK to increase its population?

From: (b)(6); (b)(7)(C)
Sent: 30 Sep 2015 09:04:59 -0400
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto psychologists contract mod

Good morning,

It isn't our contract so the field office would have to do the Modification. I will work with (b)(6); (b)(7)(C) to help him with the language and get this completed.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 30, 2015 9:02 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto psychologists contract mod

Have we made a contract mod to allow GEO to use 3 addn psychologists in place of the 3 MSWs that they can't find anyone to fill? They would have 6 psych rather than 3/3.

From: (b)(6); (b)(7)(C)
Sent: 30 Sep 2015 09:17:56 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto psychologists contract mod

Good point. Thanks.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 30, 2015 9:04:59 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto psychologists contract mod

Good morning,

It isn't our contract so the field office would have to do the Modification. I will work with (b)(6); (b)(7)(C) to help him with the language and get this completed.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, September 30, 2015 9:02 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: Adelanto psychologists contract mod

Have we made a contract mod to allow GEO to use 3 addn psychologists in place of the 3 MSWs that they can't find anyone to fill? They would have 6 psych rather than 3/3.

From: (b)(6); (b)(7)(C)
Sent: 21 Oct 2015 10:10:49 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Initiate Suicide Watch

Thank you

From: (b)(6); (b)(7)(C)
Sent: Wednesday, October 21, 2015 8:51 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Initiate Suicide Watch

Here is a suicide watch initiated at San Diego last night.

CAPT (b)(6); (b)(7)(C)
IHSC Western Regional Clinical Director
C 202-210-(b)(6); (b)(7)(C) O 619-338-(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 20, 2015 9:23:18 PM
To: #IHSC_San Diego
Subject: Initiate Suicide Watch

Suicide watch initiated at 1915. Patient had a white tee shirt around his neck saying he wanted to kill himself; that he was not on the correct dose of medication, that he is a psychiatrist and a king in his country. He was allowed out of the cell without restraints but quickly escalated and became very loud and belligerent. He was then cuffed hands behind his back, no ankle restraints. He willingly walked to the safety cell in R&D.

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

DOC: 05/26/2015

Housing: Was in F housing.

Suicide watch began at 1915.

(b)(6); (b)(7)(C) notified and made aware of above.

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

MH RN-BC, CCHP

OMDF

ICE Health Service Corps
446 Alta Rd, Suite 406
San Diego, Ca 92158
Office phone: 619-71-(b)(6); (b)(7)(C)

Fax: 619-661-6042

Email: (b)(6); (b)(7)(C) associates.dhs.gov

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form

This e-mail message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential or exempt from disclosure under applicable law. If you are not the intended recipient, any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by reply e-mail or telephone and delete or destroy all copies of the original message



U.S. Immigration
and Customs
Enforcement

April 3, 2016

MEMORANDUM FOR:

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

Acting Assistant Director
ICE Health Services Corps

THROUGH:

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

Deputy Assistance Director Clinical Services/Medical Director
ICE Health Services Corps

FROM:

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

IHSC Field Medical Coordinator-Los Angeles Field Office

SUBJECT:

Weekly Adelanto Detention Facility Report

This report for the Adelanto Detention Facility covers the period of March 28, 2016, through April 3, 2016, to provide information regarding medical care standards and compliance with established Immigration and Customs Enforcement (ICE) Performance-Based National Detention Standards (PBNDS 2011), quality of care issues, the increase of Adelanto detainees, update on the CRCL Investigation which occurred on December 9 through 11, 2015 and follow-up on the significant finding of the Detainee Death Review (DDR).

STAFFING

Provided by CCS on April 1, 2016.

