

U.S. Immigration
and Customs
Enforcement

July 29, 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
Second Interim Release

Dear Mr. McGrath:

This is the second 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 Kavinoky) 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 Acquisition 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 558 pages of potentially responsive records. ICE has determined that 80 pages of records were duplicative in nature. Therefore, this production consists of 478 pages of responsive records, which have been Bates numbered 2020-ICLI-00030 387 through 2020-ICLI-00030 864.

ICE has applied FOIA Exemptions (b)(4), (b)(5), (b)(6), (b)(7)(C), and (b)(7)(E) to portions of the pages produced as described below.

FOIA Exemption 4 protects “trade secrets and commercial or financial information...[that is] privileged or confidential.” Under the new U.S. Supreme Court precedent, *Food Marketing Institute v. Argus Leader Media*, 139 S. Ct. 2356 (2019), information will be deemed “confidential” for the purposes of protection under Exemption 4 “at least where commercial or financial information is both customarily and actually treated as private by its owner and provided to the government under an assurance of privacy.” I have reviewed the responsive documents, the submitter’s objections to

release, and relevant case law, and I have determined that portions of the responsive records are exempt from disclosure under subsection (b)(4) of the FOIA and must be withheld in order to protect the submitter's proprietary interests.

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.

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): 478 pages

cc:
Kirti Reddy
Assistant U.S. Attorney

From: Johnson, Tae D
Sent: 4 Jan 2016 20:05:06 -0500
To: Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: FW: Adelanto Response
Attachments: Pages 59-76 2 of 4.pdf

1 of 3

From: (b)(6); (b)(7)(C)
Sent: Monday, January 04, 2016 6:34:14 PM
To: Johnson, Tae D; Jennings, David W
Subject: Re: Adelanto Response

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

Senior Vice President, Business Development

The GEO Group, Inc.®
One Park Place, Suite 700, 621 NW 53rd Street
Boca Raton, FL 33487

Tel: 561.999.7343

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

(b)(6); (b)(7)(C)@geogroup.com
www.geogroup.com

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On Mon, Jan 4, 2016 at 6:31 PM, (b)(6); (b)(7)(C)@geogroup.com wrote:
Tae and Dave,

The attached was submitted to AFOD (b)(6); (b)(7)(C) this afternoon. Due to the file size, I will send separately.

Tae (b)(6); (b)(7)(C) asked for our CEO to update him on our actions. Would you be able to send (b)(6); (b)(7)(C) contact info?

Thanks

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

Senior Vice President, Business Development

The GEO Group, Inc.®

One Park Place, Suite 700, 621 NW 53rd Street
Boca Raton, FL 33487

Tel: 561.999.7343

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

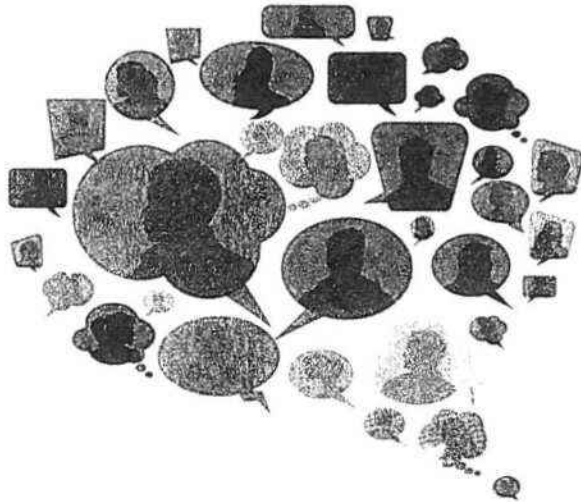
(b)(6); [redacted]@geogroup.com

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- ▶ How to establish instant rapport with someone you just met
- ▶ Techniques for "reading" others so you communicate with their needs in mind
- ▶ Communicating in conflict: Considerations that'll keep you from making a terrible mistake
- ▶ Assertiveness techniques that help you get what you want ... without alienating others
- ▶ Techniques for persuasive communication when you need to get others' buy-in

Special Section: Communicating via Technology

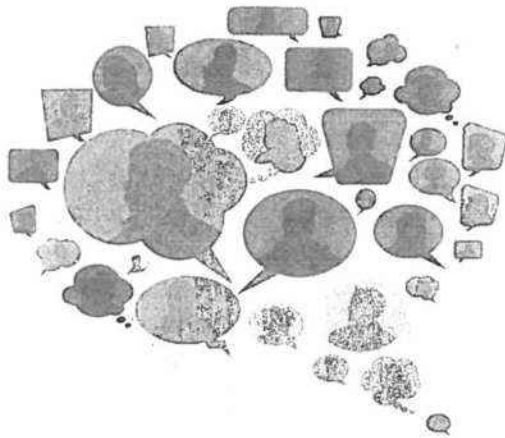
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San Diego, CA • January 15
Ventura, CA • January 25
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People judge you by how you communicate.

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- ☐ Feel angry because someone put you down or challenged you in front of others?
- ☐ Get the feeling that others aren't listening to you?
- ☐ Fumble for the right words when asked a question unexpectedly in a meeting?
- ☐ Dread delivering bad news to employees, supervisors or clients?
- ☐ Envy other professionals who express their ideas with such confidence and power?

If any of these communication challenges sound all too familiar, you don't want to miss this workshop. Enroll today.



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A Glance at Your Agenda

Registration begins at 8:30 a.m. Workshop hours: 9 a.m. to 4 p.m.

I. Communicating With Diplomacy and Finesse

- ▶ Words and phrases that will get you in trouble every time—and better options to replace them
- ▶ Where communication typically breaks down between people
- ▶ Damage control strategies for getting your foot out of your mouth when you've made a statement you regret

II. Creating the Image of a Professional, Powerful Communicator

- ▶ Tips for controlling your body language and gestures to communicate the message you want
- ▶ How to appear poised and confident, even when you're not

III. Listening Skills That Can Double Your Communication Effectiveness

- ▶ When silence is power: How to use it to gain information from others
- ▶ What to do when the person you're listening to just can't seem to get to the point

IV. Communicating With Tact in Difficult Situations—and With Difficult People

- ▶ How to deal with the backstabbing, ridicule and aggressive tactics of others

- ▶ What to do when you're challenged or put down in front of others
- ▶ Tips for quickly defusing explosive or tense situations

V. How to Build Rapport, Strengthen Work Relationships and Achieve Respect

- ▶ Make sure you get credit for your contributions—6 ways to toot your own horn without bragging
- ▶ Recognize and tap into the informal channels of information

VI. SPECIAL SECTION: Exuding Professionalism in Your Writing—Even E-mails!

- ▶ Avoid the most common mistakes made in writing e-mails and memos
- ▶ E-mails: The importance of accuracy and a professional tone, even in informal correspondence and messages

VII. Communicating to Persuade and Influence

- ▶ Tips for presenting your point of view in a way that will generate respect
- ▶ When they just won't see it your way: Understanding your options

See your complete agenda at
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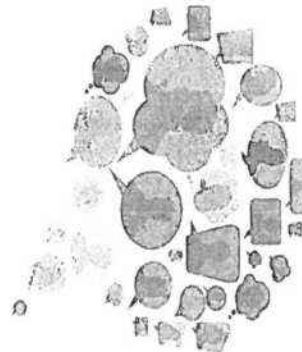
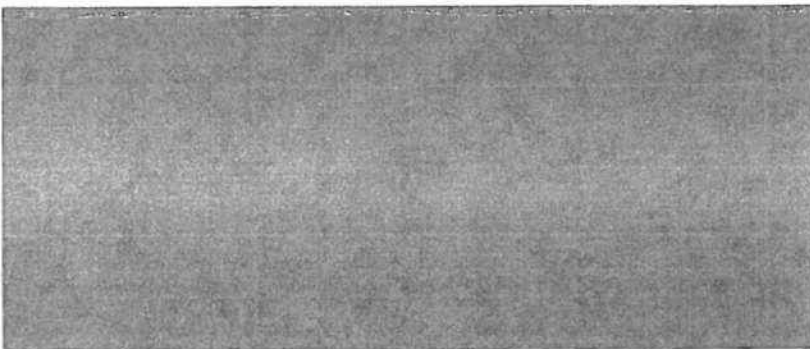
(b)(6); (b)(7)(C)

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2020-ICLI-00030 393

Purchase Requisition Approval



VENDOR #		NEW VENDOR? ☐		Non-Billable ☐		Client's Name:			
		W-9/DATA SENT TO AP? ☐		Billable ☐		Amount to be billed:		\$	
		☐ YES							
GEO REQ#		GEO PO#							
SUGGESTED VENDOR Print Complete Address		Ship To Code:							
Name: National Seminars Training		Ship To Address: Adelanto Detention Facility West							
Address: 6901 W. 63rd. Street		10400 Rancho Rd							
Shawnee Mission, KS 66202-4007		Adelanto, CA							
Contact: Live Scan Department		Bill To Address (if different):							
Phone: (b)(6); (b)(7)(C)		Contact Person: (b)(6); (b)(7)(C)							
E-mail Address: (b)(6); (b)(7)(C)		Phone:							
Fax:		E-mail Address or Fax:							

Item	Qty	Unit of Measure	Description	Service or Department	Commodity Code (or ACCT #)	Capital Item	Vendor Ref. or Stock #	Unit Price	Extension
1	1	Each	Training Seminar Entry	Training				(b)(4)	(b)(4)
2		Each							\$0.00
3		Each							\$0.00
4		Each							\$0.00
5		Each							\$0.00
6		Each							\$0.00
7		Each							\$0.00
8		Each							\$0.00
9		Each							\$0.00
10									\$0.00

Requisitioner: (b)(6); (b)(7)(C)		Date: 12/21/2015		Company #:		Total Money Requested		(b)(4)	
Dept./Location: Training		Phone: (b)(6); x2175		Branch/Loc #:					
Approval Routing:		Approval Sig: (b)(6); (b)(7)(C)		Ref #:					
1		Date: 12-29-15		WITHIN BUDGET ☐ YES ☐ NO (IF NO, EXPLAIN IN FULL) Notes/Justifications: Training course for (b)(6); approved by (b)(6); Reason for purchase:					
2									
3									
4									
5 PURCHASING DEPT.		Date:							
NOT APPROVED		Date:							

AMERICAN OVERSIGHT

PUR-108

DHS-ICE-19-0926-B-000008

MEMORANDUM



The GEO Group, Inc.
GEO Corrections
Adelanto Detention Facility
10400 Rancho Road
P. O. Box 6005
Adelanto, California 92301
www.geogroup.com

Date: December 16, 2015

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

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

RE: SEMINAR TRAINING

I would like to attend the seminar training class in Ontario January 29, 2016, I received a brochure on, "How to Communicate With Tact, Professionalism and Diplomacy". (see attached brochure).

Thank you,

training LT, (b)(6); (b)(7)(C)
Said all he
need is your
approval and
signature on
Memo (b)(6); (b)(7)(C)



Corrections & Detention

Adelanto Detention Facility

Supplemental Detainee Handbook

VISITING RESTRICTIONS

- If your visitors appear to be under the influence of alcohol/drugs, the Shift Supervisor will be notified and the visit will be terminated.
- There is a (1) one hour time limit for all visits unless prior approval is received from the Facility Administrator. (Example: traveling 500 or more miles or pending deportation)
- All visitors are subject to search. Failure to submit to search shall result in denial of entry to the facility.
- Visitors are not allowed to pass or attempt to pass any item to a detainee. Legal Documents are permitted for exchanged during a visit with **prior** written approval from a Supervisor of rank, no lower than Lieutenant.
- Children must remain under control at all times. Disruptive children may cause for the visit to be terminated.
- Visitors are not allowed to bring in or chew gum in the facility.
- Visitors are not allowed to carry any items into the visiting area.
- If contraband is found on a visitors, to include; drugs, alcohol, or weapons, that visitor will be subject to prosecution.
- Pets may not accompany visitors onto or into facility property. However certified service animals shall be permitted to accompany all persons with disabilities.

GENERAL VISTING RULES (Court/Visitation/Legal)

It is the detainee's responsibility to advise their visitors to follow the visiting rules and all posted laws, rules, and regulations when visiting. It is also the detainee's responsibility to follow all of the visiting rules and regulations.

Dress Code (Male/Female)

- Shorts and pants shall cover customarily covered areas of the anatomy, including the buttocks and crotch area, when standing and/or sitting. Shorts will be no higher than mid-thigh. Short-shorts, jogging shorts, cut-offs, and other obviously inappropriate short garments are prohibited.
- Undergarments will remain covered at all times.
- Skirts and dresses shall extend to mid-thigh, while seated.
- Slits in skirts and dresses shall rise no higher than mid-thigh, when seated.
- Sheer (see-through), leggings, overly tight (i.e. spandex), or transparent clothing is prohibited.
- The top of clothing shall be no lower than the underarm in front and back. Bare midriffs, strapless tops, low cut tube tops, and swimsuits are prohibited.
- Shirts shall be worn at all times. Muscle shirts and sleeveless shirts are prohibited.
- Shoes shall be worn at all times.
- Gang "colors" and other gang displays are prohibited.
- Hats, beanie's and hoods from a jacket or sweater may not be worn in visiting or court. Special consideration is given to religious head dressings (i.e. Kippah/Yarmulke, Taqiyah/Turban, Rastacap, veiling). However, visitors may be asked to remove their head dressing for visual inspection for contraband. This inspection, if requested by the visitor, will be conducted by a member of the same sex as the visitor and conducted in a reasonably private location.

CONDUCT DURING VISTATION

- a. All conduct by both detainees and visitors shall be quiet and orderly.
- b. Detainees and visitors shall remain in an upright position.

The following conduct shall be prohibited:

- Exposure of genitals, breasts or buttocks;
- Lying on the floor or ground, upon seats or tables or under tables or attempting to conceal the visitor and/or detainee from staff;
- Touching any genital area, breast or buttocks, under or over clothing;



Corrections & Detention *

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Usted puede solicitar acceso a una computadora en la biblioteca para asistirle con sus materiales legales. Usted puede solicitar este servicio usando el mismo sistema de inscribirse usando la hoja de registro de la biblioteca de leyes.

Como alternativa a las publicaciones en papel, el ADF utiliza la publicación Lexis/Nexis en CD ROM en la biblioteca de leyes. Lexis/Nexis es el programa utilizado para consultar casos anteriores de inmigración, para buscar leyes de inmigración, y proveer formas legales. A continuación se incluyen las instrucciones para el uso del programa Lexis/Nexis. Las siguientes son instrucciones para usar el programa de Lexis/Nexis. Esta información también está publicada en la biblioteca de derecho.

- Haga doble clic en el icono de Lexis/Nexis, si el icono no está disponible, puede acceder al programa a través del menú inteligente, luego seleccione "Programs" [Programas] y haga doble clic en Lexis/Nexis.
- Haga doble clic en la opción "Proceed" [Proceder] y aparecerá un menú con las opciones "Immigration Cases Disk One" [Casos de inmigración disco 1] o "Disk Two" [Disco 2], haga clic en una de las opciones y luego haga clic en el botón abrir en el lado derecho de la pantalla.
- Podrá ver opciones desde "Supreme Court of the United States" [Corte Suprema de los Estados Unidos] hasta "United State Court of Appeals" [Tribunal de Apelaciones de los Estados Unidos].

Un supervisor le entregará una unidad de memoria para que pueda guardar su trabajo. Esta unidad de memoria es propiedad de GEO y deberá ser devuelta en el momento de su liberación o transferencia. Ningún supervisor ni miembro del personal leerá sus documentos más allá de verificar que se refieren a asuntos legales.

(Todos los visitantes están sujetos a revisión)

Visitas

East

Adelanto Centro de Detención-Este Dirección de Visitas 10400 Rancho Road Adelanto Ca, 92301

Número de Teléfono (760) 561-6100

Unidad de Vivienda Segregación

Martes 12pm-8pm (sin-contacto)

Viernes 12pm-8pm (sin-contacto)

Domingo 7am-8pm (sin-contacto)

Unidad de Vivienda- 1

Martes 12pm-8pm

Viernes 12pm-8pm

Domingo 7am-8pm

Unidad de Vivienda-2

Lunes 12pm-8pm

Jueves 12pm-8pm

Sábado 7am-8pm

West

Adelanto Centro de Detención-Oeste Dirección de Visitas 10400 Rancho Road Adelanto Ca, 92301

Número de Teléfono (760) 561-6100

Unidad de Vivienda 1(disciplinario)

Martes 12pm-8pm (sin-contacto)

Jueves 12pm-8pm (sin-contacto)

Sábado 7am-8pm (sin-contacto)

Unidad de Vivienda 2

Martes 12pm-4pm (contacto) & 4pm-8pm (sin-contacto)

Viernes 12pm-4pm (sin-contacto) & 4pm-8pm (contacto)

Domingo 7am-1pm (contacto) & 2pm-8pm (sin-contacto)

Unidad de Vivienda 1(administrativo)

Unidad de Vivienda 3

NOW ACCEPTING

ATTORNEY APPOINTMENTS!

760-561-6160

**LIMIT YOUR
WAIT TIME!**

MUST CALL 24 IN ADVANCE



CALL BETWEEN 8AM - 4PM

NO SAME DAY APPOINTMENTS

LexisNexis® ENGLISH

LexisNexis® CD On Folio® 4 QUICK REFERENCE GUIDE

Opening the Program

1. Insert LexisNexis CD into drive.
2. Click on the LexisNexis CD icon on the desktop.
3. Click on the LexisNexis CD icon on the desktop.

Starting the Program

1. In the LexisNexis CD window, click on the LexisNexis CD icon.
2. Click on the LexisNexis CD icon on the desktop.
3. Click on the LexisNexis CD icon on the desktop.

Main Window - All View

The screenshot shows the LexisNexis CD main window with a search bar at the top, a list of search results in the middle, and a detailed view of a selected item at the bottom. The interface is in English and includes various navigation buttons and a search history section.

LexisNexis® ESPAÑOL

LexisNexis® ELL GUÍA DE REFERENCIA RÁPIDA

Abrir el Programa

1. Para abrir una publicación desde el inicio del programa.
2. Desde la lista Library en el Content Selector, seleccionar la biblioteca con la(s) publicación(es) que usted desea abrir.
3. En la lista de publicaciones, seleccionar una o más publicaciones usando una de las siguientes opciones:

Para abrir una publicación desde el inicio del programa

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2. En la lista de publicaciones, seleccionar una o más publicaciones usando una de las siguientes opciones:

(b)(7)(E)



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

@geogroup.com>

Training Plan

1 message

(b)(6); (b)(7)(C) @geogroup.com>

To: (b)(6); (b)(7)(C) @geogroup.com>

Thu, Dec 31, 2015 at 8:30 AM

Sir,

Attached is the items you have requested.

- Please find the Cultural and Ethnic Sensitivity Course for Orientation on page 5.

Course #	Core/Elective	CLASSES	HOURS
GEO155	Core	GEO Welcome to the Facility	5.0
ICE107	Core	ICE EEO/Sexual Harassment	1.5
GEO311	Core	GEO Workplace Violence Program	1.0
ICE121	Core	ICE Use of Force	2.0
GEO55	Core	GEO Cross Gender Inmate / Detainee Supervision	2.0
GEO134	Core	GEO Professionalism and Ethics	2.0
GEO50	Core	GEO Computer Security	1.0
GEO287	Core	GEO PREA	3.0
GEO75	Core	GEO Fire and Safety(Heat Illness and N-95 Respirators)	1.5
ICE120	Core	ICE Performance Based National Detention Standards	2.0
GEO81	Core	GEO Hostage Situations	1.5
GEO322	Core	GEO Personal Protective Equipment and Universal Precautions	2.0
GEO146	Core	GEO Suicide Intervention and Prevention	2.5
GEO56	Core	GEO Cultural and Ethnic Sensitivity	2.0
GEO145	Core	GEO Staff Detainee Relations	1.5
GEO318	Core	GEO HIPAA	1.0
GEO83	Core	GEO Inmate / Detainee Grievance	1.0

GEO321	Core	GEO Inmate/Detainee Rights	.5
GEO14	Core	GEO ASHI CPR / Basic First Aid	6.0
GEO126	Core	GEO Orientation Final Exam	1.0
		CORE SUBTOTAL	40
		TOTAL HOURS	

- In-Service version of Cultural and Ethnic Sensitivity can be found on page 8

GEO 40-HOUR IN-SERVICE			
Course #	Core/Elective	CLASSES	HOURS
GEO86	Core	GEO IS Direct Supervision of Offenders	1.5
GEO90	Core	GEO IS Professionalism and Ethics	1.5
GEO92	Core	GEO IS Use of Force	1.0
GEO294	Core	GEO Detainee Rules and Regulations	2.5
GEO81	Core	GEO Hostage Situations	1.5
GEO293	Core	GEO IS PREA	2.0
GEO74	Core	GEO Female Detainees	1.0
GEO51	Core	GEO Contraband	1.5
GEO87	Core	GEO IS Emergency Plans and Procedures	1.5
GEO88	Core	GEO IS Fire and Safety	1.5
GEO321	Core	GEO Inmate/Detainee Rights	.5
GEO91	Core	GEO IS Suicide Prevention	1.5
GEO318	Core	GEO HIPAA	1.0
GEO311	Core	GEO Workplace Violence Prevention Program	1.0
GEO363	Core	GEO IS Cultural and Ethnic Sensitivity	1.0

GEO53	Core	GEO Count Procedures	1.5
GEO55	Core	GEO Cross Gender Supervision	2.0
GEO268	Core	GEO Proper Use of Mechanical Restraints	2.0

Please let me know if there is anything else I can do to help.

(b)(6); (b)(7)(C) **Training Administrator**

Adelanto Detention Facility

The GEO Group, Inc.®

10250 Rancho Rd.

Adelanto, CA 92301

Tel: 760-561-6100 (b)(6);

(b)(6); @geogroup.com

www.geogroup.com

760-561-6100

 **2016Revised august Training.docx**
147K

From: Johnson, Tae D
Sent: 4 Jan 2016 20:07:29 -0500
To: Smith, Stewart [REDACTED]
Subject: FW: Adelanto Response
Attachments: Adelanto sensitivity training 3 of 4.pdf, Adelanto 4 of 4.pdf

3 of 3

From: [REDACTED]
Sent: Monday, January 04, 2016 7:12:55 PM
To: Johnson, Tae D; Jennings, David W
Subject: Re: Adelanto Response

[REDACTED]
Senior Vice President, Business Development

The GEO Group, Inc.®
One Park Place, Suite 700, 621 NW 53rd Street
Boca Raton, FL 33487

Tel: 561.999.7343

Mobile: [REDACTED]

[REDACTED]@geogroup.com
www.geogroup.com

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On Mon, Jan 4, 2016 at 6:32 PM [REDACTED]@geogroup.com> wrote:

[REDACTED]
Senior Vice President, Business Development

The GEO Group, Inc.®
One Park Place, Suite 700, 621 NW 53rd Street
Boca Raton, FL 33487

Tel: 561.999.7343

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

(b)(6); (b)(7)(C) @geogroup.com
www.geogroup.com

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On Mon, Jan 4, 2016 at 6:31 PM (b)(6); (b)(7)(C) @geogroup.com> wrote:

Tae and Dave,

The attached was submitted to AFO (b)(6); (b)(7)(C) this afternoon. Due to the file size, I will send separately.

Tae - Dan Ragsdale asked for our CEO to update him on our actions. Would you be able to send Dan's contact info?

Thanks

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

Senior Vice President, Business Development

The GEO Group, Inc.®
One Park Place, Suite 700, 621 NW 53rd Street
Boca Raton, FL 33487

Tel: 561.999.7343

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

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Cultural and Ethnic Sensitivity

Welcome

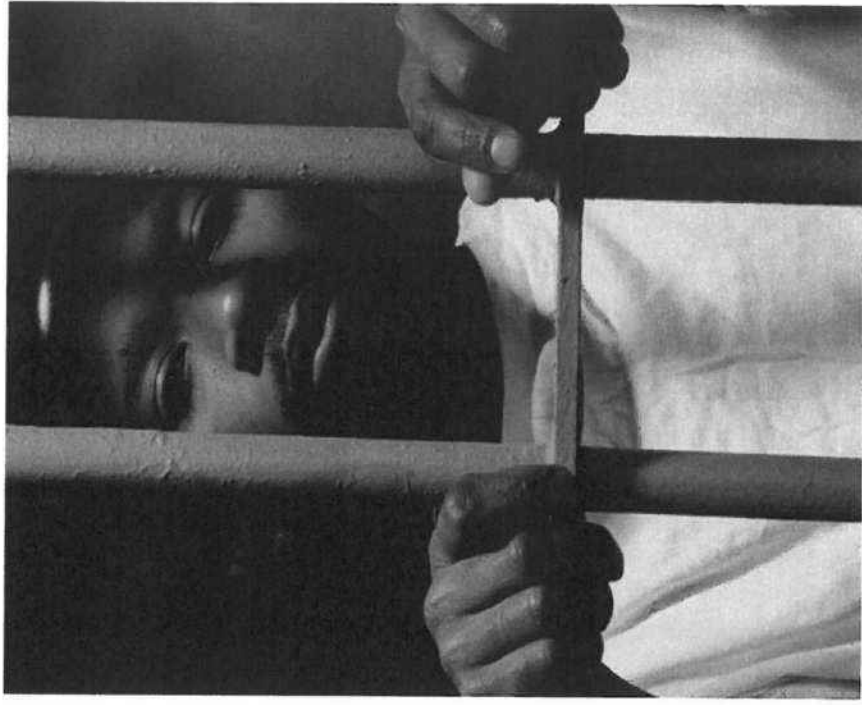
What does it mean to be an American?



Why is America “the greatest country in the world?”

Some Statistics to Consider

- **In 2001, 64% of incarcerated persons belonged to ethnic or racial minorities**
- **For males in 2001, 16.6% were black, 7.7% were Hispanic and 2.6% were white**



After this lesson, you should be able to

- 1. Define and differentiate culture, ethnicity and race**
- 2. Define cultural diversity**
- 3. Identify ways perceptions and prejudices impact behavior and beliefs**
- 4. Define the cultural effectiveness continuum**
- 5. List the skills necessary to prevent communication barriers between cultures**

Objectives



After this lesson, you should be able to

- 6. Identify helpful ways to bridge cultural barriers**
- 7. List ways to build trust and rapport between those from different cultural backgrounds**



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Definitions of Key Terms

Objectives Covered in this Section

Objective 1:
**Define and differentiate culture,
ethnicity and race**

Definitions of Key Terms



Starting With The Basics

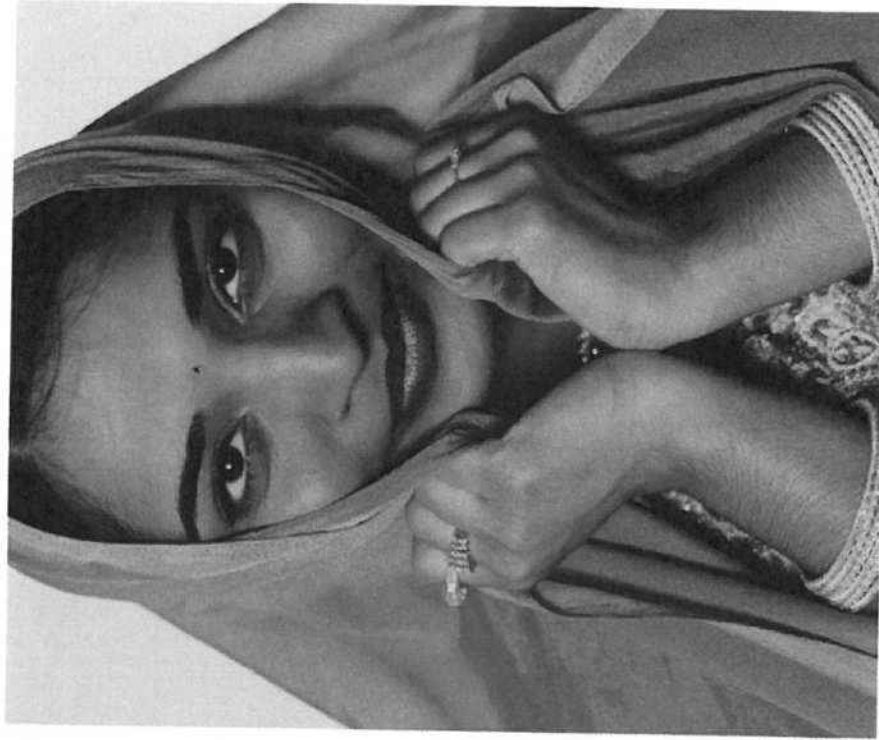
Discussions of race, ethnicity and differences can be difficult. Let's start by getting a basic understanding of the terminology



Definitions of Key Terms



Culture



- **Socially transmitted behavior patterns**
- **Learned values and belief systems**
- **Groups share historical or geographical proximity**

Ethnicity



- **Share history, national origin and cultural patterns**
- **Similar customs, beliefs, language and religion**
- **May or may not be associated with race**

Race

- A group of people who share common physical characteristics
- Arbitrary – no longer in technical use



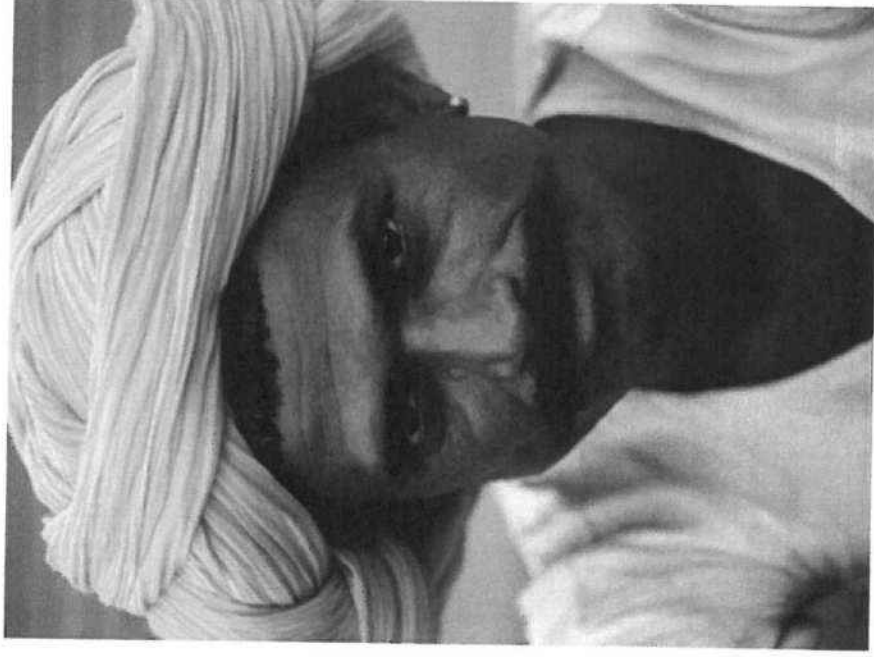
What's the Difference?

- People of the same race can be of different ethnic and cultural backgrounds
- People of the same ethnic background can come from different cultures

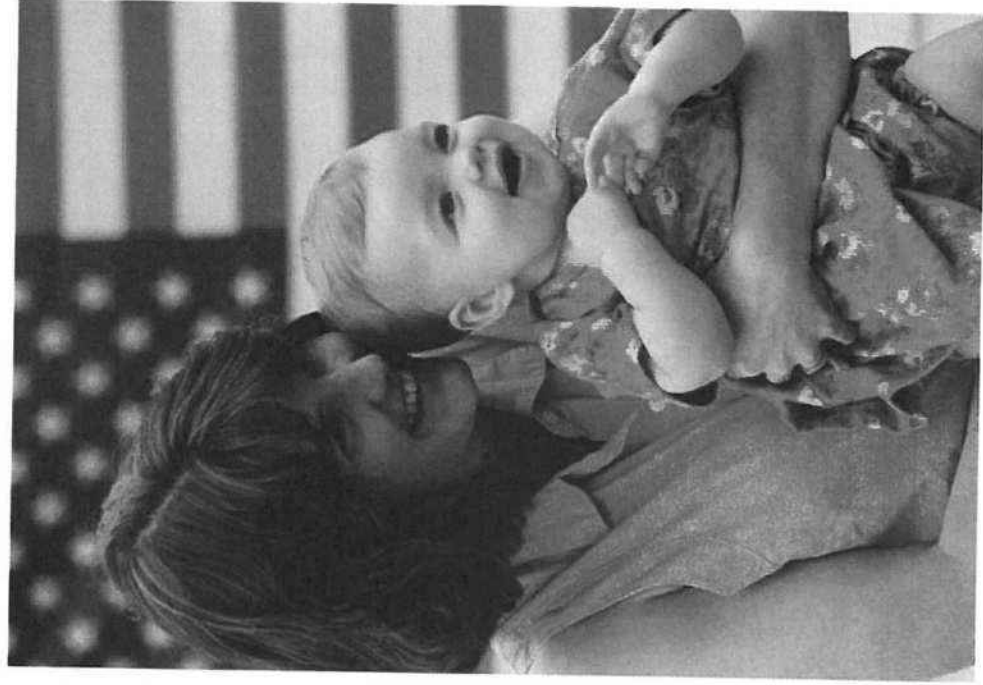


Why Does It Matter?

- Sometimes we see someone and make an assumption that may not be true
- Ethnic and cultural backgrounds can influence interaction and communication



Dominant (Mainstream) Culture



- Expected beliefs, values and learned behaviors promoted by major institutions in the society
- Dominant means most prevalent
- American, or prison culture in this case

Ethnocentric Thinking

- **Ethnocentric – the belief that one’s own culture or group is superior**
- **Different than patriotism**
- **Try pride without prejudice**



Culture Shock



- **Negative stress when removed from native culture and forced to assimilate to new culture**
- **Nearly everyone experiences this when becoming incarcerated**



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Cultural Diversity

Objectives Covered in this Section

Objective 2: Define cultural diversity

A Working Definition

**The co-existence of
different ethnic,
gender, racial,
religious and socio-
economic groups
within one social unit**



More Than Just Race and Gender

- Age
- Educational background
- Sexual orientation
- Political views
- Religious views
- Culture
- Communication style
- Childhood background
- Geographic origin
- Personality

Thinking About "Diversity"

**Diversity is really
anything that makes
one person different
from another – no
matter what causes
the difference**



Living In A Crayola World

**Does the picture
look better when
you use just one
color or when we
use many?
Which crayon are
you?**



Some Simple Examples



- Americans believe in the individual and individual choices
- Some other cultures (Japanese for example) are concerned about maintaining group harmony and cohesion

Group Thinking



- **“My decisions reflect on the group and I am accountable to them”**
- **“I understand hierarchy and accept direction from those at a higher status than myself”**

Other Cultural Differences

- **Direct eye contact**
- **Dealing with women**
- **Gestures**
- **Body language**
- **Touching**
- **Proximity**



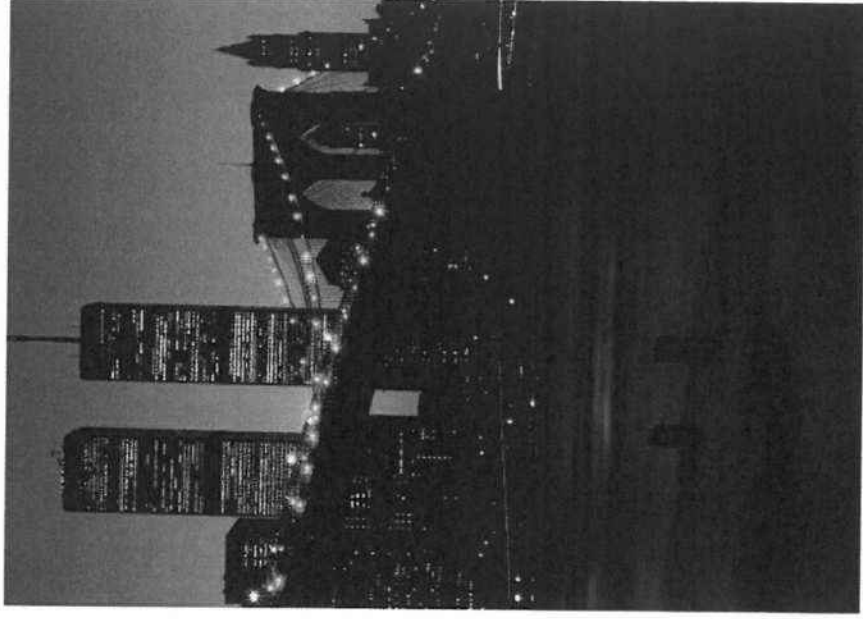
How Has Thinking Changed?

- **Civil Rights Movement**
- **Women's Rights Movement**
- **Gay and Lesbian Rights Movement**
- **Immigration Issues**



More Recent Changes In Thinking

- **Demographic changes in U.S.**
- **New wave of immigration**
- **Globalization**
- **The War on Terrorism**



Throw Out Old Ways Of Thinking

**We shouldn't ignore
differences and focus
on only similarities
but instead recognize
and embrace the
differences among us**





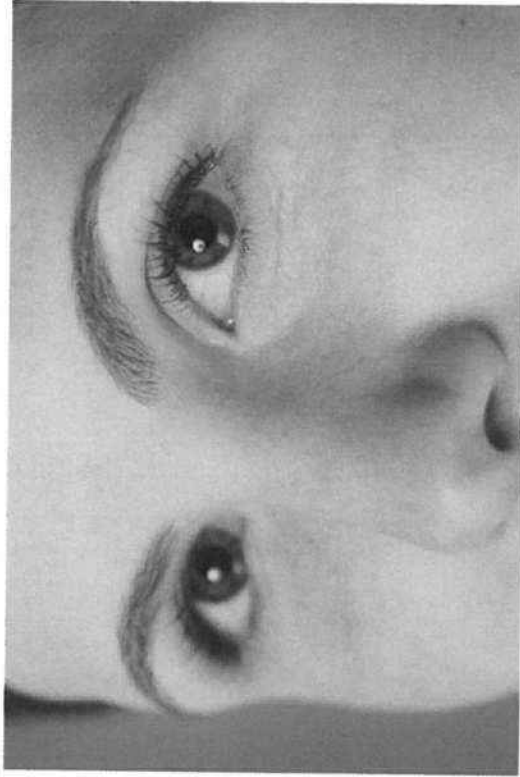
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Perception and Prejudice

Objectives Covered in this Section

**Objective 3: Identify ways perceptions
and prejudices impact
behavior and beliefs**

What Are Perceptions?



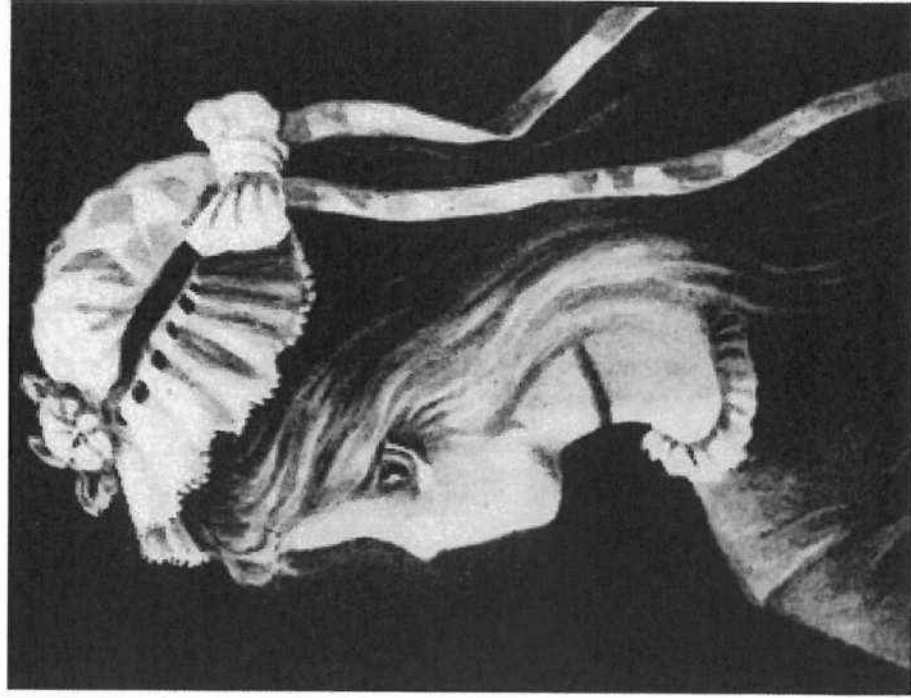
- **Insight, intuition or knowledge gained through our senses**
- **The act of recognizing or understanding**
- **Perceptions are influenced by many factors**

What Influences Perception?



- Age, religion, education, environment and sexual orientation
- Experiences, values, beliefs
- Friends, family, relationships and community

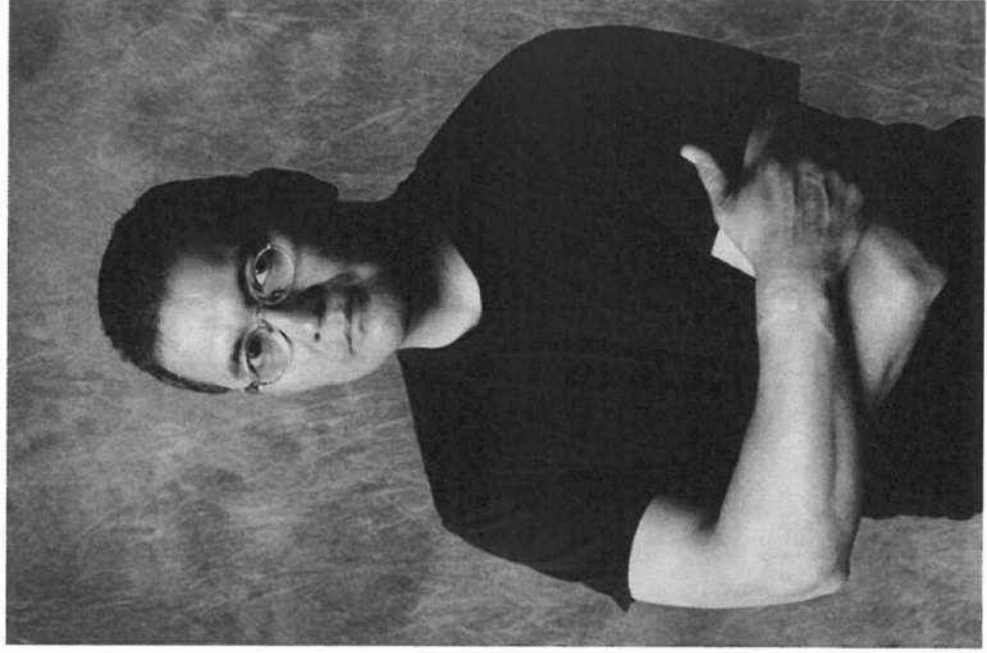
The Impact of Perception?



- Influences behavior
- The same situation can yield different perceptions
- Habits, ways of thinking and communication can all be effected by perception

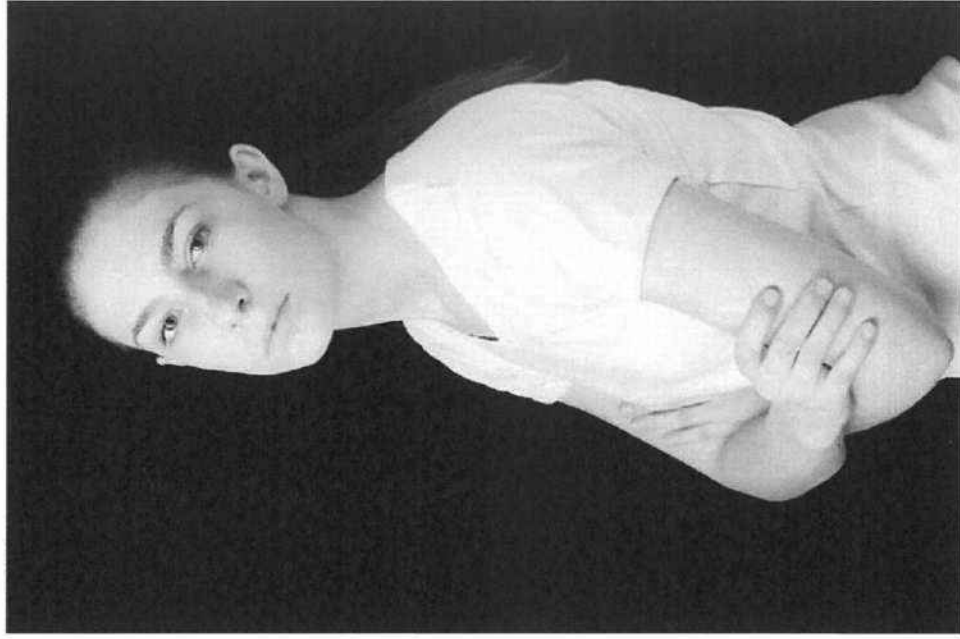
What Is Prejudice?

- **The prejudgment of a person, situation or group**
- **An unfavorable opinion formed before the current interaction**
- **A preconceived preference or idea**



Prejudice Is A Learned Behavior

- Learning can be impacted by stress
- Many times prejudice is the result of faulty information
- Even with evidence to the contrary, it can be difficult to change



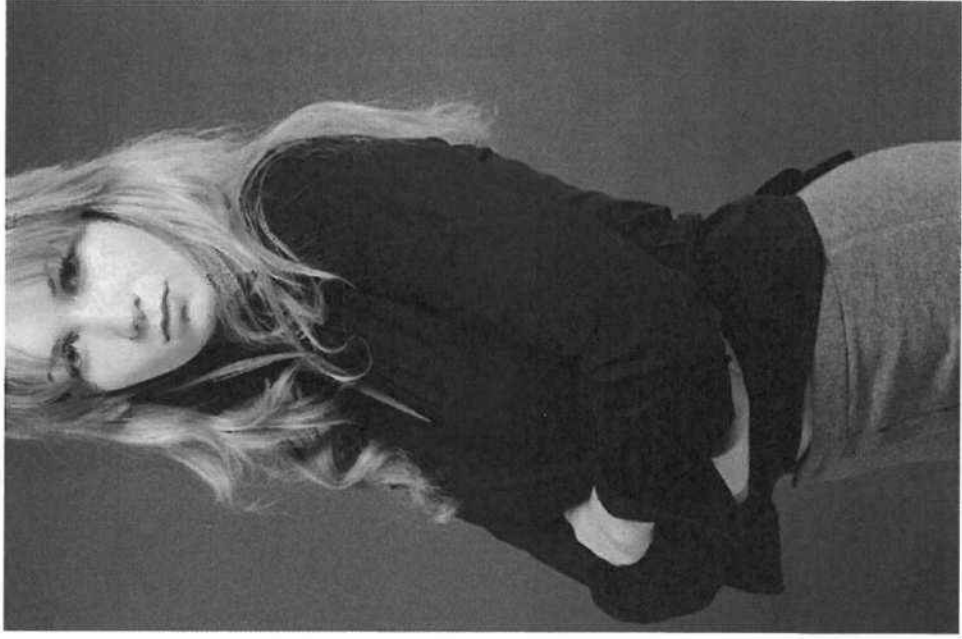
We All Have Prejudices

- **What are yours?**
- **Why did you get them?**
- **Are they helpful?**
- **What would change your mind?**



It Makes Me So MAD!

We harbor such negative emotions about something so simple, yet we can't really explain why. Does applying logic to this situation change your mind?





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Cultural Effectiveness

Objectives Covered in this Section

Objective 4: Define the cultural effectiveness continuum

What Is It?

- Recognizing culture and using information to effectively function within that culture
- An appreciation for that culture's norms, values, beliefs and traditions
- It is a goal to work toward

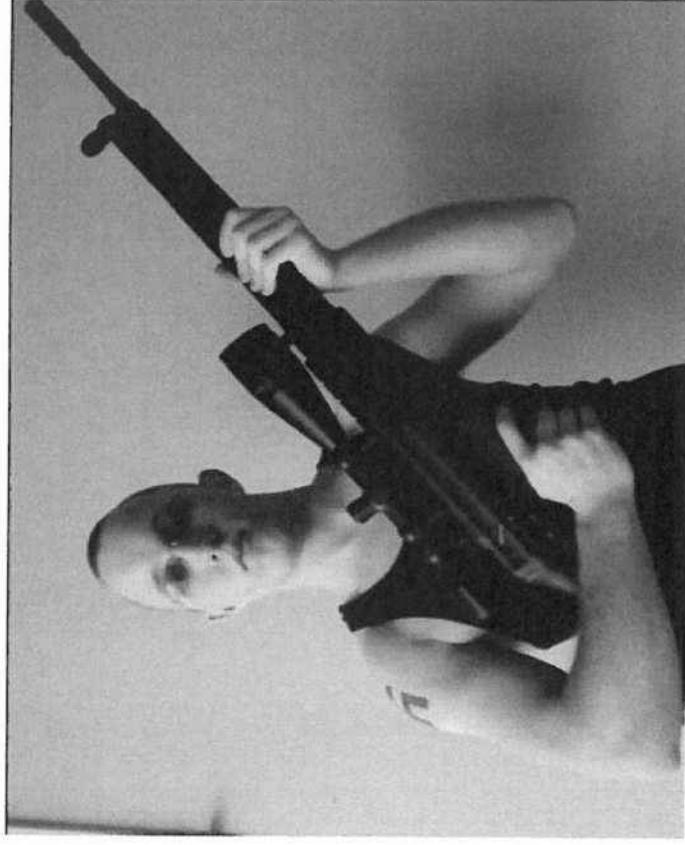


Six Stages of Cultural Effectiveness

1. Cultural Destructiveness
2. Cultural Incapacity
3. Cultural Blindness
4. Cultural Pre-Effectiveness
5. Cultural Effectiveness
6. Cultural Proficiency

Cultural Destructiveness

- The most negative end of the spectrum
- Assumes that the dominant culture is superior
- Seeks to destroy, exploit, and/or remove other cultures



Cultural Incapacity

- **Is not destructive but still exhibits extreme bias**
- **Believes in superiority of dominant culture**
- **Prefers segregation**
- **Assumes parental relationship**

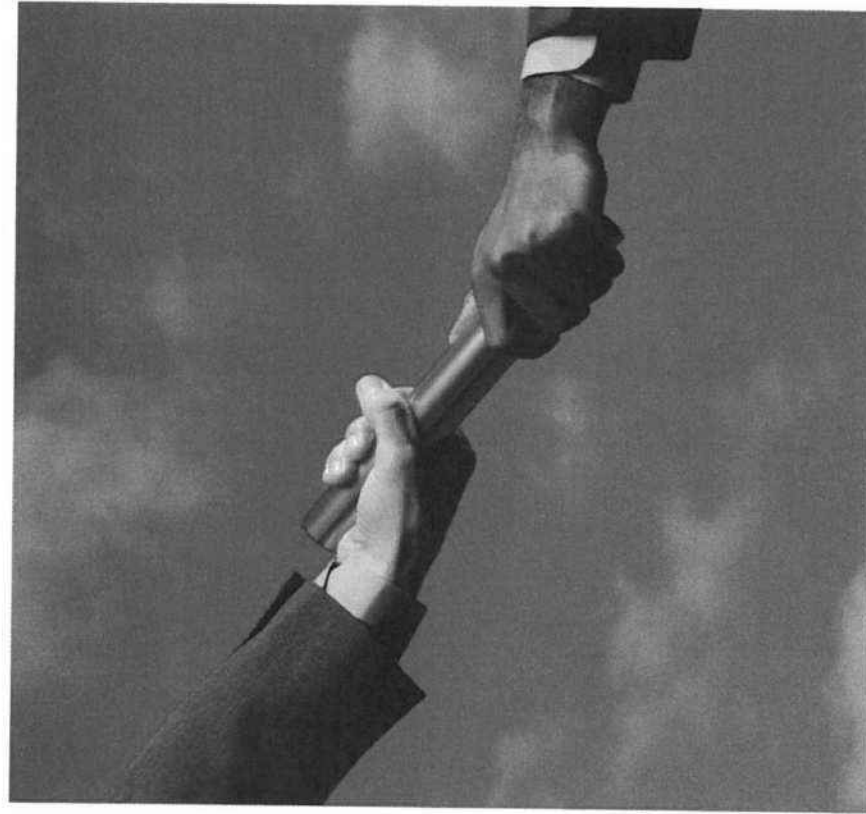


Cultural Blindness

- Expresses philosophy of being unbiased
- Believes the approaches used by the dominant culture applies to all cultures
- Does not actively seek change



Cultural Pre-Effectiveness



- Committed to civil rights and improving services
- May not perceive breadth of needs of diverse groups
- Gets frustrated when efforts to improve fail

Cultural Effectiveness



- **Accepts and respects human diversity**
- **Recognizes differences among and within groups**
- **Committed to development of services for groups**

Cultural Proficiency



- The most positive end of the spectrum
- Advocates for cultural effectiveness throughout society
- Develops new approaches based on human diversity

Developing Cross-Cultural Skills

- Personal Qualities
- Knowledge
- Skills



Personal Qualities

- **Awareness of personal values regarding cultural differences**
- **Understand how personal values regarding human diversity might hinder or strengthen interactions with others**
- **Incorporating genuineness, honesty, and empathy in building positive relationships with diverse people**

2020-ICLI-00030 454

Knowledge

- **history and traditions that support and affirm diverse cultures**
- **individual differences within a cultural group**
- **resources which exist within the diverse communities in the service area**

Skills

- **ability to select intervention approaches that are compatible with the cultural, ethnic, or gender norms of the individual**
- **ability to communicate effectively with diverse people**
- **ability to employ empowerment concepts in working with people and their communities**



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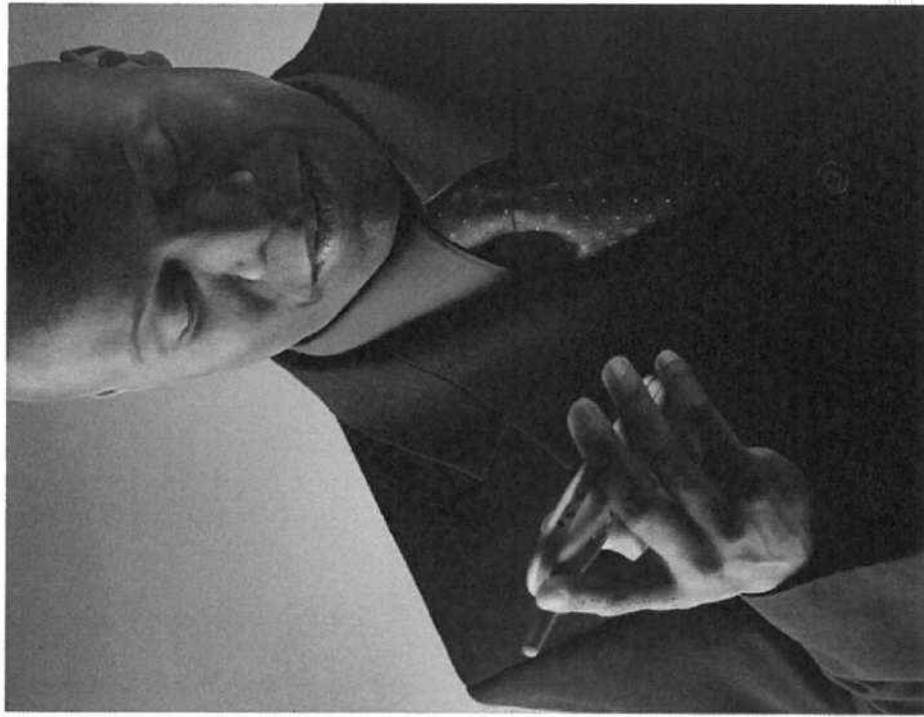
Communication Barriers

Objectives Covered in this Section

Objective 5: List the skills necessary to prevent communication barriers between cultures

Let's Think About Communication

**Communication is the
art of sending a
message from the
source to a receiver
with the least possible
loss of meaning**



Differences in Communication

To be culturally effective, one must recognize that there are cultural differences in communication, both in the spoken and unspoken form



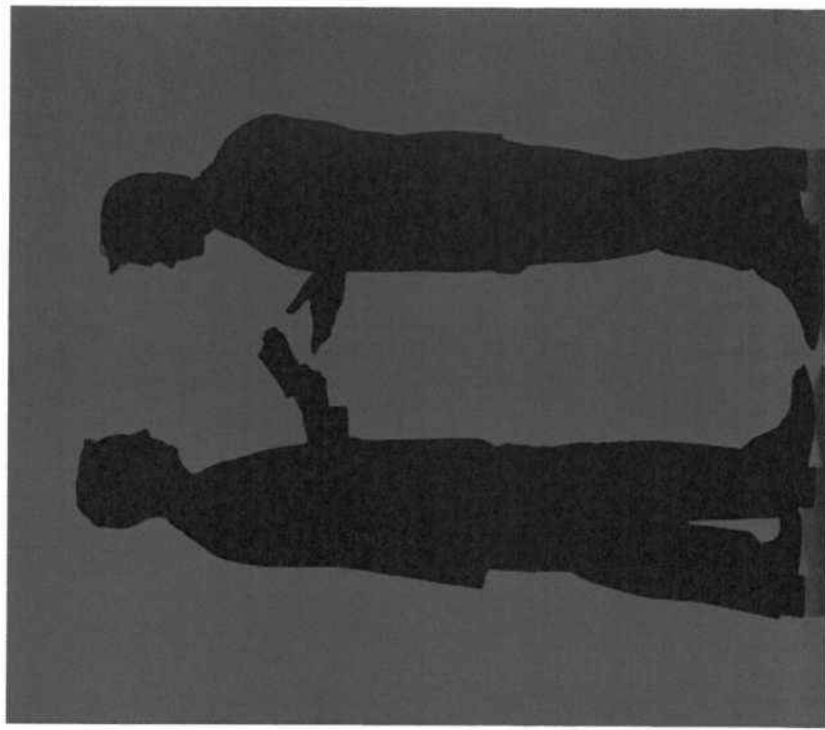
Cultural and Ethnic Sensitivity

Think About All Forms

- Spoken Language
- Tone of voice
- Eye contact / facial expressions
- Body Language / Gestures
- Touch

Bridging The Language Barrier

**When communicating
with an
inmate/detainee who
does not speak your
language, be sure to
have a variety of tools
at your disposal**



Tools To Try With Inmate/Detainee

- **Speak slowly, NOT loudly**
- **Observe the inmate/detainee's body language to determine if he/she understood**
- **Use simple words/short sentences**
- **Closed ended questions do not indicate whether inmate/detainee understood**
- **Seek an interpreter if necessary**

Appropriate Language Skills

- **Use inclusive rather than exclusive language (women, folks, people of color)**
- **Honor preferred terms of address**
- **Avoid adjectives that spotlight others**
- **Avoid most jokes (someone will find them offensive)**
- **Avoid demeaning or devaluing terms**



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Bridging Cultural Barriers

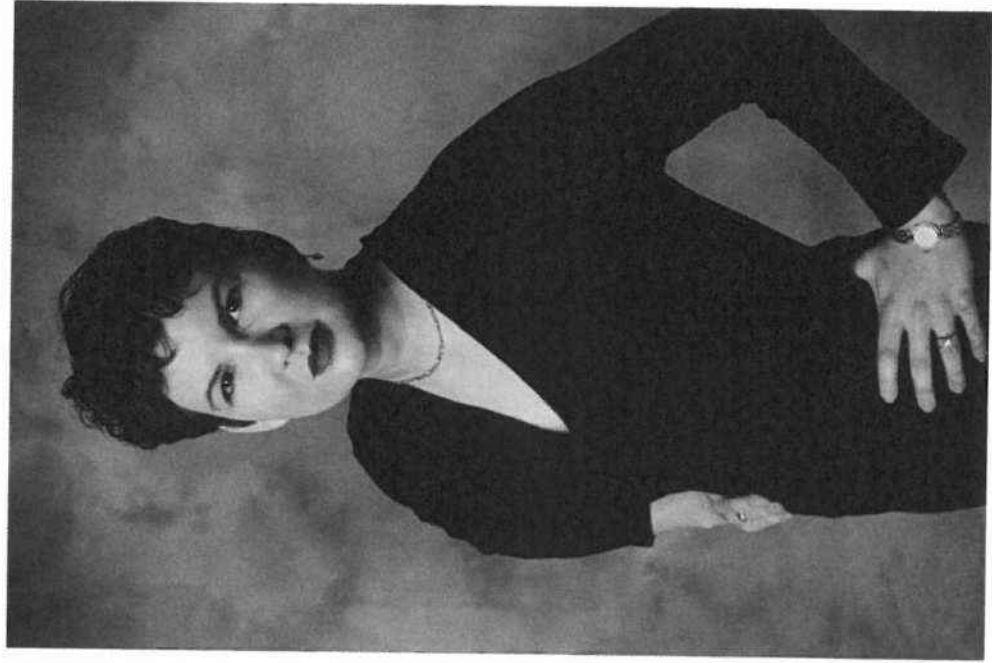
Objectives Covered in this Section

Objective 6: Identify helpful ways to bridge cultural barriers

Cultural Barriers

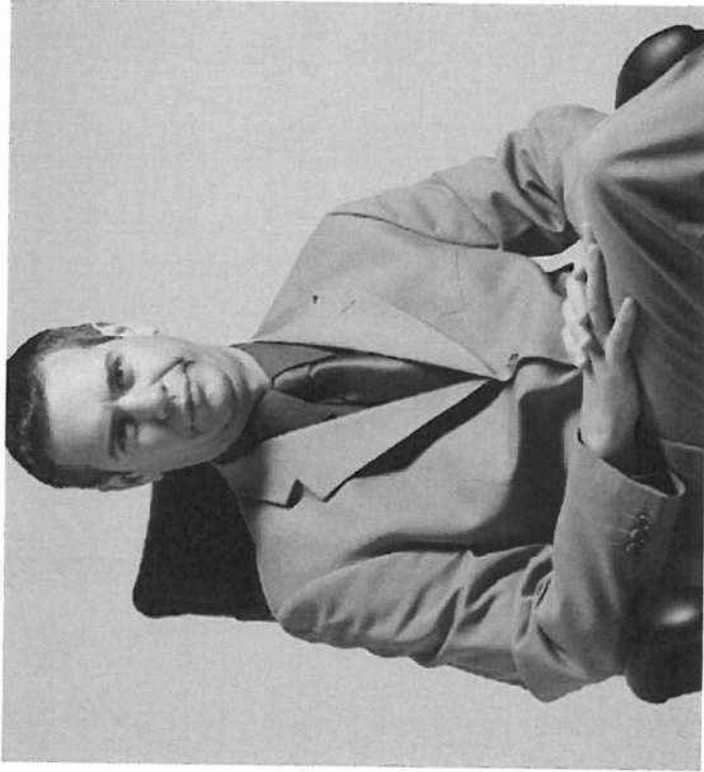


Building A Bridge To Understanding



- Approach with the right attitude
- Remind yourself how important this can be
- Think about how you would feel if you were in a different culture

Skills To Promote Understanding



- Listen actively and effectively
- Resist the urge to be judgmental
- Monitor the perceptions of others with regard to your behavior

Understanding-- Continued

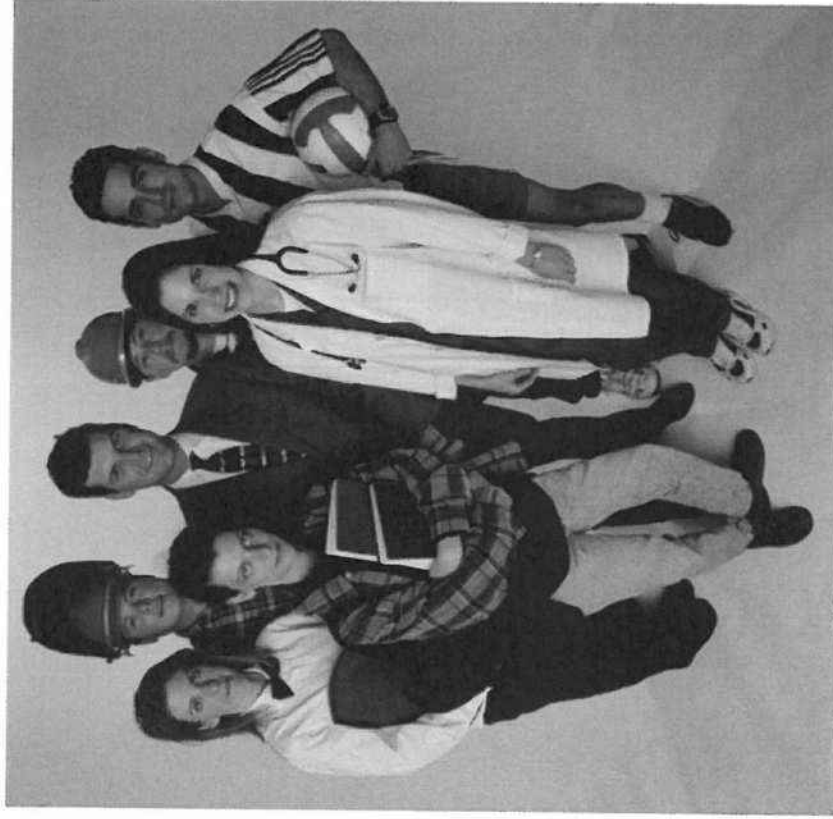


**Seek feedback to see if
your message is getting
through**

**Cultivate self-
awareness**

**Take calculated risks
and try new things**

Cultural Fluency



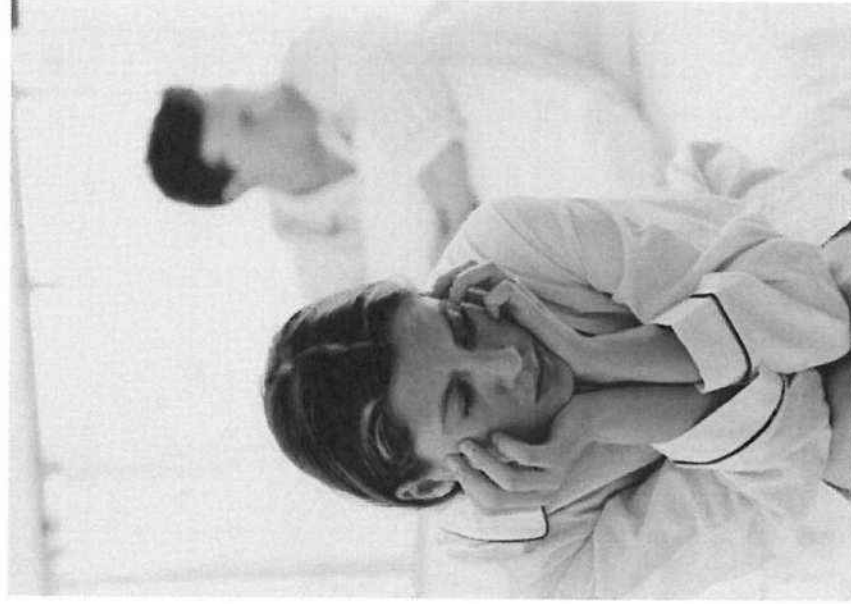
- Familiarity with cultures
- Their natures, how they work
- Ways they intertwine with us in times of conflict and harmony

Dimensions Of Cultural Fluency



- Naming, taming and framing conflict
- Approaches to meaning-making
- Identities and roles

Framing Conflict



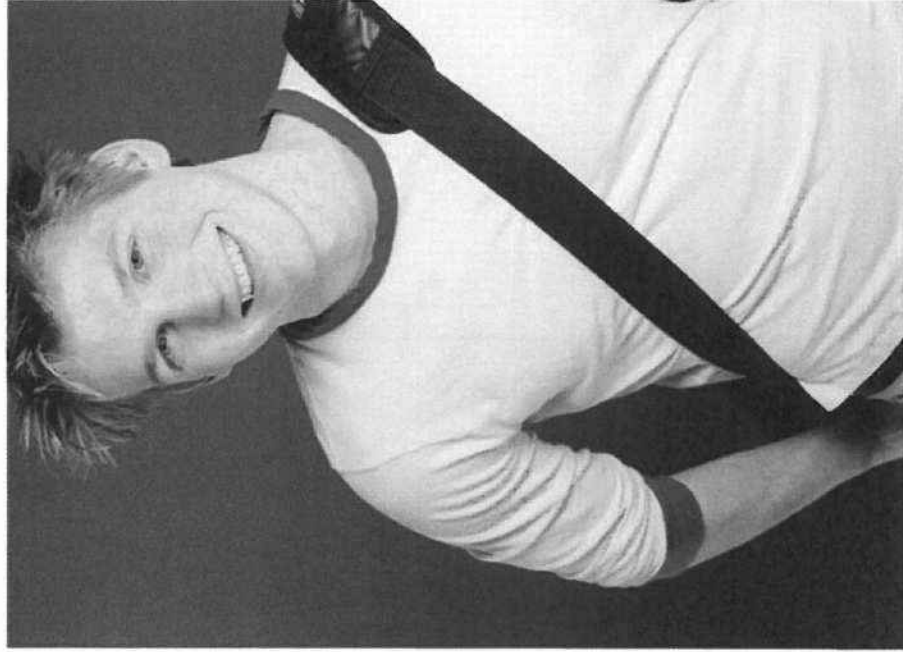
- Not all cultures see a conflict where you see one
- Conflict resolution is a different process depending on the culture
- Third-party mediators viewed differently

Meaning-Making



- Different cultures may have different starting points
- Some cultures are offended by the direct approach
- Do they focus on big picture or small troubles

Roles and Identities



- Individuals or part of a group
- Depends on upbringing, experience and context
- Misunderstanding can escalate conflicts



The GEO Group, Inc.

Building Trust and Rapport

Objectives Covered in this Section

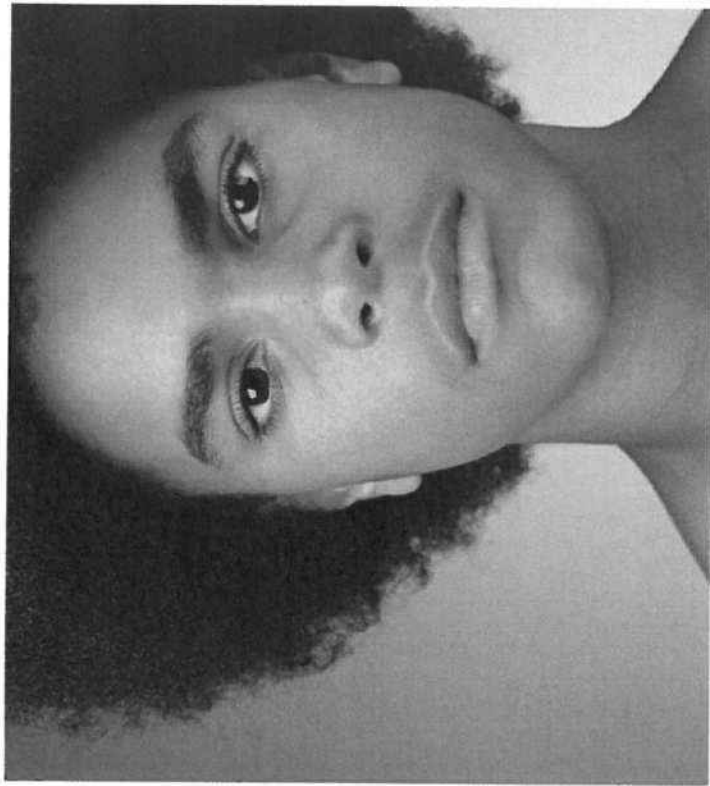
Objective 7: List ways to build trust and rapport between those from different cultural backgrounds

Trust and Rapport



The Most Important Thing

**If you want to build
trust and rapport with
an individual, the
most important thing
is to offer him/her is
RESPECT**



Methods for Building Rapport

- **Language**
- **Use of proper names**
- **Avoid games and psychological ploys**
- **Permit and accept expressive behaviors**
- **Acknowledge racial/ethnic issue in a non-defensive manner**
- **Don't act like your culture is better**

Dealing With Inmate/Detainees

- Don't confuse rapport with friendship
- Show empathy
- Use the inmate/detainee's name
- Make sure body language matches verbal language
- Don't judge those with different beliefs

Don't Be Unrealistic

- **It can be difficult for an inmate/detainee to feel comfortable with an authority figure**
- **Don't let the inmate/detainee get confused about the nature of your relationship**
- **Keep cultural fluency in the forefront**

Things To Remember

- **Respect individuals and their culture**
- **Promote understanding**
- **Suspend judgment**
- **Make a conscious effort**
- **Show empathy**
- **Be a good person**

You Should Now Be Able To

- 1. Define and differentiate culture, ethnicity and race**
- 2. Define cultural diversity**
- 3. Identify ways perceptions and prejudices impact behavior and beliefs**
- 4. Define the cultural effectiveness continuum**
- 5. List the skills necessary to prevent communication barriers between cultures**

You Should Now Be Able To

- 6. Identify helpful ways to bridge cultural barriers**
- 7. List ways to build trust and rapport between those from different cultural backgrounds**



The GEO Group, Inc.

Cultural and Ethnic Sensitivity

Any Questions?



The GEO Group, Inc.

Cultural and Ethnic Sensitivity

Thank You!

TRAINING ATTENDANCE RECORD

FEMALE INMATE / DETRAINEE

[illegible]



SS: FEMALE INMATE DETAINEE

[illegible]



DATE: 7-3-15

CLASS: FEMALE DETAINEES

LAST	FIRST	DEPARTMENT
(b)(6); (b)(7)(C)	(b)(6); (b)(7)(C)	Security Services
SUBJECT	HOURS	INSTRUCTOR
Female Detainees	1	(b)(6); (b)(7)(C)



Corrections & Detention *

TRAINING ATTENDANCE RECORD

DATE: 7-3-15

CLASS: FEMALE DETAINEES

BLUE INK ONLY

LAST	FIRST	DEPARTMENT	SIGNATURE			
(b)(6); (b)(7)(C)		Security	(b)(6); (b)(7)(C)			
		Security				
		Security				
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		Security				
		Security				
		Security				
		SUBJECT		HOURS	INSTRUCTOR	
		Female Detainees		1	(b)(6); (b)(7)(C)	



DATE: 7-3-15

BLUE INK ONLY

AMERICAN
OVERSIGHT



DATE: Female Inmate Knowledge 7/1/15
CLASS:

LAST		FIRST	DEPARTMENT	SIGNATURE		
(b)(6); (b)(7)(C)			Security	(b)(6); (b)(7)(C)		
			SECURITY			
			Security			
			Security			
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			Security			
			Security			
			Security			
			Security			
		SUBJECT			HOURS	INSTRUCTOR
		Female Detainees			1	(b)(6); (b)(7)(C)



Corrections & Detention

TRAINING ATTENDANCE RECORD

DATE: 7/2/15

CLASS: FEMALE DETAINEES

BLUE INK ONLY

LAST	FIRST	DEPARTMENT	SIGNATURE
(b)(6), (b)(7)(C)		Security	(b)(6), (b)(7)(C)
		Security	
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		SECURITY	
		SECURITY	
		SECURITY	
		SECURITY	
SUBJECT		HOURS	(b)(6), (b)(7)(C)
Female Detainees		1	



Corrections & Detention *

TRAINING ATTENDANCE RECORD

DATE: 7/2/15

CLASS: FEMALE DETAINEES

BLUE INK ONLY

LAST	FIRST	DEPARTMENT	SIGNATURE
(b)(6); (b)(7)(C)		Security	(b)(6); (b)(7)(C)
		Security	
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		Security	
		Security	
		Security	
	SUBJECT	HOURS	
Female Detainees	1	(b)(6); (b)(7)(C)	



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

DATE: 07/10/2015

PAGE ____ OF ____

CLASS: Female Pat Downs

[illegible]



Meeting all your
healthcare staffing needs

MEMORANDUM

Date: December 29, 2015

To: Warden Adelanto ICE Processing Center
(b)(6); (b)(7)(C) Health Services Administrator
Regional Health Services Manager

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

RE: **RECOMMENDATION FOR APPOINTMENT AND PRIVILEGES –**

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

(b)(5)

Membership Category: Contract
Privileges: Facility Medical Director
Appointment and Privileges: 12/18/2015 to 12/17/2017

(b)(6); (b)(7)(C); (b)(5)

Corporate Headquarters
1850 Gateway Blvd., Ste. 230
Concord, CA 94520

Toll Free 800-882-0686
925-938-8082
Fax 925-938-4969

www.mdregistry.org

Instructor (s): (b)(6); (b)(7)(C)

4. Mental Health Follow up Reviews

Name (print)

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

Psychologist

Psychologist

Psychologist

Psychiatrist

Psychiatrist

GEO Health Services
Sign – In sheet

Date: December 31, 2015

Facility : Adelanto Detention Facility

Instructor (s): (b)(6); (b)(7)(C)

Subject: 1. GEO Track Scheduling Appointments

2. GEO Track Completing Appointments
3. GEO Track No Show, Rescheduled (New Reporting Feature)
4. GEO Track New Reporting Feature, Previous/Current Appointments

Name (print)

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

From: (b)(6); (b)(7)(C)
Sent: 29 Sep 2015 09:42:20 -0400
To: Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto _2015.xlsx

Yes - thanks

(b)(6); (b)(7)(C), MD, FACEP
ERO Assistant Director – IHSC
(202) 732 - (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov

From: Smith, Stewart D
Sent: Tuesday, September 29, 2015 9:41 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto _2015.xlsx

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

Please confirm this is what you were looking for.

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

(b)(6); (b)(7)(C), MPH, MA
Chief of Staff | ICE Health Service Corps
500 12th Street SW | 2nd Floor (b)(6); (b)(7)(C)
Washington, DC 20536
Office: 202 (b)(6); (b)(7)(C) Cell: 202 (b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 29, 2015 9:40 AM
To: Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto _2015.xlsx

Thank you

From: Smith, Stewart D
Sent: Tuesday, September 29, 2015 8:34 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto _2015.xlsx

Adelanto ScriptCare Pharmacy Costs

FY	Number of Prescriptions	Costs
2013	(b)(4)	
2014		
2015 YTD		
Totals	66,714	\$2,766,803

Stewart D. Smith, DHSc, MPH, MA
 Chief of Staff | ICE Health Service Corps
 500 12th Street SW | 2nd Floor | (b)(6); (b)(7)(C)
 Washington, DC 20536
 Office: 202 (b)(6); (b)(7)(C) Cell: 202 (b)(6); (b)(7)(C)
 Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 29, 2015 8:28 AM
To: Smith, Stewart D
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto _2015.xlsx

Sir,

Here is what we sent to (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

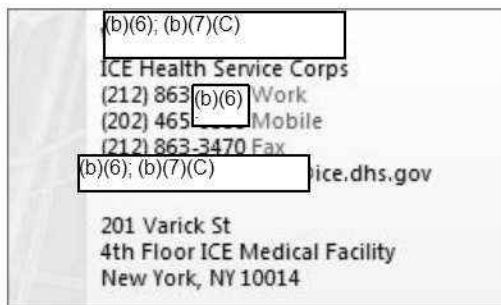
Formatted the summary section for you. Also sent it to (b)(6); (b)(7)(C)

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);
Fax: 212-863-3465
Cell: 202-465-(b)(6);
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 19 Oct 2015 08:25:46 -0400
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Stewart D
Subject: RE: Adelanto 10.10.15 through 10.16.15

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

Thanks for the information. I know an issue that we discovered during our last visit in August was that the site was behind in meeting the 14 day Physicals (b)(5)

(b)(5)

Very respectfully,

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

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

HA, 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)

ce.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: Monday, October 19, 2015 8:13 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 10.10.15 through 10.16.15

FYI

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

N, 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)(6); (b)(7)(C) cell)

866-808-8154 (fax)

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

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

Sent: Sunday, October 18, 2015 9:42:44 PM

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

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

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)

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

202-819 (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:

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) Smith, Stewart D

Cc: D[REDACTED]

Subject: RE: Adelanto 10.10.15 through 10.16.15

What us the average population?

Very respectfully,

[REDACTED]

[REDACTED], MHA, RDH, CCHP

Chief of Health Operations

ICE Health Service Corps

500 12th St. SW, Mailstop [REDACTED]

Washington, DC 20536

(202)732-[REDACTED] Office

(202)210-[REDACTED] BB

[REDACTED]@ice.dhs.gov

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From: [REDACTED]

Sent: Saturday, October 17, 2015 11:57:50 PM

To: Smith, Stewart D

Cc: [REDACTED]

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.

[REDACTED]

M.D.

Deputy Assistant Director Clinical Services

Medical Director

ICE/ERO/IHSC

Washington, D.C.

Desk 2027-[REDACTED]

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)(7)(C)

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

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
949-360-(b)(6); (b)(7)(C) Office
202-689-(b)(7)(C) Cell phone
866-460-9503 Secure Fax
sl-(b)(6); (b)(7)(C) h@ice.dhs.gov

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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](mailto:(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
866-460-0503 Secure Fax
(b)(6); (b)(7)(C) [@ice.dhs.gov](mailto:(b)(6); (b)(7)(C)@ice.dhs.gov)

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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)(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, 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

202-689-(b)(6);
(b)(7)(C) Cell phone

866-460-9503 Secure Fax

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

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

Sent: Friday, October 16, 2015 7:36:20 PM

To (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) ce.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: 19 Oct 2015 09:18:58 -0400
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.10.15 through 10.16.15
Attachments: Adelanto Summary of Findings September 23 2015.docx

CDR (b)(6); (b)(7)(C),

See information below from the FMC 9/23/15 Adelanto summary of findings update regarding physical exams:

- Comprehensive health assessment should be completed for each detainee within 14 days of arrival
 - 60 of 70 (86%) had physical assessments completed within 14 days of booking based on September 23 review.
 - 18 of 21 (86%) had completed physical assessment within 14 days of booking based on the earlier review conducted between August 19-September 2.
 - Multiple physicals completed by registered nurses did not have co-signature of physician indicating the physical had been reviewed.
 - The QCPs are auditing all new intakes for 14 day physicals.

As you can see, Adelanto staff has been having some difficulty in completing their Physical Exams w/in the 14 days. Please note: RNs also do PEs at this facility.

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
202-73 (b)(6); (b)(7)(C) (w)
202-32 (b)(6); (b)(7)(C) (cell)
866-808-8154 (f)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: Monday, October 19, 2015 8:26 AM
To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C) Smith, Stewart D
Subject: RE: Adelanto 10.10.15 through 10.16.15

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

Thanks for the information. I know an issue that we discovered during our last visit in August was that the site was behind in meeting the 14 day Physicals. With only having 3 MLPs and a population of 1472 I am concerned that they are not able to meet this standard. Has the FMC's been evaluating the 14 day physicals and how compliant they are. I believe in August they were about 42 detainees over the day 14 mark.

Very respectfully,

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

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

MHA, RDH, CCHP

Chief of Health Operations
ICE Health Service Corps
500 12th St. SW, Mailstop 5203
Washington, DC 20536

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From: (b)(6); (b)(7)(C)
Sent: Monday, October 19, 2015 8:13 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto 10.10.15 through 10.16.15

FYI

(b)(6); (b)(7)(C), MSN, CCHP, CPHM
CAPT, USPHS
Chief, Medical Case Management Unit

ICE Health Service Corps
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U.S. Immigration and Customs Enforcement
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From: (b)(6); (b)(7)(C)
Sent: Sunday, October 18, 2015 9:42:44 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
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,

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ICE Health Service Corps
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655 West Rialto Avenue Room (b)(6); (b)(7)(C)
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From: (b)(6); (b)(7)(C)
Sent: Sunday, October 18, 2015 10:40 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
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) Smith, Stewart D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto 10.10.15 through 10.16.15

What is the average population?

Very respectfully,

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From: (b)(6); (b)(7)(C)
Sent: Saturday, October 17, 2015 11:57:50 PM
To: Smith, Stewart D
Cc: (b)(6); (b)(7)(C)
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.

CAPT (b)(6); (b)(7)(C) M.D.
Deputy Assistant Director Clinical Services
Medical Director
ICE/ERO/IHSC
Washington, D.C.
Desk 202731 (b)(6);
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)(7)(C)

(b)(6); (b)(7)(C) RN, MSN, CCHP, CPHM
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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
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~~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,

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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?

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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,

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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.

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From: (b)(6); (b)(7)(C)
Sent: Friday, October 16, 2015 7:36:20 PM
To: (b)(6); (b)(7)(C)
Subject: Adelanto 10.10.15 through 10.16.15

V/r,

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Adelanto Summary of Findings

September 24, 2015

- Nakamoto group scheduled for PBNDS inspection starting on October 6, 2015.
- **Medical Care (Women)**
 - 18 of 19 (94%) had a completed gynecological and obstetric history upon intake (records were from September 23 review) – improved since August reviews.
 - 16 of 36 (44%) had a complete gynecological and obstetric history upon intake (records were from August 19 to September 1).
 - Adelanto developed a screening tool to include a more comprehensive history for female detainees and implemented this in August 2015.
 - Pelvic and breast exams
 - September 23 review: 11 of 13 (85%) had breast and pelvic examinations (or documented refusals)
 - August 19 review demonstrated that 17 of 20 (85%) female detainees had either a completed breast and pelvic exam or a signed refusal form as required by GEO policy. However, only 6 of the 17 had completed the actual exam; 11 of the 17 had signed refusal forms.
- **Intake Screening – For Diabetics**
 - During previous review blood sugars were not completed on intake screening for those detainees with known diabetes. Training for medical staff is pending completion by October 31, 2015. This is included in the audits currently conducted by the quality care professional (QCP).
 - Chart audit conducted on September 23, 2015 - incidental finding of 2 detainees with diabetes. 1 did have blood sugars recorded on intake and 1 did not.
- **Timely follow-up for significant findings of acute or chronic conditions**
 - 8 of 11 (73%) had appropriate follow-up for acute or chronic conditions based on September 23 review – (continued problem)
 - One detainee had orthopedic surgery and told staff upon intake he was supposed to have follow-up the following week. No follow-up scheduled
 - One detainee upon intake with blood pressure 158/106 was sent to General population without intervention. Detainee with history of hypertension with multiple blood pressures ranging from 158-203/98-136. Reported to provider and treated with clonidine, however, follow-up blood pressures remained high (185/125) without further intervention.
 - 18 of 21 (86%) received timely follow-up based on August 19 – September 2 chart reviews

- **Comprehensive health assessment should be completed for each detainee within 14 days of arrival**

- 60 of 70 (86%) had physical assessments completed within 14 days of booking based on September 23 review. (Continued problem)
- 18 of 21 (86%) had completed physical assessment within 14 days of booking based on the earlier review conducted between August 19-September 2.
- Multiple physicals completed by registered nurses did not have co-signature of physician indicating the physical had been reviewed.
- The QCPs are auditing all new intakes for 14 day physicals.

Mental Health Screening and Evaluation

Detainee with positive screen for mental illness or suicide risk is referred for evaluation

- 3 of 4 (75%) with positive mental health screen were referred for evaluation based on September 23 chart reviews. One detainee with a history of schizophrenia on medications was not referred. (repeat finding)
 - 9 of 10 (90%) were properly screened and referred based on chart reviews August 19 to September 2. (registered nurse screened a detainee but failed to either ask if the detainee was suicidal or had ever been suicidal or she failed to document the answers on the screening form)
 - 2 of 3 (66%) were referred and received an evaluation by qualified mental health provider in a timely manner based on chart reviews September 23. (repeat finding)
 - 6 of 9 (66%) were referred and received an evaluation by qualified mental health provider in a timely manner based on chart reviews August 19 to September 2.
- **Refusal forms were not completely filled out** with risks and benefits of refusing treatment, medications or diagnostics.
 - **Sick call:** Detainee reported to sick call three times for wrist pain and treated each time using nursing protocols and never referred to see provider.
 - **Chronic Care – Asthma:** Quality of Care issue - September 23 chart review demonstrated that a detainee with asthma did not have a peak flow documented. This was an issue also noted during the June 2015 site visit. All providers were trained on the documentation of peak flows in June 2015; QPC's are to monitor compliance by reviewing 25 charts monthly.
 - **Monitoring of Controlled substances** – Controlled substances will be inventoried at the change of shift by two licensed healthcare staff

- Upon walk-through of pharmacy, there were not two signatures documenting narcotic counts at the beginning or ending of each shift on 6 different occasions during the month of September. (repeat finding)
- **Sharps, Needles, Syringes, and Instruments Control**
 - Upon walk-through of pharmacy, there were not two signatures documenting sharps and needle counts at the beginning or ending of each shift on 6 different occasions during the month of September.
- **Pharmacy Issues** - A “pharmacy communication log” and a “multi-dose vial log” were created as part of the corrective action plan (CAP) for the IHSC Medical Quality Management Unit (MQMU) review to document compliance. These logs have not been initialed since August 5, 2015.
- IHSC recommended GEO hire pharmacy technician/pharmacist: GEO still looking into this issue.
- For one detainee, medications were not delivered to the facility in a timely manner and the detainee did not consistently receive medications as prescribed on multiple occasions. This finding was found in four other records.
- **Detainees did not go to off-site specialty appointments in a timely manner.** The detainees were either late or missed the entire appointment. One of the detainees was referred to the emergency department and was admitted to the hospital as a result of missing his dialysis appointment. Two detainees missed their physical therapy appointments causing them to be rescheduled; CRCL is highly focused on one of these individuals. Another detainee was late to his dialysis appointment resulting in a shorter dialysis appointment than usual; the detainee submitted a complaint through CRCL. There were no apparent ill effects from this noted in the medical record. The AFOD is aware and has advised the Warden and the COR of this issue.
- **Compliance with placement of PPD’s or obtaining chest x-rays as appropriate** had been at 100% compliance on last review but is now 94% based on September 23 chart reviews.
- **Physician signatures** are lacking in a large amount of the detainee medical charts for review of mid-level provider documentation and assessments and nursing physicals.
- **Medical Staff Credential Files**
 - Peer review findings the first week of September
 - 8 of 9 were complete (88%)

- Peer review for the dentist was not found in the credential file. Peer review was found during the site visit and was placed in the credential file.
 - One psychiatrist peer review is due September 2015.
- BLS/CPR findings the first week of September
 - 8 of 9 had current BLS/CPR documentation (88%)
 - Nurse practitioner BLS card expired August, 2015. Updated BLS card was requested and placed in the credential file during the site visit.
- Picture ID findings the first week of September
 - 8 of 9 providers had picture ID in file (88%)
 - Picture ID for psychiatrist was not found in the credential file. Picture was added.
- Privileging findings the first week of September
 - Previous finding during FMC and MQM site visit, June 2015
 - 9 of 9 providers had current and up to date privileging in the credential file.
- During FMC and MQM site visit in June 2015, it was noted that Adelanto did not conduct mass casualty training. This has since been completed. Emergency code blue drills were conducted on various shifts; 6 total drills were conducted. A mass casualty mock drill was conducted on September 20, 2015 to include local EMS; the FMC observed the drill and participated in the after action review.

Staffing:

Medical Staff Currently Employed and Physically Working			
Authorized	Actual	Position	Notes
26	25	Licensed Practical Nurse	
3	3	Medical Data Entry Clerk	
3	3	Medical Records Clerk	
1	1	Medical Records Supervisor	
6	3	Nurse Practitioner	
20	19	Registered Nurses	
1	0	Director of Nurses	

3	0	Licensed Clinical Social Worker	
3	2	Physician	Clinical director on convalescent leave as of September 14, 2015. Only one physician actually working. 3 rd physician to begin GEO training October 1, 2015; will begin seeing patients approximately November 1, 2015.
2	2	Dentist	
3	3	Psychologist	
2	2	Psychiatrist	
2	2	X-Ray Tech	
Medical Staff in the Hiring Process			
	2	Nurse Practitioner	Completion of E-QIP
	1	Nurse Practitioner	Pending Interview
	1	Registered Nurse	Vacated on 9/14/2015, 1-Pending preliminary clearance
	1	Director Of Nurses	Vacated on 9/13/2015, Advertised
	3	Licensed Clinical Social Worker	Advertised
	1	Physician	Scheduled to start on October 1, 2015
	1	Licensed Practical Nurse	Pending preliminary clearance

June 2015 Site Visit Findings Resolved:

- 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 educated regarding 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 HSA authorization.

- 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, 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 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 AHSA, the providers and nursing staff.
- Mental Health Medication Management: Psychiatrist will have medication consents signed at the time the medication is ordered. 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 is being utilized for reviewing charts by the QCPs.

June 2015 Site Visit Findings Pending Additional Review for Resolution:

- Annual nursing competencies: Adelanto is developing competency testing; pending completion date is October 31, 2015.
- Mandatory annual training: annual training to be completed July 17, 2015 but pushed back to October 31, 2015.
- Training for Pharmacy staff: HSA trained by Correct RX on September 14, 2015 in a train the trainer program. On September 2, 2015, GEO reported that 90% of staff had been trained (remaining staff were per diem) and rest would be completed by September 5, 2015. Pending confirmation from HSA.
- 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 previous quarter audit has been provided.

- On-site stock medication inventory log: According to GEO, a log has been developed and HSA to review 25 stock cards weekly to assure medication is signed out. Pending confirmation that process is being followed.
- Non-Formulary Medication Log: HSA to review non-formulary request log to ensure medication procurement, receipt and issuance. Pending further discussion with HSA.
- Posting Look alike/Sound alike medications: Look alike/Sound alike signs have been posted in pharmacy and treatment areas. Training is scheduled to be completed by October 31, 2015.
- Management of OTC medications: Medications should be separated by route and from other medical supplies. Medications have been separated by route and from other medical supplies, however the last date documented in pharmacy communication log is August 5, 2015.
- 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. August 5, 2015 is the last date documented in Pharmacy Communication Log.
- 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. Medical records supervisor has been hired and in August all loose paper had been filed, however in September paperwork has not been filed timely.
- 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 to observe intake screening twice weekly using a check sheet. Pending confirmation.
- 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. Pending confirmation.
- Reasonable accommodations: AHSA is the reasonable accommodations coordinator for East and West. Local policy has been written and is being routed for signatures. The local policy does address accountability of detainees and evacuation of detainees during an emergency. HSA will work with corporate to develop local procedures for evacuation of detainees during an emergency, available TTY/TDD services, ADA accommodations log. Pending confirmation.
- 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 to be reviewed monthly to determine compliance. Pending confirmation.

- Lab orders are not performed timely. Response from Adelanto did not address the finding. Adelanto will conduct 25 chart reviews to ensure labs were drawn timely. This has been an ongoing issue at Adelanto. Additional measures need to be taken to address this. Pending additional review.
- Notifying detainees of lab results: written note was sent to detainee advising of the lab results vs. a face-to-face encounter. GEO did not address this finding in the CAP response. An update to the CAP has been requested and is pending. Recent FMC chart reviews demonstrate that this process is still occurring.
- 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 has been rectified. QI nurse to review all suicide notifications to ensure completed. Pending confirmation of reviews.

From: (b)(6); (b)(7)(C)
Sent: 27 Nov 2015 13:45:13 -0500
To: (b)(6); (b)(7)(C)
Cc: Smith, Stewart (b)(6); (b)(7)(C)
Subject: RE: Adelanto 11.15.15 through 11.20.15 (2)

Adelanto reports that they do have the number of suicide attempts. The FMC has requested the information from Adelanto. There have been no completed suicides.

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Please note new address and phone number.

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From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 25, 2015 12:03 PM
To: (b)(6); (b)(7)(C)
Cc: Smith, Stewart (b)(6); (b)(7)(C)
Subject: RE: Adelanto 11.15.15 through 11.20.15 (2)

Approved . Is there a tally of the suicide attempts vs any completions at Adelanto since it opened

From: (b)(6); (b)(7)(C)
Sent: Monday, November 23, 2015 10:04 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C) Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: FW: Adelanto 11.15.15 through 11.20.15 (2)

(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)
N, MSN, CCHP, CPHM
CAPT, U.S. Public Health Service
Chief, Medical Case Management Unit
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866-808-8154 (f)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

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

(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.

CAPT (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)
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-[REDACTED] BlackBerry
866-460-9503 Secure Fax

[REDACTED]ice.dhs.gov

Please note new address and phone number.

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From: [REDACTED]
Sent: Friday, November 20, 2015 3:02 PM
To: [REDACTED]
Subject: Adelanto 11.15.15 through 11.20.15 (2)

Made my additions red

From: Smith, Stewart D
Sent: 2 Jul 2014 18:39:05 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan
Attachments: Adelanto Medical Enlarged.docx

See below and the attached, which is an enlargement of the medical portion

(b)(7)(E)

Stewart D. Smith, DHSc, MPH, MA
Chief of Staff
ICE Health Service Corps
Office: 202-734-(b)(6);
Cell: 202-321-6(b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, July 02, 2014 2:09 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

We just have to keep in mind that the build out will involve modulars (like long double wides). They won't be building from scratch. Will likely modify inside of prefab structure.

Sent from iPhone

(b)(6); (b)(7)(C) MD
ERO AD - IHSC

From: (b)(6); (b)(7)(C)
Sent: Wednesday, July 02, 2014 6:04:54 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

Stew is working on that as we speak. We all agree that for a build out the Adelanto medical clinic is the one to use.

From: (b)(6); (b)(7)(C)
Sent: Wednesday, July 02, 2014 1:52 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

Or expand the floor plan you developed last week for Artesia. All good ideas. I've found it much easier to review those types of plans on paper than screen.

Sent from iPhone

(b)(6); (b)(7)(C)
ERO AD - IHSC

From: (b)(6); (b)(7)(C)
Sent: Wednesday, July 02, 2014 5:43:39 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: FW: Adelanto and Tacoma floor plan

I suggest we use one of the floor plans attached for the clinic space or consider Karnes and enlarge the SSU. Getting Karnes floor plans now.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, July 01, 2014 3:18 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

Oops. Here you go

From: (b)(6); (b)(7)(C)
Sent: Tuesday, July 01, 2014 3:17 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: Adelanto and Tacoma floor plan

I don't have the square footage yet.

(b)(6); (b)(7)(C)
CCHP
Commander, USPHS
Deputy Assistant Director
Department of Homeland Security
Immigration & Customs Enforcement
Enforcement & Removal Operations
ICE Health Service Corps
202 732 (b)(6);
202 641 (b)(7)(C)
(b)(6); (b)(7)(C) ice.dhs.gov

"The only thing worse than being blind is having sight but no vision"

~ Helen Keller~

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From: (b)(6); (b)(7)(C)
Sent: 2 Jul 2014 18:51:52 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan
Attachments: Adelanto Med Clinic.pptx

Try this instead. The below included an area that isn't medical.

(b)(7)(E)

Stewart D. Smith, DHSc, MPH, MA
Chief of Staff
ICE Health Service Corps
Office: 202-734-(b)(6);
Cell: 202-321-6-(b)(7)(C)

From: Smith, Stewart D
Sent: Wednesday, July 02, 2014 2:39 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

See below and the attached, which is an enlargement of the medical portion

(b)(7)(E)

Stewart D. Smith, DHSc, MPH, MA
Chief of Staff
ICE Health Service Corps
Office: 202-73-(b)(6);
Cell: 202-321-(b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, July 02, 2014 2:09 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

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Sent from iPhone

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ERO AD - IHSC

From: (b)(6); (b)(7)(C)
Sent: Wednesday, July 02, 2014 6:04:54 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

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Sent: Wednesday, July 02, 2014 1:52 PM
To: (b)(6); (b)(7)(C); M; Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

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(b)(6); (b)(7)(C), MD
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From: (b)(6); (b)(7)(C)
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To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: FW: Adelanto and Tacoma floor plan

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From: (b)(6); (b)(7)(C)
Sent: Tuesday, July 01, 2014 3:18 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto and Tacoma floor plan

Oops. Here you go

From: (b)(6); (b)(7)(C)
Sent: Tuesday, July 01, 2014 3:17 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: Adelanto and Tacoma floor plan

I don't have the square footage yet.

(b)(6); (b)(7)(C)
RN, CCHP
Commander, USPHS
Deputy Assistant Director
Department of Homeland Security
Immigration & Customs Enforcement
Enforcement & Removal Operations
ICE Health Service Corps
202 732 (b)(6);
202 641 (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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(b)(7)(E)

From: Smith, Stewart D
Sent: 31 Jan 2019 13:50:33 +0000
To: Johnson, Tae D
Cc: (b)(6); (b)(7)(C)
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center
Attachments: 2019-01-17 DRC Ltr to ICE-GEO Group re DRC Report-Adelanto.pdf, 2019-01-17 DRC Adelanto Report (Confidential Draft).pdf, 2019-01-17 Adelanto, DRC Report Photos.pdf
Importance: High

Tae –

I'm assuming you're aware of this and that IHSC will likely engage at some point in the response process...correct?

From your perspective, what are the next steps?

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

Dr. Stewart D. Smith, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-732-(b)(6) | Cell: 202-321-(b)(6)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov
Executive Assistant: (b)(6); (b)(7)(C)@ice.dhs.gov. 202-321-(b)(6)
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

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

Sent: Thursday, January 31, 2019 8:18 AM

To: Smith, Stewart D (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: FW: DRC, Monitoring Report-Adelanto Detention Center

Importance: High

FYSA (b)(6); (b)(7)(C) will be setting up a meeting for us to discuss. I had not seen this before. I guess since she was furloughed, it sat in her email. I will keep you informed.

(b)(6); (b)(7)(C) MD, CCHP

Deputy Assistant Director Clinical Services

ISHC Medical Director

500 12th Street, SW

Washington, DC 20536

Desk: 202-732-(b)(6); (b)(7)(C)

Cell: 202-515-(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

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January 17, 2019

Via Email

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

Immigration and Customs Enforcement
Custody Programs Division
500 12th Street SW
Washington, DC 20024

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

ice.dhs.gov
ice.dhs.gov

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

Vice President
The GEO Group, Inc.

(b)(6); (b)(7)(C) [@geogroup.com](mailto:ice.dhs.gov)

Re: DRC Monitoring Report, Adelanto Detention Center

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

We want to thank you as well as the ICE and GEO Group leadership and staff for the assistance and courtesy during the course of our monitoring investigation of the Adelanto Detention Center. We conducted this investigation pursuant to our monitoring authority as the protection and advocacy system for the State of California.

Enclosed with this letter, for your review, is Disability Rights California's draft report, which contains several findings and recommendations. We are also enclosing a file containing photographs that may be included in the report. These photographs are among those taken by facility staff during DRC's monitoring tour and subsequently provided to us by ICE.

Based on our findings as discussed in the report, we have concluded that there is probable cause to find that abuse and/or neglect of people with disabilities has or may have occurred, as those terms are defined in our authorizing statutes and regulations.

Under the Protection and Advocacy for Individuals with Mental Illness (“PAIMI”) Act,¹ probable cause means “reasonable grounds for belief that an individual with mental illness has been, or may be at significant risk of being subject to abuse or neglect.” DRC may make a probable cause determination based “on reasonable inferences drawn from [its] experience or training regarding similar incidents, conditions or problems that are usually associated with abuse or neglect.”²

Because DRC has found probable cause to believe that abuse and/or neglect has occurred, we are entitled to obtain and examine relevant records pursuant to our access authority.³ We will be in touch, as appropriate, regarding any further requests for records and information.