Medical Positions Required by Contract	Vacant	FTE	NAME	Awaiting ICE Approval	In E-Quip Process	Status
Health Services Administrator (1)	0	1	(b)(6); (b)(7)(C)			
Assistant Health Services Administrator (1)	0	1				
Director of Nursing (1)	0	1				
Physician (3)	0	1				
		1				Medical Director

Adelanto Detention Facility Report of 03 April 2016

Page 2

		1	(b)(6); (b)(7)(C)			
		0		X		Back up candidate - Schedule April 25, 2016 for orientation
Psychiatrist (2)	1	1				
		0				Initiation into E-Quip pending Start date either 4/15 or 4/30
		0				Back up candidate
Psychologist (6)	3	1				
		1				
		0.5				
		0.5				
		0			X	Reinitiated in E-quip 3/29 Starting orientation April 11, 2016
		0		X		Completed orientation class 3/31; completed E-quip 4/1/16; will await for ICE Clearance; expected to receive CA license on or before 5/1
		0			X	
		0				Interview 4/5
		0				To Interview
		0				To Interview
		0				To Interview
		0				To Interview
		0				As of 4/1/16 interview to be scheduled.
Dentist (2)	0	1				
		1				
Physician's Assistant Nurse Practitioner (6)	0	1				
		1				
		1				
		1				
		1				
		1				
		0				5 year background check - ICE requested additional information
		0				Back up candidate - current Desert View employee
Registered Nurse (20)	7	1				
		1				

AMERICAN
OVERSIGHT

Adelanto Detention Facility Report of 03 April 2016

Page 4

		1	(b)(6); (b)(7)(C)			
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
Medical Records Supervisor (1)	0	1				
Medical Records Clerk (3)	0	1				
		1				
		1				
Medical Records Data Entry Clerk (3)	0	1				
		1				
		1				
Dental Assistant (2)	0	1				
		1				
Lab Technician (2)	0	1				
		1				
X-ray Technician (2)	0	1				
		1				
FTEs Required by Contract (81)	12	69		6	7	
Supplemental GEO funded medical positions	Vacant	FTE	Name	Awaiting ICE approval	In E-QUIP Process	Status
Quality Control-Licensed Vocational Nurse (2)	1	1	(b)(6); (b)(7)(C)			
				1		Completed orientation 3/31/16
Quality Control-Registered Nurse (2)	2	0			1	Training 4/11/16, Submitted for E-Quip
Medical Records Clerk (2)	2	0		1		Completed training, ICE requested additional information
		0		1		Completed training, ICE requested additional information
Medical Records Data Entry Clerk (2)	0	1				
		1				

GEO funded Medical positions (8)	5	3		3		
--	---	---	--	---	--	--

CCS authorized an additional eight FTE in non-clinical roles. They have authorized two LVN positions as Quality Control Professionals and have one LVN currently in that role. Another LVN was hired for this role and has completed training and is awaiting ICE clearance. CCS authorized two RN positions as Quality Control Professionals. Both positions are currently vacant; however, one RN has been hired for one of the positions and will start training on April 11, 2016. Four additional medical records positions (two medical records clerks and two medical records data entry clerks) have also been authorized. The two medical records data entry clerk positions are filled. The two medical records clerks have been through training and are awaiting final ICE clearance.

CCS TRANSITION

The facility is transitioning to CCS policies and forms. CCS policies have been reviewed and revised for the Adelanto facility. Electronic versions of the policies and forms were sent to staff on March 10, 2016, and hard copies are available in the medical unit. Training for the new policies and forms began on March 10, 2016, and was completed on March 20, 2016.

The FMC received copies of the approved CCS policies and forms on March 10, 2016. They are currently under review and in discussion with the HSA regarding a few questions.

Transition to an Electronic Health Record (EHR) is pending. The contract was signed for eClinicalWorks (eCW) on March 25, 2016. The projected implementation of eCW is four to six months and pending the integration of pharmacy, lab and GEO track into eCW.

Population Increase for Adelanto beginning March 11, 2016

On March 8, 2016, the decision was made to begin increasing the population at Adelanto to 1300. The population of Adelanto on April 1, 2016 was 1121.

Dates	Ave Census	Intakes	Discharge
3/6-3/12	975.2	159	119
3/13-3/19	1032.6	217	147
3/20-3/26	1091	194	150
3/27-4/2	1126.6	195	157

On March 30, 2016, CCS reported there were currently 157 detainees at Adelanto on the medical Chronic Care Clinic list and a total of 134 detainees on the mental health Chronic Care Clinic list. The Health Services Administrator (HSA) has developed a level system based on the Bureau of Prisons medical level system. All detainees will be placed in a medical and mental health classification level which will be adjusted depending on current medical or mental health status.