If ICE and/or GEO Group would like to provide any input regarding the findings in the report prior to the report’s public issuance, please provide us such input in writing within the next twenty-one (21) days, no later than February 7, 2019. We are also available to discuss matters at your convenience via teleconference.

Although we recognize the possible challenges caused by the current partial federal government shutdown, we are not in a position to delay public issuance of the report.

//

//

//

¹ 42 U.S.C. § 10801, *et seq.*

² 42 C.F.R. § 51.2. Federal law defines “abuse” as “any act or failure to act by an employee of a facility rendering care or treatment which was performed, or which was failed to be performed, knowingly, recklessly, or intentionally, and which caused, or may have caused, injury or death to an individual with mental illness.” The law defines “neglect” as any “negligent act or omission by an individual responsible for providing services in a facility rendering care or treatment which caused or may have caused injury or death to an individual with mental illness or which placed an individual with mental illness at risk of injury or death.” Neglect may include a failure to “establish or carry out an appropriate individual program or treatment plan”; “provide adequate nutrition, clothing, or health care”; or “provide a safe environment” with adequate numbers of appropriately trained staff.

³ 42 C.F.R. § 51.41(d); Welf. & Inst. Code § 4902(a)(1); Welf & Inst. Code § 4903(a).

Thank you again for your attention and for your ongoing courtesy and cooperation.

Sincerely,

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

Disability Rights CA

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

Disability Rights CA

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

Disability Rights CA

Cc:

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

[redacted]@ice.dhs.gov]

[redacted]@ice.dhs.gov],

[redacted]@ice.dhs.gov]

[redacted]@ice.dhs.gov]

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

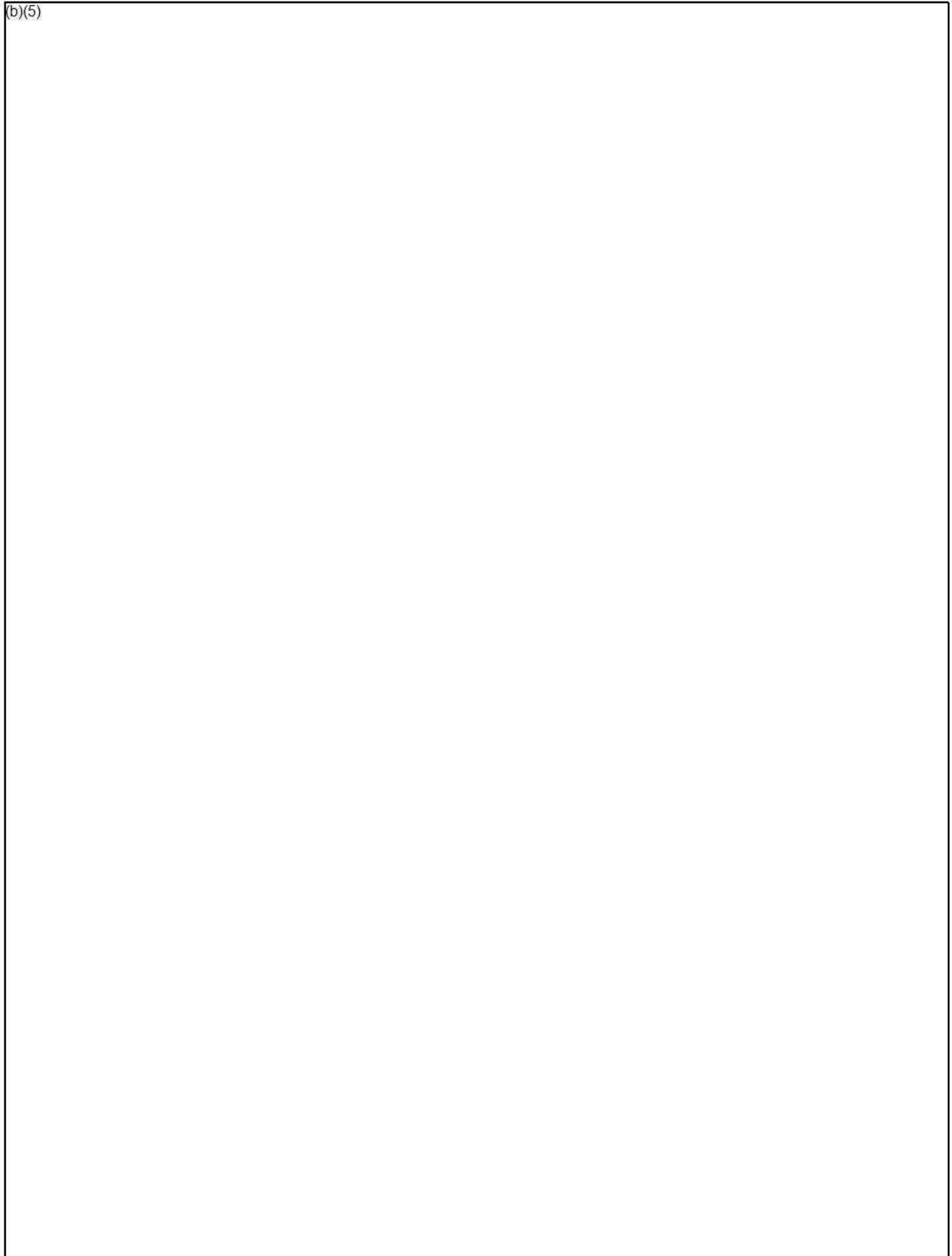
[redacted]@ice.dhs.gov]

Encl.: Confidential Draft DRC Report re: Adelanto Detention Center;
Monitoring Tour Photographs

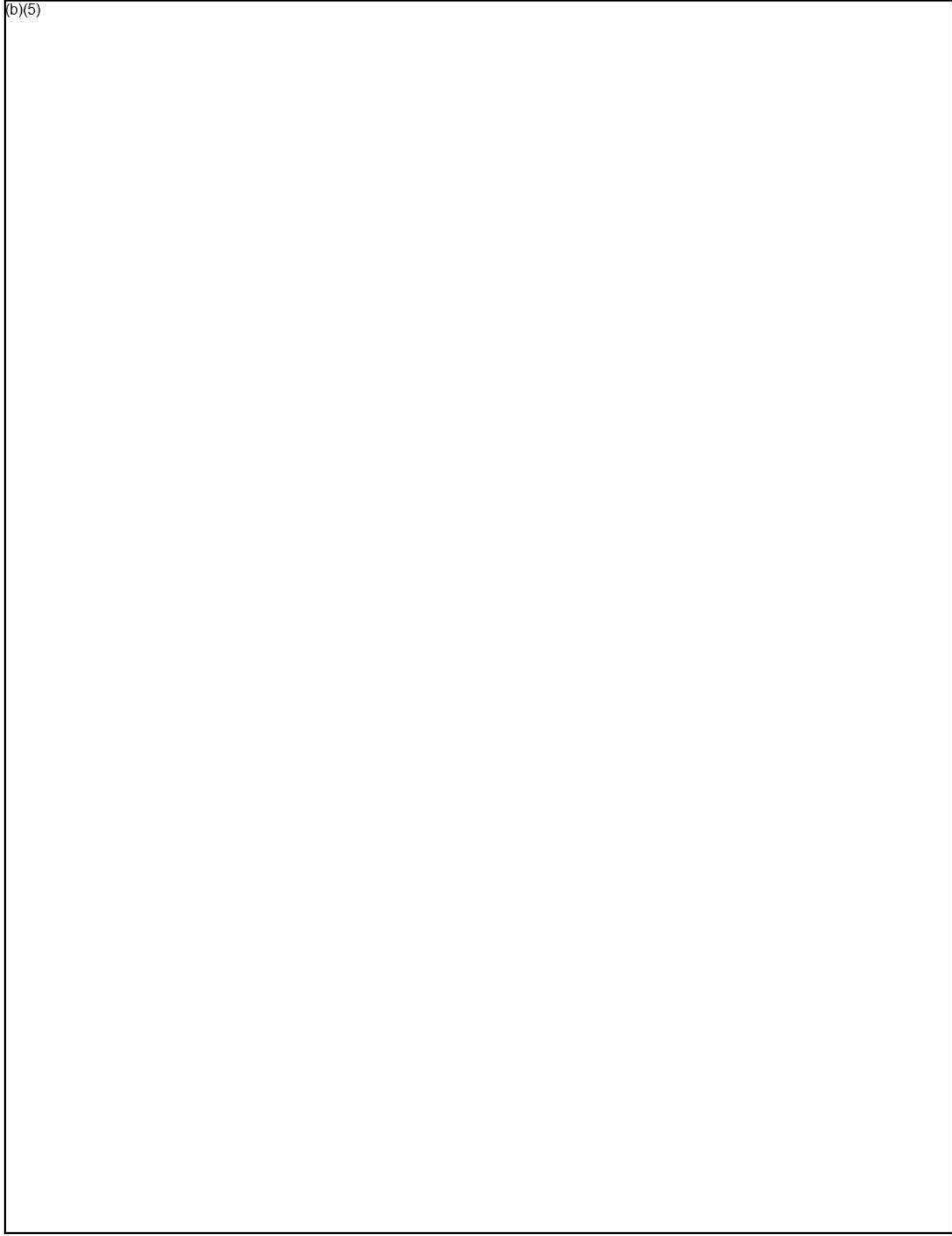
**No Safety Here:
The Dangers for People with Mental Illness and Other Disabilities at
Adelanto Detention Center**

(b)(5)

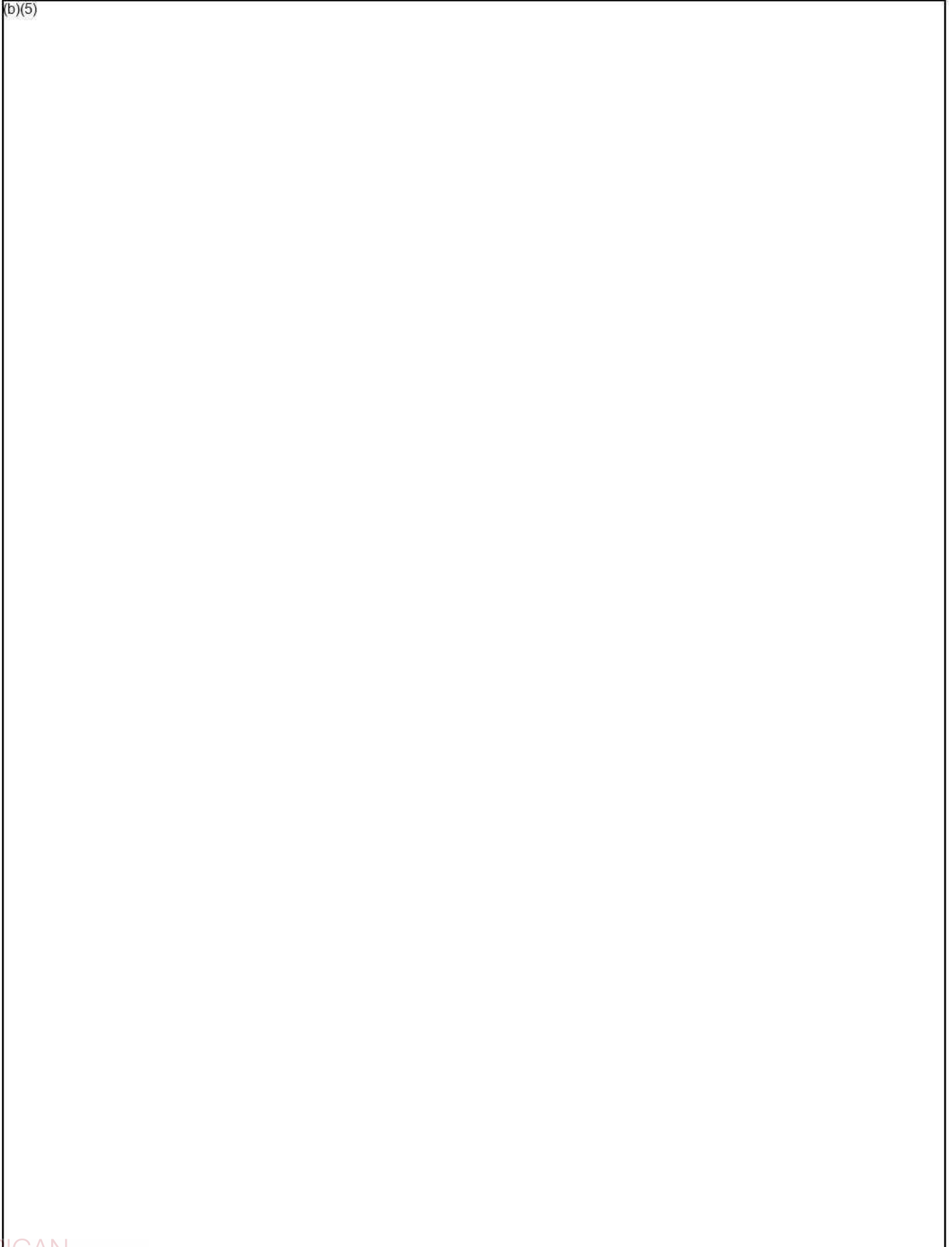
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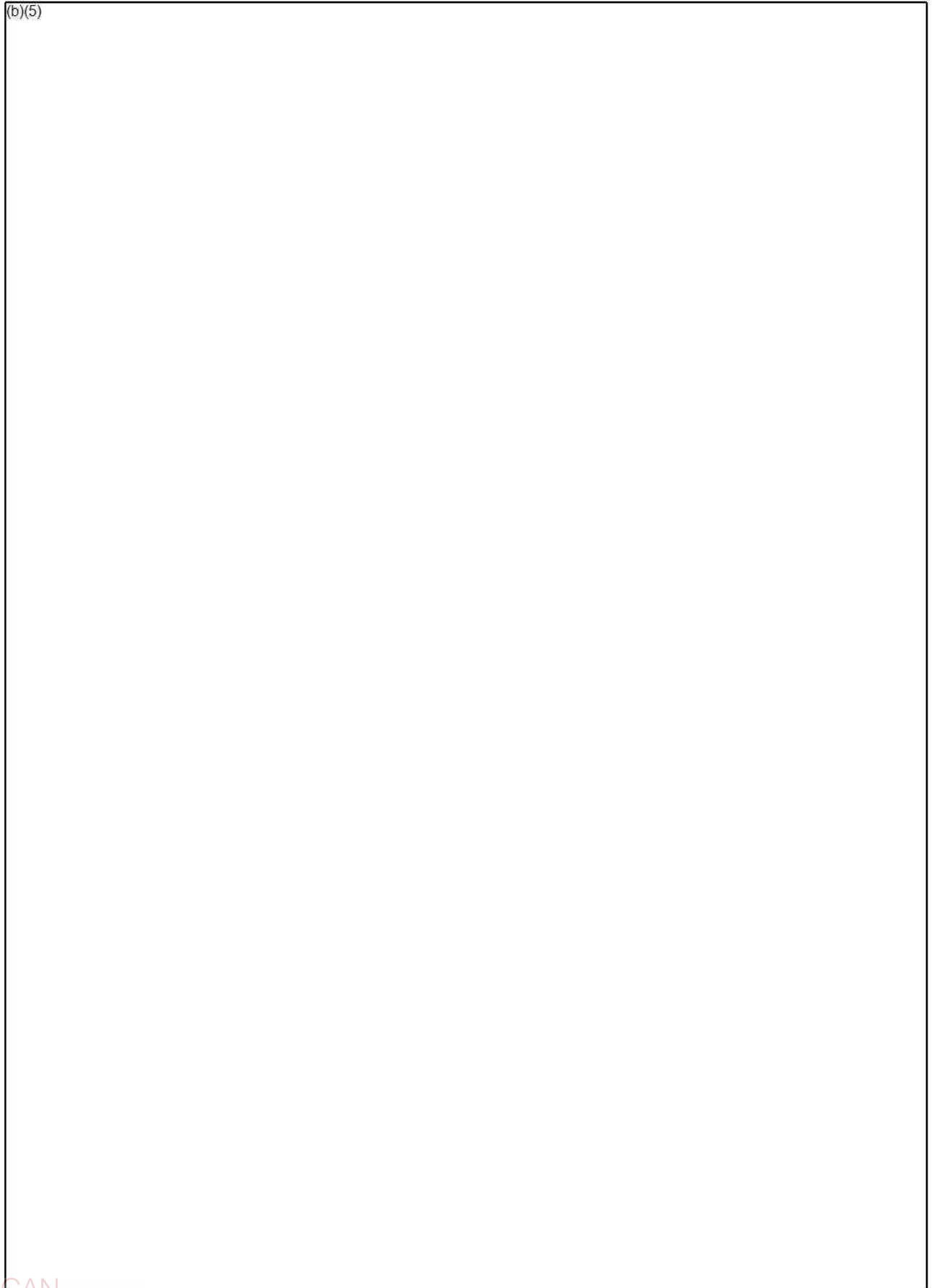
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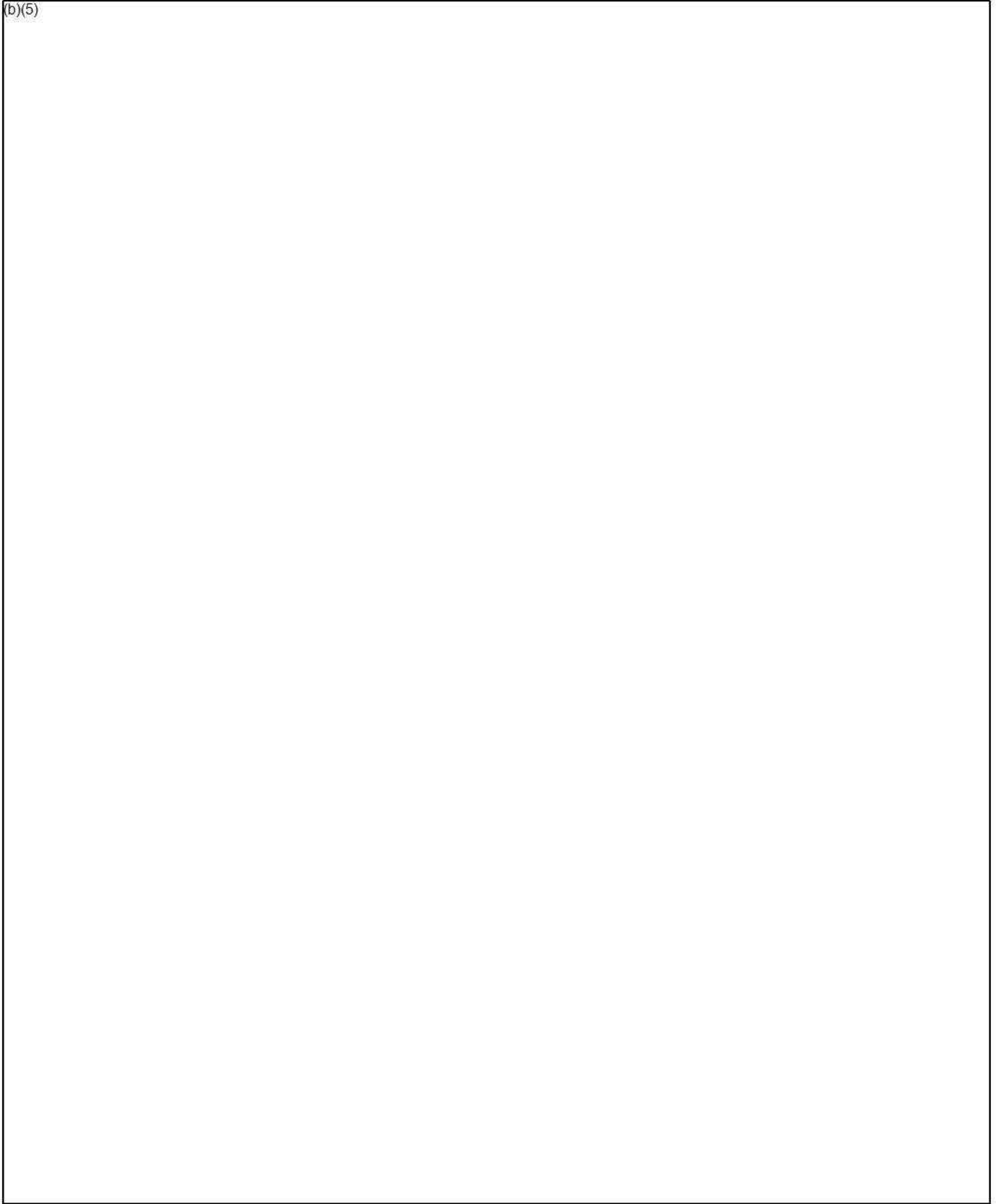
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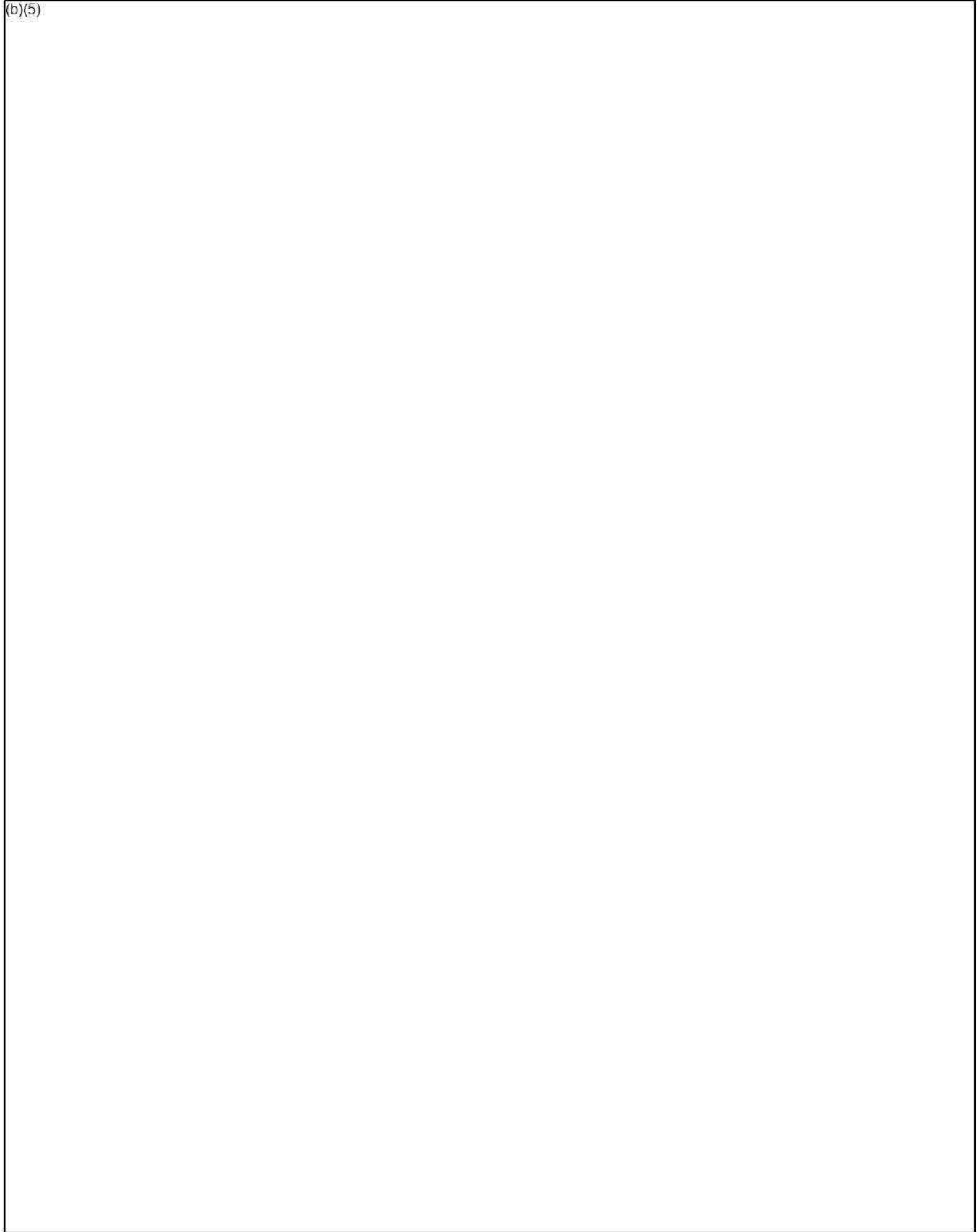


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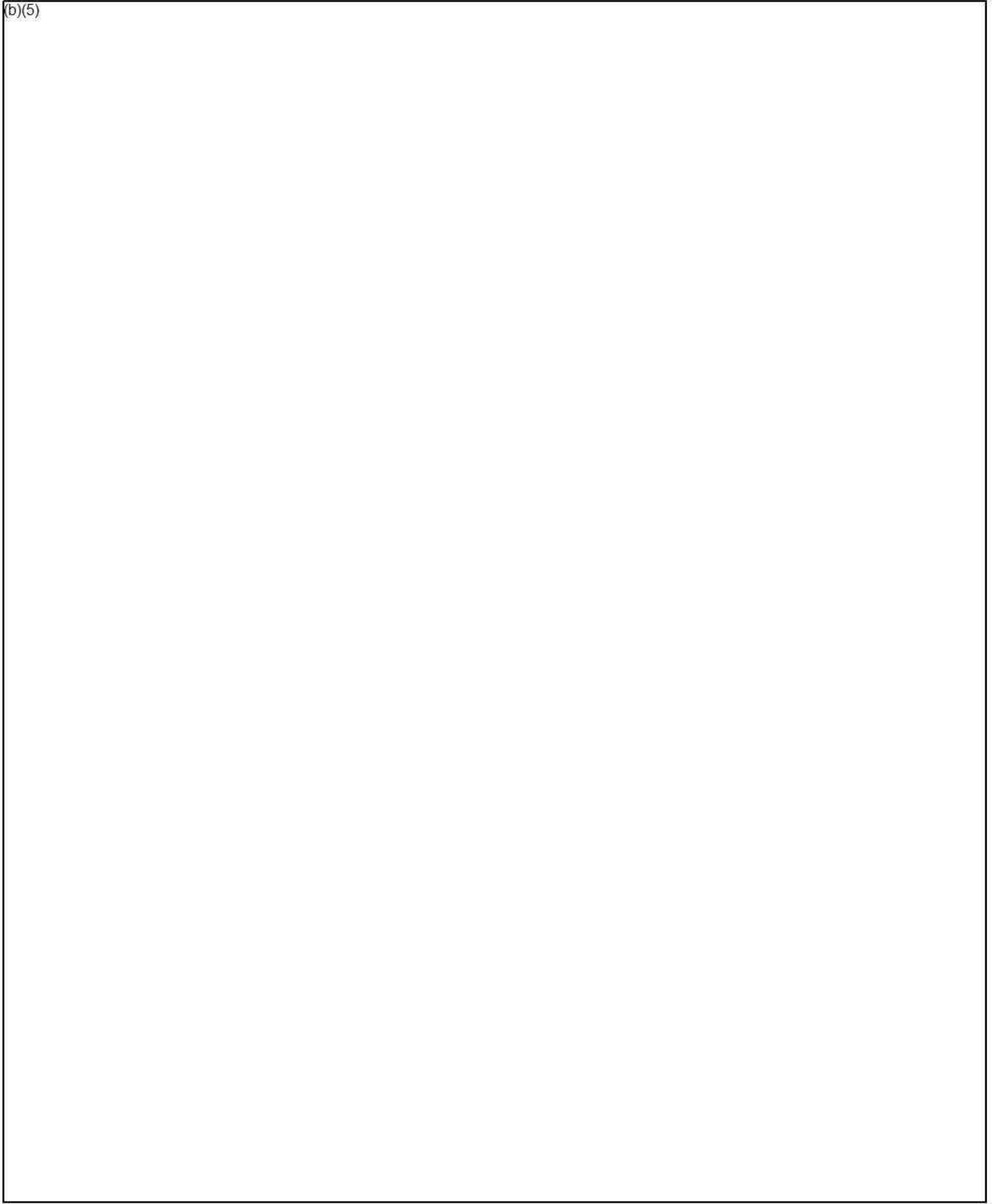
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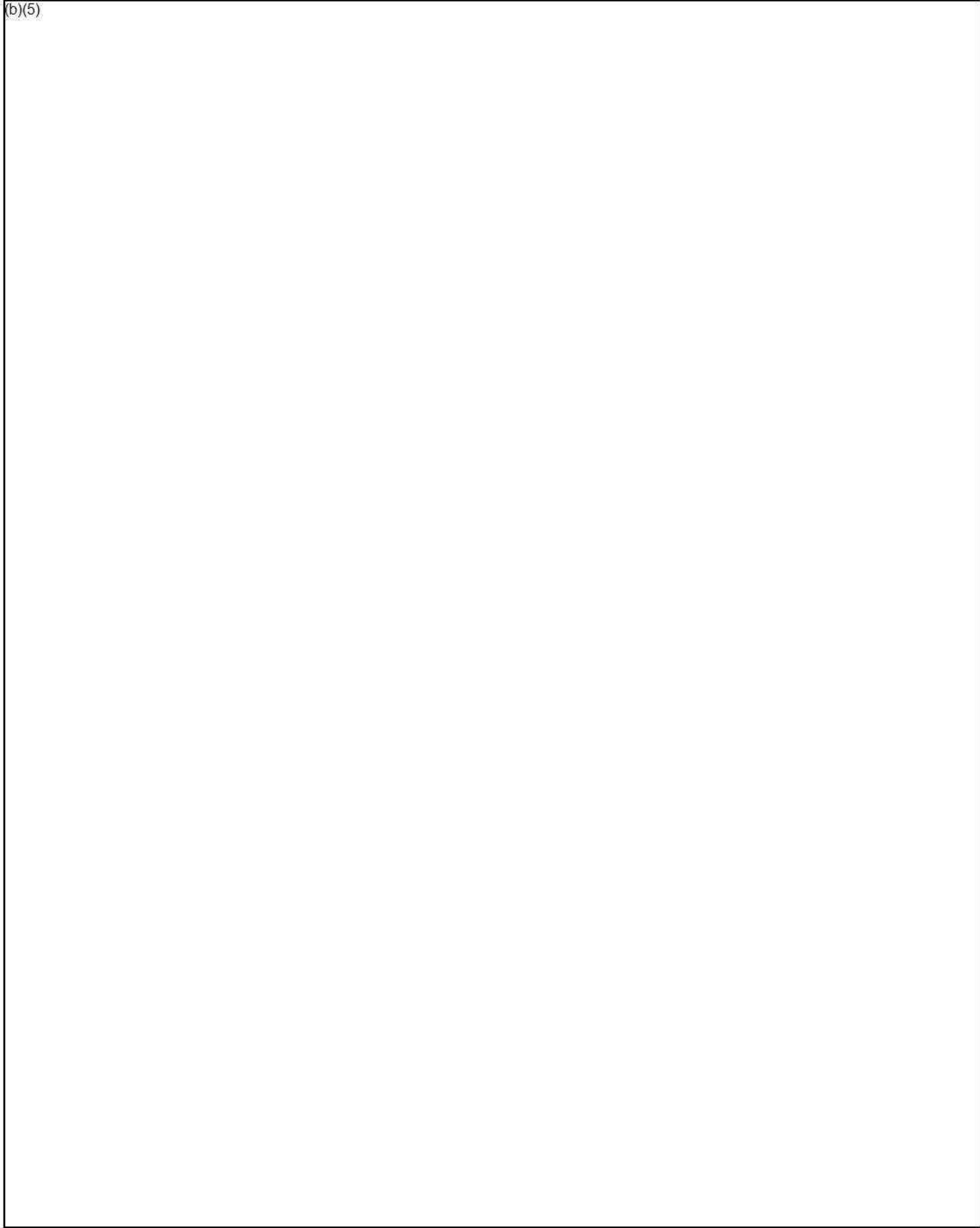
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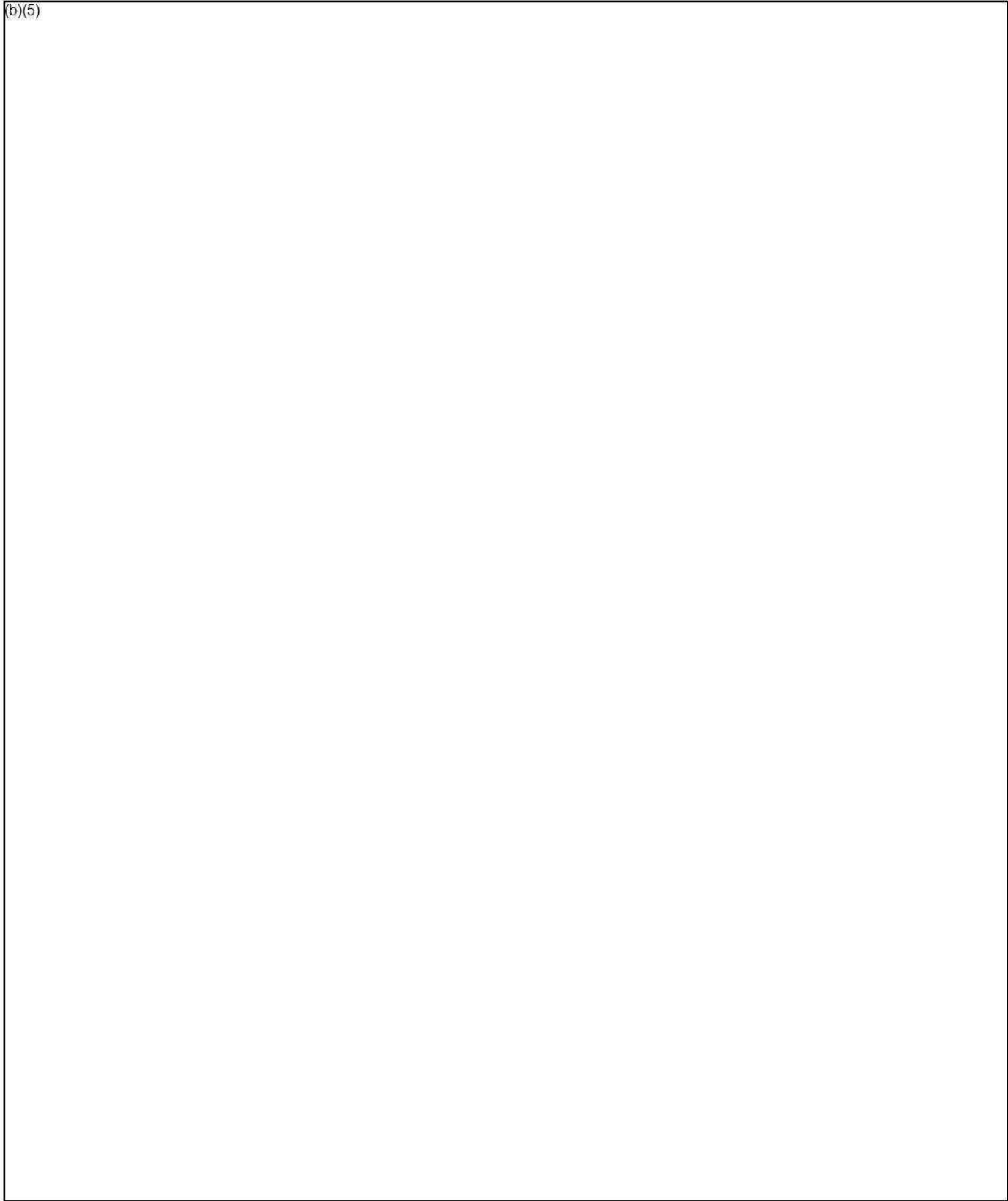
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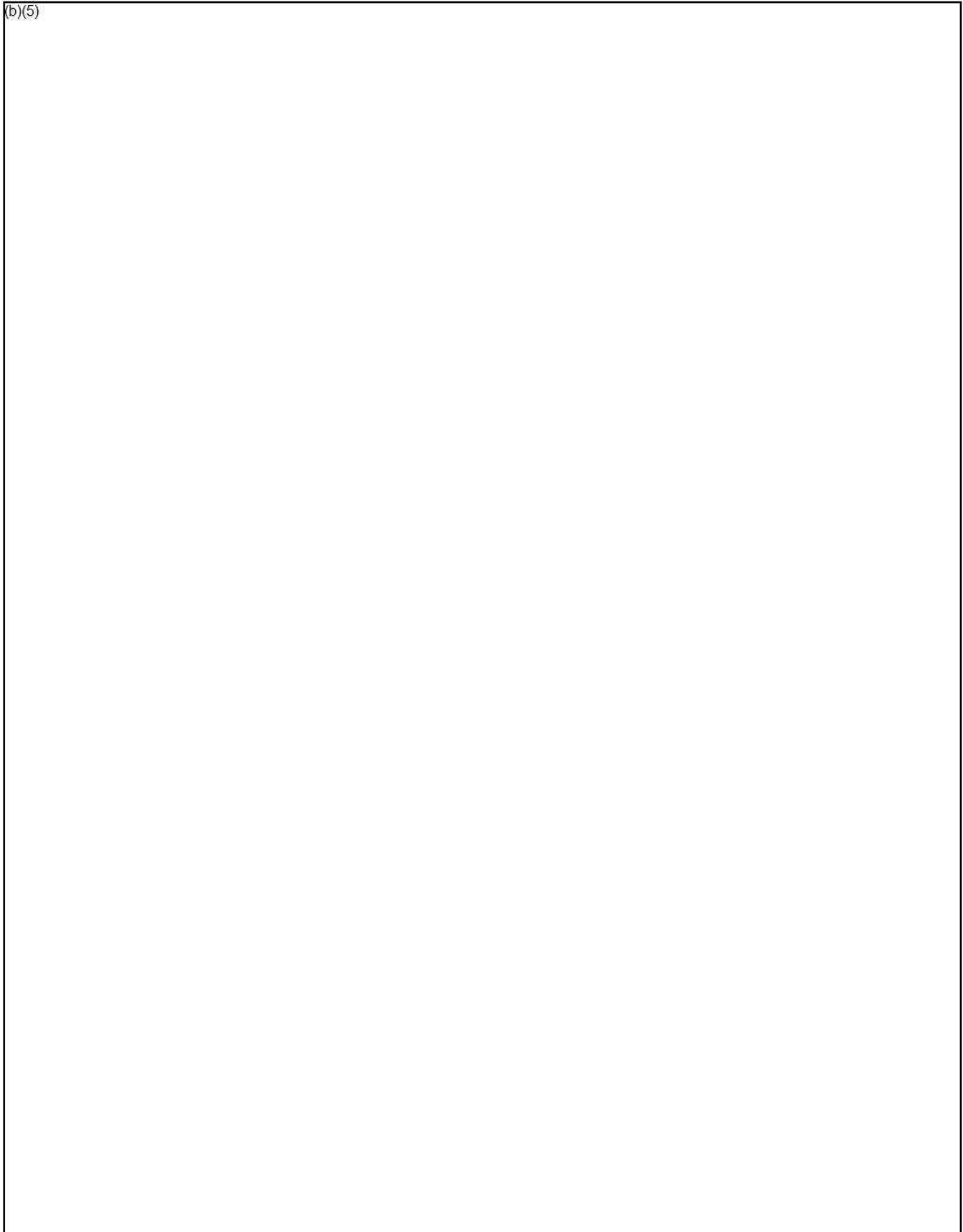
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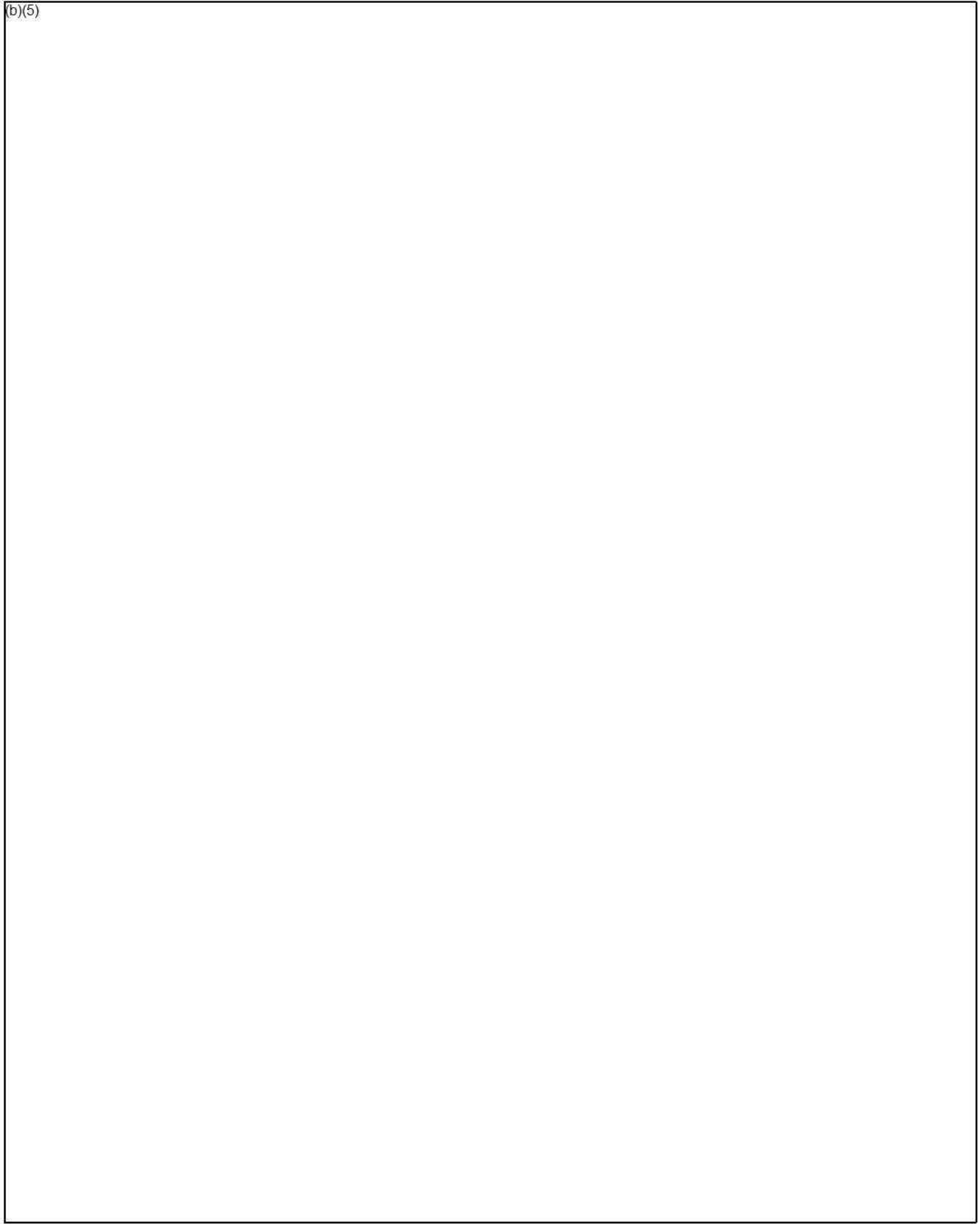


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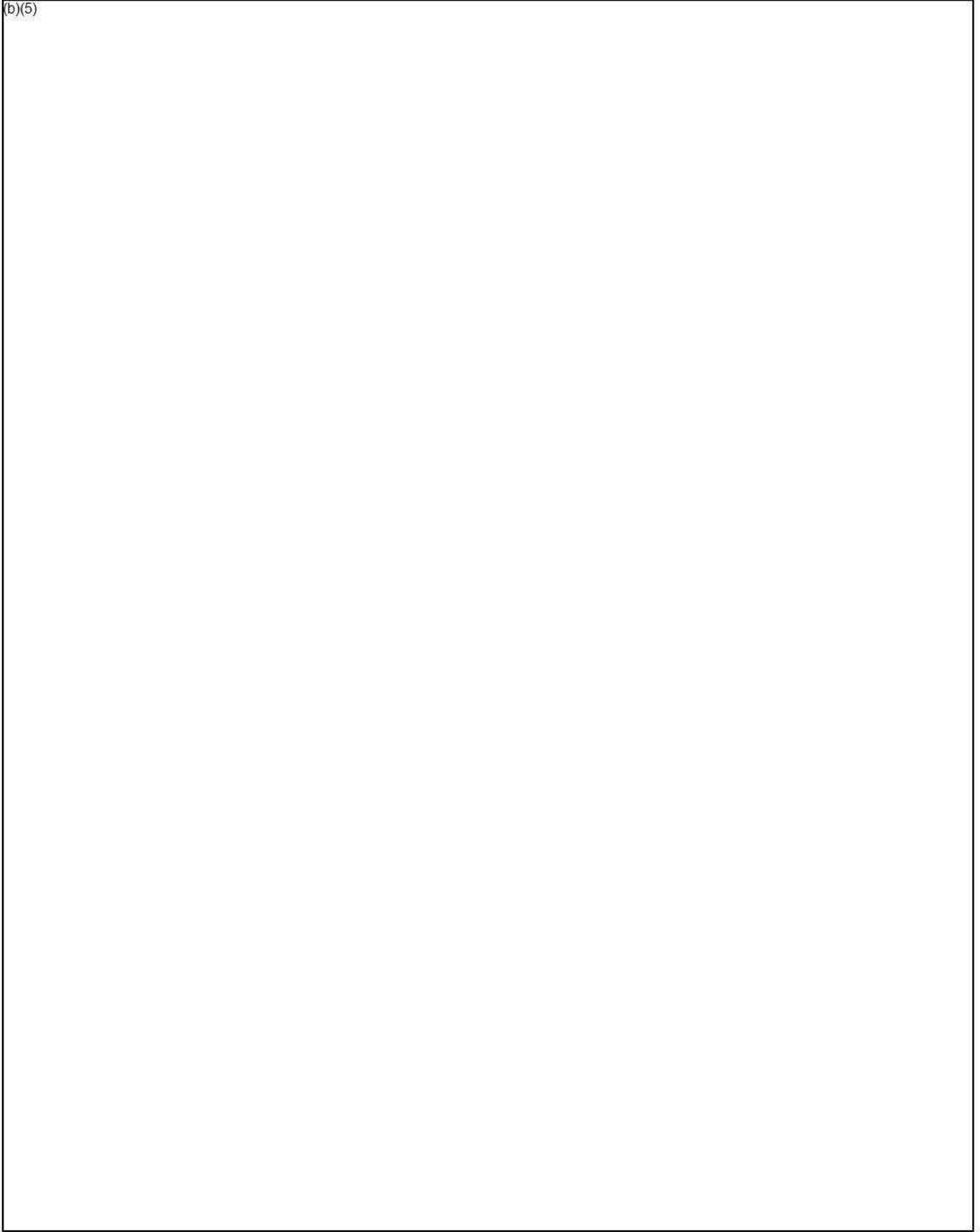


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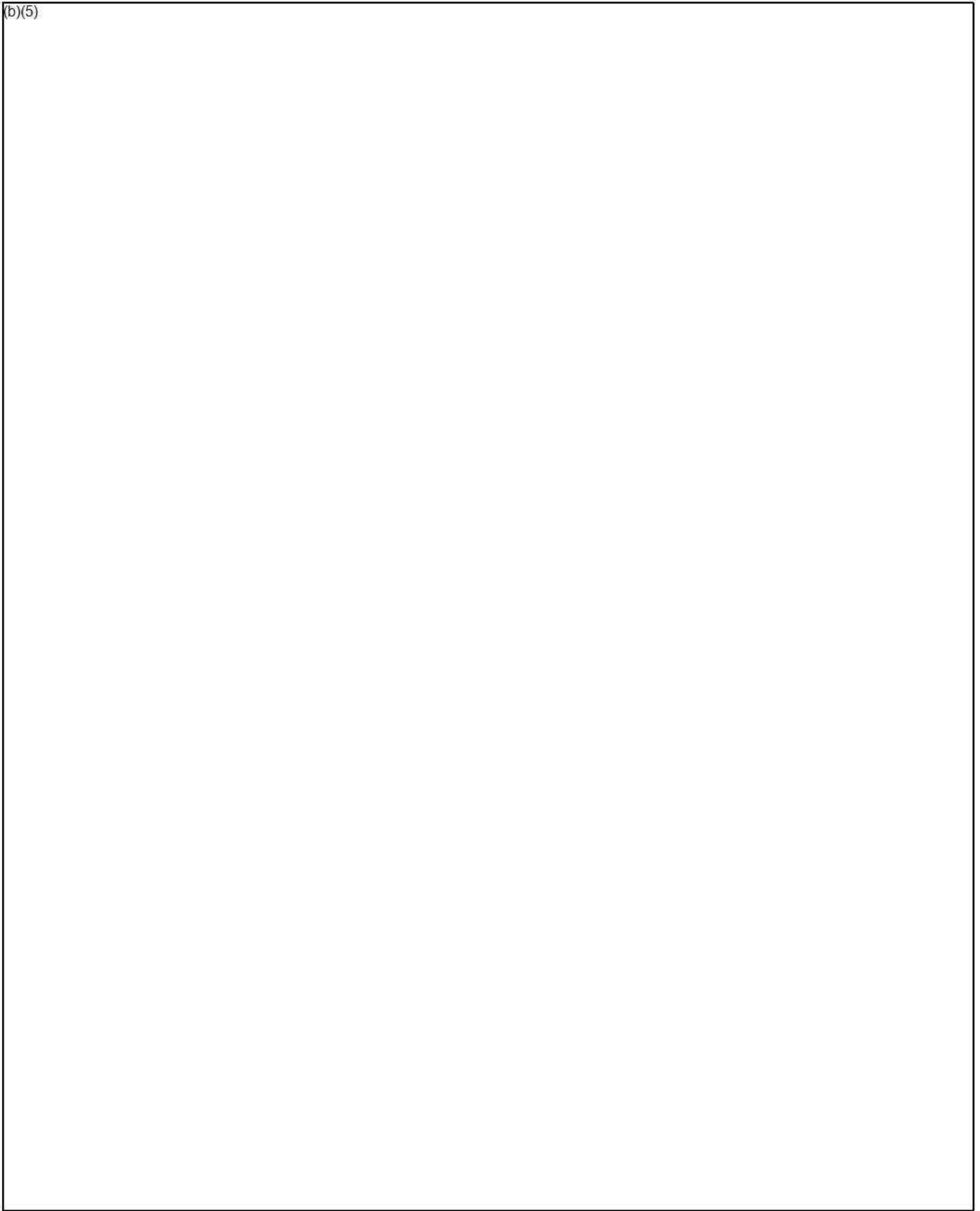
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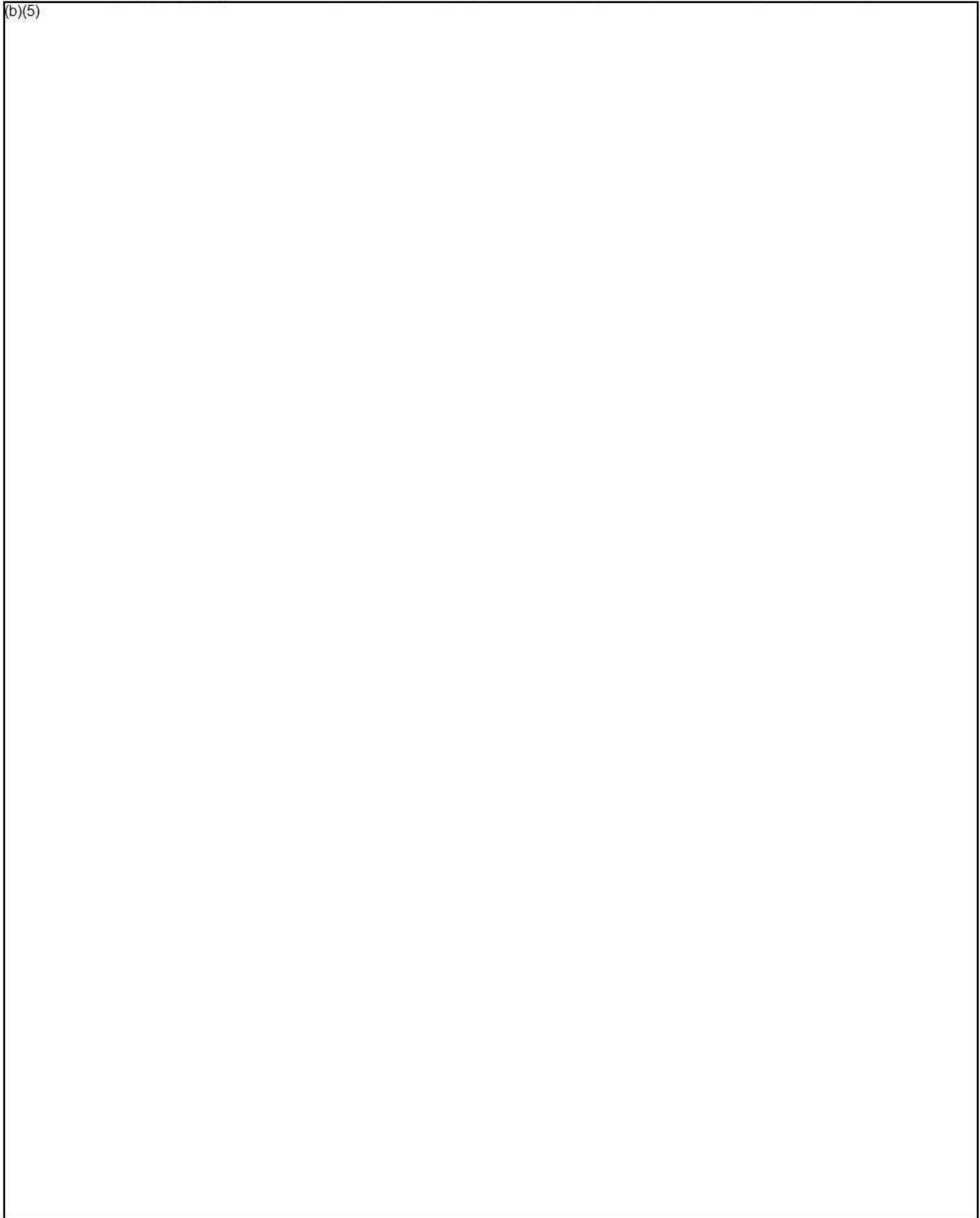


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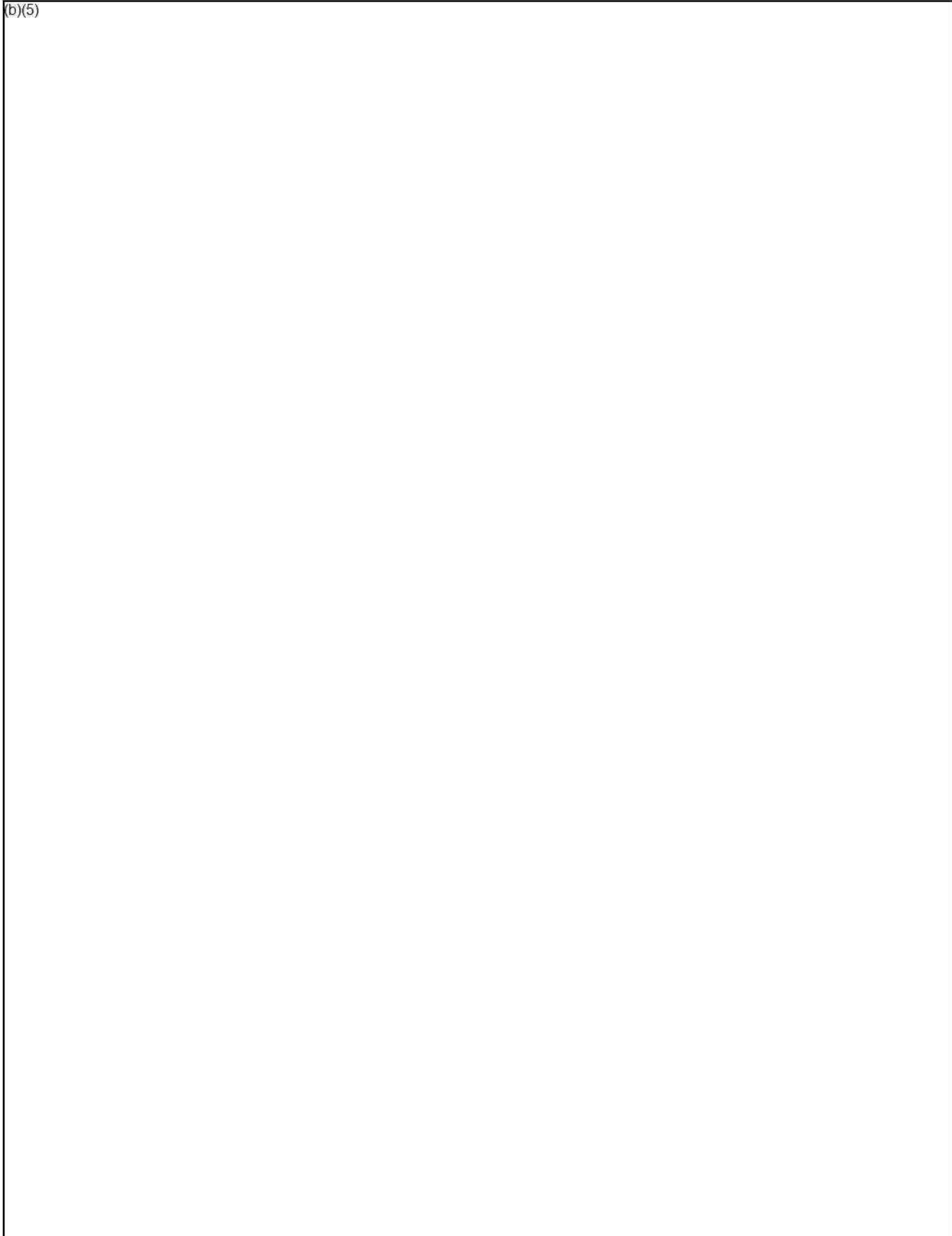
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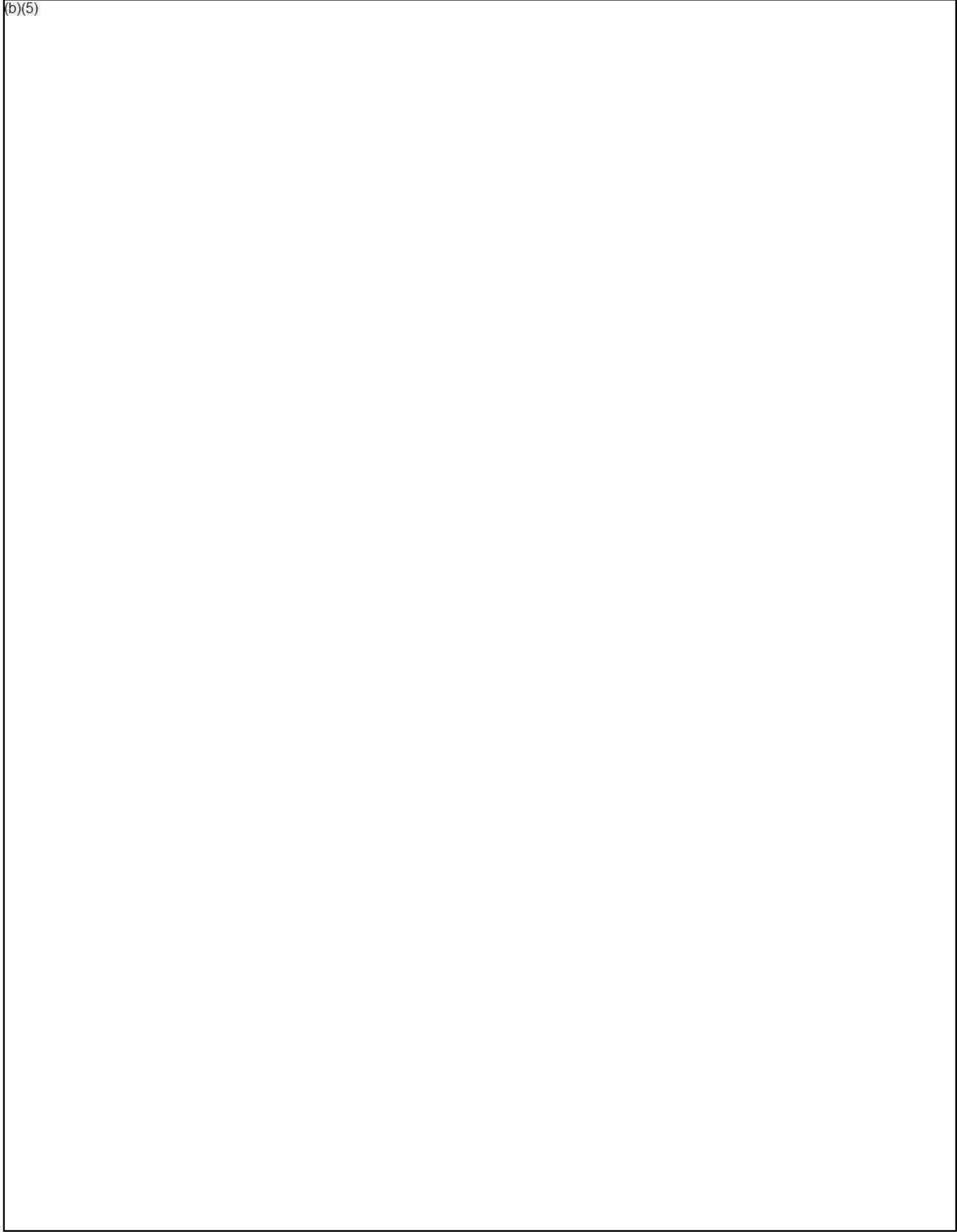


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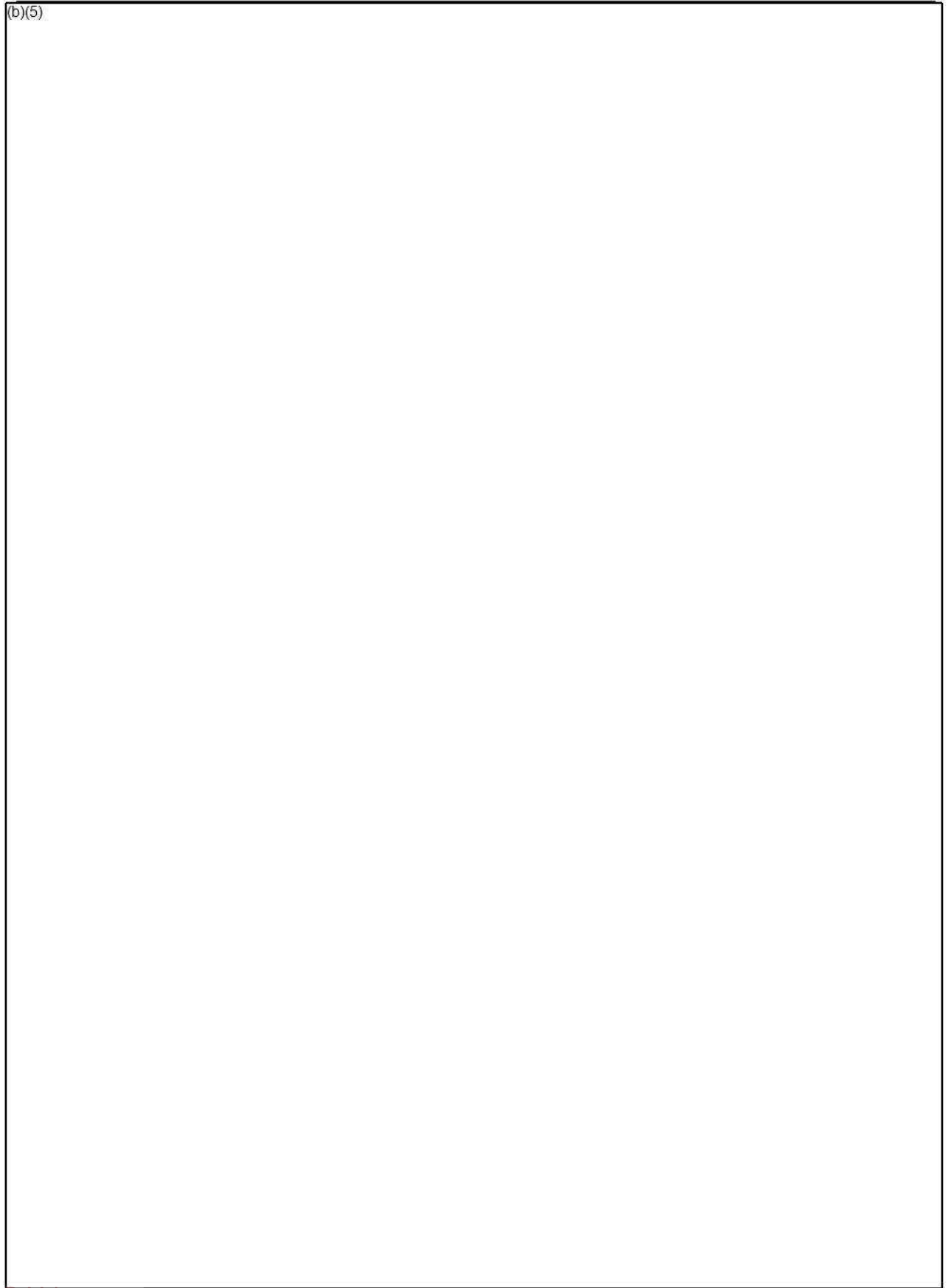
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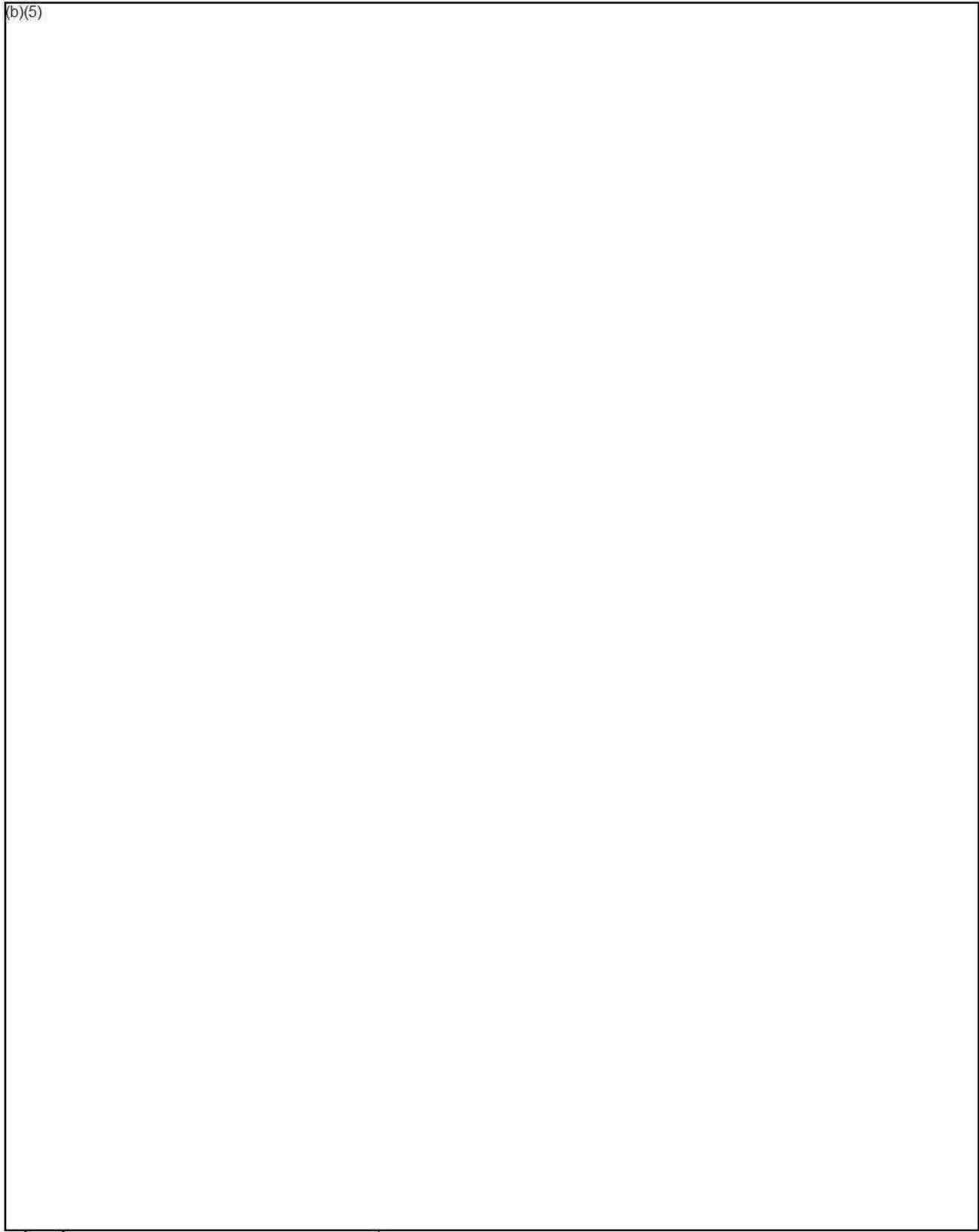
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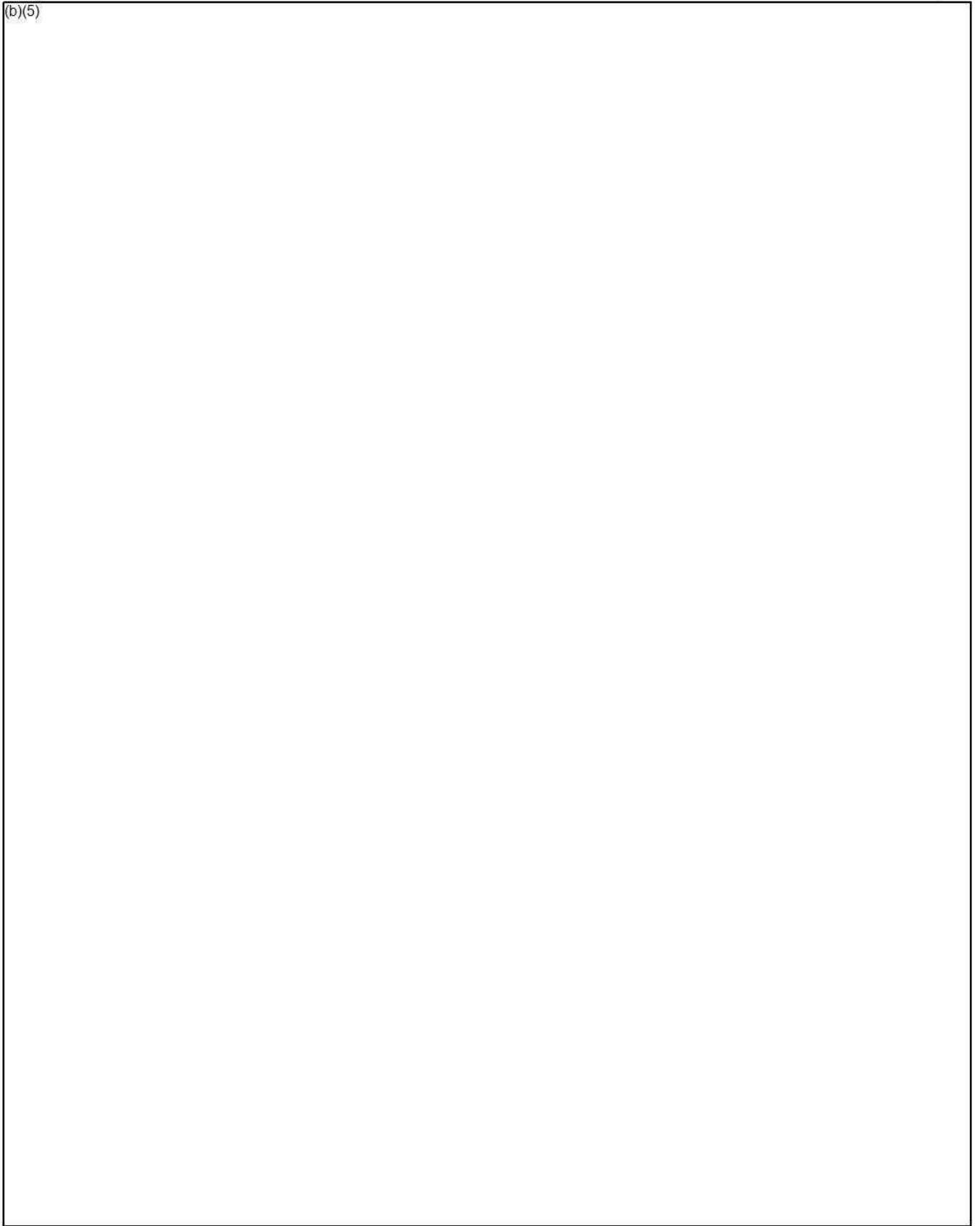


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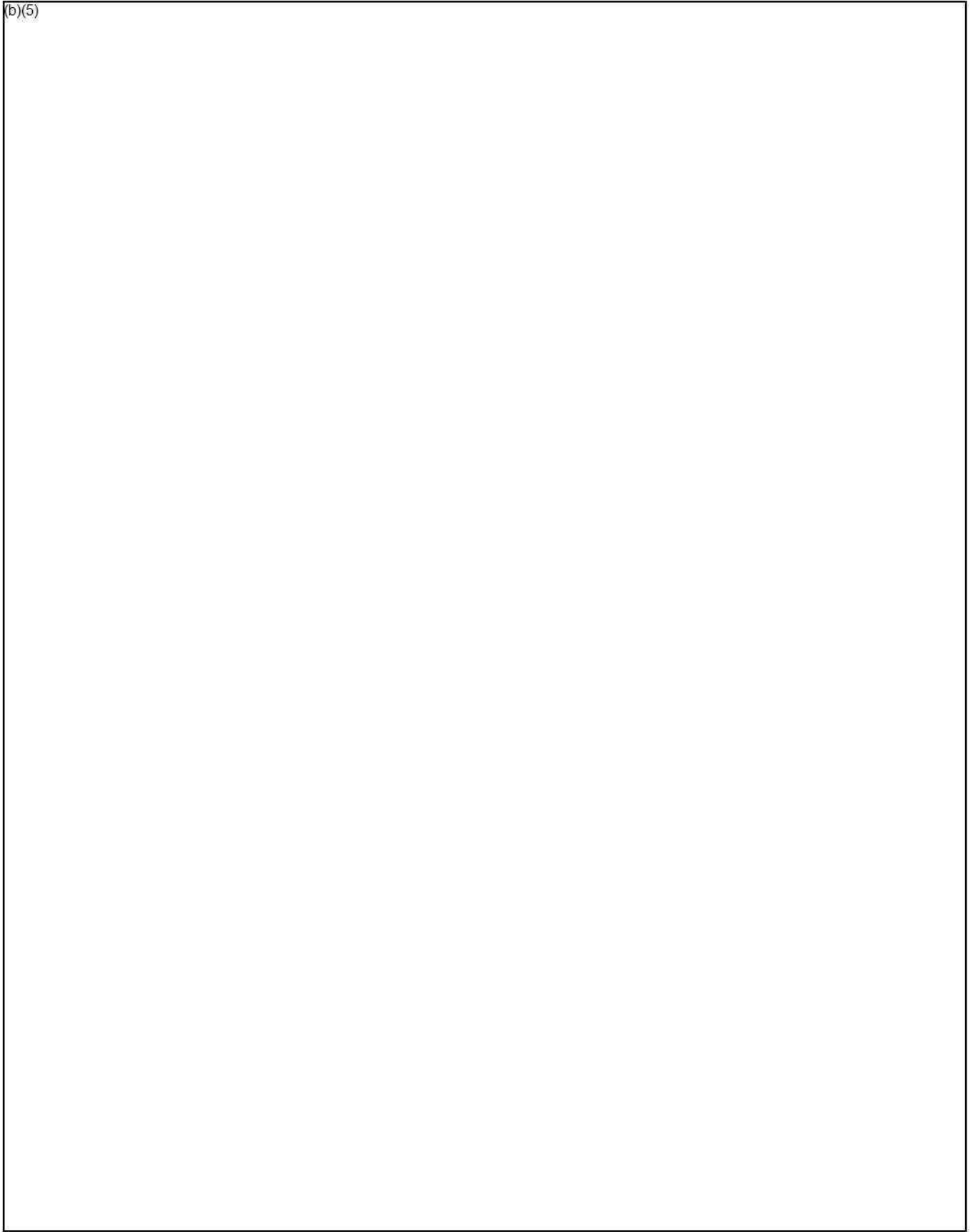
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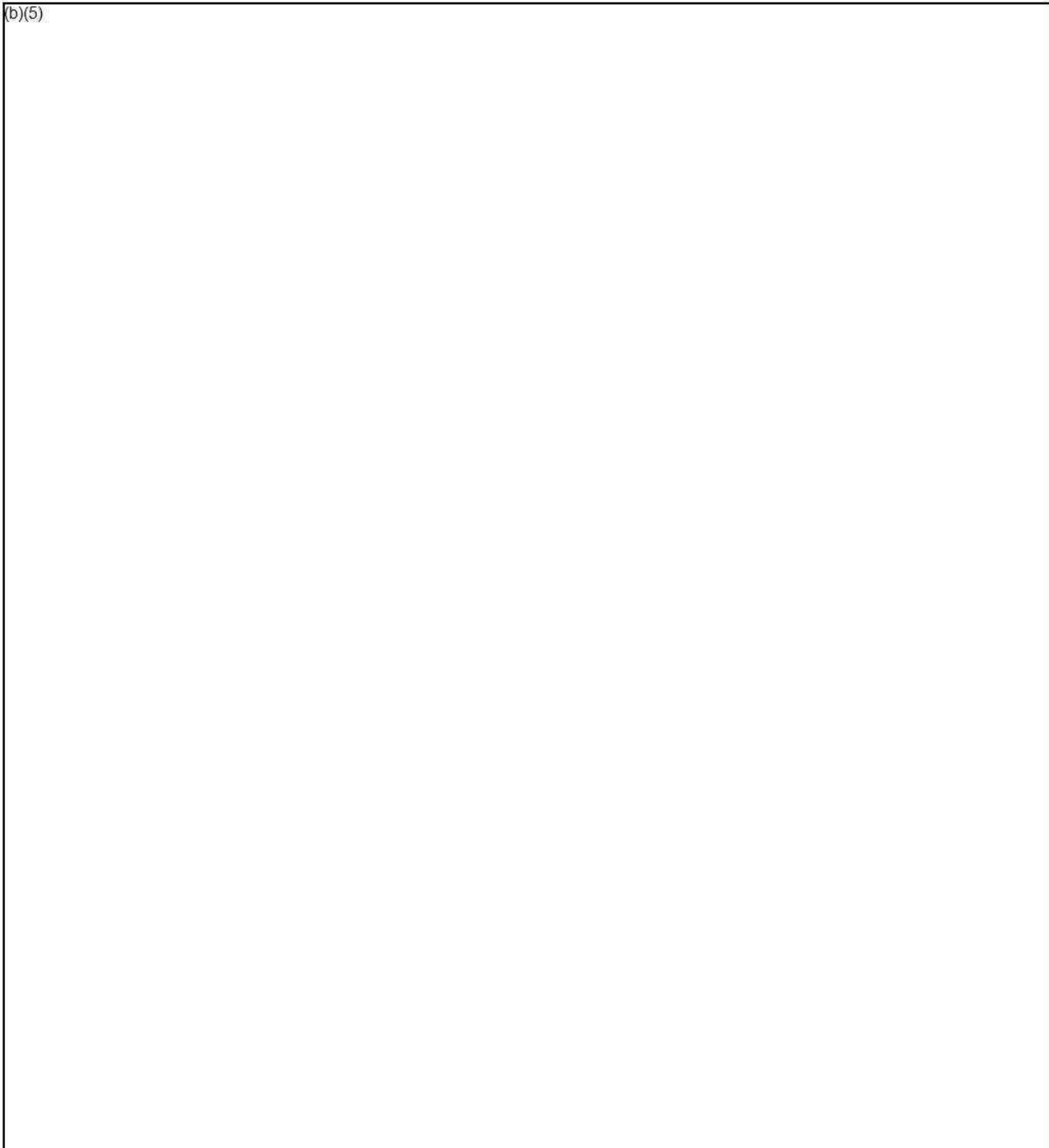


(b)(5)



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(b)(5)



DRC Adelanto Report Photos



DRC Adelanto Report Photos



DRC Adelanto Report Photos



DRC Adelanto Report Photos



DRC Adelanto Report Photos



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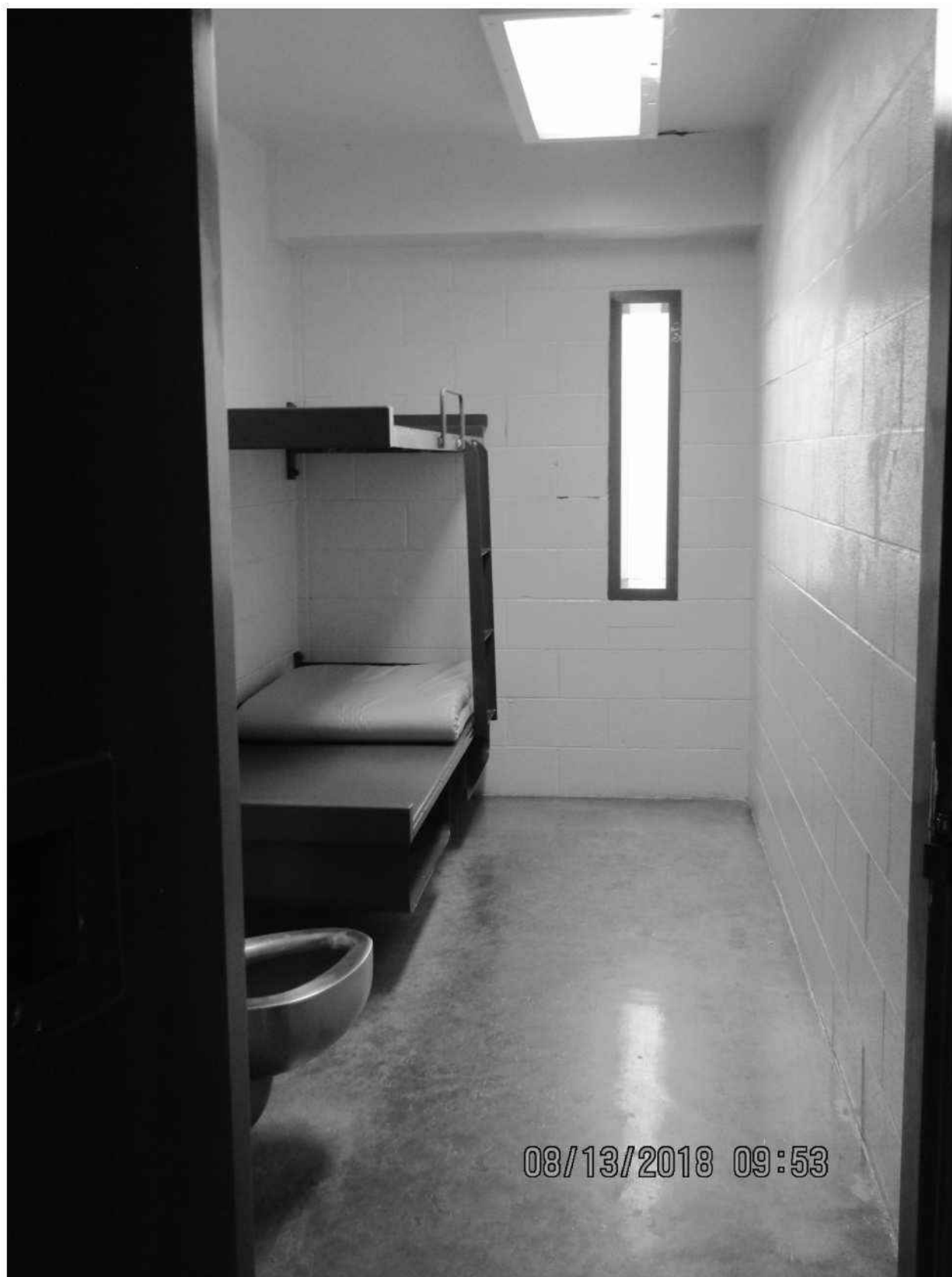
DRC Adelanto Report Photos



DRC Adelanto Report Photos



DRC Adelanto Report Photos



08/13/2018 09:53

DRC Adelanto Report Photos



From: (b)(6); (b)(7)(C)
Sent: 31 Jan 2019 13:17:37 +0000
To: Smith, Stewart D
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center
Attachments: 2019-01-17 DRC Ltr to ICE-GEO Group re DRC Report-Adelanto.pdf, 2019-01-17 DRC Adelanto Report (Confidential Draft).pdf, 2019-01-17 Adelanto, DRC Report Photos.pdf
Importance: High

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(b)(6); (b)(7)(C)
MD, CCHP
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) 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
(b)(6); (b)(7)(C)
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 the field office is putting together a response right now that we will see. I assume the FMC is involved as well.

(b)(6); (b)(7)(C) 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: (b)(6); (b)(7)(C)
Sent: Thursday, January 17, 2019 5:58 PM
To: (b)(6); (b)(7)(C) Schnitzler, Johanna

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

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.

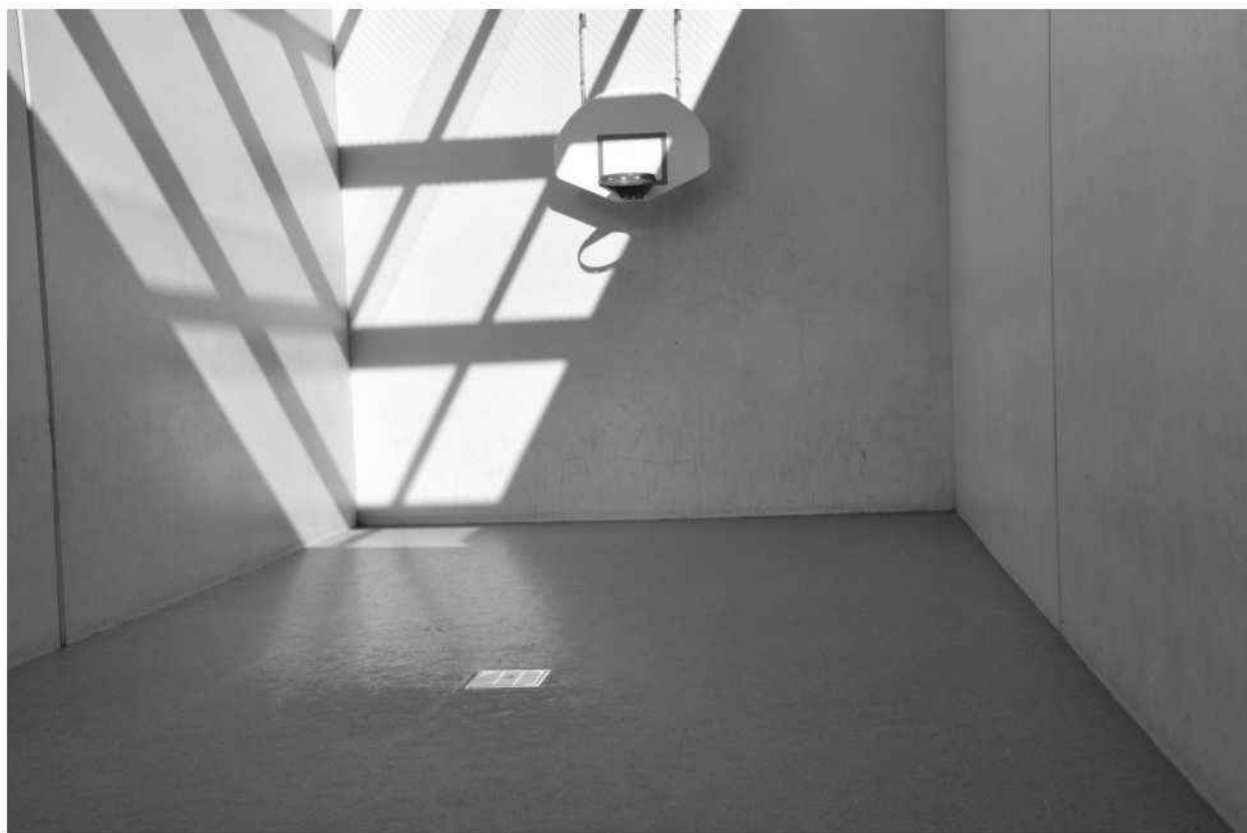
(b)(6); (b)(7)(C)

Litigation Counsel

Disability Rights California
Bay Area Regional Office
1330 Broadway, Suite 500
Oakland, CA 94612
Tel: (510) 267-(b)(6);
Direct Dial: (510) 267-(b)(6);
Fax: (510) 267-1201
Email: (b)(6); (b)(7)(C)

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DRC Adelanto Report Photos



DRC Adelanto Report Photos



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DRC Adelanto Report Photos



DRC Adelanto Report Photos



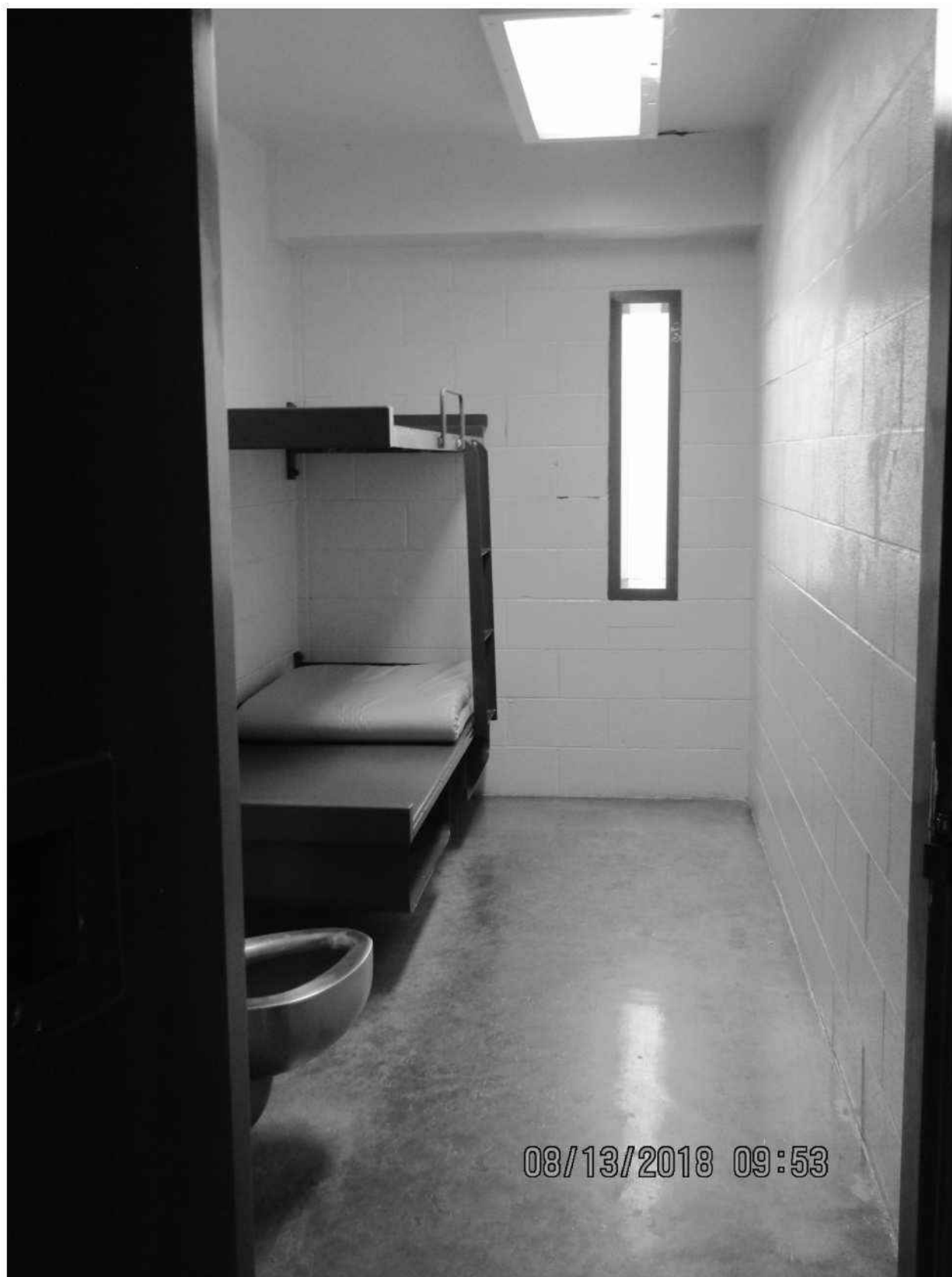
DRC Adelanto Report Photos



DRC Adelanto Report Photos

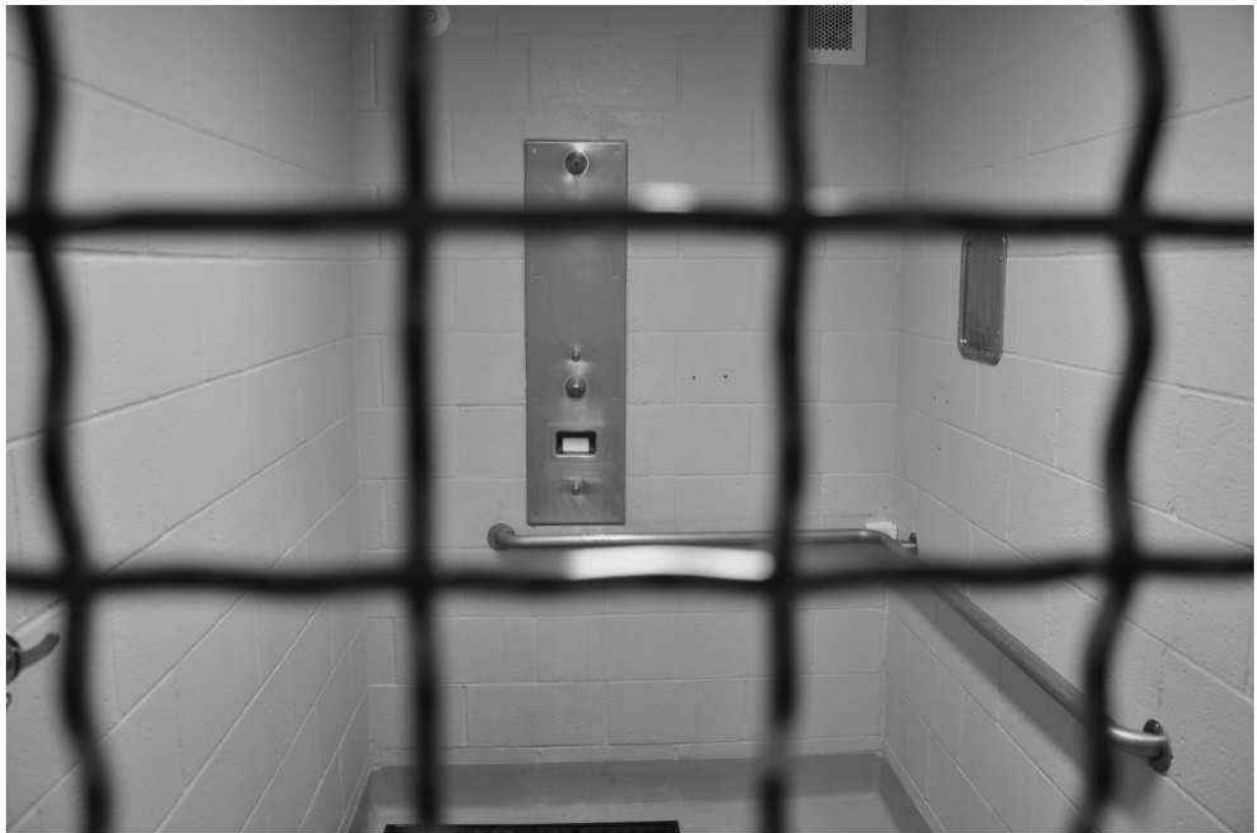


DRC Adelanto Report Photos



08/13/2018 09:53

DRC Adelanto Report Photos



From: (b)(6); (b)(7)(C)
Sent: 6 Feb 2019 22:05:42 +0000
To: Johnson, Tae D (b)(6); (b)(7)(C) Smith, Stewart D
Subject: FW: The GEO Group's Response to Disability Rights California's Monitoring Report on the Adelanto ICE Processing Center
Attachments: DRC response final 2-6-19.pdf, Adelanto - DRC Report 2019-06-17 - cover letter final.pdf

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @geogroup.com>
Date: Wednesday, Feb 06, 2019, 4:24 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) @geogroup.com>, (b)(6); (b)(7)(C) @geogroup.com>, (b)(6); (b)(7)(C) @geogroup.com>, (b)(6); (b)(7)(C) @geogroup.com>
Subject: The GEO Group's Response to Disability Rights California's Monitoring Report on the Adelanto ICE Processing Center

Dear Assistant Field Officer (b)(6); (b)(7)(C)

Please see our response to U.S. Immigration and Customs Enforcement regarding Disability Rights California's Monitoring Report regarding the Adelanto ICE Processing Center. Please let me know if you have any questions or concerns.

Thank you,

(b)(6); (b)(7)(C)
EXECUTIVE VICE PRESIDENT, CONTRACT COMPLIANCE
The GEO Group, Inc. ®
One Park Place, Suite 700, 621 NW 53rd Street
Boca Raton, Florida 33487

Tel: (b)(6); (b)(7)(C) Fax: 561 999 7745
Mobile: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @geogroup.com
www.geogroup.com

**GEO Response to Disability Rights California, Monitoring Draft Report dated
January 17, 2019 on Adelanto ICE Processing Center**

This is a relatively new 1,940-bed facility which was most recently expanded in 2015 during the Obama Administration. The facility is comprised of two buildings, Adelanto East and Adelanto West, with separate offices for the ICE employees. It is a high-volume processing center that has an average length of stay of 79 days, and has processed approximately 50,000 individuals since its opening in 2011. Each year approximately 8,500 residents are processed through this facility.

The current population includes individuals from 78 countries, speaking 34 different languages. The residents are of poor general health, having received limited prior health services. Approximately, one-third are chronic medically ill, chronic mentally ill, or seriously mentally ill.

Approximately 40% of the Adelanto Facility residents are convicted criminal aliens. Accordingly, the design of the Facility needed to accommodate multiple security classifications from high, medium to low risk levels. The housing accommodation includes dormitory-style, as well as, cellular units.

Comparatively speaking, the physical plant of the Adelanto Facility ranks in the top tier of any comparable detention or correctional facility in the United States.

The Adelanto ICE Processing Center was accredited by the American Correctional Association (ACA) in 2014 and was re-accredited in 2017 with a score of 99.6%. The facility was accredited by the National Commission on Correctional Health Care (NCCHC) in 2016 with a perfect score of 100%.

GEO has engaged Wellpath, one of the country's largest professional correctional/detention healthcare organizations, to provide healthcare services to the residents. (b)(4)

(b)(4)

We believe this health services staffing is one of the largest in any detention or correctional facility in the United States and results in quality health services for the residents.

The Adelanto facility is subject to extensive regulatory requirements and on-going reviews and audits. ICE conducts routine and unannounced independent reviews to ensure compliance with federal government's Performance-Based National Detention Standards (PBNDs) promulgated in 2011, and updated in 2016, by the Obama Administration.

During the most recent annual audit, the facility was found to be in compliance with 100% of the mandated ICE standards.

ICE Staffing and Contract Oversight

There are 55 full-time ICE staff with offices at the Adelanto Facility. The ICE Office of Enforcement and Removal Operations (ERO) has two major responsibilities as it pertains to the operation of the Adelanto ICE Processing Center. First, is to provide oversight of the vendor's performance and adherence to all contract requirements. ICE assigns a Contracting Officer Representative (COR) to administer the contract on behalf of ICE's Contracting Officer. The duties of the COR included reviewing monthly reports provided by the contractor, staffing plans, approving new hires, review and audit invoices, issuing contract discrepancies reports and reviewing and accepting contractor submitted corrective action plans (CAPS).

ICE ERO also permanently assigns an independent Detention Services Manager (DSM) whose sole responsibility is to ensure contractor and ICE staff compliance with all ICE detention policy, procedures and national detention standards. The DSM will conduct daily scheduled and unscheduled audits and reviews of contractor performance through observation, review of records and direct engagement with contractor staff. Any performance discrepancies are documented and provided to the COR for corrective action.

On an ad hoc basis, ICE assigns an Immigration Health Services Corp (IHSC) employee to provide services similar to the DSM but only focusing on the medical services provided at the facility.

Secondarily, because Adelanto serves as a processing center, the Department of Homeland Security (DHS) and Department of Justice (DOJ) assigns officers, lawyers and administrative law judges to the facility on a full-time basis. DHS/ICE assigns supervisory and non-supervisory deportation officers who are responsible for providing case management and attorneys who appear in immigration court, over those who are detained at the facility. Their duties (not an inclusive list) include determining who is to be held at the facility, determining the detainee's classification and housing designation, provides detainee communication and interacts with detainee's legal representatives and foreign consular officials.

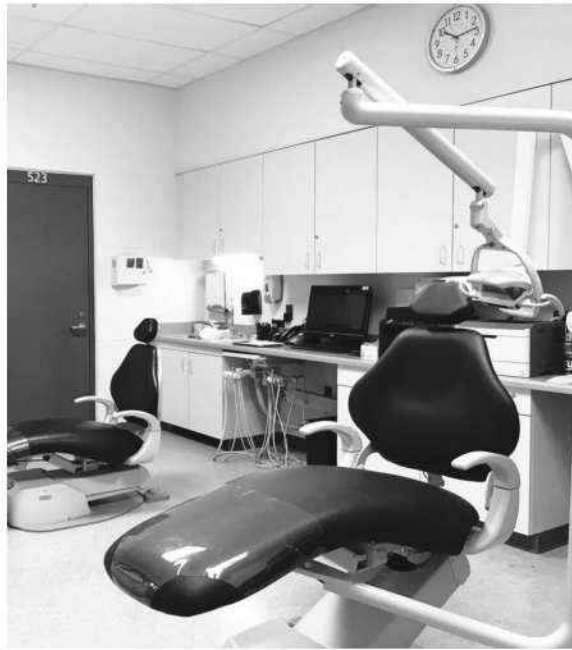
Last, the DOJ assigns federal administrative law judges (immigration judges) and their staffs to adjudicate the cases that are presented for their review at the court facilities established within the Adelanto facility.

With respect to the DRC Report findings on the Adelanto Health Services, please note that GEO has acted on all of the concerns identified in the report.