Adelanto Medical Classification System 3.30.16			
Level	Description	Detainee Population	%
Medical Level 1	No chronic medical conditions	Remainder of population	
Medical Level 2	Stable chronic care conditions not requiring frequent clinic appointments	121	10%
Medical Level 3	More complicated chronic care condition or other indications requiring more frequent clinic appointments; possible returns from the hospital and may need closer follow-up	45	4%
Medical Level 4	Require more frequent intervention by medical staff to point of exceeding Adelanto's capability; immediate notification to FMC (i.e., currently hospitalized, dialysis)	6 (4 at outside hospital and 2 dialysis)	<1%
Mental Health Level 1	No mental health disorders	Remainder of population	
Mental Health Level 2	Stable mental health	134	12%
Mental Health Level 3	All Franco-Gonzalez class members, hospitalized in last year	60	6%
Mental Health Level 4	Hospitalized or on suicide watch; immediate notification to FMC	1	<1%

FMC Review Conducted March 30, 2016 at Adelanto-East

Health Assessment

- Intake screen completed within 12 hours of booking
 - 17 of 17 (100%) Review of 17 charts on March 30, 2016 (East only)
 - 25 of 25 (100%) Review of 25 charts on December 7, 2015 (East only)
 - 60 of 60 (100%) Review of 60 charts on November 4, 2015 (both East/West)
 - 21 of 21 (100%) Review of 21 charts on September 1, 2015 (both East/West)
- PPD placed during medical screening, if applicable and read within 48-72 hours, or if PPD is positive by history, chest x-ray was ordered and read
 - 17 of 17 (100%) Review of 17 charts on March 30, 2016 (East only)
 - 25 of 25 (100%) Review of 25 charts on December 7, 2015 (East only)
 - 57 of 60 (95%) Review of 60 charts on November 4, 2015 (both East/West)
 - 21 of 21 (100%) Review of 21 charts on September 1, 2015 (both East/West)
- Comprehensive health assessment should be completed for each detainee within 14 days of arrival
 - 17 of 17 (100%) Review of 17 charts on March 30, 2016 (East only)
 - 25 of 25 (100%) Review of 25 charts on December 7, 2015 (East only)
 - 54 of 60 (90%) Review of 60 charts on November 4, 2015 (both East/West)
 - 18 of 21 (86%) Review of 21 charts on September 1, 2015 (both East/West)

- Timely follow-up for significant findings of acute or chronic conditions within two working days
 - 6 of 8 (80%) Review of 17 charts on March 30, 2016. Six detainees had been referred appropriately; however, two detainees did not have appropriate follow-up within two working days.
 - One detainee had a history of panic attacks severe enough to have been hospitalized for them and was not referred to mental health upon intake when this had been discovered. A mental health provider has evaluated this detainee and placed her on the mental health chronic care list.
 - One detainee was referred to mental health upon intake but had not been seen by mental health for two weeks
 - 2 of 5 (40%) Review of 25 charts on December 7, 2015
 - 8 of 11 (73%) Review of 70 charts on November 4, 2015
 - 18 of 21 (86%) Review of 21 charts on September 1, 2015

Medical Care (Women)

- A comprehensive history for females must include: sexual history, use of contraception, reproductive history, currently breastfeeding, gynecological history, family history, history of sexual or physical victimization
 - 17 of 17 (100%) Review of 17 charts on March 30, 2016
 - 10 of 10 (100%) Review of 10 charts on December 7, 2015
 - 12 of 15 (80%) Review of 15 charts on November 4,
 - 10 of 16 (62%) Review of 16 charts on September 1, 2015
 - 6 of 20 (30%) Review of 20 charts on August 19, 2015,
 - After initial review on August 19, 2015, Adelanto created screening tool to include more comprehensive history for females.
 - The provider on East for the females, a nurse practitioner (NP) whose specialty is female healthcare, conducted the physical assessments for all of the new females. The NP addressed all of the essential elements required by PBNDS (2011) for female healthcare without the use of a tool that had been created to ensure all of the elements are addressed. The tool had been inadvertently left out with the transition to the new forms. This potential problem was discussed with the HSA on March 31, 2016, who will make sure the tool is utilized again.
- Pregnancy testing and documented results
 - 17 of 17 (100%) Review of 17 charts on March 30, 2016
 - 10 of 10 (100%) Review of 10 charts on December 7, 2015
 - 14 of 15 (82%) Review of 15 charts on November 4, 2015