Adelanto ICE Processing Center



Adelanto ICE Processing Center Adelanto West



Dental Services



Examination Room



Law Library



General Library

Adelanto ICE Processing Center Adelanto West



Housing Dayroom with Televisions



Telephones Provided in Housing Units



Outdoor Recreation



Visitation

Adelanto ICE Processing Center Adelanto East



Housing Dayroom with Televisions



Telephones Provided in Housing Units



Dental Services



Examination Room

Adelanto ICE Processing Center Adelanto East



General Library



Legal Library



Outdoor Recreation



Visitation



February 6, 2019

Corporate Headquarters
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), Assistant Field Office Director
Adelanto ICE Processing Center
Los Angeles Field Office
Office of Enforcement and Removal Operations
U.S. Immigration and Customs Enforcement
10400 Rancho Road
Adelanto, CA 92301

RE: Disability Rights California, Monitoring Draft Report dated January 17, 2019
Adelanto ICE Processing Center

Dear Assistant Field Office Director (b)(6); (b)(7)(C)

On behalf of The GEO Group, Inc. (GEO), I write to provide U.S. Immigration and Customs Enforcement (ICE) GEO's input to respond to the Disability Rights California's (DRC) monitoring report stemming from their four visits at Adelanto ICE Processing Center (AIPC) in February 2018 and August 2018. While we agree that the AIPC can always improve, we reject any assertion that AIPC is not a safe place for people with mental illness and other disabilities. Further, we believe the extensive health services staff of 85 does a very commendable job in caring for an average of 8,500 residents per year at this facility.

Attached to this letter, please find our response to the DRC's report. I hope you find this information useful. Please do not hesitate to contact me directly should you have any questions.

Sincerely

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

Executive Vice President
Contract Compliance

From: (b)(6); (b)(7)(C)
Sent: 29 Sep 2015 09:39:46 -0400
To: Smith, Stewart (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto _2015.xlsx

Thank you

From: (b)(6); (b)(7)(C)
Sent: Tuesday, September 29, 2015 8:34 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto _2015.xlsx

Adelanto ScriptCare Pharmacy Costs

FY	Number of Prescriptions	Costs
2013	(b)(4)	
2014		
2015 YTD		
Totals	66,714	\$2,766,803

Stewart D. Smith, DHSc, MPH, MA
Chief of Staff | ICE Health Service Corps
500 12th Street SW (b)(6); (b)(7)(C) | #3026
Washington, DC 20536
Office: 202-(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: Tuesday, September 29, 2015 8:28 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: 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: 212-863-3465
Cell: 202-465-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)

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(b)(6); (b)(7)(C)
ICE Health Service Corps
(212) 863-(b)(6); (b)(7)(C) Work
(202) 465-(b)(6); (b)(7)(C) Mobile
(212) 863-3470 Fax
(b)(6); (b)(7)(C)
201 Varick St
4th Floor ICE Medical Facility
New York, NY 10014

From: (b)(6); (b)(7)(C)
Sent: 22 Dec 2015 11:34:02 -0500
To: Rapp, Marc A; Smith, Stewart D; Johnson, Tae D; Bernacke, Michael V; Miller, Philip T
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans
Attachments: ERO IHSC CMD Combined Response to CRCL Adelanto Onsite Investigation.docx

All IHSC and CMD responses are now in one combined document. See attached.

(b)(6); (b)(7)(C)
(o) 202-732-(b)(6)
(c) 202-344-5)

From: Miller, Philip T
Sent: Tuesday, December 22, 2015 10:52 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans

Can you merge with the IHSC doc?

From: Johnson, Tae D
Sent: Tuesday, December 22, 2015 10:39 AM
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

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)
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) J

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) 732-6 (b)(6); (b)(7)(C)

cellular: (202) 373

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



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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) 3- (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

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

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

(b)(5)

IHSC will address the medical issues generally, but if CMD has a comment based on what the standards require, please be sure to weigh in. Thanks

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

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

To: Homan, Thomas; Johnson, Tae D; (b)(6); (b)(7)(C); Smith, Stewart D

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

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

Dear ICE Colleagues –

(b)(5)

Thanks –

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

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

Director, Compliance Branch
Office for Civil Rights and Civil Liberties

Enforcement and Removal Operations
Response to CRCL Memorandum on ICE Responses
December 22, 2015

(b)(5)

(b)(5)

(b)(5)

(b)(5)

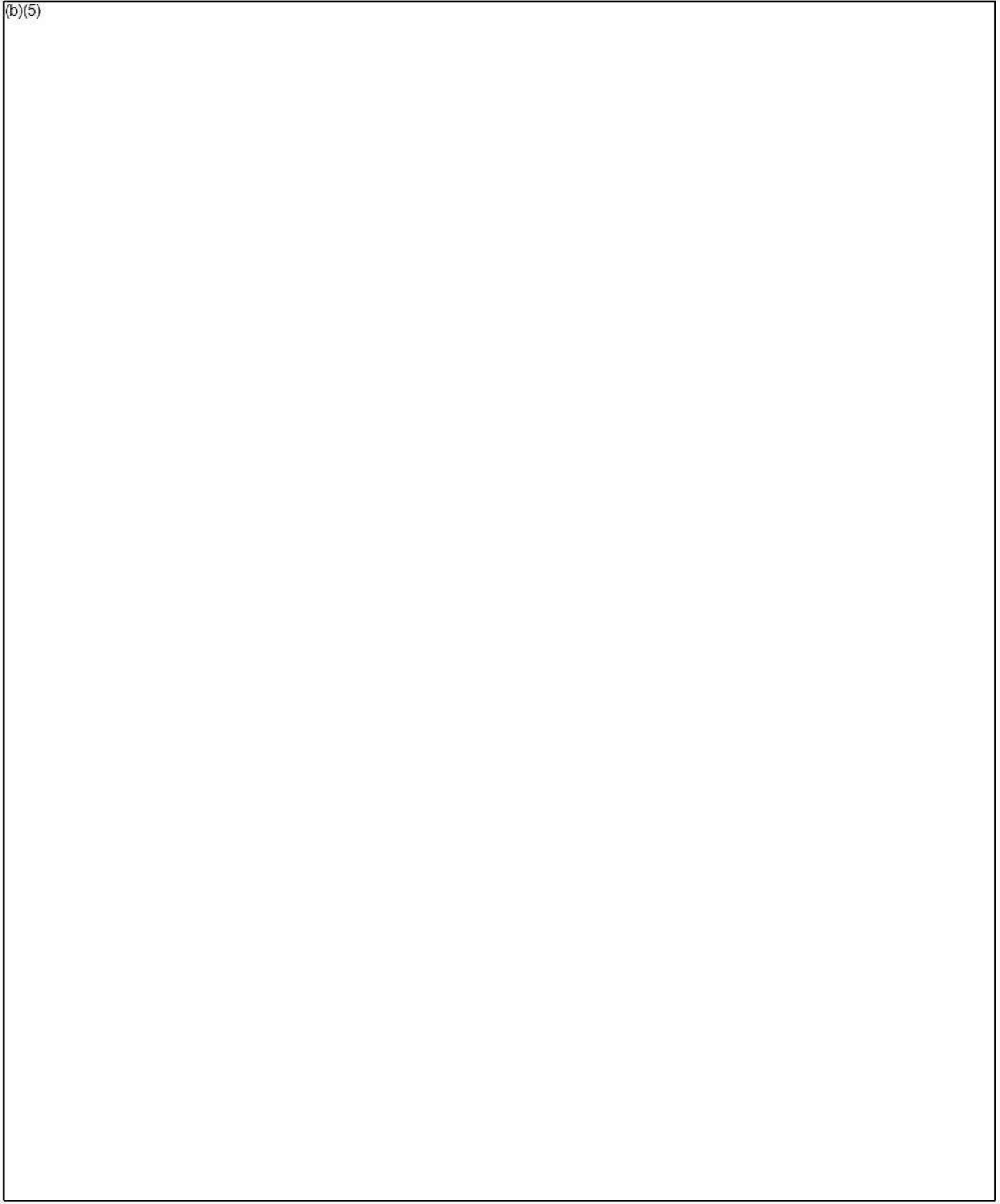
(b)(5)

(b)(5)

(b)(5)

30 DAYS

(b)(5)

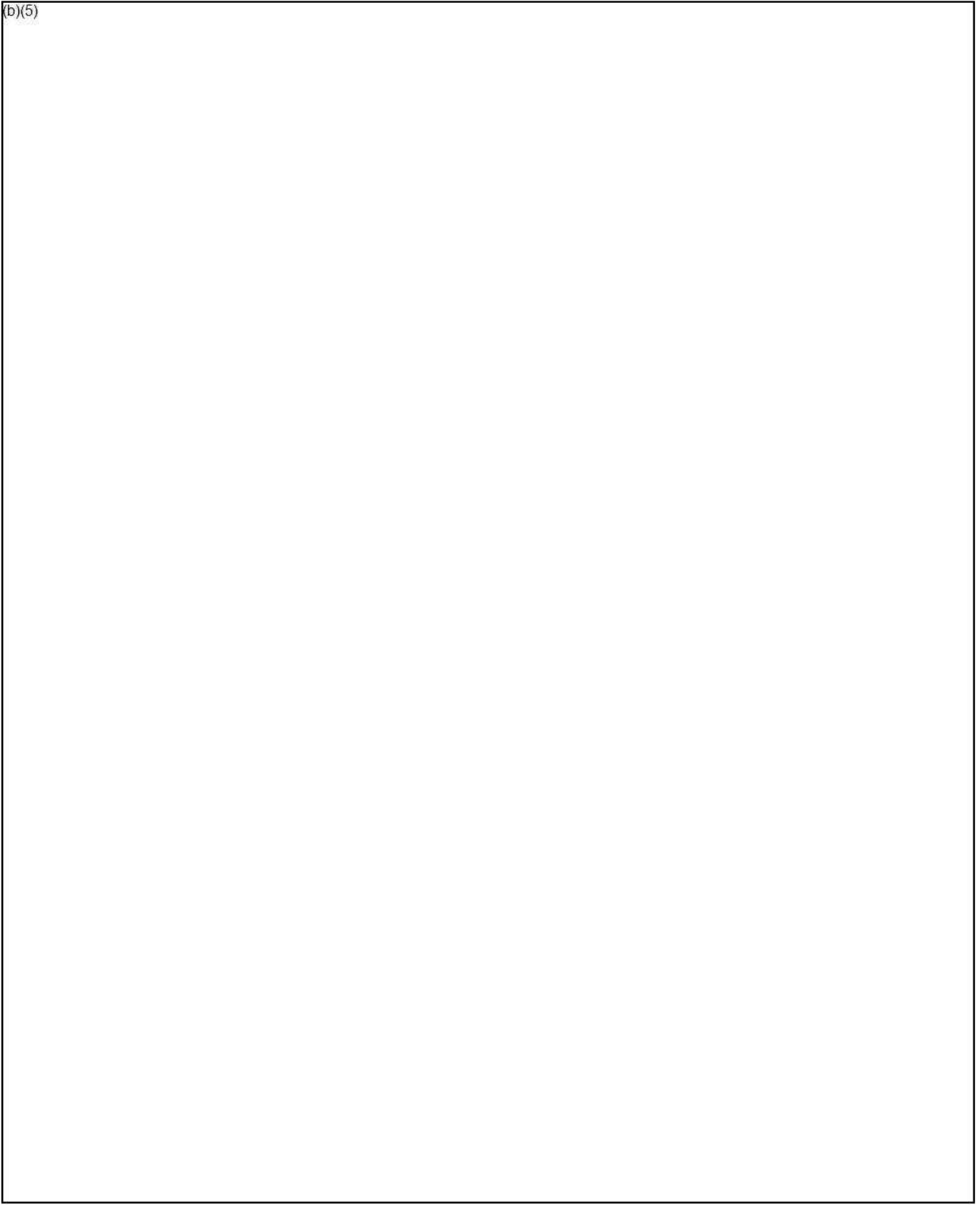


(b)(5)

(b)(5)

30 DAYS

(b)(5)



(b)(5)

(b)(5)

(b)(5)

(b)(5)

DRAFT

From: Miller, Philip T
Sent: 18 Dec 2015 10:44:37 -0500
To: Smith, Stewart D; Johnson, Tae D; Gurule, Jon M; (b)(6); (b)(7)(C)

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

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

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

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

We should meet with CRCL before y'all finalize your submission.

Sent with Good (www.good.com)

From: Smith, Stewart D
Sent: Friday, December 18, 2015 9:31:02 AM
To: Johnson, Tae D; Miller, Philip T; Gurule, Jon M; (b)(6); (b)(7)(C)

(b)(6);

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

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

I'm meeting at 1300 with my team to do a review of our responses on Tuesday.

Dr. Stewart D. Smith, D.H.Sc., MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-(b)(6); Cell: 202-321-(b)(6);
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: Johnson, Tae D
Sent: Friday, December 18, 2015 10:17 AM
To: Miller, Philip T; Gurule, Jon M; (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)

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

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

(b)(6);

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

I'm free from 11-2 and after the FOD call.

From: Miller, Philip T
Sent: Friday, December 18, 2015 10:04:14 AM
To: Johnson, Tae D; Gurule, Jon M; (b)(6); (b)(7)(C); Smith, Stewart D; (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

Good morning,

Is everyone available on Tuesday? What time is best?

Phil

Sent with Good (www.good.com)

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

Sent: Friday, December 18, 2015 8:54:33 AM

To: Miller, Philip T; (b)(6); (b)(7)(C)

Cc: Homan, Thomas

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

Hi Phil,

(b)(5)

Thanks.

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

From: Miller, Philip T [(b)(6); (b)(7)(C)]@ice.dhs.gov]

Sent: Thursday, December 17, 2015 4:15 PM

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

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

Cc: Homan, Thomas <(b)(6); (b)(7)(C)]@ice.dhs.gov>

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: Miller, Philip T; (b)(6); (b)(7)(C)

Cc: Homan, Thomas

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

Good afternoon Phil,

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)

Cc: Homan, Thomas (b)(6); (b)(7)(C) <[redacted]@ice.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; (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)

Smith, Stewart D

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

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

Dear ICE Colleagues –

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

Thanks –

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

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

Director, Compliance Branch
Office for Civil Rights and Civil Liberties

From: Johnson, Tae D
Sent: 18 Dec 2015 10:16:40 -0500
To: Miller, Philip T; Gurule, Jon M (b)(6); (b)(7)(C); Smith, Stewart
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

I'm free from 11-2 and after the FOD call.

From: Miller, Philip T
Sent: Friday, December 18, 2015 10:04:14 AM
To: Johnson, Tae D; Gurule, Jon M (b)(6); (b)(7)(C); Smith, Stewart D; (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

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Sent with Good (www.good.com)

From: (b)(6); (b)(7)(C)
Sent: Friday, December 18, 2015 8:54:33 AM
To: Miller, Philip T (b)(6); (b)(7)(C)
Cc: Homan, Thomas
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Hi Phil,

(b)(6); (b)(7)(C); (b)(5)

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

From: Miller, Philip T <(b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Thursday, December 17, 2015 4:15 PM

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

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

Cc: Homan, Thomas <(b)(6); (b)(7)(C)@ice.dhs.gov>

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: Miller, Philip T; (b)(6); (b)(7)(C)

Cc: Homan, Thomas

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

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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)

Cc: Homan, Thomas <(b)(6); (b)(7)(C)@ice.dhs.gov>

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

Good afternoon ladies,

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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)(5)
Sent: Wednesday, December 16, 2015 9:14:12 PM
To: Homan, Thomas; Johnson, Tae D; (b)(6); (b)(7)(C)
Smith, Stewart D
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto On-site Follow-up: 30/60/90 Day Plans

Dear ICE Colleagues –

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

Thanks –

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

Director, Compliance Branch
Office for Civil Rights and Civil Liberties

From: (b)(6); (b)(7)(C)
Sent: 17 Dec 2015 16:41:44 -0500
To: Smith, Stewart D (b)(6); (b)(7)(C)

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

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

Noted. Will solicit input from RFMC/FMC on MCMU areas. LCDR (b)(6); (b)(7)(C) and I will be out on leave next week so will try to get input on this by tomorrow.

If more input from FMC next week, (b)(6); (b)(7)(C) will send it directly to (b)(6); (b)(7)(C) with cc to us.

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) (w)
202-321-(b)(6) (cell)
866-808-8154 (f)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

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From: Smith, Stewart D
Sent: Thursday, December 17, 2015 3:58 PM
To: (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 (IHSC Responses).docx >>

R/ Stew

Dr. Stewart D. Smith, D.H.Sc., MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-(b)(6); (b)(7)(C) | Cell: 202-321-(b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

<< OLE Object: Picture (Device Independent Bitmap) >>

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-----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)

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: Johnson, Tae D
Sent: 22 Dec 2015 14:06:26 -0500
To: (b)(6); (b)(7)(C); Rapp, Marc A; Smith, Stewart D; Bernacke, Michael V; Miller, Philip T
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Thank you much

From: (b)(6); (b)(7)(C)
Sent: Tuesday, December 22, 2015 11:34:02 AM
To: Rapp, Marc A; Smith, Stewart D; Johnson, Tae D; Bernacke, Michael V; Miller, Philip T
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

All IHSC and CMD responses are now in one combined document. See attached.

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

From: Miller, Philip T
Sent: Tuesday, December 22, 2015 10:52 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto On-site Follow-up: 30/60/90 Day Plans

Can you merge with the IHSC doc?

From: Johnson, Tae D
Sent: Tuesday, December 22, 2015 10:39 AM
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

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); (Desk)
202-491 (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- (b)(6); (b)(7)(C)

cellular: (202) 37

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



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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); (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) 37
(b)(6); (b)(7)(C) hs.gov



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From: Johnson, Tae D

Sent: Thursday, December 17, 2015 9:46 PM

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

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

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

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

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

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

To: Homan, Thomas; Johnson, Tae D; (b)(6); (b)(7)(C) (b)(6); (b)(7)(C)

Smith, Stewart D

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

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

Dear ICE Colleagues –

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

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

Thanks –

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

Director, Compliance Branch
Office for Civil Rights and Civil Liberties

From: (b)(6); (b)(7)(C)
Sent: 17 Dec 2015 16:43:22 -0500
To: (b)(6); (b)(7)(C) B;Smith, Stewart D (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Ok

From: (b)(6); (b)(7)(C)
Sent: Thursday, December 17, 2015 4:42 PM
To: Smith, Stewart D (b)(6); (b)(7)(C) a,
(b)(6); (b)(7)(C)
Subject: RE: Adelanto On-site Follow-up: 30/60/90 Day Plans

Noted. Will solicit input from RFMC/FMC on MCMU areas. LCDR (b)(6); (b)(7)(C) and I will be out on leave next week so will try to get input on this by tomorrow.
If more input from FMC next week, CAPT (b)(6); (b)(7)(C) will send it directly to (b)(6); (b)(7)(C) with cc to us.

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

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From: Smith, Stewart D
Sent: Thursday, December 17, 2015 3:58 PM
To: (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 (IHSC Responses).docx >>
R/ Stew

Dr. Stewart D. Smith, D.H.Sc., MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-732-(b)(6); (b)(7)(V) Cell: 202-32-(b)(6);
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

<< OLE Object: Picture (Device Independent Bitmap) >>

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-----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) Bernacke, Michael V; (b)(6); (b)(7)(C)

(b)(6);

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: 8 Oct 2015 16:02:33 -0400
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: Smith, Stewart D (b)(6); (b)(7)(C)
Subject: RE: Adelanto Daily Brief 10.06.07

Good afternoon,

The Nakamoto survey concluded today. The findings discussed at the close-out are as follows:

(b)(5)

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);
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



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From: (b)(6); (b)(7)(C)
Sent: Wednesday, October 07, 2015 8:34 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto Daily Brief 10.06.07

(b)(6); (b)(7)(C) is on AL today and Thursday.

(b)(6); (b)(7)(C) will be on-site on Thursday for the Nakamoto closeout. She will submit a daily brief tomorrow with a summary of the Nakamoto findings related to medical.

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

Please note new address and phone number.

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From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 06, 2015 4:31 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
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)

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

From: (b)(6); (b)(7)(C)
Sent: 26 Oct 2015 20:33:19 -0400
To: (b)(6); (b)(7)(C) Smith, Stewart D; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto Daily Brief 10.26.2015
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); (b)(7)(C)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
202-819-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure 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: Monday, October 26, 2015 5:28 PM
To: (b)(6); (b)(7)(C) Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto Daily Brief 10.26.2015

- Census 1471
- 2 physicians seeing patients today
- 2 mid-level providers seeing patients today.
- GEO inspection next week
- 5 detainees are inpatient at mental health unit at outside hospital

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
202-819-(b)(6); (b)(7)(C) Cell
1-866-693-6341 Secure 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: 31 Oct 2015 00:31:44 -0400
To: (b)(6); (b)(7)(C)
(b)(6); Smith, Stewart D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto Daily Brief 10.30.15

Yes this is the first time they have claimed to be compliant with 14 day physicals at least since the June 2015 MQM audit.

Review of 20 charts on August 5, 2015

16 out of 20 (80%) charts reviewed were noted to have a physical examination within 14 days of arrival

Review of 21 charts on September 1, 2015

18 of 21 (86%) had comprehensive health assessment completed within 14 days of arrival.

Review of 25 charts on October 21, 2015

19 of 25 (76%) had a comprehensive health assessment completed within 14 days of arrival

My plan for next week is 14 day physicals, last month's medication administration records, PPD's and day to day issues that come up.

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: Friday, October 30, 2015 8:17 PM
To: (b)(6); (b)(7)(C) Smith, Stewart D
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto Daily Brief 10.30.15

Would you verify that the 14 day PEs are done And status is no deficiency on Monday when you are on site ? Is this the first time that the site reports being compliant with 14 day PEs? When was the last time verified? Thx

From: (b)(6); (b)(7)(C)
Sent: Friday, October 30, 2015 10:12:33 PM
To: (b)(6); (b)(7)(C) Smith, Stewart D; (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

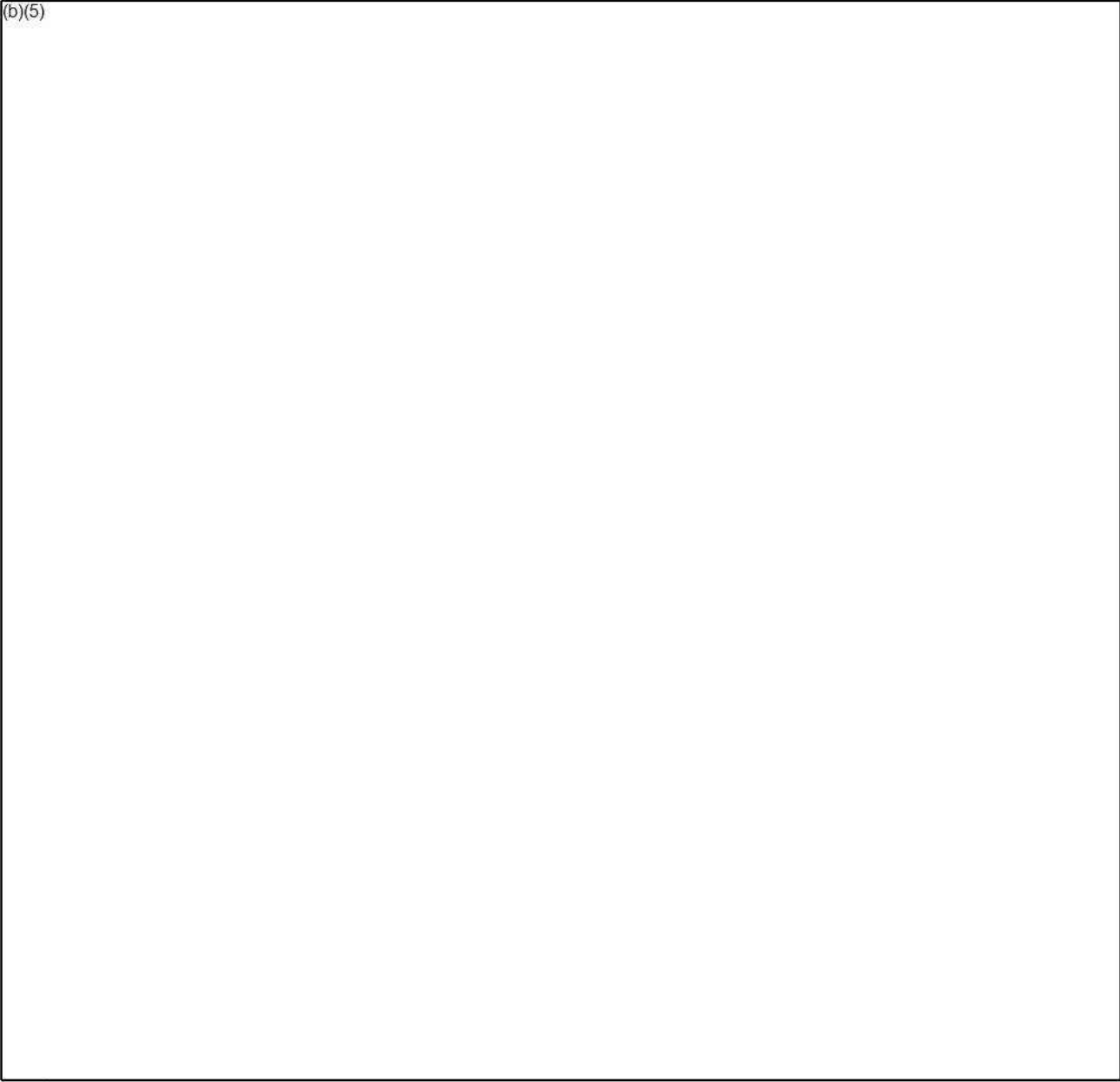
V/r,

(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);
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) [e.dhs.gov](mailto:(b)(6); (b)(7)(C)@e.dhs.gov)

From: Johnson, Tae D
Sent: 20 Nov 2015 10:06:19 -0500
To: Smith, Stewart D; Miller, Philip T
Subject: RE: Adelanto Daily Brief 11.18.15

Stew/Phil -

(b)(5)



From: Smith, Stewart D
Sent: Wednesday, November 18, 2015 7:33 PM
To: Miller, Philip T
Cc: Johnson, Tae D
Subject: FW: Adelanto Daily Brief 11.18.15

Phil -

(b)(5)

Stewart D Smith, DHSc, MPH, MA
Acting Assistant Director | ICE Health Service Corps
500 12th Street SW | 2nd Floor | (b)(6);
Washington, D.C. 20534
Office: 202-7 (b)(6);
Cell: 202-321 (b)(7)(C)
Email: (b)(6); (b)(7)(C) @ice.dhs.gov

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

Sent: Wednesday, November 18, 2015 6:57:14 PM

To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6);
(b)(6); (b)(7)(C)

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

Subject: Adelanto Daily Brief 11.18.15

(b)(7)(E)

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: 19 Nov 2015 07:12:52 -0500
To: Smith, Stewart D
Subject: RE: Adelanto Daily Brief 11.18.15

I will respond when I get into the office. Lots to say on the topic

From: Smith, Stewart D
Sent: Wednesday, November 18, 2015 9:23:30 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto Daily Brief 11.18.15

(b)(6);

What your thoughts?

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

Stewart D Smith, DHSc, MPH, MA
Acting Assistant Director | ICE Health Service Corps
500 12th Street SW | 2nd Floor (b)(6);
Washington, D.C. 20534
Office: 202-731-(b)(6);
Cell: 202-321-(b)(7)(C)
Email: (b)(6); (b)(7)(C) ice.dhs.gov

From: Johnson, Tae D
Sent: Wednesday, November 18, 2015 8:38:06 PM
To: Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto Daily Brief 11.18.15

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

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

From: Smith, Stewart D
Sent: Wednesday, November 18, 2015 7:33:18 PM
To: Miller, Philip T
Cc: Johnson, Tae D
Subject: FW: Adelanto Daily Brief 11.18.15

Phil -

Adelanto continues to be a challenge.

Stewart D Smith, 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: 202-73 (b)(6); (b)(7)(C)
Cell: 202-321- (b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 18, 2015 6:57:14 PM
(b)(6); (b)(7)(C); Smith, Stewart D;
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto Daily Brief 11.18.15

(b)(7)(E)

(b)(7)(E)

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: Johnson, Tae D
Sent: 18 Nov 2015 20:38:06 -0500
To: Smith, Stewart D; Miller, Philip T
Subject: RE: Adelanto Daily Brief 11.18.15

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

From: Smith, Stewart D
Sent: Wednesday, November 18, 2015 7:33:18 PM
To: Miller, Philip T
Cc: Johnson, Tae D
Subject: FW: Adelanto Daily Brief 11.18.15

Phil -

Adelanto continues to be a challenge.

Stewart D Smith, DHSc, MPH, MA
Acting Assistant Director | ICE Health Service Corps
500 12th Street SW | 2nd Floor (b)(6);
Washington, D.C. 20534 (b)(7)(C)
Office: 202-731-(b)(6);
Cell: 202-321-(b)(7)(C)
Email: (b)(6); (b)(7)(C) ce.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 18, 2015 6:57:14 PM
To: (b)(6); (b)(7)(C) Smith, Stewart D;
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto Daily Brief 11.18.15

(b)(7)(E)

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: 20 Nov 2015 13:54:24 -0500
To: (b)(6); (b)(7)(C)
Cc: Smith, Stewart D
Subject: RE: Adelanto Daily Brief 11.18.15

Thanks for their responses/CAP.

(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 #4170 San Diego, CA 92101
619-338-(b)(6) C 202-210-(b)(6); F 619-677-3138

From: (b)(6); (b)(7)(C)
Sent: Friday, November 20, 2015 10:51 AM
To: (b)(6); (b)(7)(C)
Cc: Smith, Stewart D
Subject: FW: Adelanto Daily Brief 11.18.15

Phil, in case you hear other news on Adelanto

From: Smith, Stewart D
Sent: Friday, November 20, 2015 1:44 PM
To: (b)(6); (b)(7)(C)
Subject: FW: Adelanto Daily Brief 11.18.15

Keeping you in the loop.

R/ Stew

Stewart D. Smith, DHSc, MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-732-(b)(6); | 202-(b)(6);
(b)(7)(C) (b)(7)(C)
Email: (b)(6); (b)(7)(C) ice.dhs.gov

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From: Johnson, Tae D
Sent: Friday, November 20, 2015 10:06 AM
To: Smith, Stewart D; Miller, Philip T
Subject: RE: Adelanto Daily Brief 11.18.15

Stew/Phil -

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

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

From: Smith, Stewart D
Sent: Wednesday, November 18, 2015 7:33 PM
To: Miller, Philip T
Cc: Johnson, Tae D
Subject: FW: Adelanto Daily Brief 11.18.15

Phil -

(b)(5)

Stewart D Smith, 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: 202-732-(b)(6);

Cell: 202-321-(b)(6);
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 18, 2015 6:57:14 PM
To: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Adelanto Daily Brief 11.18.15

(b)(7)(E)

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);
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From: (b)(6); (b)(7)(C)
Sent: 13 Nov 2015 21:49:17 -0500
To: (b)(6); (b)(7)(C); Smith, Stewart D (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto hunger strikers

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

Thanks again.

(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); San Diego, CA 92101
619-338 (b)(6) / C 202-210 (b)(6) / F 619-677-3138

From: (b)(6); (b)(7)(C)
Sent: Friday, November 13, 2015 6:16 PM
To: Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto hunger strikers

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

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)(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: Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
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); (b)(7)(C) Office
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1-866-693-6341 Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: Smith, Stewart D
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.

Stewart D. Smith, DHSc, MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-732-(b)(6) | Cell: 202-32-(b)(6)
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: Friday, November 13, 2015 12:11 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D
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)

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: Farabaugh, Philip T

Sent: Friday, November 13, 2015 9:09 AM

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

Cc: (b)(6); (b)(7)(C); Smith, Stewart D

Subject: Adelanto hunger strikers

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

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

Thanks

(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

619-338-4444 / C 202-210-(b)(6); (b)(7)(C) / F 619-677-3138

From: (b)(6); (b)(7)(C)
Sent: 13 Nov 2015 21:04:49 -0500
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Adelanto hunger strikers
Attachments: Adelanto Mass Hunger Strike Reporting Form November 2015.xlsx

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);
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909-384-(b)(6); Office
202-815-(b)(7)(C) Cell
1-866-693-6341 Secure 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: 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.

Stewart D. Smith, DHSc, MPH, MA
Assistant Director (Acting) | ICE Health Service Corps
Office: 202-732-(b)(6); | Cell: 202-321-(b)(6);
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: Friday, November 13, 2015 12:11 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D
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)
San Bernardino, CA 92410
909-386-(b)(6); (b)(7)(C) Office
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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)

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

Thanks

(b)(6); (b)(7)(C)
MD USPHS
(A)Associate Medical Director
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610 W Ash St (b)(6); San Diego, CA 92101
619-338-(b)(6) / C 202-211-(b)(6); 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
1	xxx-xxx-xxx	xx	xx		Remains on Hungerstrike OR Off Hungerstrike	mm/dd/yyyy	3	lbs	lbs	lbs	lbs	
(b)(6); (b)(7)(C)				GHANA	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 152/62 P 72 RR 17
				GHANA	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
				BANGLAD ESH	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
				GHANA	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
				BANGLAD ESH	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

2	(b)(6); (b)(7)(C)	GHANA	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
		GHANA	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
		PAKISTAN	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
		NEPAL	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
		BANGLAD ESH	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)	BANGLAD ESH	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
	GHANA	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
	GHANA	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
	GHANA	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
	BANGLAD ESH	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
	BANGLAD ESH	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
	GHANA	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)

PAKISTAN	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
BANGLAD ESH	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
GHANA	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
GHANA	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
GHANA	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
GHANA	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)	BANGLAD ESH	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 assesment. 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
	GHANA	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 assesment. 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
	GHANA	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 assesment. 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
4									

*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: 14 Nov 2015 17:32:49 -0500
To: Smith, Stewart (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: Adelanto hunger strikers
Attachments: Adelanto Mass Hunger Strike Reporting Form November 2015 (2).xlsx

Updated Hunger Strike reporting form

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 6:16 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: Adelanto hunger strikers

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

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 6:05 PM
To: Smith, Stewart D (b)(6); (b)(7)(C)

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

Subject: RE: Adelanto hunger strikers

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);

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

From: Smith, Stewart D

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.

Stewart D. Smith, DHSc, MPH, MA

Assistant Director (Acting) | ICE Health Service Corps

Office: 202-732-(b)(6) | Cell: 202-321-(b)(6)

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: Friday, November 13, 2015 12:11 PM

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

Cc: (b)(6); (b)(7)(C) Smith, Stewart D

Subject: RE: Adelanto hunger strikers

Yes sir.

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

909-386-(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 9:00 AM

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

Cc: Smith, Stewart D

Subject: Adelanto hunger strikers

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

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

Thanks

CAPT (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); San Diego, CA 92101

619-338- (b)(6) / C 202-210- (b)(6) / F 619-677-3138

Adelanto Hunger Strike Status as of (November 13, 2015 1600-November 14, 0135)

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
1	xxx-xxx-xxx	xx	xx		Remains on Hungerstrike OR Off Hungerstrike	mm/dd/yyyy	3	lbs	lbs	lbs	lbs	
(b)(6); (b)(7)(C)				GHANA	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused
				GHANA	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment BP 141/88, P 88, RR 14, T 97.0
				BANGLAD ESH	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/15 Drank 2 Ensures given
				GHANA	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 Drank 2 x 8 oz Ensure 11/11/2015 Sent to medical from dorm and refused all treatment VS (0341)
				BANGLAD ESH	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals	11/11/2015	3		11/11/2015 118 lbs		11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Drank 8 oz Ensure Refused to speak with mental health. 11/11/2015 physician went to dorm for

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

	GHANA	Off Hungerstrike 11/14/2015 at 0135	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		11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 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
	GHANA	Off Hungerstrike 11/14/2015 at 0135	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		11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 121/80 P 90, RR 18, Tm 98.4
d	PAKISTAN	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs.	11/11/2015	3	11/9/2015 135 lbs	11/11/2015 130 lbs	11/13/2015 5 lbs		11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Drank 3x 8 oz Ensure, Ate french toast, sausage, 8 Oz milk and 1000cc IV fluids. Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement.
	NEPAL	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals	11/11/2015	3	11/9/2015 109 lbs	11/11/2015 104 lbs	11/13/2015 5 lbs		11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Drank 8 oz of Ensure. Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused assessment VS BP 121/80 P 90, RR 18, Tm 98.4
	BANGLAD ESH	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs.	11/11/2015	3					11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Took 3 glucose tablets and drank 3 x 8 oz of Ensure and 4 oz of water. Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement.

(b)(6); (b)(7)(C)				BANGLAD ESH	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesement. Detainee refused
				GHANA	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals	11/11/2015	3	11/9/2015 139 lbs	11/11/2015 132 lbs	11/13/2015 7 lbs	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for
				GHANA	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals	11/11/2015	3	11/9/2015 200 lbs	11/10/2015 205 lbs	11/13/2015 5 lbs	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Drank 8 oz of ensure Refused to speak with mental health. 11/12/2015
				GHANA	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused
				BANGLAD ESH	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals	11/11/2015	3	11/9/2015 139 lbs	11/11/2015 135 lbs	11/13/2015 4 lbs	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Drank 3x 8 oz of Ensure Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement.
				BANGLAD ESH	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 took 3 glucose tablets Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused

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

GHANA	Off Hungerstrike 11/14/2015 at 0135	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				11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for
PAKISTAN	Off Hungerstrike 11/14/2015 at 0135	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				11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Detainee did agree to speak with mental health, no significant findings. 11/12/2015 physician went to
BANGLAD ESH	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals	11/11/2015	3	11/9/2015 126 lbs				11/13/2015 Drank 8 oz of Ensure 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 11/14/2015 Vs BP
GHANA	Off Hungerstrike 11/14/2015 at 0135	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				11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement. Detainee refused
GHANA	Off Hungerstrike 11/14/2015 at 0135	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		11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 Returned from hospital continues to refuse meals, Returned to segregated dorm
GHANA	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals	11/11/2015	3	11/9/2015 132 lbs				11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Drank 8 oz of Ensure Refused to speak with mental health. 11/12/2015 physician went to dorm for assesement.

(b)(6); (b)(7)(C)	GHANA	Off Hungerstrike 11/14/2015 at 0135	11/8/2015. Placed in segregated dorm. Staffed with nurse to monitor detainees. Refusing medical assessment and vital signs. Continues to refuse meals	11/11/2015	3		11/11/2015 136 lbs		11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Drank 8oz of Ensure Refused to speak with mental health. 11/12/2015 physician went to dorm for assesment. Detainee refused assesment
	BANGLAD ESH	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Drank 8 oz of Ensure Refused to speak with mental health. 11/12/2015 physician went to dorm for assesment.
	GHANA	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/11/2015 physician went to dorm for assesment. Detainee refused assesment 134/93, P 72, RR 16, Tm 98.4 11/10/2015 VS BP 131/92, P 71, TM 97.5
	GHANA	Off Hungerstrike 11/14/2015 at 0135	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	11/14/15 at 0135 Accepted 2 double sack lunches with milk and/or juice and/or ensure 11/13/2015 Refused to speak with mental health. 11/12/2015 physician went to dorm for assesment. Detainee refused assesment 11/11/2015 VS BP 137/93, HR 72, RR 16 TM 98.4 11/10/2015 Sent to
4									

*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 Administratio n, DAD of Clinical Services, COS, and Health Ops.	Regional HSA, Regional CD, DAD of Administratio n, DAD of Clinical Services, COS, and Health Ops.	Regional HSA, Regional CD, DAD of Administratio n, DAD of Clinical Services, COS, and Health Ops.

From: (b)(6); (b)(7)(C)
Sent: 23 Jan 2018 12:34:43 -0500
To: (b)(6); (b)(7)(C); Smith, Stewart D
Cc: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
Subject: RE: Disability Rights California at Adelanto
Attachments: Notice of DRC Monitoring of Adelanto Detention Facility.pdf

Thanks (b)(6); (b)(7)(C), as discussed, attached is the original correspondence that we received from DRC.

From: (b)(6); (b)(7)(C)
Sent: Tuesday, January 23, 2018 12:21 PM
To: Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Disability Rights California at Adelanto

Personally spoke to (b)(6); (b)(7)(C) this AM . Thx for adding (b)(6); (b)(7)(C) who is the DAD for Medical Compliance

From: Smith, Stewart D
Sent: Tuesday, January 23, 2018 12:16 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
Subject: RE: Disability Rights California at Adelanto

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

Dr. Stewart D. Smith, DHSc, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-732-1611 | Cell: 202-321-1611
Email: (b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Tuesday, January 23, 2018 9:38 AM
To: Smith, Stewart D; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Disability Rights California at Adelanto

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

(b)(5); (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C); (b)(5)

Please let me know. Thanks.

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



LEGAL ADVOCACY UNIT
1330 Broadway, Ste. 500
Oakland, CA 94612
Tel: (510) 267-1200
TTY: (800) 719-5798
Intake Line: (800) 776-5746
Fax: (510) 267-1201
www.disabilityrightsca.org

CONFIDENTIAL COMMUNICATION

DATE: December 13, 2017 **TIME:** 4:27 PM
FROM: (b)(6), (b)(7)(C) **TITLE:** Legal Secretary
Adelanto ICE Processing
TO: Center **FAX:** (760) 561-6195
ATTN: Warden James Janicka
RE: Notice of DRC Monitoring of Adelanto Detention Facility

NUMBER OF PAGES (INCLUDING THIS ONE): 4

COMMENTS/INSTRUCTIONS:

Please find the attached correspondence for your review, sent via fax and US mail.

Thank you.

PLEASE DELIVER AT ONCE!!!!**WARNING TO RECIPIENT**

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION IS CONFIDENTIAL AND MAY BE ATTORNEY/CLIENT PRIVILEGED. IT IS INTENDED ONLY FOR THE USE OF THE ADDRESSEE(S) NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE UNITED STATES POSTAL SERVICE.

**PLEASE CALL (888) 768-7068 IF YOU HAVE ANY PROBLEMS
RECEIVING THIS FAX MESSAGE**

"California's protection and advocacy system."

**LEGAL ADVOCACY UNIT**

1330 Broadway, Ste. 500
Oakland, CA 94612
Tel: (510) 267-1200
TTY: (800) 719-5798
Intake Line: (800) 776-5746
Fax: (510) 267-1201
www.disabilityrightscalifornia.org

December 13, 2017

Via US Mail and Fax

Adelanto ICE Processing Center
Attn: Warden James Janecka
10400 Rancho Road
Adelanto, CA 92301
Fax: (760) 561-6195

Re: Notice of DRC Monitoring of Adelanto Detention Facility

Dear Warden Janecka:

Disability Rights California (DRC) is the protection and advocacy system for the State of California, with responsibility pursuant to federal and state law for monitoring the rights and treatment of individuals in California who have disabilities. DRC regularly conducts monitoring visits of jails, juvenile halls, and other detention facilities, as well as community residential and treatment facilities, across the State of California.

Consistent with DRC's authority and responsibilities, we plan to conduct a monitoring visit of the Adelanto ICE Processing Center. DRC staff members will conduct this visit, and will be accompanied by staff from our authorized agents, Civil Rights Education and Enforcement Center (CREEC) and the Prison Law Office (PLO).¹

¹ Civil Rights Education and Enforcement Center and the Prison Law Office have been designated as our authorized agents for purposes of this monitoring visit. See 42 C.F.R. § 51.42(a) [PAIMI]; 45 C.F.R. § 1326.27(c)(2)(ii) [PADD]; 29 U.S.C. § 794e(f)(1) [PAIR].

December 13, 2017

Page 2 of 3

We would like to schedule a period of two consecutive days for this monitoring visit. We are available on the following dates:

January 22-23, 2018

February 1-2, 2018

On the morning of the first day of our visit, we request to meet with staff leadership for an orientation of the facility, followed by a facility tour. We will continue our visit on the second day until it is completed. We would like to coordinate with your staff to ensure minimal disruption of facility operations.

Overview of Monitoring Visit

As the protection and advocacy (P & A) system for the State of California, DRC has access authority under the Developmental Disabilities Assistance and Bill of Rights Act ("DD Act"), 42 U.S.C. § 15041, *et seq.*, as amended, 45 C.F.R. § 1386; the Protection and Advocacy for Individuals with Mental Illness ("PAIMI") Act, 42 U.S.C. § 10801, *et seq.*, as amended, 42 C.F.R. § 51; the Protection and Advocacy for Individual Rights (PAIR) Act, 29 U.S.C. § 794e, and Welfare and Institutions Code § 4900 *et seq.* (collectively referred to herein after as "the Acts").

Protection and advocacy systems such as DRC have federal statutory authority to have access to individuals, their guardians or conservators, their records, and other documents under the DD and other Acts. See *Robbins v. Budke*, 739 F.Supp. 1479, 1487 (D.N.M. 1990). The plain language of the Acts establishes that Congress intended a wide range of detention facilities – whether a jail, prison, or other detention facility – to be subject to the provisions of these federal laws. Under the PAIMI Act, the definition of "facilities" "include[s], but need not be limited to, hospitals, nursing homes, community facilities for individuals with mental illness, board and care homes, homeless shelters, and jails and prisons." 42 U.S.C. § 10802(3); see also *Office of Protection and Advocacy for Persons with Disabilities v. Armstrong*, 266 F. Supp. 2d 303 (D. Conn. 2003). The Acts require that the P & A be effective. *Mississippi Protection and Advocacy System v. Cotton*, 929 F. 2d 1054, 1058-59 (5th Cir. 1991). In order to have an effective P & A, among other things, the P & A must have broad access to individuals with disabilities, the facilities where they reside, and their records. *Alabama Dis. Adv. v. J.S. Tarwater Dev. Ctr.*, 894 F. Supp. 424 (M.D. Ala. 1995); *aff'd* 97 F. 2d 492, 497 (11th Cir. 1996). DRC

December 13, 2017

Page 3 of 3

has similar statutory authority under California State law. See Welf. & Inst. Code §§ 4900 *et seq.*

Our monitoring at the facility will include visiting all areas to which people with learning, developmental, physical, sensory and/or psychiatric disabilities have access. See Welf. & Inst. Code § 4902(b)(2)(C). This includes, but is not limited to, all housing units, disciplinary or segregation cells, health care treatment areas, areas in which detainees on suicide watch or under medical/mental health observation are held, detainee holding and processing areas, and other areas utilized by detainees, such as visiting areas, classrooms, programming areas, chapel, infirmary, law library, indoor and outdoor recreation areas, and dining areas.

The monitoring visit will also include meeting and communicating privately with individual detainees with the detainee's verbal consent. See 42 C.F.R. § 51.42(d). When we have toured similar facilities, our practice has been to make a general announcement in particular housing units or other areas, explaining that we are from Disability Rights California and are available to speak to any detainee who would like to speak with us. We will then have a conversation with interested individuals. We propose that some of our staff remain in specific housing units or detainee program areas to conduct these interviews while other members of the monitoring team continue the tour. After the tour, we may conduct additional interviews of selected individuals in a confidential attorney interview room.

Next Steps

Please let us know as soon as possible, and no later than December 20, 2017, which of the proposed dates will work for you and your staff. We are available to schedule a telephone call regarding the tour and our statutory access authority.

You may contact (b)(6); (b)(7)(C) or via email at (b)(6); (b)(7)(C) @disabilityrightscal.org, and (b)(6); (b)(7)(C) at (b)(6); (b)(7)(C) or via email at (b)(6); (b)(7)(C) @disabilityrightscal.org. Thank you for your prompt attention to this matter.

Sincerely,

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

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

From: Johnson, Tae D
Sent: 31 Jan 2019 14:30:28 +0000
To: Smith, Stewart D
Cc: (b)(6); (b)(7)(C)
Subject: RE: DRC, Monitoring Report-Adelanto Detention Center

(b)(6); (b)(7)(C) call me last night about this report. Looks like the group is requesting a response by early next week. (b)(5)

(b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Thursday, Jan 31, 2019, 8:51 AM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center

Tae –

I'm assuming you're aware of this and that IHSC will likely engage at some point in the response process...correct?

From your perspective, what are the next steps?

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

Dr. Stewart D. Smith, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-732-(b)(6); Cell: 202-321-(b)(6)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov
Executive Assistant: (b)(6); (b)(7)(C)@associates.ice.dhs.gov 202-321-(b)(6);
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: Rivera, Ada
Sent: Thursday, January 31, 2019 8:18 AM
To: Smith, Stewart D <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center
Importance: High

FYSA, (b)(6); (b)(7)(C) will be setting up a meeting for us to discuss. I had not seen this before. I guess since she was furloughed, it sat in her email. I will keep you informed.

(b)(6); (b)(7)(C) MD, CCHP
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) ce.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) (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>
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.

(b)(6); (b)(7)(C) 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: (b)(6); (b)(7)(C) disabilityrightsca.org>
Sent: Thursday, January 17, 2019 5:58 PM
(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) geogroup.com>
Cc: (b)(6); (b)(7)(C) disabilityrightsca.org>; (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

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From: (b)(6); (b)(7)(C)
Sent: 31 Jan 2019 14:58:50 +0000
To: Johnson, Tae D; Smith, Stewart D
Cc: (b)(6); (b)(7)(C)
Subject: RE: DRC, Monitoring Report-Adelanto Detention Center

FYI – my folks have a call with DRC tomorrow to request and additional week to respond. Originally they wanted a response by 2/7. My folks are working on a general response and I will flip the GEO rebuttal once I get it.

(b)(6); (b)(7)(C)
Deputy Assistant Director
Enforcement and Removal Operations | Custody Programs
U.S. Immigration and Customs Enforcement
Office: 202-732-(b)(6) | Cell: 202-431-(b)(6);
Email: (b)(6); (b)(7)(C)@ice.dhs.gov



Homeland
Security

From: Johnson, Tae D
Sent: Thursday, January 31, 2019 9:30 AM
To: Smith, Stewart D (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: RE: DRC, Monitoring Report-Adelanto Detention Center

(b)(6); (b)(7)(C); (b)(5)

Sent with BlackBerry Work
(www.blackberry.com)

From: Smith, Stewart D (b)(6); (b)(7)(C)@ice.dhs.gov
Date: Thursday, Jan 31, 2019, 8:51 AM
To: Johnson, Tae D (b)(6); (b)(7)(C)@ice.dhs.gov
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center

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

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Assistant Director | ICE Health Service Corps
Office: 202-732-(b)(6) | Cell: 202-321-(b)(6)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov
Executive Assistant: (b)(6); (b)(7)(C)@ice.dhs.gov, 202-321-(b)(6)
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: (b)(6); (b)(7)(C)
Sent: Thursday, January 31, 2019 8:18 AM
To: Smith, Stewart D (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center
Importance: High

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(b)(6); (b)(7)(C) MD, CCHP
Deputy Assistant Director Clinical Services
ISHC Medical Director
500 12th Street, SW
Washington, DC 20536
Desk: 202-732-(b)(6);
Cell: 202-515-1-(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>
Subject: FW: DRC, Monitoring Report-Adelanto Detention Center
Importance: High

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

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@disabilityrightsca.org>
Sent: Thursday, January 17, 2019 5:58 PM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)t@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>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@disabilityrightsca.org>; (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: 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 500
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

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From: (b)(6); (b)(7)(C)
Sent: 23 Dec 2015 16:25:32 -0500
To: (b)(6); (b)(7)(C)
Cc: Smith, Stewart (b)(6); (b)(7)(C)
Subject: RE: Adelanto patients

We have a working list. I have spoken to LCD (b)(6); (b)(7)(C) and will be sharing then we'll hear where they go... released, transferred, or does ICE deport ????

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 23, 2015 4:19 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto patients

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

I do not have any medical cases in segregation at Adelanto at this time. As for the detainees at Adelanto with a mental health diagnosis, I have to defer to BHU as I do not track those cases.

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, MPH, CPHM
Office: 202.732 (b)(6); (b)(7)(C)
iPhone: 202.689 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 23, 2015 4:09:15 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto patients

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

No problem.

(b)(6); (b)(7)(C) is working today. I am including her to get this information for (b)(6); (b)(7)(C).

(b)(6); (b)(7)(C)
Managed Care Coordinator
202-732 (b)(6); (b)(7)(C) office
202-321 (b)(6); (b)(7)(C) cell

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~~(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.~~

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 23, 2015 12:48 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: Adelanto patients

Hello,

(b)(6); (b)(7)(C) is 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) 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 CDR (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) M.D.

CAPT, USPHS
Behavioral Health Branch Chief
ICE Health Service Corps
Office: (202) 71-(b)(6); (b)(7)(C)
BB: (202) 236-(b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 23 Dec 2015 16:18:49 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Yvette E
Subject: RE: Adelanto patients

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

I do not have any medical cases in segregation at Adelanto at this time. As for the detainees at Adelanto with a mental health diagnosis, I have to defer to BHU as I do not track those cases.

Respectfully,

(b)(6); (b)(7)(C)
RN, BSN, MPH, CPHM
Office: 202.732 (b)(6); (b)(7)(C)
iPhone: 202.68 (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, December 23, 2015 4:09:15 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto patients

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

No problem.

(b)(6); (b)(7)(C) is working today. I am including her to get this information for (b)(6); (b)(7)(C)

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

Managed Care Coordinator
202-732 (b)(6); (b)(7)(C) office
202-321 (b)(6); (b)(7)(C) cell

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Sent: Wednesday, December 23, 2015 12:48 PM
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(b)(6); (b)(7)(C) M.D.
CAPT, USPHS
Behavioral Health Branch Chief
ICE Health Service Corps
Office: (202) 733-(b)(6); (b)(7)(C)
BB: (202) 236-2(b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 23 Dec 2015 16:09:15 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto patients
Importance: High

Hi (b)(6); (b)(7)(C)
No problem.

(b)(6); (b)(7)(C) is working today. I am including her to get this information for (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)
Managed Care Coordinator
202-732-(b)(6); (b)(7)(C) office
202-321-(b)(6); (b)(7)(C) cell

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(b)(6); (b)(7)(C), M.D.
CAPT, USPHS
Behavioral Health Branch Chief
ICE Health Service Corps
Office: (202) 732-(b)(6); (b)(7)(C)
BB: (202) 236-4-(b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 23 Dec 2015 18:55:42 -0500
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto patients

Noted; thank you

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

Managed Care Coordinator

202-732-(b)(6); (b)(7)(C) office

202-321-(b)(6); (b)(7)(C) cell

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(b)(6); (b)(7)(C)
, BSN, MPH, CPHM
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Cc: (b)(6); (b)(7)(C); Smith, Stewart D; (b)(6); (b)(7)(C)
Subject: RE: Adelanto patients

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

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202-732-(b)(6); (b)(7)(C) office
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Behavioral Health Branch Chief
ICE Health Service Corps
Office: (202) 71-(b)(6); (b)(7)(C)
BB: (202) 236-(b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 18 Sep 2018 09:46:13 +0000
To: Johnson, Tae D; Smith, Stewart D; T (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto Proposed Action Plan 9.7.2018 V4

(b)(6); (b)(7)(C) Tae and I think this would be a good idea but want IHSC to concur. Thoughts?

(b)(6); (b)(7)(C)
Deputy Assistant Director
ICE Child Welfare and LGBTI Coordinator
DHS/ICE/ERO/Custody Programs
202.431 (b)(6);

Sent with BlackBerry Work
(www.blackberry.com)

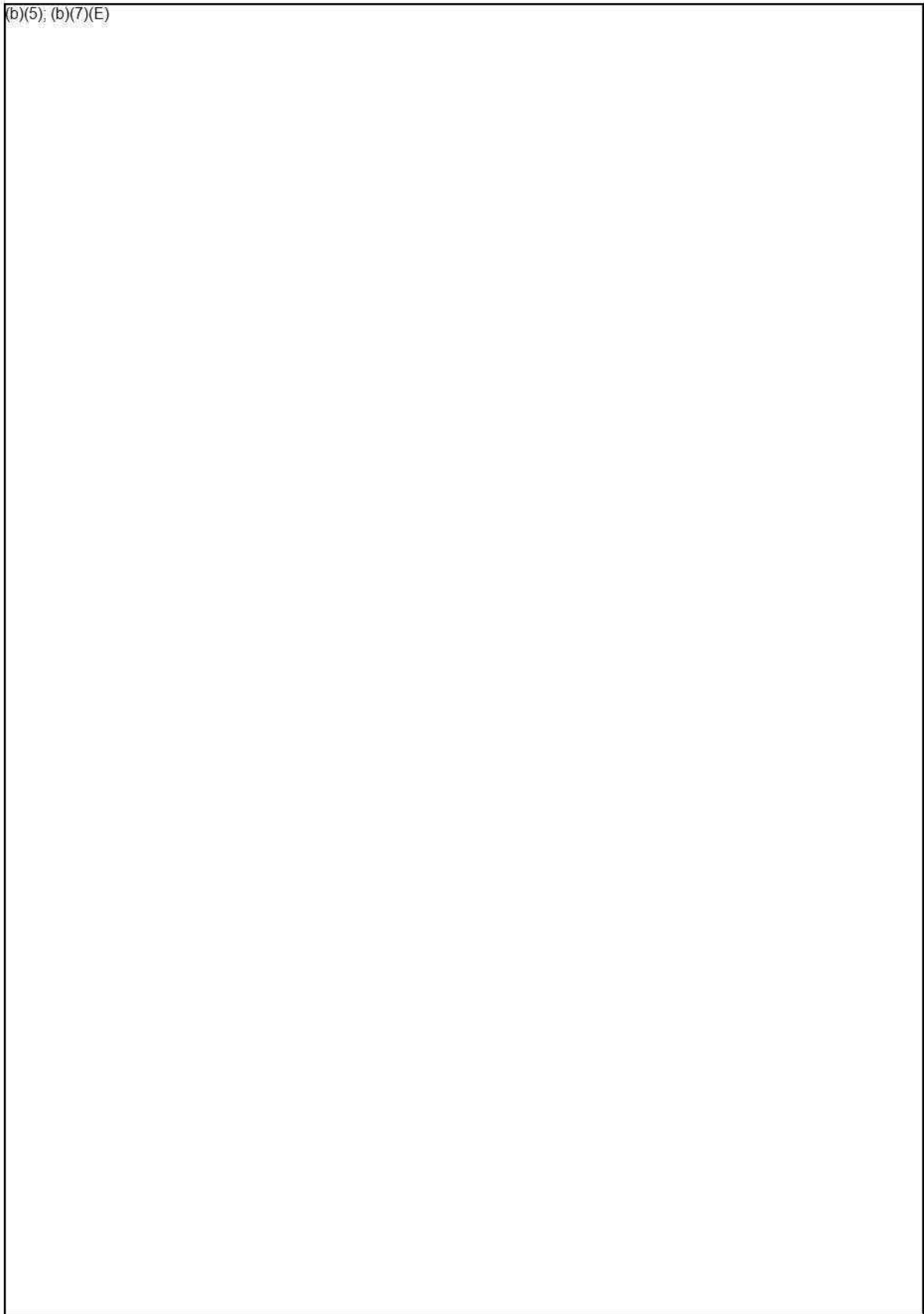
From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: Monday, Sep 17, 2018, 10:00 AM
To: Johnson, Tae D (b)(6); (b)(7)(C) ce.dhs.gov) <(b)(6); (b)(7)(C) ce.dhs.gov>, Smith, Stewart D (b)(6); (b)(7)(C) ice.dhs.gov>, (b)(6); (b)(7)(C) y@ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Adelanto Proposed Action Plan 9.7.2018 V4

Tae, (b)(6); (b)(7)(C)

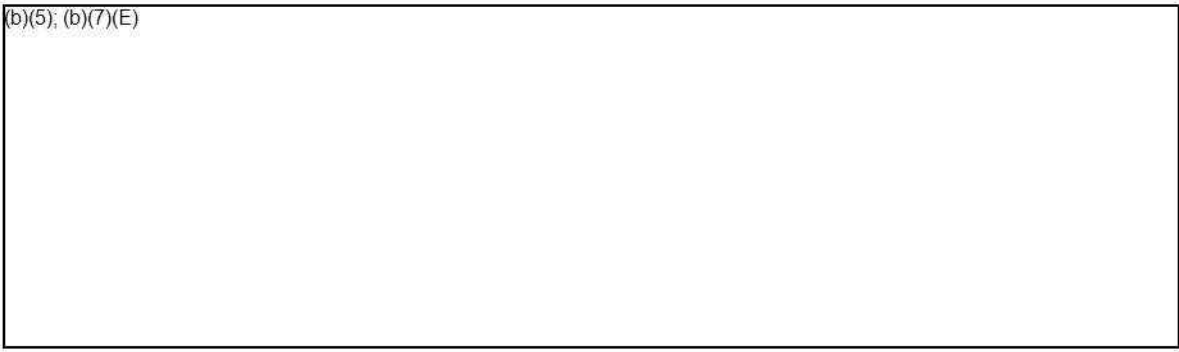
The latest OIG report shows that we need to take a new direction with Adelanto that is multi-disciplinary and sustained. We have numerous recommendations and issues still remaining from the CRCL report last fall, as well as those from the OIG. I am proposing this effort. See below and attached. With 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)(5); (b)(7)(E)

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



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



From: (b)(6); (b)(7)(C)
Sent: 18 Sep 2018 13:22:53 +0000
To: Smith, Stewart D; Johnson, Tae D (b)(6); (b)(7)(C)
(b)(6);
Cc: (b)(6); (b)(7)(C)
Subject: RE: Adelanto Proposed Action Plan 9.7.2018 V4

Copy

From: Smith, Stewart D

Sent: Tuesday, September 18, 2018 8:58 AM

To: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @ice.dhs.gov; Johnson, Tae D

(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

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

Subject: RE: Adelanto Proposed Action Plan 9.7.2018 V4

Andrew –

(b)(6); (b)(7)(C) and I will discuss.

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

Dr. Stewart D. Smith, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-732-(b)(6) | Cell: 202-321-(b)(6);
Email: (b)(6); (b)(7)(C) @ice.dhs.gov

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

Sent: Tuesday, September 18, 2018 5:46 AM

To: Johnson, Tae D (b)(6); (b)(7)(C) ice.dhs.gov; Smith, Stewart D (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

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

Subject: RE: Adelanto Proposed Action Plan 9.7.2018 V4

(b)(6); (b)(7)(C) Tae and I think this would be a good idea but want IHSC to concur. Thoughts?

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

Deputy Assistant Director
ICE Child Welfare and LGBTI Coordinator
DHS/ICE/ERO/Custody Programs
202.431. (b)(6);

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) t@ice.dhs.gov>

Date: Monday, Sep 17, 2018, 10:00 AM

To: Johnson, Tae D ((b)(6); (b)(7)(C) ce.dhs.gov) (b)(6); (b)(7)(C) ce.dhs.gov>, Smith, Stewart D (b)(6); (b)(7)(C) ice.dhs.gov>, (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>

Subject: Adelanto Proposed Action Plan 9.7.2018 V4

Tae, (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.

Proposed Action Plan - Adelanto Processing Center

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

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

From: (b)(6); (b)(7)(C)
Sent: 6 Feb 2019 21:12:38 +0000
To: (b)(6); (b)(7)(C)
Cc: Smith, Stewart D
Subject: RE: ERO TASKER - ICE DRAFT Response to Disability... has been changed
Attachments: 2019-01-17 DRC Adelanto Report (Confidential Draft).pdf, 2019-01-17 DRC Ltr to ICE-GEO Group re DRC Report-Adelanto.pdf, DRAFT ICE Response DRC- Adelanto Report February 1 2019 (002).doc, ERO Los Angeles DRAFT ICE Response DRC- Adelanto Report February 1 2019 (003).doc, 2019-01-17 Adelanto, DRC Report Photos.pdf

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

Please review the attached documents instead. I apologize for any confusion this may have caused.

(b)(6); (b)(7)(C)
STGi
Special Assistant| ICE Health Service Corps
Desk: (202) 731-(b)(6); Cell (202) 321-(b)(6);
E-Fax: 877-718-5793

From: IHSC Taskings
Sent: Wednesday, February 6, 2019 3:18 PM
To: (b)(6); (b)(7)(C) ice.dhs.gov>
Cc: Smith, Stewart D (b)(6); (b)(7)(C) ice.dhs.gov>
Subject: FW: ERO TASKER - ICE DRAFT Response to Disability... has been changed

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

Please see below and attached for your review and action:

Task Due Date: February 7, 2019 at 3:00 pm

ERO Taskings Tracking No.: 19021012 - Tasking: ICE DRAFT Response to Disability Rights California Findings

Clearance: Standard

Instructions:

(b)(5)

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

STGI

Special Assistant| ICE Health Service Corps

Desk: (202) 732-(b)(6) Cell (202) 321-(b)(6)

E-Fax: 877-718-5793

From: EAD - ERO (b)(7)(E)@ice.dhs.gov>

Sent: Wednesday, February 6, 2019 11:35 AM

To: IHSC Taskings User (b)(7)(E)@ice.dhs.gov>

Subject: ERO TASKER - ICE DRAFT Response to Disability... has been changed

EAD - ERO

ICE DRAFT Response to Disability... has been changed

[Modify my alert settings](#)

[View ICE DRAFT Response to Disability...](#)

[View ERO TASKER](#)

[Mobile View](#)

Task Name: ICE DRAFT Response to Disability Rights California Findings

Predecessors:

Priority: (2) Urgent

% Completed: 0%

Assigned To: EROFieldOpsTaskingsUsers; IHSC Taskings Users

Start Date: 2/1/2019 6:30 PM

Completed: No

**Assigned Program
Offices:**

CC:

**Completion
Approval:** No

Confidential: No

Cumulative Time: 30 Minutes

**Date Due to
Requestor:** 2/7/2019 5:00 PM

Delegate To:

**Division Clearing
Official:**

**ERO Clearing
Official:**

**ERO Division Due
Date and Time:** 2/7/2019 3:00 PM

**ERO Tasker
Approval:** Yes

ERO Tasking Only: **Assigned Unit (s):** Field Operations (to include FOD LOS)

IHSC

OPLA

From (Requesting Office): ERO Custody Management

Task Due Date: February 7, 2019 at 3:00 pm

ERO Taskings Tracking No.: 19021012 - Tasking: ICE DRAFT Response to Disability Rights California Findings

Clearance: Standard

Instructions:

(b)(6)

Please provide edits and comments to the draft response via redline edit or comment bubble directly in the document.

POC:

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

202.73 (b)(6); (b)(7)(C) Desk Phone

Thank you,

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

Detention and Deportation Officer

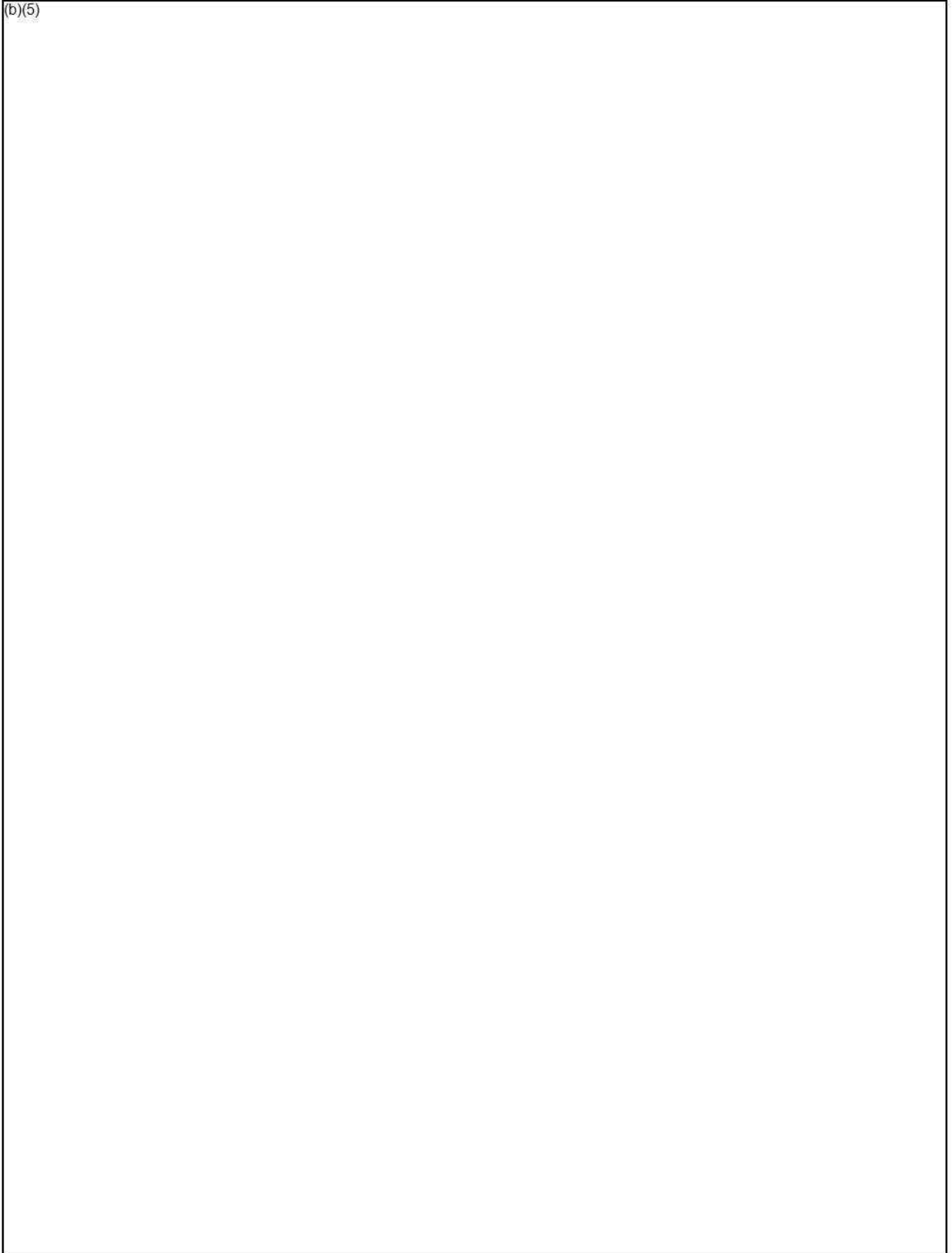
	ERO Executive Information Unit	
	Enforcement and Removal Operations	
	Immigration and Customs Enforcement	
	U.S. Department of Homeland Security	
	202.73.(b)(6); (b)(7)(C) 443.580.(b)(6) (C)	
External Requestor Office:	N/A	
External/Internal :	Internal	
Internal Requestor Office:	AD - Custody Management	
Notify Assigner:	No	
OESIMS:	105094	
Requestor Name:		
STU ID:	0	
Task Approval Date:		
Task Update/Division Response:	Please find Field Operations' edits attached. Cleared by CoS, Field Operations.	Edited
Tasking Number:	19021012	
Taskings POC:	(b)(6); (b)(7)(C)	
Task Status:	In Progress	
Task Status:	Not Started	
Last Modified 2/6/2019 11:31 AM by (b)(6); (b)(7)(C)		

**No Safety Here:
The Dangers for People with Mental Illness and Other Disabilities at
Adelanto Detention Center**

(b)(5)

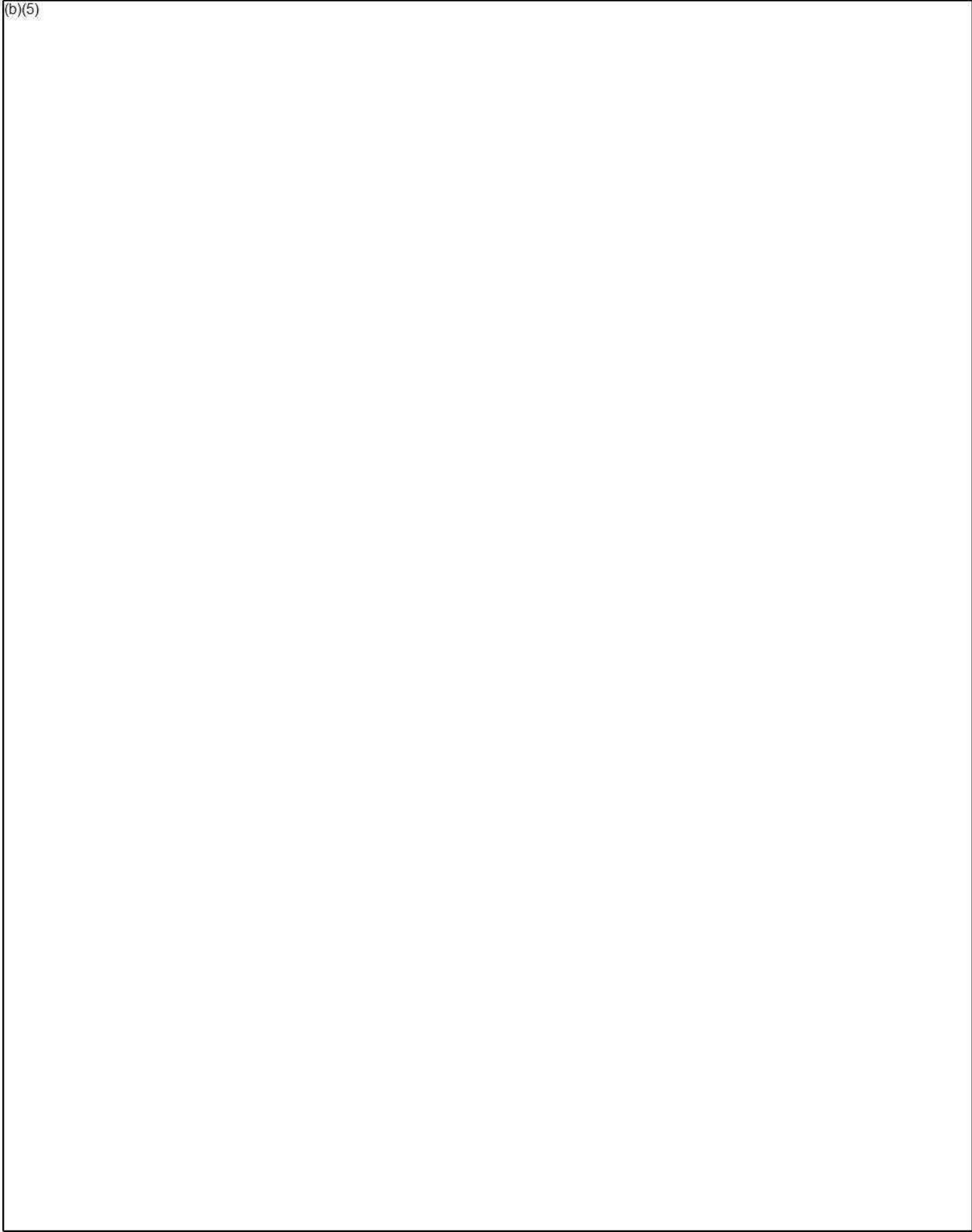
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(b)(5)

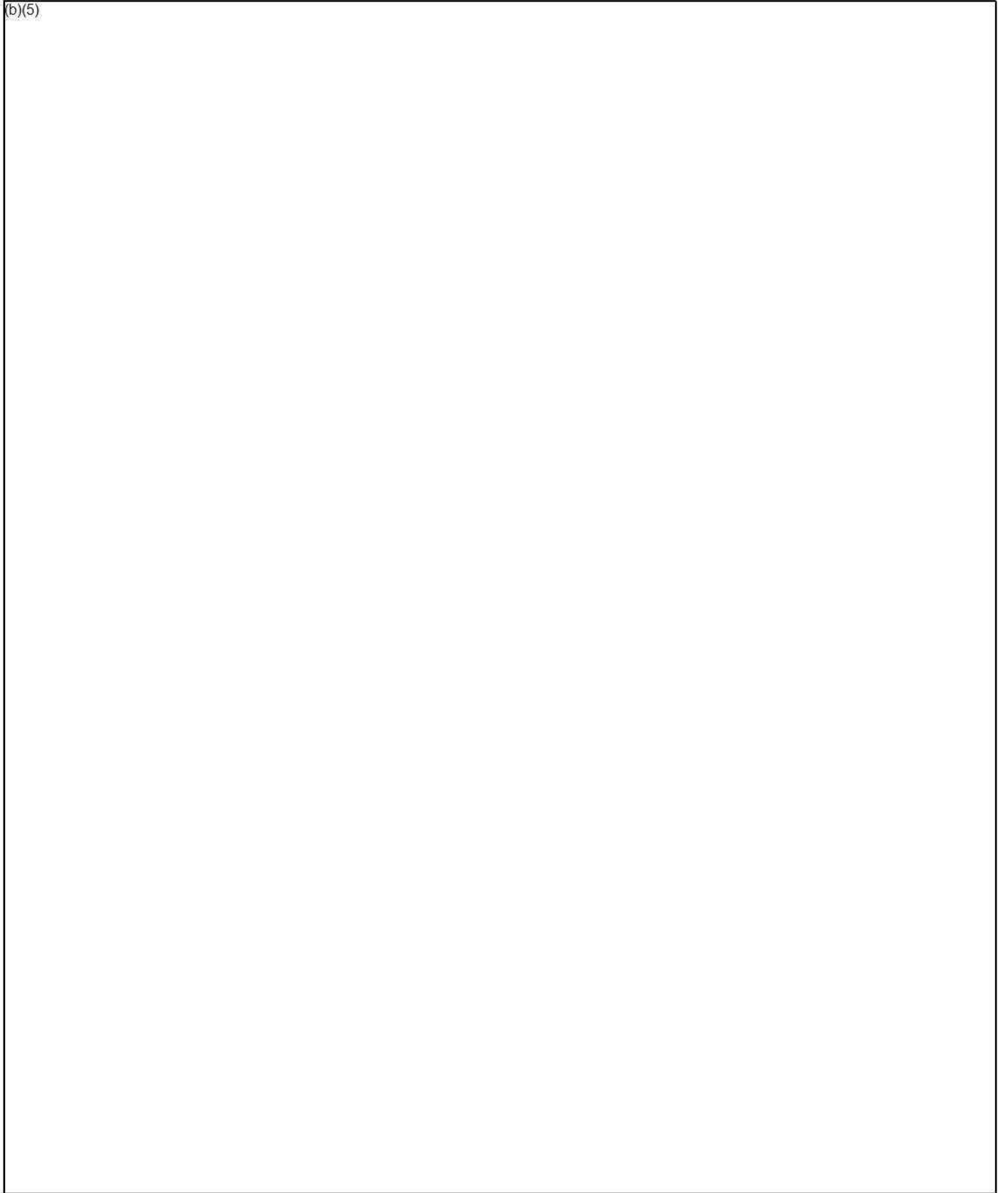


(b)(5)

(b)(5)



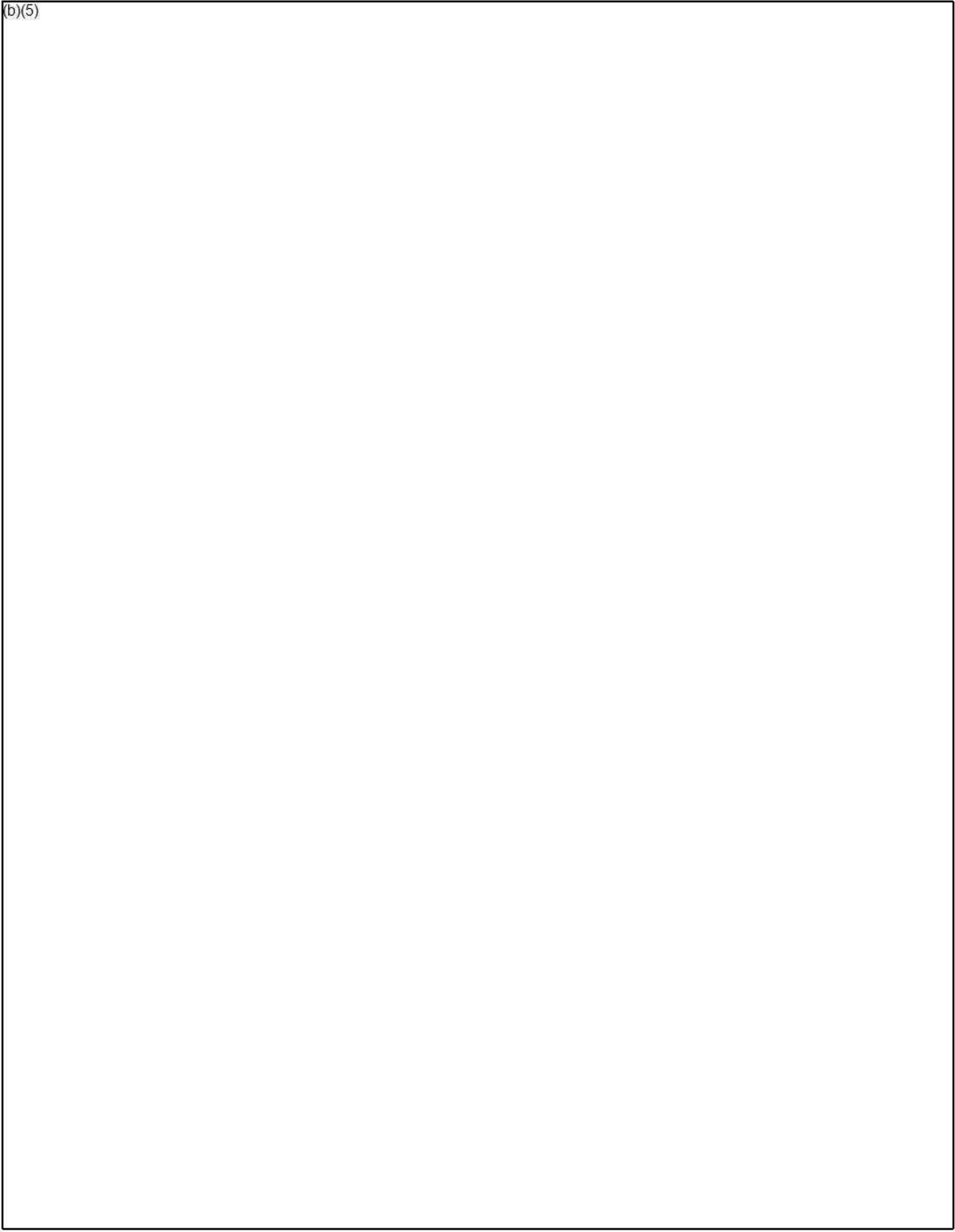
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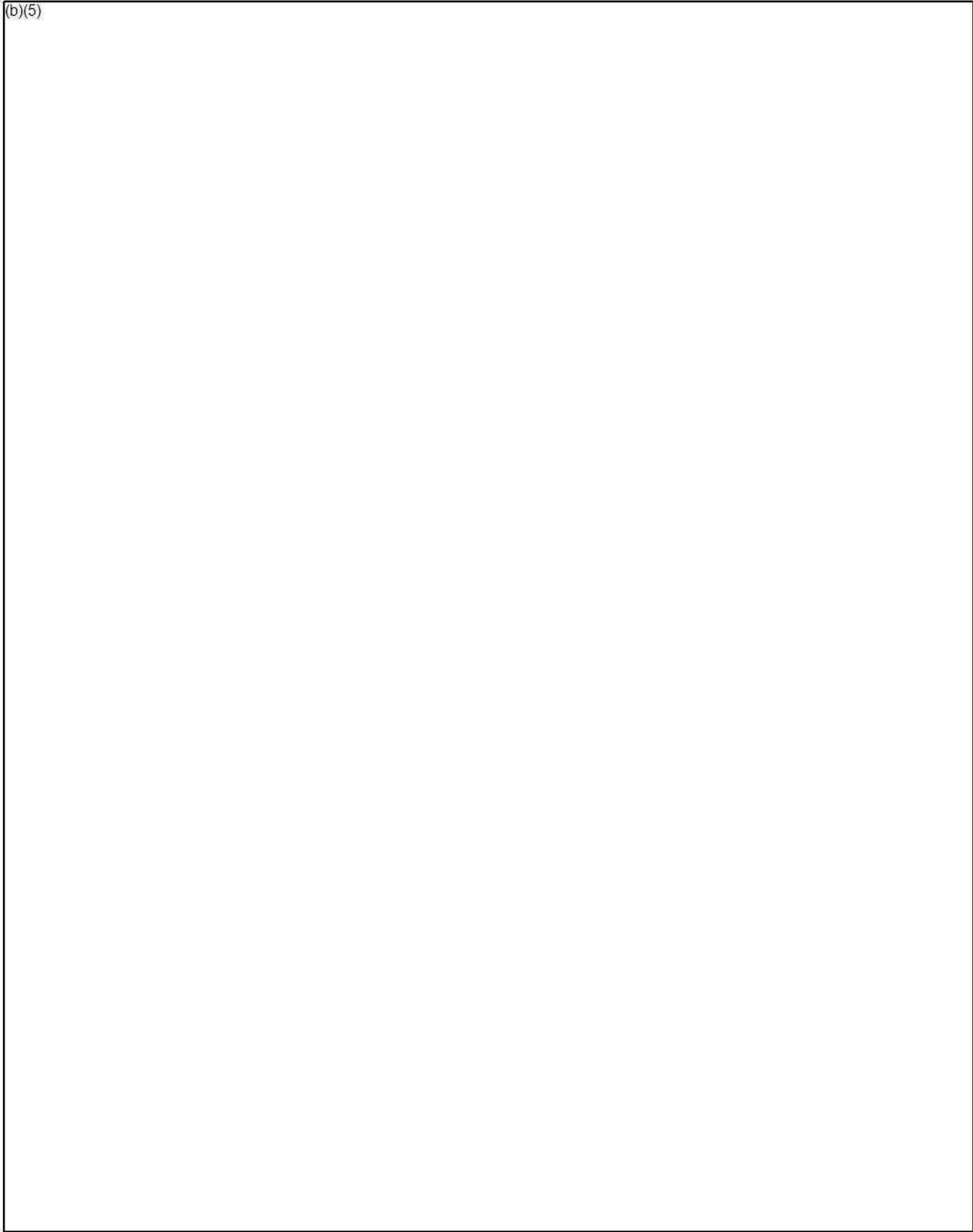
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(b)(5)

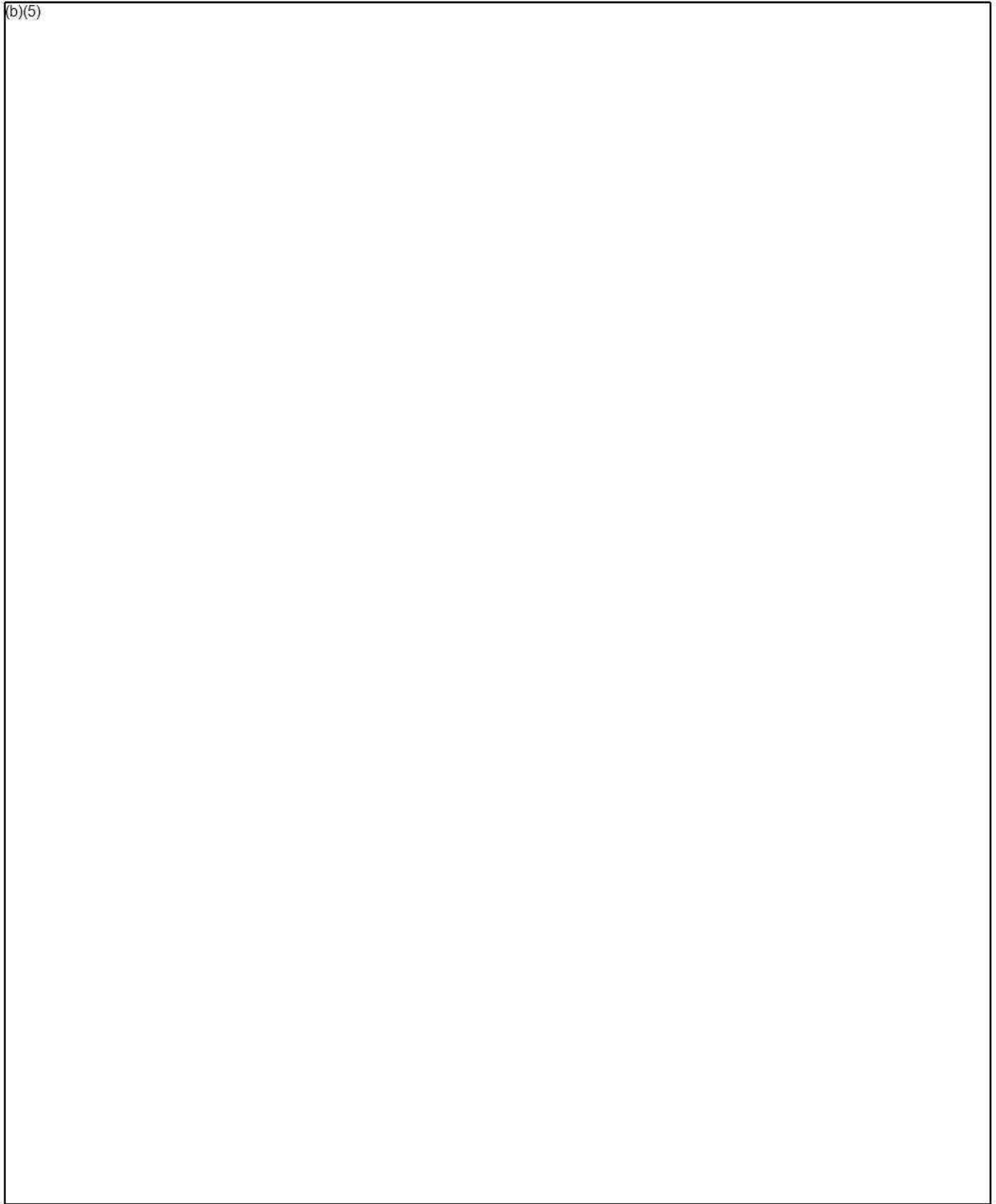
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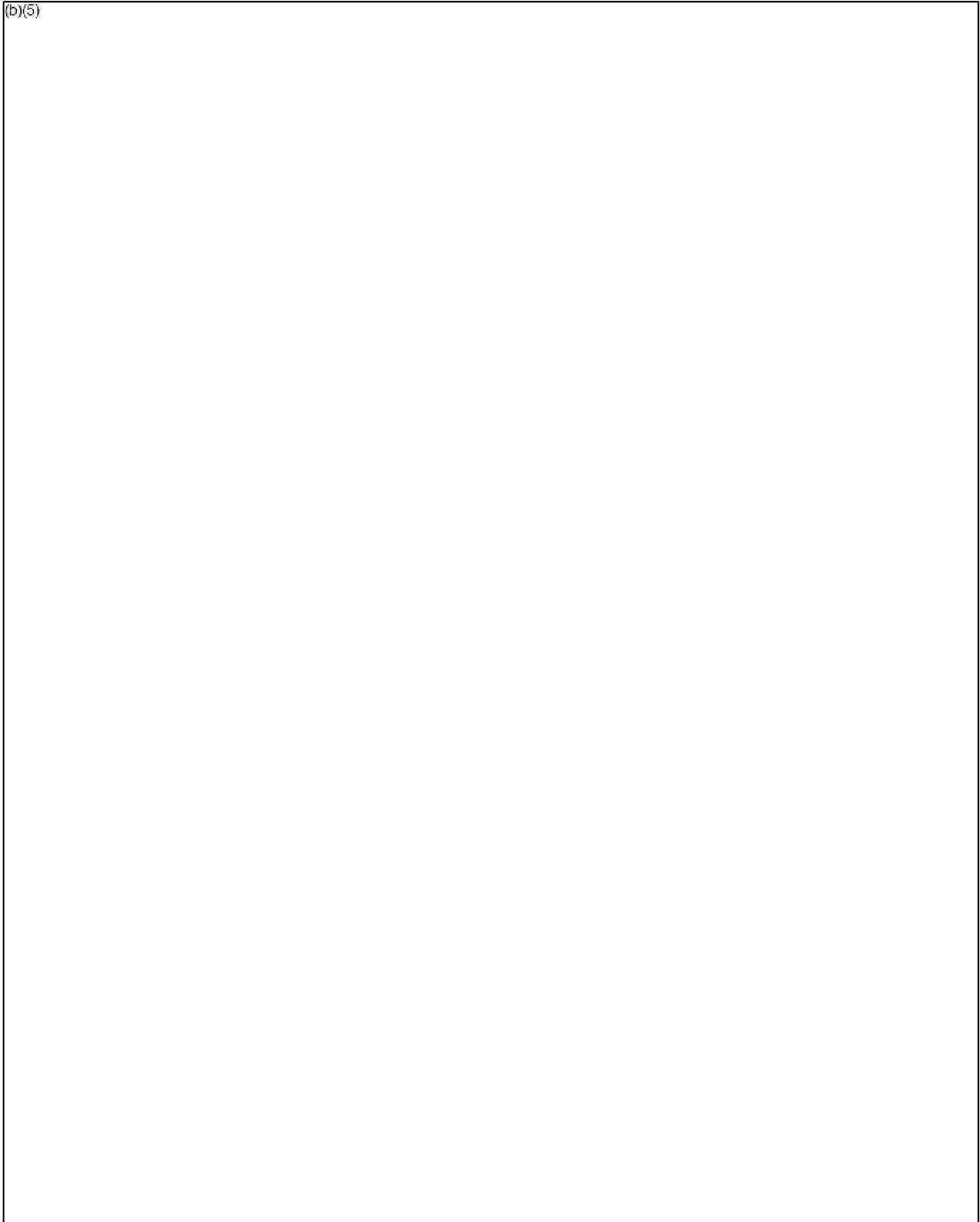
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(b)(6); (b)(7)(C)

(b)(5)

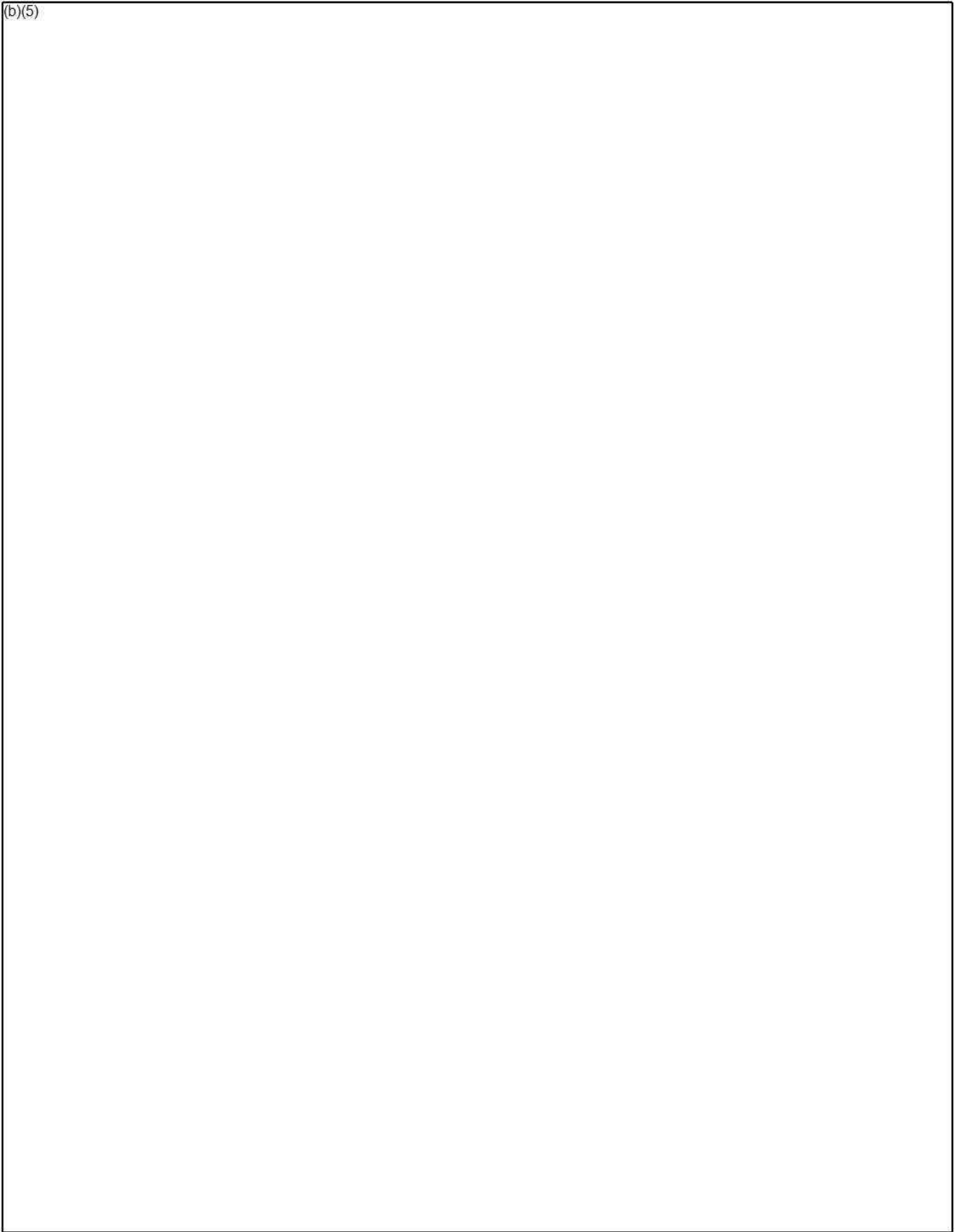
(b)(6); (b)(7)(C)

(b)(5)

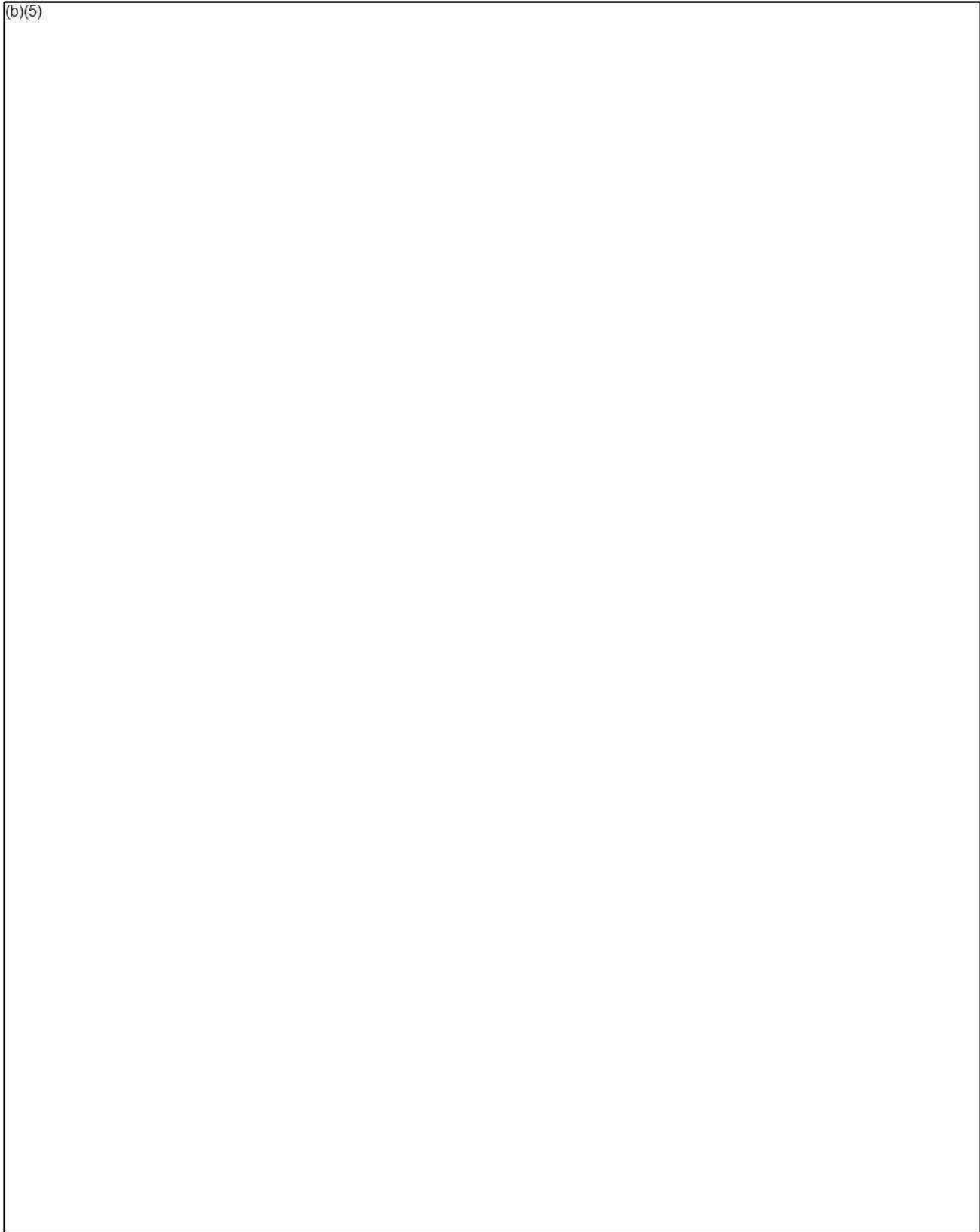


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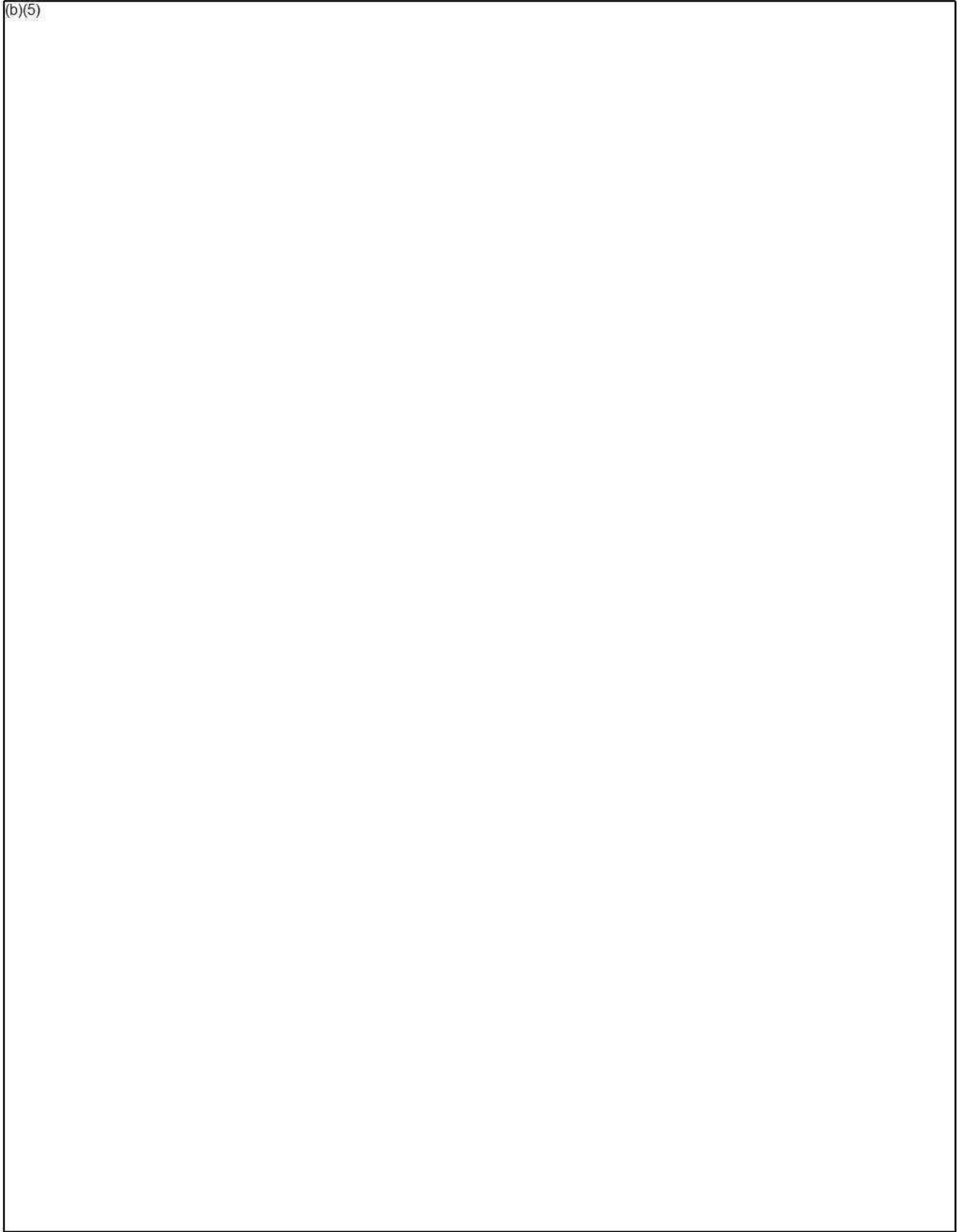
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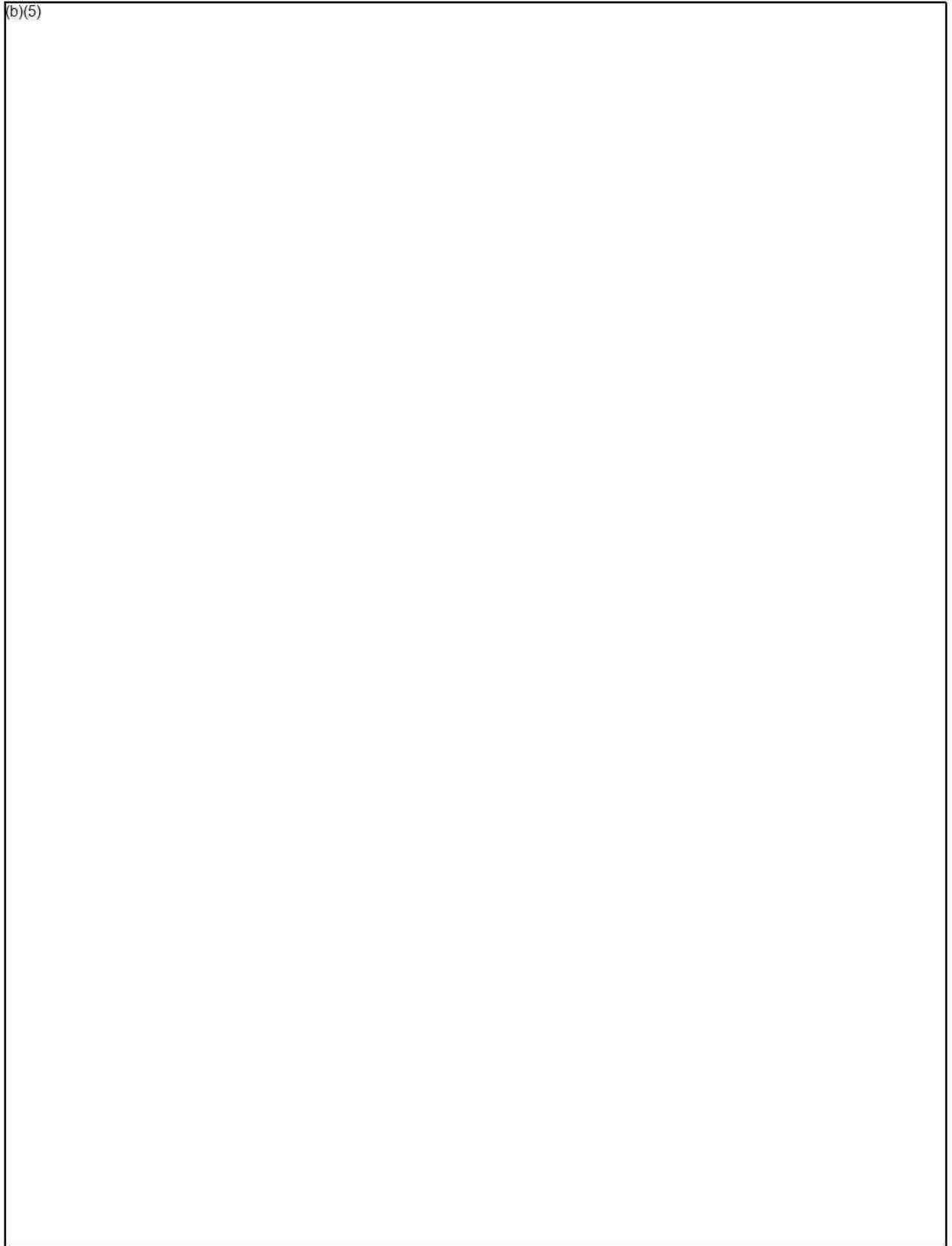