- 16 of 16 (100%) Review of 16 charts on September 1, 2015
- 20 of 20 (100%) Review of 20 charts on August 19, 2015

Detainee Death Review January 19-21, 2016

PRELIMINARY SIGNIFICANT FINDING

While conducting their review on the death of (b)(6); (b)(7)(C) the Office of Detention Oversight (ODO) was unable to verify whether or not a practicing physician had verified credentials on-site at the facility.

• MEDICAL CARE (PBNDs 2011)

- All health care staff must have verifiable licensed, certified, credential, and/or registered in compliance with applicable state and federal requirements.
- Adelanto reports that a contract company performs the credentialing for staff. The FMC reviewed the updated credential files and CCS corporate files on March 4, 2016. The following deficiencies had not been corrected;
 - The privileging section of the credential files was not uniform. A few of the providers had a standard form for the privileges being requested while the others requested privileges through their online application and approved through a “virtual committee.” This made it unclear which privileges had been approved and it did not contain what two year period the privileges were granted for. Additionally, one medical provider did have privileges granted for a three year period, and she had requested privileges and was apparently approved for “psychiatry.” The imbedded online application also requested number of cases performed for privileges requested and the providers chose “0” for their answer.
 - The HSA has requested that the contractor responsible for credentialing all of the providers organize the files in a uniform manner using the same forms and obtain new privileges for all of the providers. CCS sent someone from the regional office to assist with organizing and standardizing the privileging files between March 21, 2016, and March 22, 2016. The privileges were all updated and standardized.

CRCL Investigation December 9-11, 2015

• ISSUES PENDING RESOLUTION

(b)(5); (b)(7)(E)

(b)(5); (b)(7)(E)

June 2015 MQM Site Visit Findings Pending Additional Review for Resolution:

- Management of MedPARs: GEO medical staff will submit a Treatment Authorization Request (TAR). The health services administrator (HSA) and providers review them weekly for necessity. If approved, then it is submitted into the IHSC Medical Payment Authorization Request (MedPAR) system for IHSC authorization. If the provider considers that the request is urgent it can be expedited for immediate processing.
 - As a result of a detainee complaint investigation, a detainee was referred for a MRI on February 25, 2016. The referral was noted in the medical record, and according to the patient care coordinator on March 3, 2016, the appointment was scheduled. However, the MedPAR was not submitted for IHSC approval until March 9, 2016. The detainee did go to his appointment on March 18, 2016.
 - An incidental finding during a complaint investigation revealed that a physician had written a TAR on November 17, 2015, for an ophthalmology consult. Two other subsequent TARs had been written for the consult. The MedPAR was placed in the IHSC system on February 8, 2016, with an appointment scheduled for February 29, 2016. The detainee did go to this consult and the consultant recommended a laser procedure. This appointment is scheduled for April 20, 2016.
 - There have been ongoing issues with Adelanto's ability to track Treatment Authorization Requests (TARs) such as the log does not have a column in which the date the MedPAR was placed into the system or not all the TARs are placed on the log. These issues have been discussed with the HSA. The FMC will review the log for March when it is sent out on April 5, 2016, to determine if improvements have been made.
- There is currently one QCP that performs a variety of audits to include chronic care, all intakes and 14 day physicals and meeting weekly with the HSA, the Assistant HSA (AHSA), the providers and nursing staff. The FMC provided a spreadsheet of the audits that are requested monthly. GEO has stated that this information will be provided to the FMC by the 5th day of each month.
- Chronic care management: The QCP conducts weekly chronic care chart reviews and meets weekly with medical leadership to review the findings.
 - 179 of 179 (100%) of chronic care appointments scheduled for March 23-31, 2016, were completed timely. 25 of the 179 appointments (13.9%) were rescheduled, and the reasons the appointments were rescheduled were documented for all 27.