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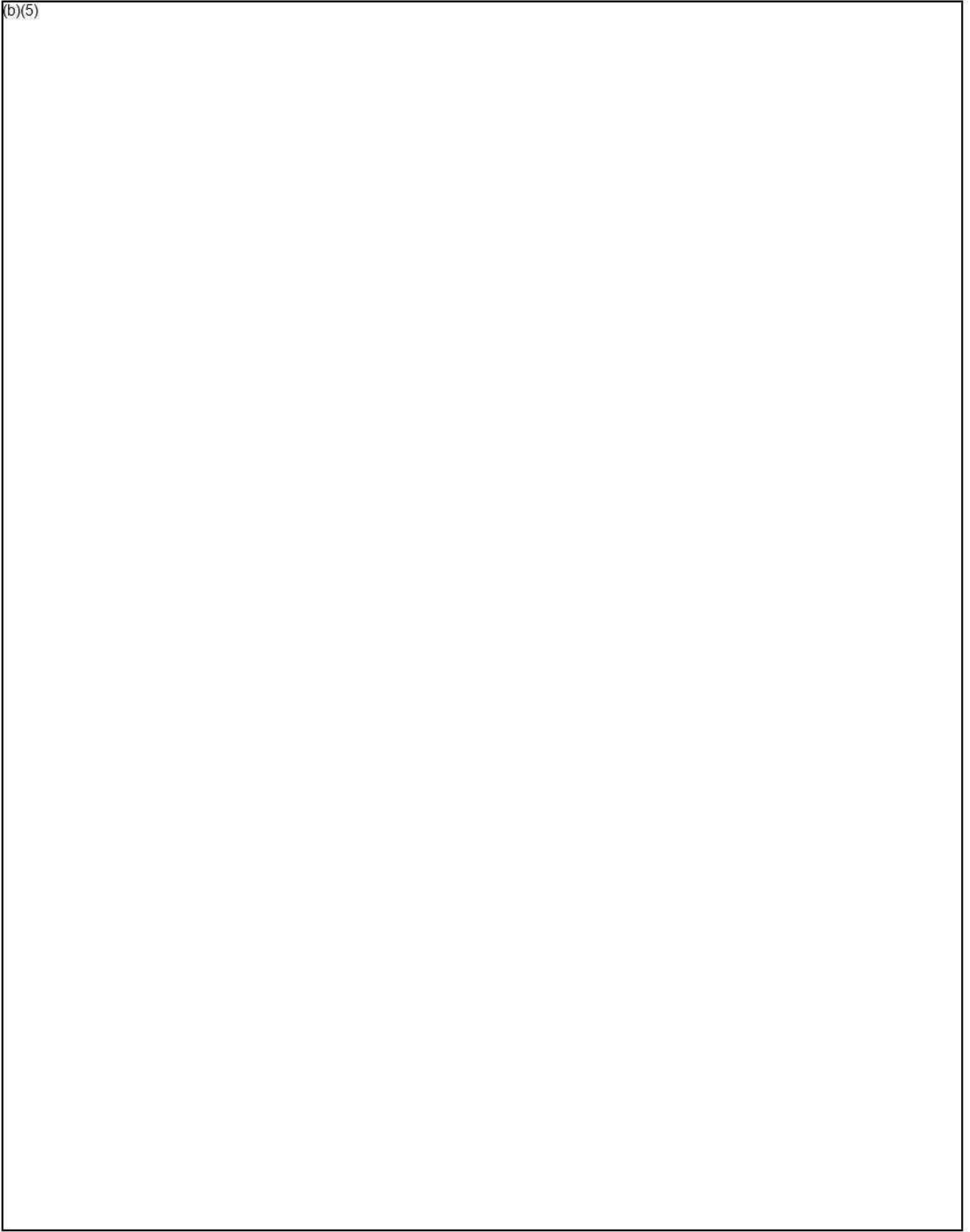
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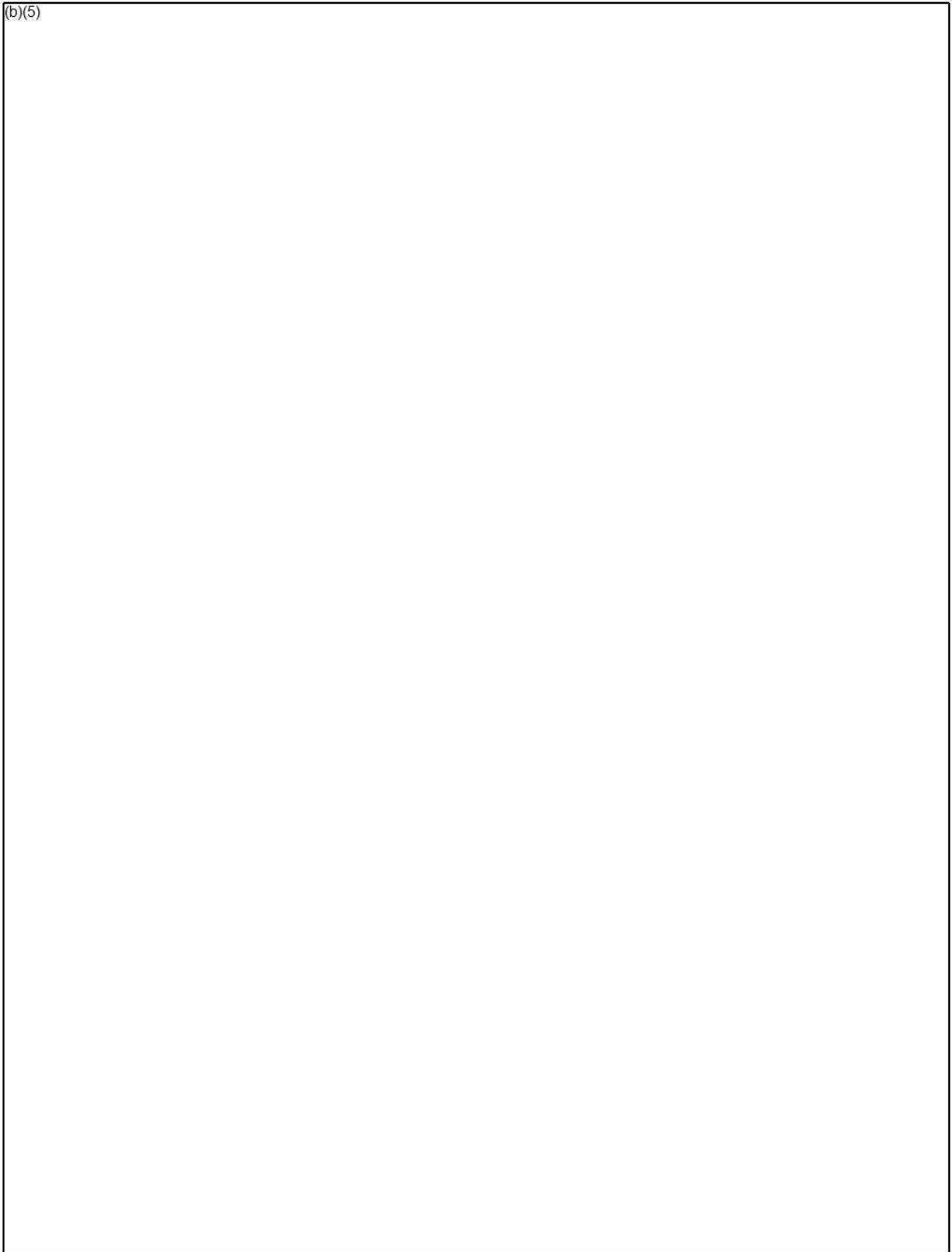


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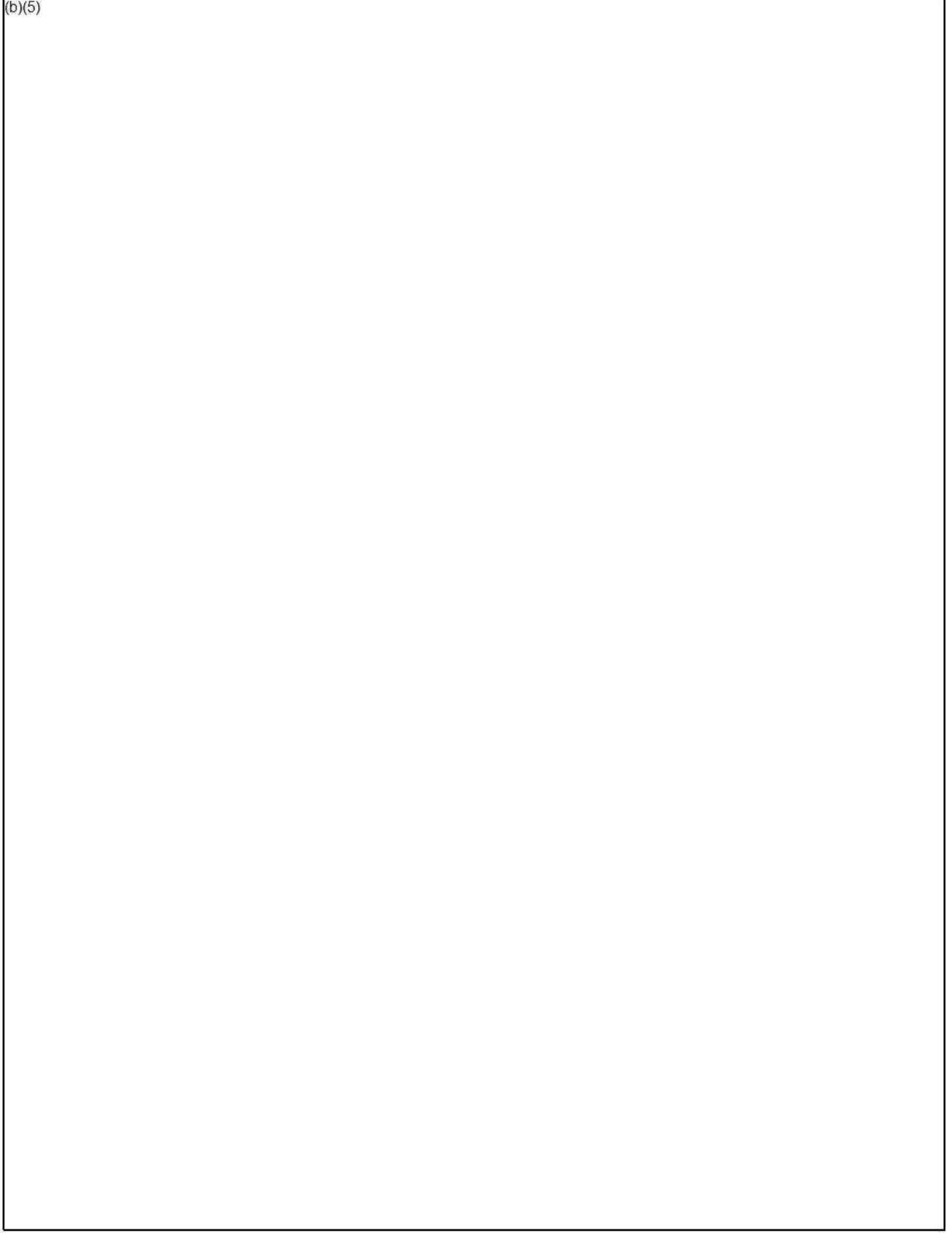
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(b)(5)

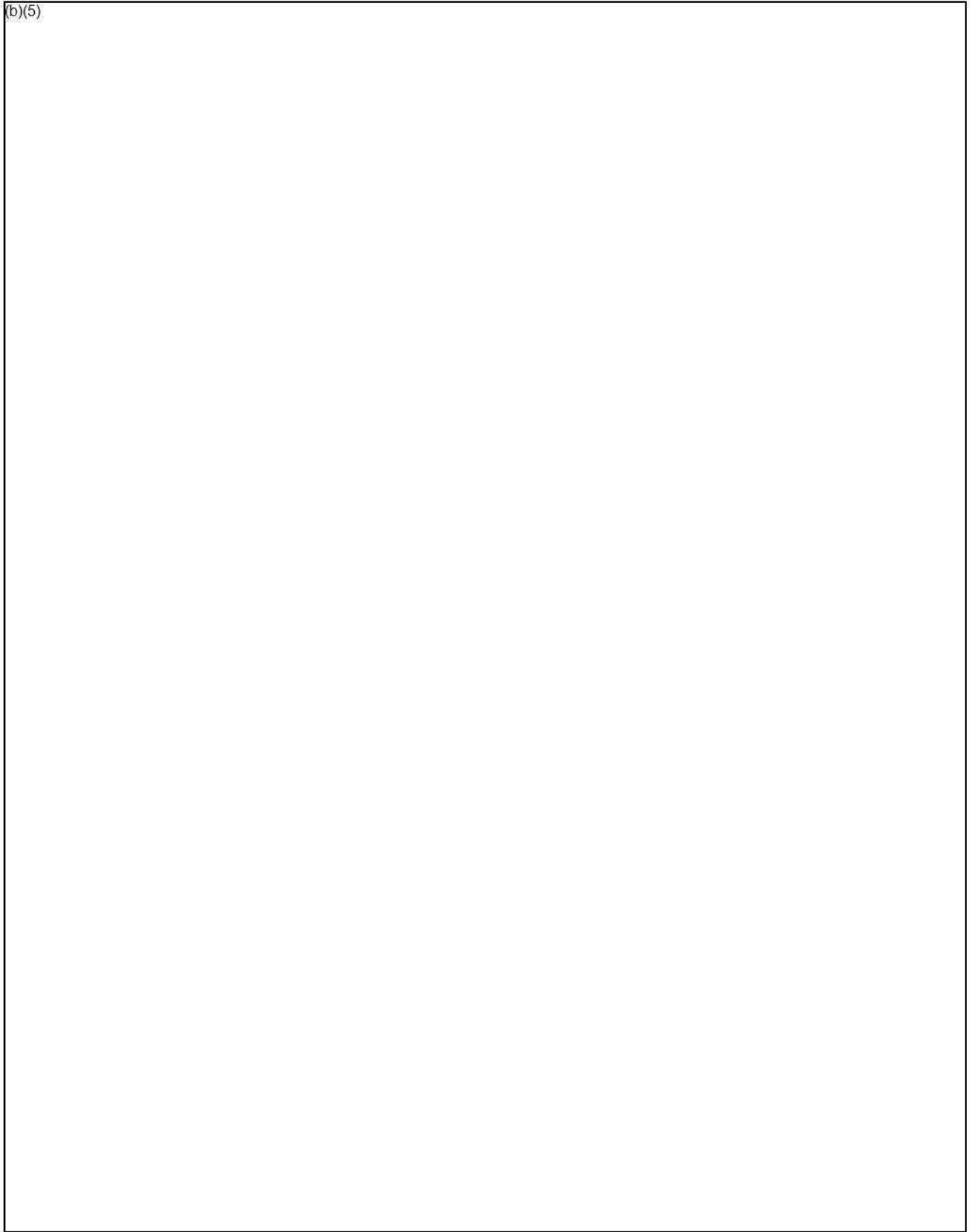


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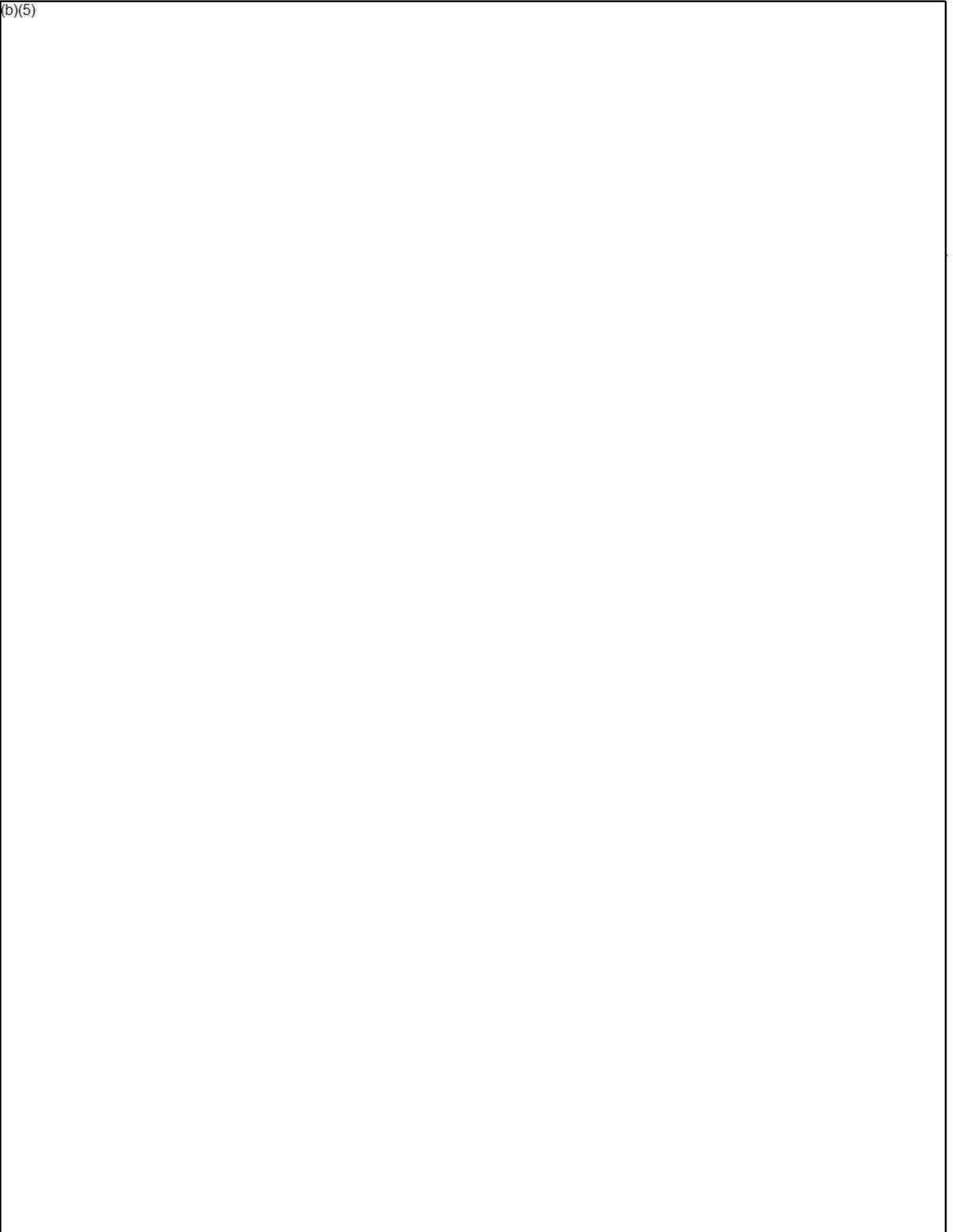


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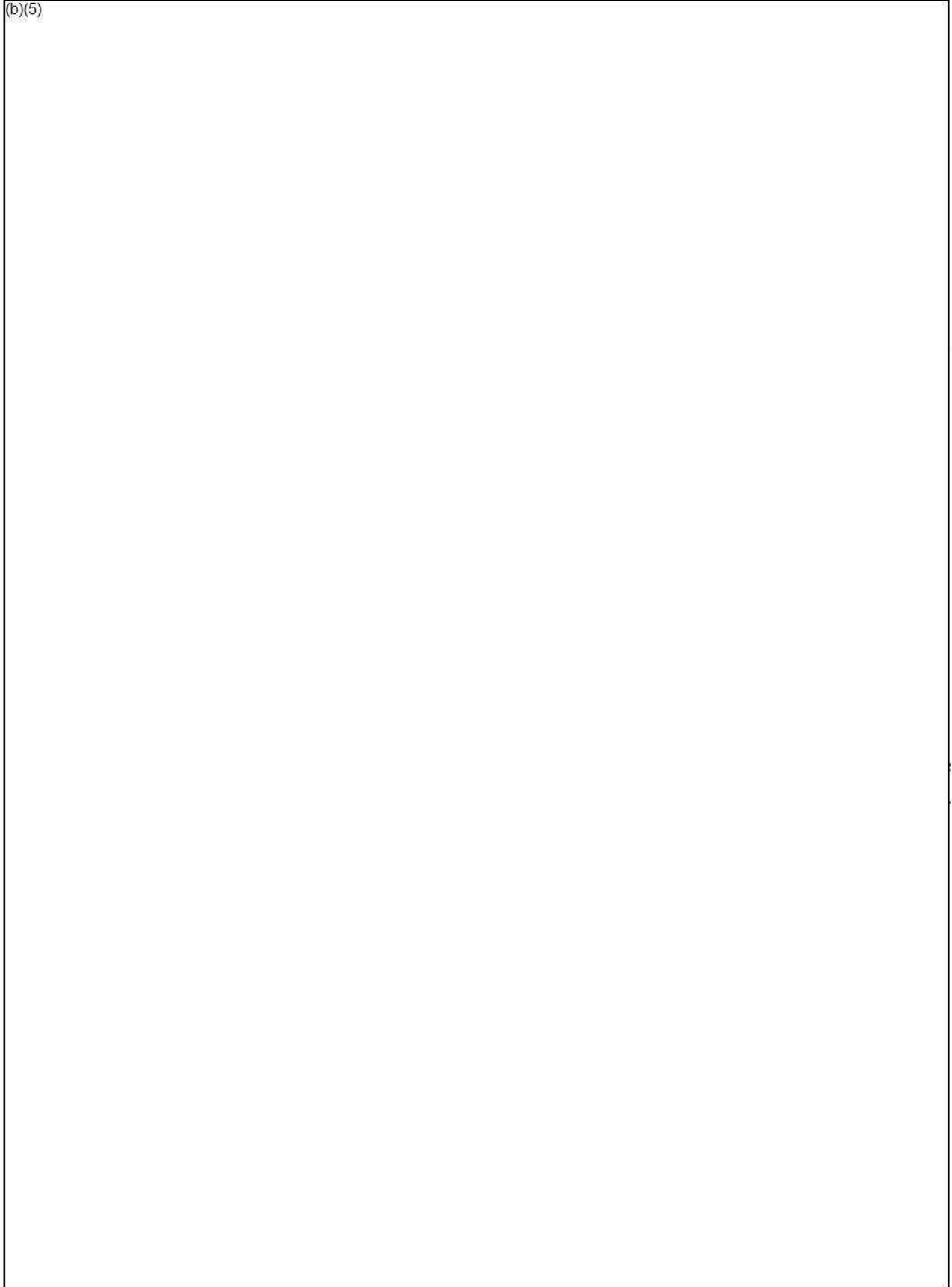
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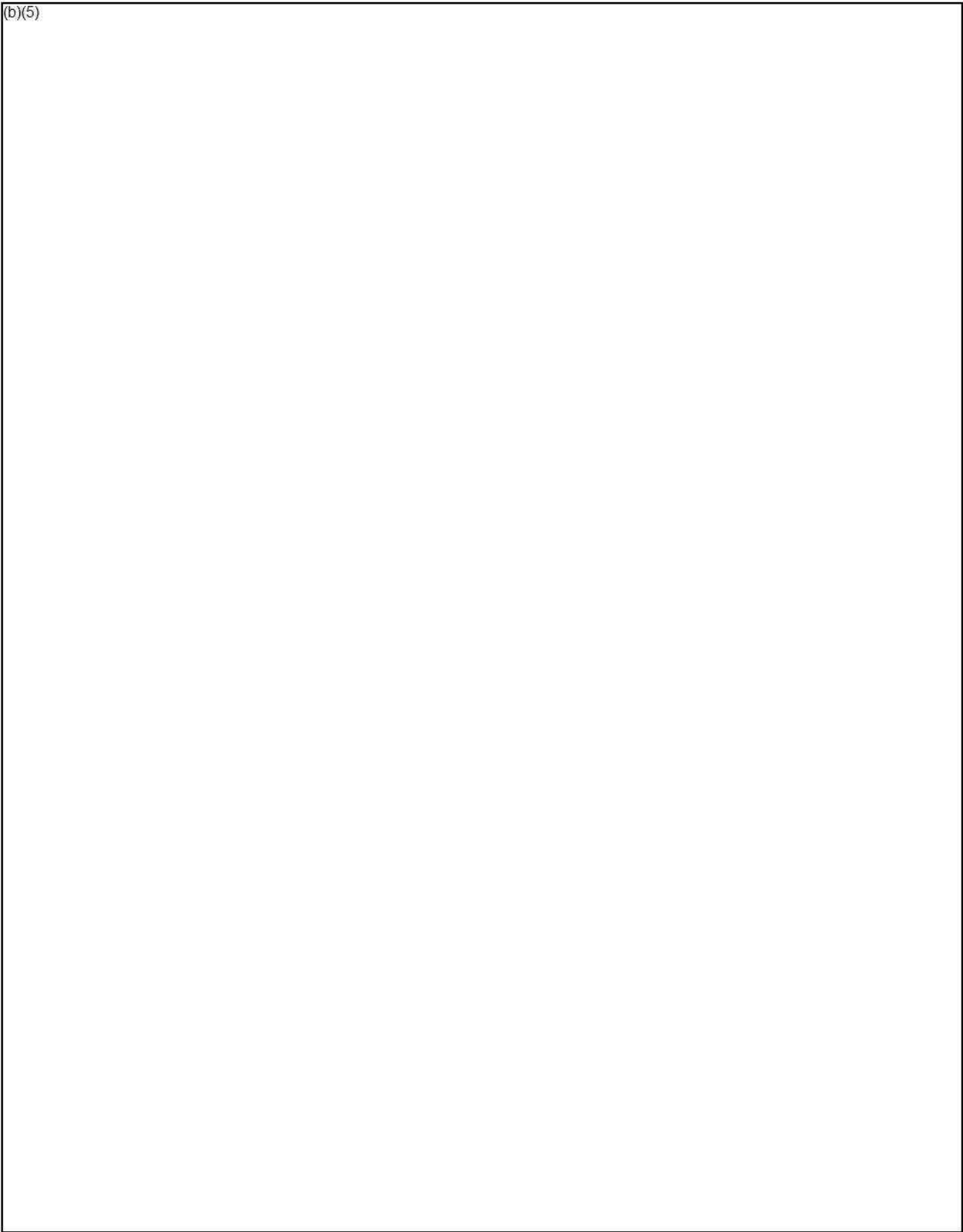


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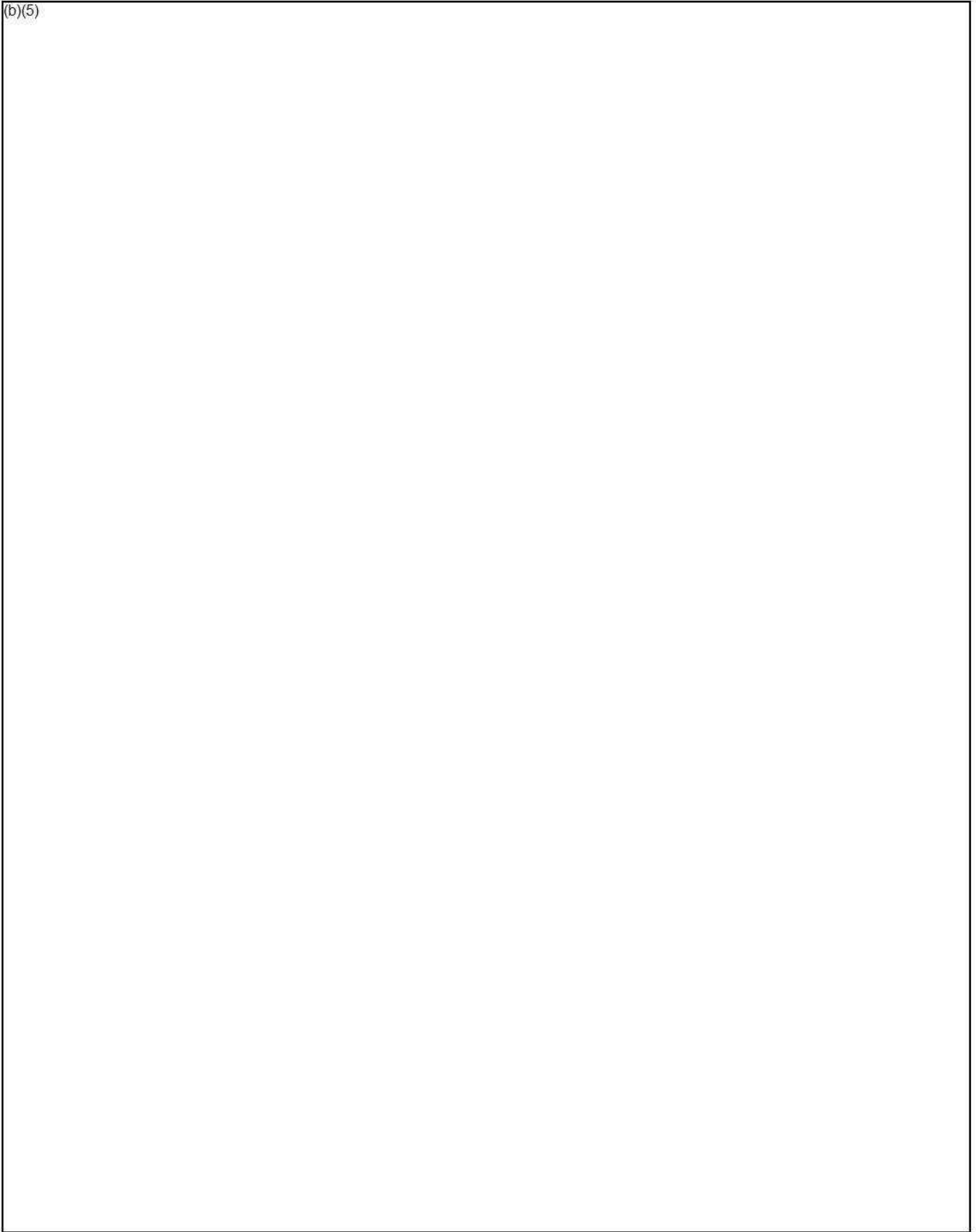
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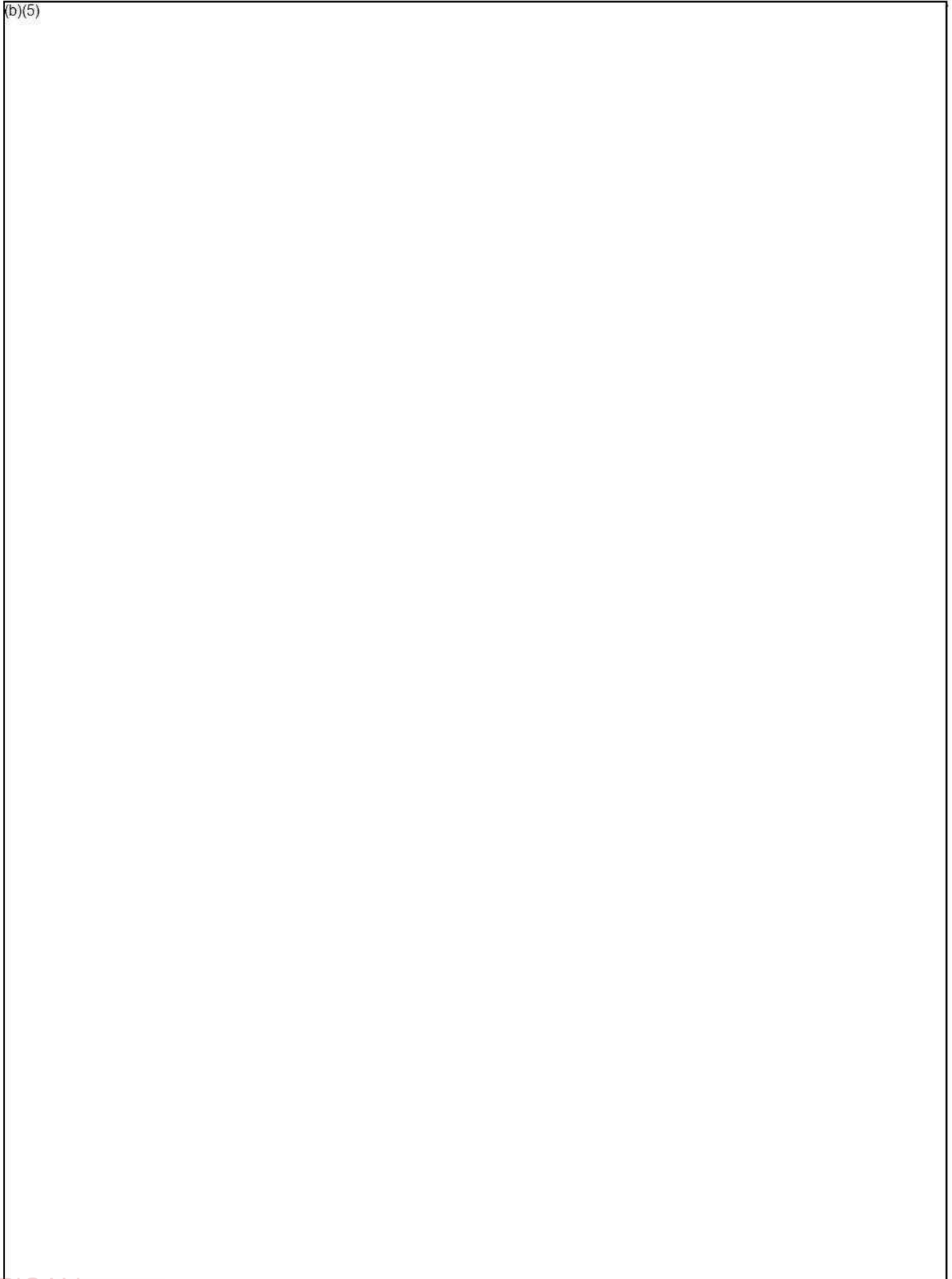


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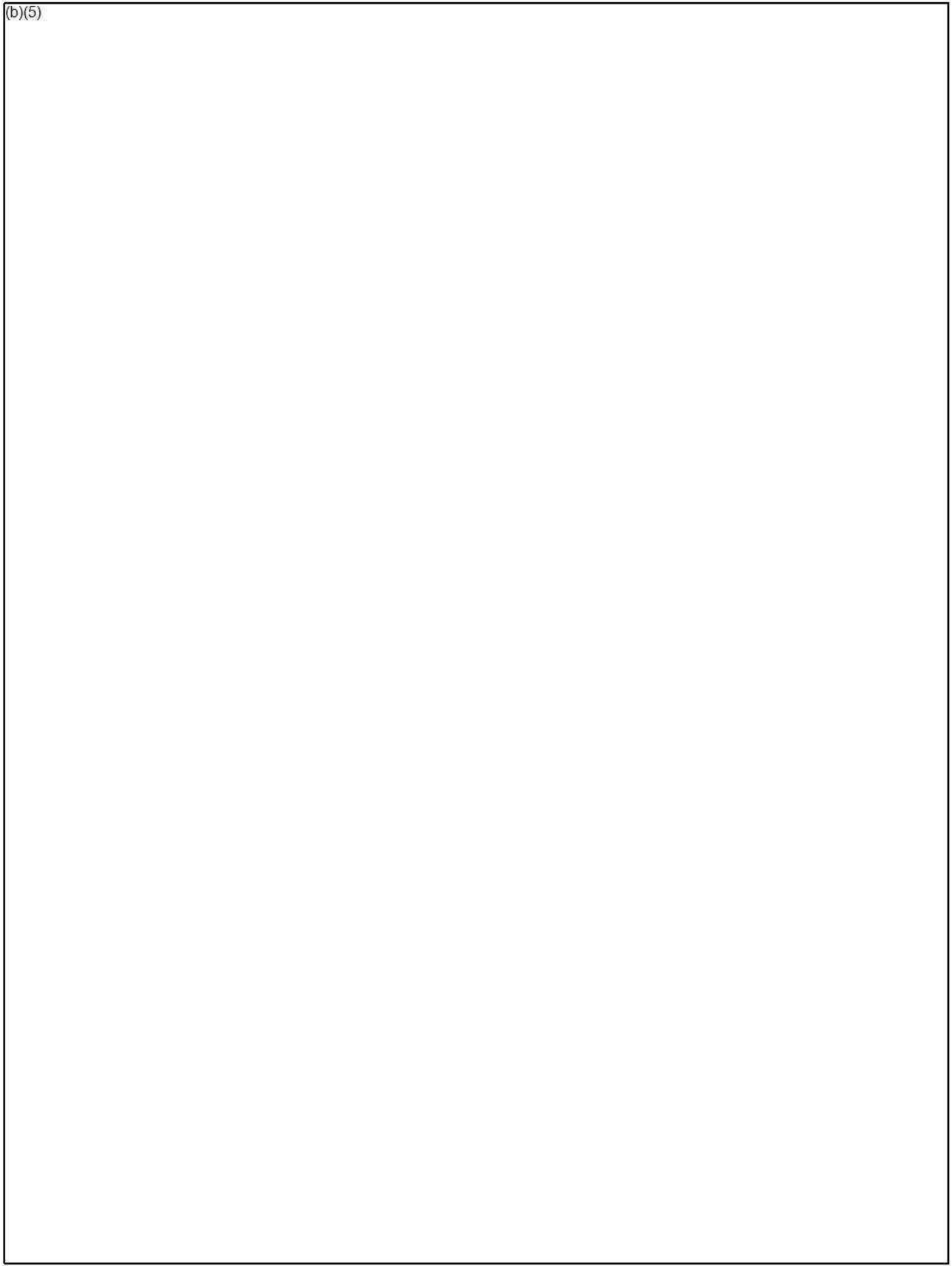
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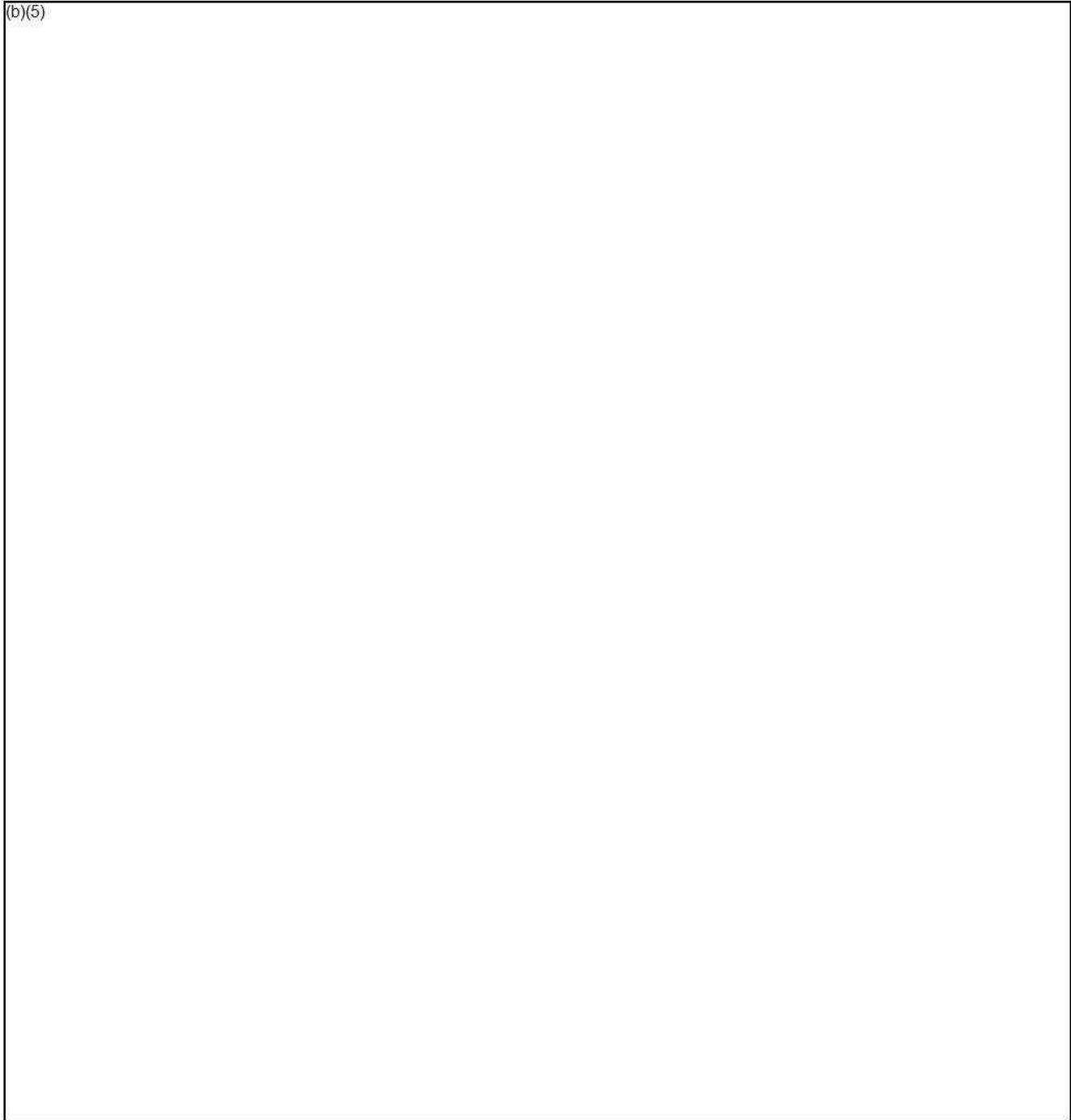


(b)(5)

(b)(5)



(b)(5)





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

February 1, 2019

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

Litigation Counsel
Disability Rights California
Bay Area Regional Office
1330 Broadway, Suite 500
Oakland, CA 94612

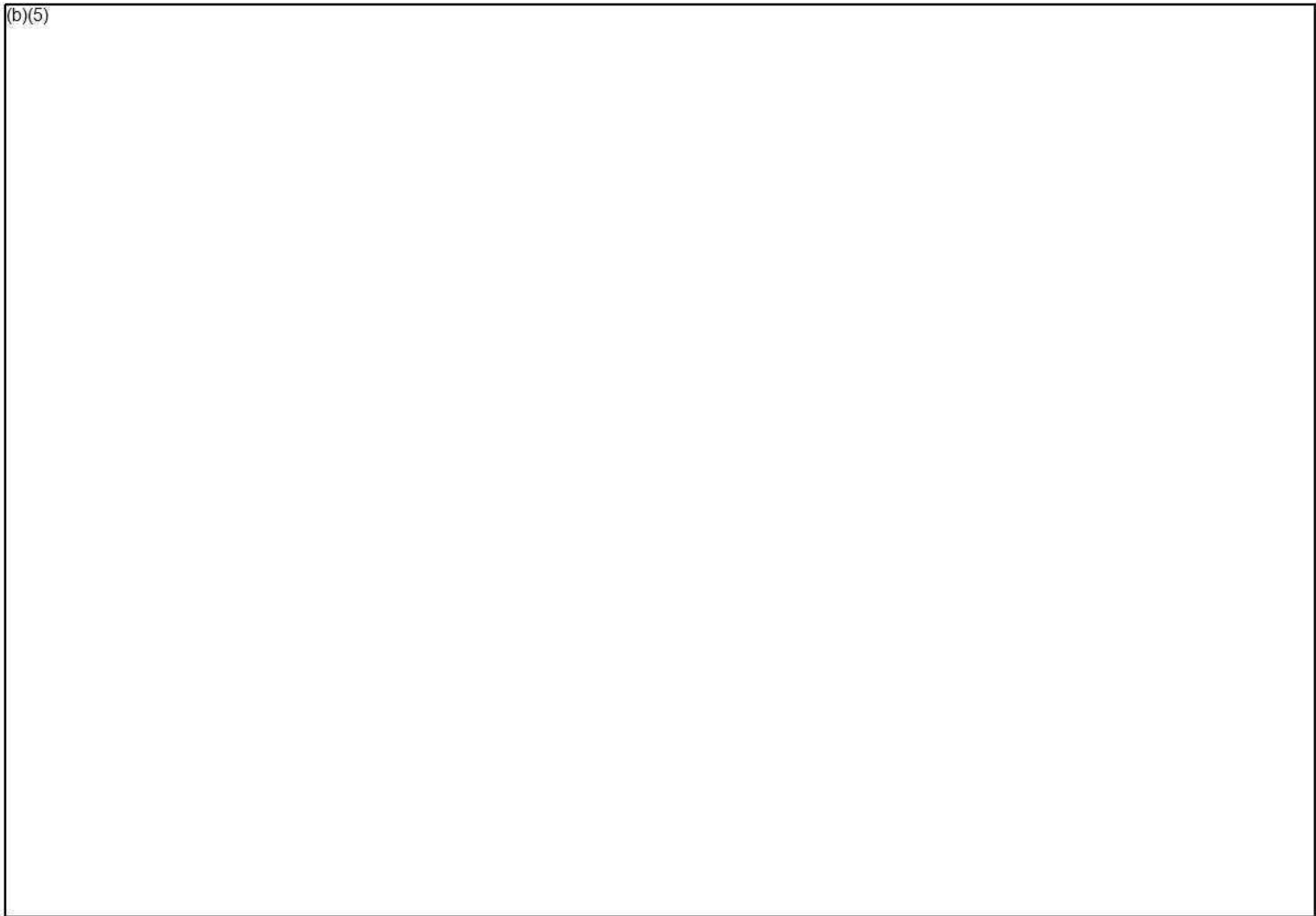
Re: Disability Rights California Monitoring Report, Adelanto Detention Center

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

(b)(5)

(b)(5)

(b)(5)