On seven that had to be rescheduled the provider marked “other” as the reason. The provider was educated that when indicating “other,” a reason will need to be written in. There were nine appointments that had to be rescheduled because custody did not “pick up” the detainee to bring to medical for their appointment. The HSA has addressed this with Correctional Services.

- Documentation of the use of the language line: Memorandum of qualified Spanish interpreters developed and posted in exam and intake areas. An updated memo was posted on September 18, 2015. 100% of providers were trained on the memo and documentation of interpreter as of June 18, 2015. The proper use of the language line and documentation was discussed on Tuesday, January 19, 2016, with the then Acting HSA and again with the QCP during the Quality Assurance meeting on January 28, 2016.
 - 107 of 107 (100%) of intake screenings for non-English speaking detainees in February 2016 had documentation regarding interpretation services. The language line use was documented for 97 intake screenings, and 10 encounters were documented as being conducted by persons who were native speakers. This information is to be included in the information to be provided to the FMC by the 5th of each month.
 - The FMC discussed with the HSA and the QCP the need to review all encounters and not just during the intake screening for the proper use of the language line. The QCP will ensure to include this audit when she reviews other types of encounters to get accurate compliance rate. The FMC will continue to monitor compliance for this measure.
- Lab orders are not performed timely: This has been an ongoing issue at Adelanto.
 - The HSA provided the audit information for the week of March 14-17, 2016. There were 47 laboratory entries on both the East and West logs. 39 were noted to be completed timely, and eight had documented refusals. The FMC will continue to monitor compliance with lab orders due to the previous long-standing concerns with performance in this area.
- Training for pharmacy staff: Correct RX provided training to pill line nursing staff on March 16-17, 2016. The training topics included:
 - Medication administration principles and procedures,
 - Medication administration record (MAR) documentation
 - Proper way to document doses not given (including refusals)
 - Stock sign-out documentation
 - Correct Rx policy and procedures to include controlled medication procedures

- Training for order entry
- HSA reports that Correct RX conducts an on-site pharmacy inspection quarterly. A copy of the 1st quarter audit conducted on March 16-17, 2016, was provided. The Correct RX pharmacist cited findings that the over the counter (OTC) commissary list was not posted, and the Correct Rx DEA license was located in the policy and procedure binder but was not posted on the wall in the pharmacy. This has been corrected and verified by the FMC.

Additionally the personnel transcribing orders onto the medication administration record (MARs) had not initialed the order, and the controlled substance sheet was not signed, dated or filed properly. Control medications were not counted according to standards. The inspector also noted the need for consistent documentation of medications not given to conform to CCS policy of circle initial on corresponding date/time then to write the reason on the back of the card.

Additionally some of the MARs were missing initials on medications so you were not able to distinguish if the detainee received the medications or not; therefore, they were noted to be incomplete. 22 of 395 MARs (5.5%) were incomplete. All keep on person (KOP) medications were not being documented consistently.

Repeat findings include that on two separate occasions shift counts had not been performed and stock card medications had not been signed out properly. Education was provided to pill line nursing staff. The sign in sheet was provided to the FMC.

- This issue has been added back to the pending resolution for additional review
- Education was provided for all of the findings.
- Audits will be conducted on all of the findings and will be sent to the FMC weekly beginning April 5, 2016.
- On-site stock medication inventory log: A log was developed to track the medications used from the on-site stock medication cards, and the HSA or pharmacy nurse is reviewing 25 stock cards weekly to ensure the medication is signed out.
 - Training was conducted with 100% of the Nursing Staff on February 24, 2016. Training addressed the need for stock medication to be signed out on the record attached to the back of the card at the time of administration.
 - The Pharmacy Manager began conducting daily audits of at least 50% of all stock medications on February 22, 2016. A new rotating schedule for completion of these daily audits was started on March 7, 2016. The Pharmacy Manager will conduct daily audits in the morning. The DON will conduct audits every evening. The ADON and the AHSA will audit the pharmacy on the weekends. This

information is to be included in the information to be provided to the FMC by the 5th of each month.

CRCL December 2015 Visit Issues Resolved:

- ACF mental health staff must follow GEO Procedure 623-A, which calls for a complete “Written comprehensive initial psychiatric evaluation (Form HS-906) that “will address current and past inpatient and outpatient psychiatric treatment and psychotropic medications.” Moreover, mental health staff must demonstrate an attempt to obtain collateral historical information (and not simply indicate that the patient refused). If such information is available in a transfer summary, that must be placed in the chart and referenced by the mental health provider. This procedure should be done retrospectively for all detainees on the Mental Health Chronic Care List who are in segregation.
 - The CCS Policies and Forms have been approved and disseminated to the staff. Training on the new forms started on March 10, 2016, and was completed on March 20, 2016.
 - The FMC reviewed policy for mental health services (G-4) and the CCS Behavioral Health Initial Evaluation Form (#00073). This three page form is comprehensive and includes all the essential elements requested by CRCL to include: past inpatient and outpatient treatment, medications, substance abuse history, sexual assault history, self-harm or suicide attempts, legal, housing and social history.
- The Mental Health Director and IHSC must ensure the ADF mental health staff conduct daily face-to-face rounds with all detainees in the Special Management Unit (SMU) and provide appropriate mental health assessments and treatment.
 - The mental health providers document that the nurses referred detainees to mental health, but there is no corresponding nursing documentation that the referral was made. The HSA and the Interim Mental Health Director were advised of these findings. The director of nursing (DON) was advised of this finding on Friday, February 19, 2016.
 - Mental health staff conducts face-to-face rounds of mental health detainees once weekly or more often if necessary. The mental health providers document on a progress note or a segregation report at least weekly on each detainee in SMU that has a mental health condition.
 - A new form was created and implemented on March 1, 2016, for mental health rounds; providers continue to document in each individual chart. A “rounding

sheet” is located at each detainee’s door to verify that a mental health provider has made daily rounds. The licensed vocational nurses (LVNs) document on each sheet twice daily during pill line. The registered nurse (RN) signs the form once daily during segregation rounds. This process will assist to ensure compliance without going to each medical record for verification.

- The FMC verified this process on March 5, 2016. There is a “rounding sheet” outside of each of the cell doors in segregation. If the detainee is a detainee on the chronic care mental health list, a registered nurse conducts daily rounds and either signs or stamps these rounding sheets. The FMC will continue to monitor to ensure further compliance.
 - This process was discussed with the HSA and the Patient Care Coordinator on Thursday, March 3, 2016. The registered nurse will document any encounters that require an intervention such as making a referral to medical or to mental health. The FMC will continue to monitor to ensure further compliance.
- GEO and ICE (IHSC) must conduct an audit of all medical files, starting with the detainee Chronic Care List, and take action to ensure all detainees receiving medical/mental health care are current on appointments (onsite and offsite), treatments, (including surgeries), and are receiving the appropriate and timely assessments and treatments for their conditions.
 - Completed on January 20, 2016.
 - Since the transition to CCS, Adelanto is now tracking chronic care detainees via a paper tracking system using the scheduling binder. One of the Quality Care Professional nurses track these detainees as they arrive to Adelanto and when they are released.
- The paper-based medical records must be changed to include a separate section for medical orders (with a standard order form)
 - GEO policy 303/303-A addresses the chart order and organization. The process of adding a separate section or page for medical orders has been used before and can lead to errors in the duplicate writing.
 - CCS policy H-01 addresses the chart order and organization for CCS. CCS has decided to utilize a separate form for medical orders (Form 00142) in addition to writing the orders as part of the plan in the progress notes.
 - On January 20, 2016, Adelanto implemented the “Quality Assurance Note Tracking Form” to address the issue of incomplete order notations and enhance the

current system. The form is used to note orders needing attention. The QCP reviews files to confirm that all physician notes have been handled properly.

- The medical record must be standardized. Only forms approved by the Clinical Director and the Medical Record Director should be used for charting.
 - The medical records staff was re-trained to file the records in the proper section and in reverse chronological order as per GEO policy. Staff training on the use of only GEO approved forms was conducted on December 22, 2015, and January 8, 2016. The FMC verified the training.
 - A cover sheet for each section in the medical record has been developed that identifies items contained in that section. This sheet will be placed in all new charts created and added to the remaining charts as they are audited after each encounter.
- GEO must recruit an outside permanent clinical leadership team consisting of a qualified and experienced Mental Health Director (a psychiatrist experienced in treating persons with serious mental disorders) and have them on site and in their positions within 90 days.
 - A Mental Health Director, a current Adelanto psychologist practicing at the facility since April 2015, was appointed on February 17, 2016.
- Detainees needing emergent transport and admission to outside acute psychiatric inpatient units should wait no more than 72 hours after such a determination/request before transfer is made by the mental health clinician. Relationships with potential accepting institutions must be established and/or strengthened in order to address this need.
 - A contract with Alvarado Parkway Institute for acute needs has resolved this issue. The contract was signed in October 2015.
- ERO, IHSC and ADF must audit all SMU cases to identify those detainees housed in the SMU, partially or wholly due to mental health conditions and, develop a housing alternative that includes necessary and consistently delivered mental health services.
 - ERO and IHSC continue to seek alternate housing. On December 23, 2015, there were 63 detainees housed in segregation. As of March 24, 2016, there were 35 detainees in segregation, and 22 detainees with mental health issues remained in segregation. 16 of these detainees have requested protective custody. Six of the 26 detainees are in segregation for disciplinary reasons.

- GEO and ICE (IHSC) must audit the medical files of detainees on the Mental Health Chronic Care List, prioritizing detainees who are in segregation, and take action to ensure that all detainees are receiving appropriate mental health care. In particular, ensuring that detainees with psychotic disorders are diagnosed as such and are offered adequate antipsychotic medication, including long-acting injectable antipsychotics, especially when medication in-adherence is present.
 - Completed on January 20, 2016.
- All mental health staff must have access to GEO Track, where they can review and change their own appointments and those of other mental health clinicians. Each clinician should have his/her own schedule.
 - On February 3, 2016, Adelanto implemented a paper system for scheduling and tracking appointments. Each provider has a binder where each appointment is written as they are scheduled. This system will allow everyone to see the number of appointments scheduled for each provider each day and address the problems with rescheduling appointments.
 - The HSA has added a column to the provider's appointment lists to indicate what appointments are rescheduled and to include the reasons.

June 2015 Site Visit Findings Resolved:

- Reasonable accommodations: A local policy created and approved on August 12, 2015. The local policy addresses accountability of detainees and evacuation of detainees during an emergency, available TTY/TDD services, and an Americans with Disabilities Act (ADA) accommodations log. A reasonable accommodations coordinator has been selected. The reasonable accommodations coordinator is included in the position description of the Patient Care Coordinator. The Patient Care Coordinator (PCC) began her duties on March 1, 2016, and continues to use a binder to track detainees with special needs. The PCC has updated this log and will continue update as needed.
- Pill line administration: The QCP conducted an audit during the pill pass and observed medication administration to 40 detainees the week of February 8, 2016. The nurse did not pre-pour any medication. One detainee refused his medications, and a refusal was obtained from the detainee.
- Posting Look alike/Sound alike medications: Look alike/Sound alike signs have been posted in pharmacy and treatment areas. The FMC verified that this has been completed.
- Crushing medications: Providers must justify and document in the medical record an order to crush medications for administration. Do not crush signs posted in the clinic on June 19,

2015, and providers were educated regarding the need to order and justify in the medical record. The FMC verified this.

- Grievances: Grievances are handled as per PBNDS 2011, and senior medical staff complete. GEO stated they were in compliance but had to revise the log. The FMC reviewed the grievance process in September 2015 and found the process to be compliant. A new log was created, and audits revealed that grievances are complete within the required time frame. All grievances are reviewed during the weekly segregation meeting. The FMC will review the 2015 4th quarter data (October to December 2015) and grievances since the CCS transition next week.
- Restriction of pharmacy keys: Limit to HSA, director of nursing (DON), shift charge nurse and assigned pharmacy staff. Memo developed restricting keys to these staff members. Upon query of several staff, only HSA, shift charge nurse and assigned pharmacy staff are using these keys.
- Management of over the counter (OTC) medications: Medications should be separated by route and from other medical supplies. Medications have been separated by route and from other medical supplies. The pharmacy nurse is monitoring this and documents in the communication log that it was checked and the medications are still separated. The FMC verified that the medications were separated during a walk-through of the pharmacy on January 20, 2016.
- Intake screening procedures: Intakes are conducted with privacy, time for detainee to review the consent form and for nursing staff to provide consistent instructions on how to access care during detention.
 - The HSA observed six intake screenings on March 22, 2016. Documentation on the screening tool indicates that all detainees were provided privacy, tuberculosis (TB) screening was complete and that none required the use of the language line. Adelanto continues to monitor this issue through the Continuous Quality Improvement (CQI) program on a weekly basis. This information is to be included in the information to be provided to the FMC by the 5th of each month.
- Notification of detainees on a suicide watch: This had been rectified, and the FMC has been receiving notification. However, in November the FMC did not receive consistent suicide watch notifications. The HSA addressed this with the nursing staff to notify the FMC daily of anyone currently on a suicide watch. This issue has been resolved again. Suicide watch notifications and hospital reporting have been reported timely.
- Mental Health Medication Management: The psychiatrist has the medication consent forms signed at the time the medication is ordered. The QCPs utilize the psychotropic medication audit tool to review the charts. This information is to be included in the information to be provided to the FMC by the 5th of each month.

- Dental follow-up care: The dental assistant reviews ten charts weekly using the dental chart review tool to ensure priority levels are being met. This has been done consistently. The audit tool addresses all critical elements such as timely evaluation, pain, refusals, and education. The FMC confirmed this process.
- Notifying detainees of lab results: A written note was sent to the detainee advising of the lab results vs. a face-to-face encounter. GEO did not address this finding in the CAP response. However, the new process will be as follows: The provider will order labs and inform the detainee that the lab results will be discussed at the next chronic care examination unless the results are abnormal at which time the detainee will have an appointment scheduled with the provider to discuss. If the detainee is not a chronic care patient, the provider will schedule a follow-up appointment to discuss the results when the provider reviews them. This process was communicated to providers during the providers meeting on October 29, 2015.
- Medical Record Organization and Documentation: Medical records should be organized by section with all paperwork filed appropriately. Error documentation should be completed appropriately. Adelanto CAP did not address error documentation.
 - Adelanto has since created a tool for the medical records staff to audit for errors such as missing signatures or documentation and that documents are filed in the medical record correctly. 15 audits are conducted daily by medical records staff. Training was conducted on December 22, 2015, and January 8, 2016, with all medical records staff. These audits are sent to the HSA daily for review. The sign-in sheets for the in-services were provided to the FMC.
 - A cover sheet for each section in the medical record has been developed that identifies items contained in that section. This sheet will be placed in all new charts created and added to the remaining charts as they are audited after each encounter.
- Mandatory annual training. According to the HSA, mandatory annual training is conducted throughout the year based on the individual's date of hire. According to the Training Administrator, medical staff is 100% compliant on their annual mandatory training. The Training Administrator has a file for each staff member with their training requirements and dates of training. He maintains a spreadsheet and is responsible for scheduling all staff for their annual training. The FMC verified this information.
 - CCS will conduct training on CCS policies and procedures once the revisions are completed. Training dates will be established at that time. This has been completed on March 20, 2016.
 - Annual nursing competencies: Adelanto has developed competency testing for registered nurses for completion on October 31, 2015; however, Adelanto

requested this date to be extended to December 31, 2015. Nursing competencies were completed on December 15, 2015. The FMC verified the completion.

Page 383

Withheld pursuant to exemption

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

of the Freedom of Information and Privacy Act

Page 384

Withheld pursuant to exemption

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

of the Freedom of Information and Privacy Act

Page 385

Withheld pursuant to exemption

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

of the Freedom of Information and Privacy Act

Page 386

Withheld pursuant to exemption

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

of the Freedom of Information and Privacy Act