DECLASSIFIED



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

February 1, 2019

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

Litigation Counsel

Disability Rights California

Bay Area Regional Office

1330 Broadway, Suite 500

Oakland, CA 94612

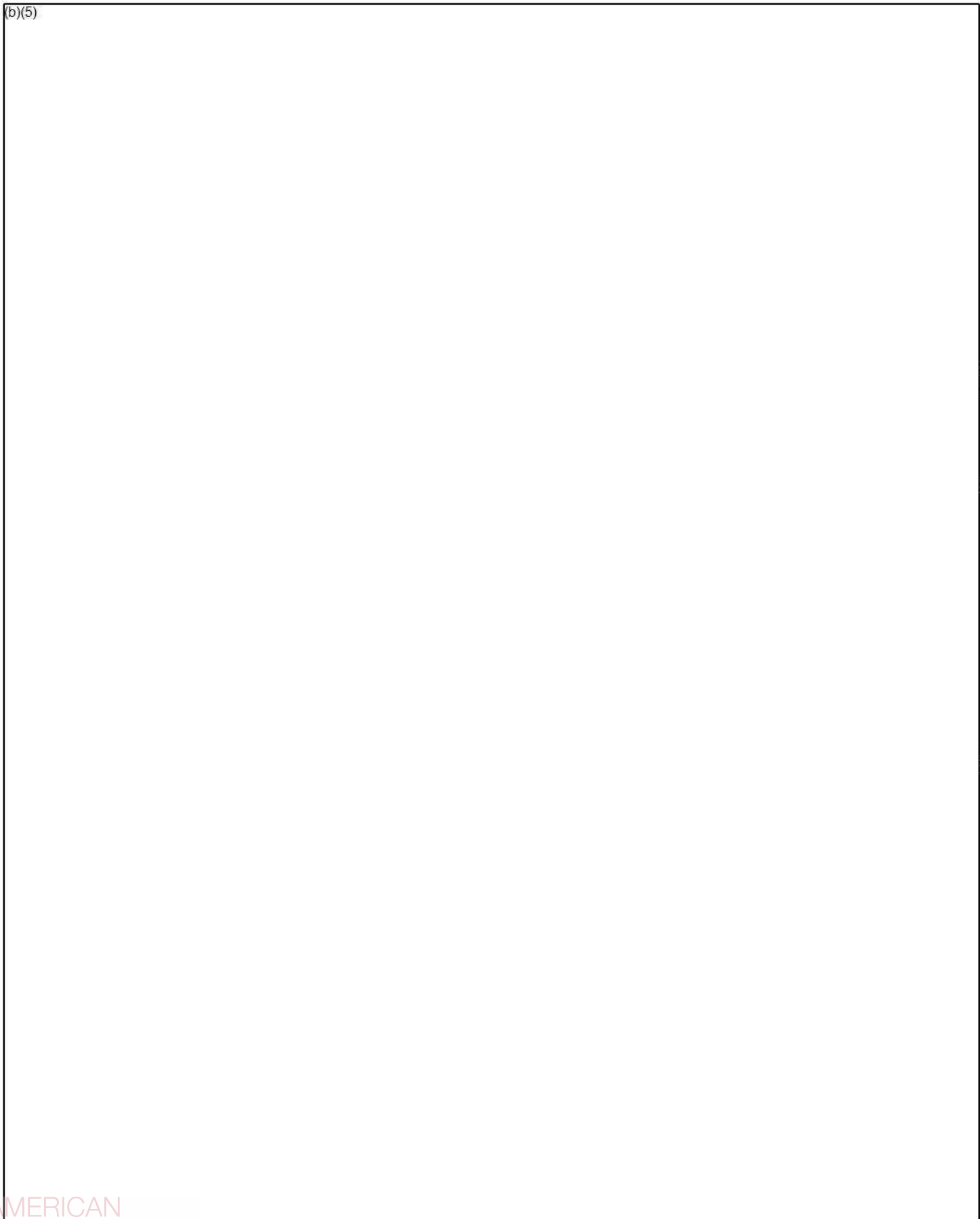
Re: Disability Rights California Monitoring Report, Adelanto ICE Processing Center

Dear

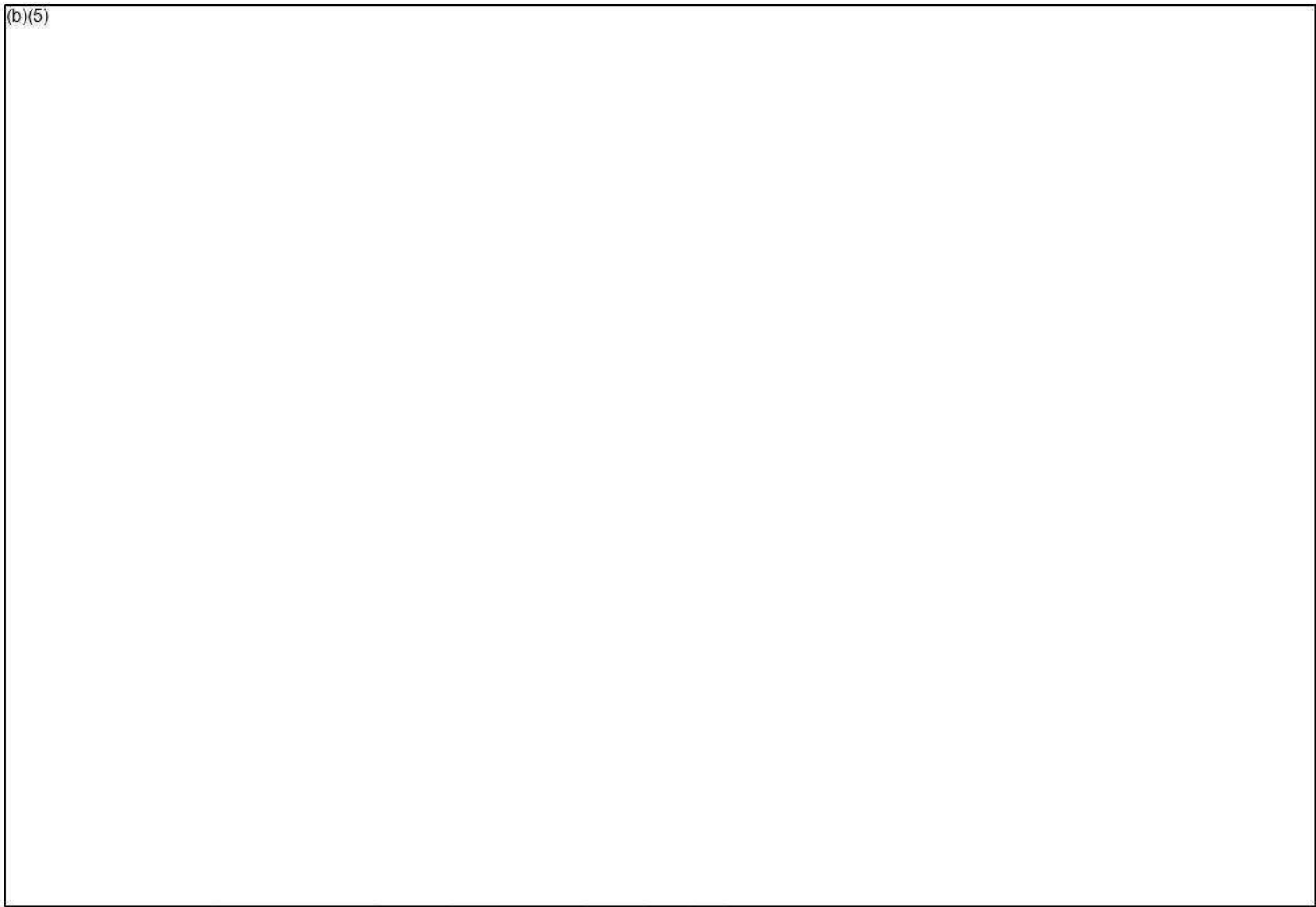
(b)(6); (b)(7)(C)

(b)(5)

(b)(5)



(b)(5)



DECLASSIFIED

From: (b)(6)
Sent: 7 Feb 2019 13:48:30 +0000
To: Smith, Stewart D; Johnson, Tae D; Trickler-McNulty, Claire
Cc: (b)(6)
Subject: RE: The GEO Group's Response to Disability Rights California's Monitoring Report on the Adelanto ICE Processing Center
Attachments: DRAFT ICE Response DRC- Adelanto Report February 1 2019 (002).doc

Here is our draft... Still pending OPLA

(b)(6)
Deputy Assistant Director
Enforcement and Removal Operations | Custody Programs
U.S. Immigration and Customs Enforcement
Office: 202-732-(b)(6) | Cell: 202-431-(b)(6)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov



Homeland
Security

From: Smith, Stewart D
Sent: Thursday, February 7, 2019 8:19 AM
To: (b)(6); (b)(6); (b)(7)(C)@ice.dhs.gov; Johnson, Tae D
(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
Subject: RE: The GEO Group's Response to Disability Rights California's Monitoring Report on the Adelanto ICE Processing Center

Thx (b)(6) I guess took a global view in responding to the report instead of answering each allegation individually.

Is ICE providing it's own response or are we in standby mode?

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

Dr. Stewart D. Smith, MPH, CCHP
Assistant Director | ICE Health Service Corps
Office: 202-732-(b)(6) Cell: 202-321-(b)(6)
Email: (b)(6); (b)(7)(C)@ice.dhs.gov
Executive Assistant: (b)(6); (b)(7)(C)@associates.ice.dhs.gov 202-321-(b)(6)
"IHSC: One Team, One Mission...Leading the Way in Immigration Health Care"

From: (b)(6)
Sent: Wednesday, February 6, 2019 5:06 PM
To: Johnson, Tae D <(b)(6); (b)(7)(C)@ice.dhs.gov>; Trickler-McNulty, Claire <(b)(6); (b)(7)(C)@ice.dhs.gov>; Smith, Stewart D <Stewart.D.Smith@ice.dhs.gov>
Subject: FW: The GEO Group's Response to Disability Rights California's Monitoring Report on the Adelanto ICE Processing Center

Sent with BlackBerry Work

(www.blackberry.com)

From: (b)(6); (b)(7)(C) @geogroup.com>

Date: Wednesday, Feb 06, 2019, 4:24 PM

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

Cc: Lorenzen-Strait, Andrew (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>, J (b)(6); (b)(7)(C) @geogroup.com>, (b)(6);

(b)(6); (b)(7)(C) @geogroup.com>, (b)(6); (b)(7)(C) @geogroup.com>, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @geogroup.com>, (b)(6); (b)(7)(C) @geogroup.com>

Subject: The GEO Group's Response to Disability Rights California's Monitoring Report on the Adelanto ICE Processing Center

Dear Assistant Field Officer (b)(6); (b)(7)(C):

Please see our response to U.S. Immigration and Customs Enforcement regarding Disability Rights California's Monitoring Report regarding the Adelanto ICE Processing Center. Please let me know if you have any questions or concerns.

Thank you,

(b)(6)

EXECUTIVE VICE PRESIDENT, CONTRACT COMPLIANCE

The GEO Group, Inc. ®

One Park Place, Suite 700, 621 NW 53rd Street
Boca Raton, Florida 33487

Tel: 561 999 (b)(6) • Fax: 561 999 7745

Mobile: 561 465 (b)(6)

(b)(6); @geogroup.com

www.geogroup.com

MEMORANDUM FOR: Chief, IHSC Personnel Unit

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

FROM:

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

Management Program Analyst

Office of Enforcement and Removal Operations
ICE Health Service Corps

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



U.S. Immigration
and Customs
Enforcement

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

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

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

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

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



U.S. Immigration
and Customs
Enforcement

April 10, 2018

MEMORANDUM FOR: Tae Johnson
ERO Assistant Director
ICE Custody Management

THROUGH: Stewart D. Smith, 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 and 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)(5); (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)(5); (b)(7)(E)

(b)(5); (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.

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

(b)(5); (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.*

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

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

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

IMPROVING QUALITY OF HEALTH CARE AT THE ADELANTO ICE PROCESSING CENTER BY ADDRESSING FOUR KEY ADMINISTRATIVE SYSTEMS

REPORT OF ICE HEALTH SERVICE CORPS SUBJECT MATTER EXPERT TEAM VISIT — MARCH 6TH TO 8TH, 2018

PURPOSE

Assist the Adelanto ICE Processing Center (AIPC) Health Facility Leadership improve health care quality through an analysis of key administrative systems that hinder quality health care delivery.

TEAM MEMBERS

ICE Health Service Corps (IHSC)

U.S. Public Health Officers

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

Deputy Asst. Director - Health Care Compliance (HCC)
Deputy Asst. Director - Health Systems Support (HSS)
Unit Chief - Medical Case Management Unit (MCMU)
Field Medical Coordinator – Los Angeles Field Office
Western Regional Pharmacy Consultant
Field Medical Coordinator – Los Angeles Field Office
Chief Psychiatrist - IHSC
Risk Manager – IHSC (HCC)

IN ATTENDANCE

ICE

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

Asst. Field Office Director
Detention Service Manager

GEO Group

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

Executive Vice President, Health Services
Chief Medical Officer
Western Region Vice President - GEO
Warden
Assistant Warden

Correct Care Solutions

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

Senior Vice President, Private Prisons Division -
Correctional Care Solution (CCS)

Health Systems Administrator (HSA)-CCS

Medical Director-CCS

Asst. HSA-CCS

Director of Nursing (DON)-CCS

Mental Health Director-CCS

Staff Psychiatrist-CCS

Chief - Quality Assurance (QA)-CCS

EXECUTIVE SUMMARY

PURPOSE OF IHSC TEAM VISIT TO ADELANTO ICE PROCESSING CENTER VISIT TO

Assist the Adelanto ICE Processing Center (AIPC) Health Facility Leadership improve health care quality through an analysis of key administrative systems that hinder quality health care delivery.

METHODOLOGY

This report concentrates on the administrative processes that contribute to AIPC's uneven and substantially frequent non-compliance with various PBNDS and other standards, including standards of community practice.

The IHSC Team findings are limited to four principal administrative areas identified *a-priori* their visit to AIPC, and their importance corroborated during an initial preliminary information gathering phase. These four areas are (1) quality assurance and leadership; (2) medical record-keeping practices; (3) best practices for pharmaceutical care at AIPC; and (4) access to medical care (mental health).

A comprehensive list of non-compliance with specific PBNDS 2011 and PBNDS 2011/2016 Revision pertinent to Appendices provided are listed in Table 1, and many are also included within report narrative.

CRCL FINDINGS RESULTING FROM THEIR DECEMBER 9-11, 2015 INVESTIGATION

The Department of Homeland Security's Office for Civil Rights and Civil Liberties (CRCL) initiated an investigation of AIPC in December 2015 due to concerns about conditions of detention at the facility. CRCL submitted a memorandum to Mr. Thomas Homan, then ICE Executive Associate Director dated September 21, 2016, entitled Expert Recommendations. The following excerpt briefly summarizes their principal findings,

"Overall, the CRCL onsite review found the medical care at ADF [Adelanto Detention Facility] to be seriously deficient and not in compliance with the 2011 PBNDS Medical Care, and Medical Care (Women) Standards. Medical leadership and oversight does not comport with the 2011 PBNDS mandates. ADF fails to provide timely access to care for both acute and chronic care detainees. ADF's medical records are disorganized, and do not conform to the 2011 PBNDS directives on medical records."

CRCL FINDINGS RESULTING FROM THEIR NOVEMBER 13-15, 2017 FOLLOW-UP INVESTIGATION

The following excerpt briefly summarizes CRCL's principal medical findings:

"Subsequent to CRCL's December 9-11, 2015 onsite investigation, CRCL's medical expert notified ERO and Adelanto Correctional Facility (ACF) management that clinical leadership was not competent, and that significantly inadequate medical care was occurring as a result. In 2017 – two years after the initial investigation – CRCL returned with the same medical experts and found that no correction had been made to address this critical failure. "...our medical expert stated that he felt the care amounted to "deliberate indifference..." and that it is "likely that the failure to hire an effective,

qualified clinical leader has led to inadequate detainee medical care, including... detainee deaths. Competent, qualified and effective clinical leadership is urgently required.”

FINDINGS AND RECOMMENDATIONS FROM SUBJECT MATTER EXPERT MEMBERS OF THE IHSC TEAM

A. Quality assurance (QA) and leadership—CAPT Abraham Miranda, MD (Deputy Assistant Director for Health Care Compliance).

Quality assurance

1. The QA Team is unempowered. Team members described low morale among all AIPC medical staff, and a failure to collaborate with the QA process.
2. The Health Services Administrator (HSA) has little time left for QA or other matters after having to focus much of his time on IHSC and “the client” exigencies.
3. Failure to include priority issues for routine data collection, analysis and trending fails to comply with PBNDS 2011.2016 Revision 4.3 EE.2.7 analysis within the regularly collected data (e.g., medication errors) include.
4. The CQI Committee meetings seem to be perfunctory, there is little input from the medical director, and there is almost no oversight of the mental health program in general.
5. There is a pattern of ebbs and flows in quality of care probably reflecting top leadership priority on retroactively following issues identified by past events or through adverse outcomes, which leaves them fighting “last years’ battles.”

Adverse outcomes (mortality).

1. When adjusted for average daily population (ADP), cumulative death rates at AIPC between FY14 and 17 were over twice that of other facilities with ADP >500 that had experienced at least one death during this time period.
2. Processes and sub-standard care probably contributed to at least two recent deaths at AIPC.

Leadership

1. Administrative leadership is highly centralized, reactive, and substantially ineffective in fulfilling all their responsibilities. Proactive competent leadership is lacking at AIPC.
2. There is a critical absence of clinical leadership in administrative matters.
3. AIPC has missed a big opportunity in not leveraging their eHR, which at present resembles a paper record in electronic format. This missed opportunity comes at a steep price in terms of higher costs, staff time use, and diminished capacity to gather data for daily use, reporting, decision-making, and other functions.

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

1. AIPC lacks systems standardization in its day-to-day operations, an issue which has contributed to ongoing quality of care and patient safety issues.
2. Although updated to an electronic format, the eHR is so disorganized as to resemble an electronic version of the previous paper records.
3. The eHR suffers from 1) insufficient orientation to and training in the use of the eHR for staff; 2) documentation on paper vs. in the eHR; and 3) lack of standardized use of the eHR resulting in manual 'work arounds' that significantly increase time and ineffectiveness of usage
4. Currently, the facility conducts many functions on paper, whereby the medical records staff scan documents into the system, sometimes days later. The unstandardized method of storage within the eHR often leads to the placement of documents where other providers cannot to find them
5. Lack of process standardization in the use of the eHR.
6. Suboptimal use of the eHR increases the number of full-time equivalent employees necessary to perform their eHR-related functions, and who could otherwise be repurposed toward improving quality of care.

Recommendations:

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

Best practices for pharmaceutical care at AIPC - CDR Daniels-Costa (IHSC Western Regional Pharmacy Consultant)

1. The Adelanto facility's lack of an on-site pharmacist has contributed to ongoing quality-of-care and patient safety issues. The medication procurement and administration process is currently overseen by a licensed vocational nurse, a staffing choice that fails to comply with PBNDS 2011/2016 Revision standard 4.3 V.G.11, which states that pharmaceutical management shall include "supervision by properly licensed personnel".
2. A series of chart reviews revealed a significant number of discrepancies between patient medication administration records (MAR) and the eHR. AIPC medical providers are regularly failing to send medication discontinuation notices to CorrectRx (mail-order pharmacy), which has resulted in MARs that are more often incorrect than correct. The result of these deficiencies fail to comply with PBNDS 2011/2016 Revision standard 4.3 V.G.11. 20 patient charts were

reviewed, and 80% of the most recent MARs contained medication orders that had been discontinued prior to the print date.

3. Incorrect interpretation of medication-related documents may lead to patients not receiving appropriate care until he/she is seen by an advanced practice provider, which may take several days.
4. In 2017, AIPC prescribed a significantly higher volume of psychotropic medications compared to IHSC facilities of similar volume and acuity. Further, the antipsychotics most frequently selected at AIPC are generally considered to be the most sedating in their class, which may indicate that mental health staff may be using antipsychotic medications as a form of chemical restraints instead of a patient or symptom-focused therapeutic regimen. This is a potential failure of compliance with PBNDS 2011/2016 Revision 4.3 V.G.3.

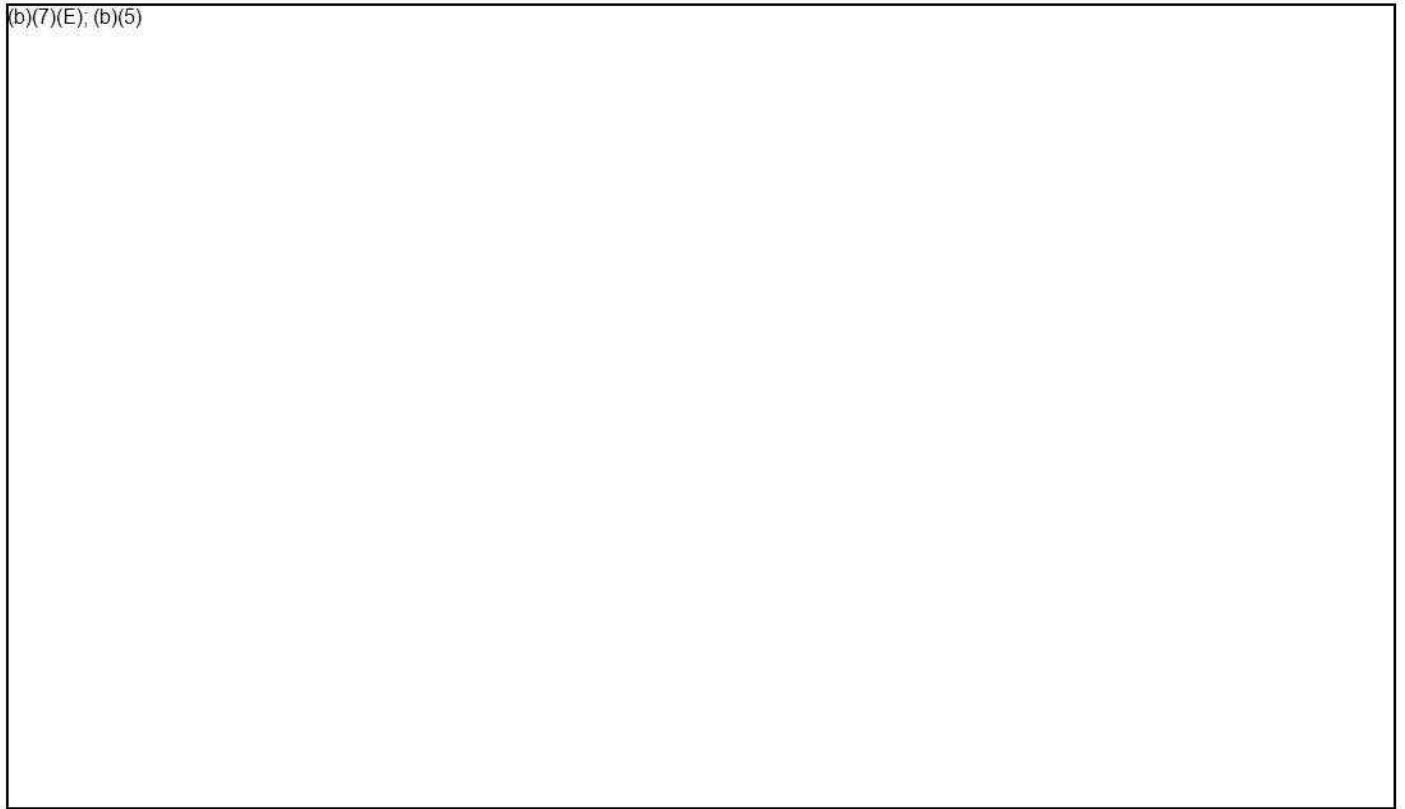
(b)(7)(E); (b)(5)

Access to health care (mental health)– Gustavo Cadavid, MD (Chief Psychiatrist, IHSC)

1. Current psychiatrists devote their time almost exclusively to patient care, and involvement in quality assurance activities of the program seems none existent.
2. Current practice at AIPC is to house patients with mental illness who are deemed unable to stand the “stress” and “chaos” of general population, and who need a more structured environment, in “5 Bravo,” a less restrictive and lighter populated section of the East unit.
3. Many detainees who request “protective custody” because they find it difficult to live in general population are placed in administrative segregation. As many as a 60 % of detainees in administrative segregation suffer from mental illness.
4. The eHR continues to be a problem in tracking current medications. The tele-psychiatrist still has to rely exclusively on the written MAR to get accurate information (see related finding under the section Best Pharmaceutical Practices, above).

5. Review of the volume of prescriptions for psychotropic medications in 2017 in the facility indicates a preference for prescribing those with high sedative properties.
6. None of the records reviewed made mention of "Drug/Alcohol" history.

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



I. Foreword

It is neither the intent or within the scope of this report to include an in-depth assessment of detention standards compliance and quality of care issues at AIPC covering the time span herein discussed.

Instead, this report concentrates on the administrative processes that contribute to AIPC's uneven and substantially frequent non-compliance with various PBNDS and other standards, including standards of community practice.

Because this report focuses on a time range covering the period roughly between 2014 and 2018, we found it useful to analyze the situation by selecting the, arguably, pivotal point in that impelled AIPC to undertake the largest efforts to improve health care quality to date, i.e., the December 9-11, 2015 in-person investigation of the conditions of detention at the facility by the DHS Office for Civil Rights and Civil Liberties (CRCL) (Appendix 1). Selecting this time point allows for a comparison of deficiencies and actions taken to correct them across time before and after the pivotal time point.

The findings of IHSC Team of subject experts (SME)--heretofore referred to as the Team and Team member(s)— are based on patient and administrative record reviews, Interviews with local and GEO corporate and Correct Care Solutions (CCS, see below) staff (see above), and personal observation. The Team findings are limited to four principal administrative areas identified *a-priori* the visit to AIPC, and as corroborated during an initial preliminary information gathering phase during the visit. These four areas are (1) quality assurance and leadership; (2) medical record-keeping practices electronic health record (eHR); (3) Best practices for pharmaceutical care at AIPC; and (4) access to medical care (mental health).

A comprehensive list of non-compliance with specific PBNDS 2011 and PBNDS 2011/2016 Revision pertinent to Appendices provided are listed in Table 1, and many are also included within the report narrative.

II. BACKGROUND

The Adelanto ICE Service Processing Center (AIPC) is owned by the City of Adelanto and operated by the GEO Group, Inc (GEO). First built in 2011, it expanded from a 650-bed to a 1940 bed single-purpose facility built in accordance to ICE Performance-based National Detention Standards - 2011 (PBNDS 2011) specifications. In addition, AIPC holds current accreditation by the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). AIPC is one of the largest Intergovernmental Service Agreement (IGSA) facilities serving ICE detainees, and since 2015 includes 2 adjacent units, a 1280-bed all-male "West" unit and 660-bed male/female "East" unit. Unlike other facilities where IHSC provides direct health care, prior to 2016, GEO was responsible for detainee medical services. This function was subcontracted to CCS in early 2016.

III. CRCL FINDINGS RESULTING FROM THEIR DECEMBER 9-11, 2015 INVESTIGATION

The CRCL December 2015 investigation responds to a period when conditions of detention—for the purposes of this report limited to health care delivery—raised considerable concern in stakeholders, particularly IHSC, ICE, and CRCL regarding violations of civil rights and civil liberties. As it related to health care, CRCL's investigation was principally prompted by concerns over the recurrent patterns of

health care delivery deficiencies at the time; alleged non-compliance with standards including, inadequate access to and provision of quality medical, mental health, and dental care; inappropriate grievance system, use of segregation and responses to hunger strikes; and accessibility to language services and Americans with Disabilities Act (ADA) accommodations. For their December 2015 investigation, CRCL engaged the assistance of two subject-matter expert (SME) consultants in the areas of medical care and mental health care, who through detainee and AIPC staff interviews, document and record reviews, and direct observation, developed expert reports in their subject area of expertise (see below). Subsequently, on September 21, 2016, CRCL submitted an Expert Recommendations Memorandum (Appendix 1) to Mr. Thomas Homan, then ICE Executive Associate Director, with their specific findings and recommendations. In addition to other areas of concern to CRCL, their medical and mental health findings are best summarized below.,

“Overall, the CRCL onsite review found the medical care at ADF [Adelanto Detention facility as AIPC was known at the time] to be seriously deficient and not in compliance with the 2011 PBNDS Medical Care, and Medical Care (Women) Standards. Medical leadership and oversight does not comport with the 2011 PBNDS mandates. ADF fails to provide timely access to care for both acute and chronic care detainees. ADF’s medical records are disorganized, and do not conform to the 2011 PBNDS directives on medical records.

Prior to their report, CRCL developed a timeline for corrective actions to be completed within 30, 60, and 90 days depending on the areas found deficient, and specifically as it pertained to “inadequate” medical and mental health care, and administrative and medical leadership and oversight. **In separate documents, CRCL’s medical and mental health SME’s summarized their findings as follows:**

1. In his report dated, 12/28/15 (Appendix 2), the medical SME was particularly critical of the medical leadership, stating:
 - a) *“While problems were identified in many areas, almost all problems can be linked to one fundamental problem: a lack of medical leadership. The consequence of the void in medical leadership in the medical program is that the care is uneven, uncoordinated, lacking in continuity, and lacking in provision. Documentation is not standardized and the medical records are in disarray. Medical care moves forward slowly and inefficiently and things fall through the cracks. There are significant delays and denials of care for medical conditions.”*
 - b) Other findings pertinent to the current report included
 - i. *Medical Record-keeping Practices – Adelanto’s Medical records are in disarray. Adelanto still uses a paper based medical record.” “The charts are extremely difficult to read, and it is often impossible to reconstruct a medical timeline or determine what care was and was not provided based on a review of the medical record. Medical orders are not placed in a designated section for medical orders (a best practice to ensure practitioners can easily find the information they need to see history and make accurate current medical decisions); rather, they are buried in any of variety of places in the progress notes and are not always clearly labeled as orders. This increases the chances that medical orders will go unnoticed...”*

- ii. *Access to Care – A review of medical records and interviews with detainees supported the allegations that access to medical care was slow, and in some cases never happened.*
 - iii. *Overall, the medical SME consultant found the “medical care at this facility to be inadequate and not compliant with the 2011 PBNDS.” Key PBNDS-specific deficiencies involved medical leadership, access to care, medical records, the management of hunger strikes, and emergency transportation of detainees.*
2. Similarly, in her report dated, April 4, 2016 (Appendix 3), the mental health SME found that “[O]verall, the mental health care at the Adelanto facility for those with serious mental illnesses needs significant improvement in Mental Health Care and currently does not fully meet the 2011 PBNDS.” Specific areas of deficiencies were found in
- a) *Mental Health Leadership – “I found it very alarming that Adelanto does not have on-site facility mental health leadership.” “Hands-on mental health leadership is key to comprehensively solving failures to provide adequate mental health care to the ICE detainees.”*
 - b) *Routine segregation of the mentally ill - “Also, persons with serious mental disorders were in alarming high numbers in the segregation unit, obviating the need for specific mental health housing rather than readily placing seriously mentally ill detainees in segregation as the default.*
 - c) *Quality of mental health care - “Due to lack of diagnostic understanding and the patient’s history, several patients were going without care, without appropriate care, were misdiagnosed, or were receiving suboptimal care.”*
 - d) *The paper record – “... handwritten orders is inefficient and sometimes unreadable, which is problematic for all mental health staff and detainees with mental health problems. More problematic is that the Master Problem List that was typically left blank, indicating the detainee received no mental health diagnosis, even for those detainees with serious mental disorders.” “Overall, I found the medical charts were incomplete in some respects, inconsistently organized, did not appear to be standardized, and overall lacked information needed to ensure safety and continuity of care.”*
 - e) *Overall, the mental health SME consultant found “the mental health care at the Adelanto facility for those with serious mental illnesses [is] inadequate and not compliant with the 2011 PBNDS.”*

IV. PRE- AND POST- CRCL’S DECEMBER 9-11, 2015 INVESTIGATION FINDINGS FROM VARIOUS SOURCES

CRCL performed a follow-up investigation into conditions of detention, including medical care, at AIPC on November 13-15, 2017. Their final report, as well as those of the medical and mental health SMEs, is still pending; however, CRCL generated an Expert Immediate Recommendations document (Appendix 4)

that addressed medical care and mental health concerns (below divided by area of IHSC SME Team scrutiny and intended chronology).

It must be noted that despite the overall negative impression given by November 2017 CRCL report, a significant amount of investment in improving quality of health care at AIPC was made by GEO, beginning in March 2016 with the contracting of CCS services and implementation of an eHR (eClinical Works) (please refer to Appendix 5)

Similarly, findings derived from FMC audits (standardized form that includes audits of PBNDS standards and quality of care measures, the latter better known as the “FMC toolkit”) and focused visit reports are included within the pertinent areas of scrutiny below, along with the CRCL’s November 2017 findings.

A. Quality assurance and leadership

1. Pre-CRCL’s December 9-11, 2015 investigation

Continuous quality assurance of health care is rarely mentioned in formal audits and reviews. A mention of a “quality management program” is made in the February 2015 FMC (Appendix 6) audit visit report, which mentions that “MAR documentation had improved” from the October 2014 FMC site visit, which had found that only 50% (of 20) records reviewed had the correct documentation in the medication administration records (MAR). A subsequent corrective action plan (CAP) requested was being reviewed through the quality management program.

2. Post-CRCL’s December 9-11, 2015 investigation

a) From CRCL’s November 2017 follow-up investigation (Appendix 4).

- i. *“Medical care: subsequent to CRCL’s December 9-11, 2015 onsite investigation, CRCL’s medical expert notified ERO and Adelanto Correctional Facility (ACF) management that clinical leadership was not competent, and that significantly inadequate medical care was occurring as a result. In 2017 – two years after the initial investigation – CRCL returned with the same medical experts and found that no correction had been made to address this critical failure. In fact, our medical expert stated that he felt the care amounted to “deliberate indifference” stating that it is likely that the failure to hire an effective, qualified clinical leader has led to inadequate detainee medical care, including care that has contributed to medical injury, including bone deformities, as well as detainee deaths. The continuation of this care continues to pose a risk to the health and safety of detainees currently at ACF. Competent, qualified and effective clinical leadership is urgently required.*
- ii. *“Mental health care: Similarly, in 2015, CRCL’s mental health expert notified ERO and GEO management that psychiatric leadership was absent and that sub-standard mental health care was occurring as a result. During the 2017 onsite, our mental health care expert found no corrections had been implemented to address this failure.*

It is likely that the failure to hire an effective, qualified psychiatric leader contributed to at least one detainee death, and continues to pose a risk to the safety of other detainees. Competent, qualified and effective psychiatric leadership is urgently required.”

3. CAPT A. Miranda’s findings and recommendations—quality assurance.

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

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

In the face of GEO's efforts to effectuate change beginning in early 2016, but based on CAPT Miranda's findings, he feels that CRCL is correct about this issue. All administrative systems that this report scrutinizes can only be fixed through forward thinking leadership.

- a) A pattern of ebbs and flows. When findings from audits, inspections and investigation are documented as they are in this report, i.e., a view of the issues identified retrospectively, and intervened upon prospectively departing from one fixed (pivotal) point in time, a pattern emerges. This pattern is one of ebbs and flows in specific areas of clinical care, that when action is taken usually leads to improvement; however, this in itself, may or may not have a significant impact on the improvement in overall quality of care. This is illustrated in Table 2. This table is derived from a summary of FMC focused reviews ordered by IHSC following CRCL's November 2017 investigation (see also Appendix 9). This pattern probably reflects an emphasis at the top levels of leadership in solving issues identified by past events, and that were brought to the fore by the scrutiny of outside entities or through adverse outcomes. Essentially, AIPC is fighting last year's battles. This way of functioning overlooks the prospective surveillance and interventions necessary to prevent or mitigate occurrences and risk before they become serious lapses in patient

safety, detainee well-being, and non-compliance with standards. The ebbs, mostly through requested CAPs, usually improves the situation, which with time, ebbs again for several reasons, not the least of which is failure to memorialize successful interventions in policy and procedure.

- i. Administrative leadership is highly centralized and reactive at AIPC. Because health care in a correctional institution as large as AIPC is very complex, it requires an organized structure that standardizes as many process as possible, but which also allows for individual creativity in developing solutions through a communication chain. The organization must function according to established general principles and processes that should be well known to staff (ownership and training) and upon which they can rely. This requires an organizer (i.e., a leader) that (1) looks at the organization as one interconnected functioning unit; (2) who looks forward and identifies issues prospectively; (3) delegates authority to personnel who well know individual organizational processes to come up with integrative solutions to issues; (4) makes decisions aided by evidence (routinely collected or the result of special studies) and the counsel of his/her leaders—particularly the medical director; (5) keeps informed of progress but does not interfere with the process; (6) participates in assessing the effectiveness of the interventions; (7) memorializes in policy and procedure manuals results that prove effective; (8) participates in any necessary modification to the process; and (9) begins the cycle once again. The process also and necessarily must involve personnel at every level of the organization in its planning and execution. In other words, the well-known “plan, do, check, act” mentioned in AIPCs quality improvement plan. Such leadership does not exist at AIPC, and without it, constant reactive patches applied to the system, as is current practice, will continuously fail to improve quality of care beyond a certain suboptimal level and will continue to place detainee safety at risk.
- ii. Critical absence of clinical leadership. Clinical leadership that participates in all administrative functions and provides guidance everywhere clinical processes intersect with administrative processes is lacking at AIPC. In conversation with the Medical Director, his concept of administrative functions is co-signing advance provider notes, reviewing lab results of other providers, and peer review, all the while attending to 10 to 15 visits per day. Leadership in the nursing department is also lacking because of centralization of authority, poor management of staff, and a reactive stance to problems that have been identified retrospectively.
- iii. A very large missed opportunity. One of the largest missed opportunities that has come at steep price (in higher costs, staff time, and diminished capacity to gather data for daily use, reporting, decision-making, and other functions) is the rudimentary way in how the eHR is utilized. This is probably the one issue that requires addressing as a high priority, second only to the installment of competent administrative and clinical leadership, because it is linked to almost every aspect of medical and administrative

practice. Had leadership proactively identified such a crucial issue and intervened earlier, it is likely that quality of health care would have improved much before now as a result. Please see CAPT Shurina's findings and recommendations below.

- b) Adverse outcomes (mortality). The ultimate failure of a health care system is to consistently be the cause of adverse outcomes. There are a substantial number of examples that document, through record audits and other reviews, a consistently elevated number of adverse outcomes at AIPC due to failures in systematization of processes and other issues (e.g., persistent problems with the medicine administration record, scheduling, provider-related substandard delivery of care, delay in care, others). However, there is no worse outcome than a death, particularly if it is preventable (i.e., suicide). When adjusted for average daily population (ADP), AIPC's cumulative death rate over four years (FY14-17), is over twice that of other facilities with ADP>500 and that sustained at least one death during that time period (Table 3).

Processes and sub-standard quality of care delivery probably contributed to at least two recent deaths at AIPC. The following is an illustration of how several events, one being documentation in the MAR—a persistently identified deficiency in quality of care over time—probably contributed to one death. The report cannot be shared due to the fact that it contains personal identifiable information, and the excerpt below is redacted to exclude such information.

"_____ also refused both _____ morning and evening medications and refused to sign the refusal forms; _____'s evening medication refusal on ____/____/____ marked the fourth consecutive refusal of twice-per-day _____ and the second consecutive refusal of once-per-day_____.

_____ acknowledged during ERAU's interview that the LVNs dealing with _____ failed to follow the facility's medication administration policy (a day earlier) by not notifying a provider after _____ missed three doses of any medication, and by not having _____ language refusal forms readily available when distributing _____ medications.

[The following day], "According to Dr. _____, _____ stated _____ was compliant with _____ medications and expressed frustration due to _____ inability to contact _____ during the encounter. Dr. _____ stated (s)he did not know _____ was not compliant with _____ medications until the following day when he read LVN _____ email."

Approximately two and one-half hours later the patient was unconscious and later died at the hospital.

- c) Recommendation: no amount of additional resources—although marginal resources will be necessary for training and other costs associated with improvements in processes that require technological solutions, pharmacy staff, and housing modifications—is likely to improve quality of care at AIPC unless a well-qualified, experienced (preferably in corrections) and previously successful administrator and medical director are hired.

B. Medical Record-keeping Practices (Electronic Health Record)

1. Pre-CRCL's December 9-11, 2015 investigation.

- a) From February 2, 2015 FMC audit visit (Appendix 6): Documents were not scanned into the appropriate section of the medical record consistently. For example, consult notes were scanned into the consent section. One chart had medications listed on the MAR [medication administration record] but unable to find orders for medications.
- b) From June 15, 2015 FMC (Appendix 10) audit visit: "During the review of charts, it was noted that the filing of documents within the charts was inconsistent between the East and West. In addition, the following was noted with medical recordkeeping:
 - i. Loose pages in the chart that were not filed
 - ii. Missing documentation to include dates and/or times on the encounter notes
 - iii. Inaccurate documentation of "errors" within the clinical notes.

However, despite these medical records deficiencies, medical record organization appears to have improved significantly compared with prior site visit reviews.

2. Post-CRCL's December 9-11, 2015 investigation.

- i. From August 29, 2017 (Appendix 9) FMC audit visit, the FMC observed that the facility was utilizing both paper and electronic medical records. "They began utilizing eClinical Works (eCW) for their electronic health record on August 30, 2016. Medication administration, consents, refusals, and some intake screenings are documented on paper records and then scanned into the electronic record".

"Documents were not scanned into the appropriate section of the medical record consistently. For example, consult notes were scanned into the consent section."

3. CAP (b)(6); (b)(7)(C) findings and recommendations. Electronic Health Record.

a) Issue:

CAPT (b)(6); (b)(7)(C) reviewed the Adelanto facility's eHR (eCW). He reviewed 30+ patient charts to assess the quality of care related to the documentation in the medical record, medical grievances and disabilities. Patient charts and supporting logs were reviewed to

complete the IHSC FMC toolkit. CAP (b)(6); (b)(7)(C) conducted interviews with the HSA and Assistant HSA on day-to-day processes associated with the areas of review. The FMC tool indicated areas of non-compliance that can be directly attributed to the current status and use of the eHR. The Adelanto facility's lack of systems standardization in day-to-day operations has contributed to ongoing quality-of-care and patient safety issues. The previous site visits conducted by FMCs determined that the paper medical records were disorganized with missing charts and lack of documentation. Although updated to an electronic format, the current state of the medical records is so disorganized as to resemble an electronic version of the previous paper records.

b) Background:

For years the Adelanto medical records were a continuous deficient area that was attributed to the use of paper records, lack of medical records staff and the physical plant, which operates two distinct clinics. Chronic findings identified included, lost or missing records, lack of documentation and lack of standardization. The medical record deficiencies resulted in a CAP, which prompted GEO to implement an electronic health record to resolve the paper chart issues. More than one year after GEO subcontracted the medical services and electronic health records, recent audit findings determined deficiencies in quality of care and medical record-keeping similar to those prior to having subcontracted both services.

c) Findings:

i. Medical records

- 1) Fifty-percent (of 10 charts reviewed) were non-compliant with updating the problem list
- 2) Thirty-three-percent (of 10 charts reviewed) were not found in compliance with PBNDS 2011 4.3 V.R. (health and dental assessments within 14 days were non-compliant (partial compliance). The East unit dental clinic provided an encounter note that simply stated dental assessment was completed, but no scanned document of the assessment was found. The West unit dental clinic clearly does this accordingly, but the East unit procedure is not standardized.
- 3) Twenty-percent (of 10 charts reviewed) were non-compliant (partial compliance) with progress notes (incomplete and not in a SOAP format).

ii. Disabilities

- 1) The facility does not clearly determine in the progress notes if the provider has assessed if the detainees have been assessed for assistance with activities of daily living. For example, wheel chair bound detainees.
- 2) 33% (of 10) records reviewed were missing appropriate accommodation orders (Special needs), i.e., were not found in compliance with PBNDS 2011/2016 Revision 4.8.II.11

iii. Grievances

Reviewed the last three months of grievances December 2017, January 2018 and February 2018. There were a total of 36 grievances, 4 of the 36 grievances were not found in compliance with PBNDS 2011/2016 Revision 6.2.V.4 of appropriately being addressed within 5 working days of receipt.

d) The effect of the state of AIPC's medical records on quality of care.

CAPT (b)(6); [redacted] led the administrative review of the IGSA facility processes and procedures because of the numerous findings that continuously focus attention on the disorganization of the eHR. The vendor purchased the same electronic health record that IHSC operates (eCW) and the vendor was provided with all the IHSC-developed electronic health record training manuals, reports, policies and procedures upon award of the contract to assist with AIPC compliance with standards. Four main eHR-related issues are directly attributable to quality of care at AIPC: 1) insufficient orientation to and training in the use of the eHR; 2) documentation on paper vs. in the eHR; 3) lack of standardized use of the eHR (particularly between units and individual providers; and 4) suboptimal use of the eHR, thus increasing workload and human error due to manual 'workarounds' to electronic data capture.

e) Insufficient training and orientation to the eHR.

Current staff orientation to the eCW is eight hours and training three weeks. Although AIPC adopted IHSC's 'super user' concept, the super user at AIPC is an LVN. (b)(6); (b)(7)(C) [redacted] asked several staff whether they thought the eCW orientation and training provided was effective and sustainable, to which they responded, "No." (b)(6); (b)(7)(C) [redacted] suggested that because an LVN has a limited scope of expertise (and has other duties to perform) elevating the discipline super user concept or peer-to-peer concept should be considered. They agreed and stated that the clinical director has been training medical providers and that they would consider identifying discipline trainers for all other staff.

f) Documentation on paper vs. in the eHR.

Record review found that 23% (of 30 charts) were still listed as "active" in the eHR, but the detainee had left the facility over 20 days prior. This is a concern for reporting purposes, among other concerns. Inaccurate data regarding detainees currently in custody invalidates information necessary to determine if, for example, physical exam at 14 days of detention, a detention standard, has been fulfilled. Therefore, to ensure accuracy, this information would require manual-back-up processes for tracking and other purposes. In addition, currently, the facility conducts intake screening on paper (13 pages for males and 15 pages for females), which the medical records staff scan into the system sometimes days later and frequently storing the information in inappropriate areas of the eHR. This makes it difficult for other providers to find. If the facility standardizes their processes and completes the intake screenings electronically it would capture data can be analyzed and reported, and would eliminate manual processes, a substantial time savings

considering that 40 intakes amount to 500-600 pages to be scanned. Furthermore, when documents are scanned, the information cannot be captured in standard fields making it impossible to link the information to automated processes such as reporting and scheduling. These and many other processes are currently being tracked manually.

g) Lack of standardized use of the eHR

Staff were asked if they thought the use of the eHR was standardized, to which they responded, “No.” (b)(6); (b)(7)(C) pointed out that the two units, East and West were listed as two separate eHR locations, and that bringing up reports is difficult and time-consuming. Concerning also is the fact that the two units are not coincidentally standardized either. For example, West unit’s dental documents are handled differently than those of the East unit. The dentist in the West unit completes a dental examination in a SOAP format and a scanned dental examination is documented. The dentist in the East unit documents in a progress note—not in the SOAP format—and does not scan any associated information, which is a PBNDS standard deficiency. Provider-to-provider differences in documentation are also concerning due to the impact on patient care. For example, the right chart panel provides immediate access to medically significant information regarding diagnoses and medications. One nurse practitioner (NP) documents properly in the eHR and the information populates in the right chart panel. A different NP does not properly enter the information into the right chart panel, so no information is available to others or the NP in future visits. Fifty-percent of records reviewed identified this issue. This could result in a lengthy record search in an emergency, and wastes providers’ time on a daily basis.

h) Suboptimal use of the EHR

(b)(6); (b)(7)(C) asked if the electronic health record is effective and efficient and they responded, “No”. Asked why they believe the site was inefficient and ineffective and they responded, “Upon intake the demographic information from GEO Tracker is not populated into the EHR until 3 hours later causing the staff to conduct intake screening on paper and scanning into the EHR at a later time”.

Optimizing the use of the eHR would not only decrease the drain on staff and facility resources, as in the example of the manual ‘work-around’ processes of scanning documents into the system, but would also greatly reduce the number of full-time equivalent employees necessary, which could otherwise be repurposed toward improving quality of care. Another challenge, brought up by CCS, is that the vendor’s patient demographics used by custody staff takes too long to be integrated into eCW. The rudimentary use of the eHR, as is the case in AIPC, has a negative impact on all of the facility’s medical processes and procedures from intake, to physical exams, to dental, to pharmacy, to transfer summaries and reporting. Currently, the Adelanto eHR serves as a warehouse for scanned documents with inconsistent non-standardized notes.

i) Recommendations:

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

C. Best practices in pharmaceutical care for AIPC

1. Pre-CRCL's December 9-11, 2015 investigation

- a) From Pharmacy-related (Appendix 11) visit by LCDR (b)(6); (b)(7)(C) on May 19, 2014, observations:
 - i. The East Pharmacy area housed over-the-counter (OTC), emergency, and stock medications; and a supply of unauthorized prescription (Rx) bulk items including: Naproxen 500mg, Lactulose 10mg/15ml, Risperdone 1mg/ml, and Fluconazole 150mg. The HSA could not tell us who ordered the medications or their source. Stock medications kept in the East location are medications provided by CorrectRx (a mail-order company) in blister packs with appropriate labeling for use by AIPC patients who cannot wait for their Rx order to be processed. Stock medications were alphabetized, but no inventory list existed and there was no indication these stock meds were checked regularly for expiration. Logs attached to the back of the blister packs were not consistently filled out when a medication was used (e.g., Amoxicillin 500mg blister pack missing approximately 10-15 capsules, but only 2 entries for 2 capsules on the log).
 - ii. MARs and interviews with pill-pass staff (RNs, LVNs) indicate pill-pass staff currently determine which patients get "self-carry" vs. "pill-pass" medications.

Only the prescribing providers should be determining which patients and medications are “self-carry” vs. “pill-pass”.

- iii. Pill-pass staff not checking ID bracelets consistently, although appropriate process followed consistently for observed instance of patient with lost ID bracelet.
 - iv. Transcription process from medical record (chart) to CorrectRX ordering system observed taking place without utilizing the medical record). Short hand, memory, and old MAR used instead, increasing opportunity for errors (e.g., order for atorvastatin 4mg found – available tablets 10mg, 20mg, 40mg, 80mg).
 - v. Handwritten MARs are being used for every new RX order, instead of receiving a new MAR from CorrectRx after every new Rx order. New MARs are received only once at the beginning of each month.
- b) From October 20, 2014 FMC audit visit (Appendix 12). FMC found that only 50% (of 20 records reviewed) of medication administration records (MAR) had the correct documentation. A subsequent FMC audit visit to the facility in February 2015 (Appendix 6) reported that in response to a corrective action plan (CAP) requested during the former visit, MAR documentation had improved (reviewed through the quality management program) as a result of nursing staff education and follow-up training at staff meetings throughout the year.
- c) During a June 2015 FMC audit visit (Appendix 10), the following process-related issues stand out:
- i. LVNs manage the pharmacy and medication administration. There is a consulting pharmacist that visits quarterly for audits and is available via the telephone when needed.
 - ii. Narcotic count: all medications are kept in a locked box and the count was correct according to the log. However, the reviewer walked into pharmacy and observed one LVN completing the narcotic count. When asked, is it the process to utilize two nurses for narcotic count, the nurse stated, “Yes, but I was reviewing it first before the other nurse comes in.” Reviewer was still in pharmacy when the second LVN walked in. The reviewer did not observe the second nurse counting the narcotics, but both signatures were on the log for that shift.
 - iii. Pre-pouring/preparing medications for administration: reviewer observed LVNs preparing medications in the pharmacy by crushing the designated medications, placing it in a labeled (detainee name and medication name) medication envelope and placing it on the medication cart. Reviewer asked, “Why are you crushing the medications in the pharmacy, instead of waiting until you reach the dorms during administration?” LVNs stated they did not like the portable pill crusher located on the cart because it does not work well and it is much easier to just crush the medications before going to the dorms.

- 1) “Reviewer concerned regarding crushing medications based on grievance and observation: When medications are crushed using the portable pill crusher, the canister is not wiped out before adding another medication. Although nurses verbalized the process is to wipe out the canister after each use to avoid any residual of previously used medication, reviewer observed a recently used canister on both pill line carts at the beginning of the shift. Detainee submitted a grievance stating the nurses did not wipe out the canister before crushing another medication.”
- 2) Pill line administration: Reviewer observed that LVNs administer medications in segregation dorm (administrative and disciplinary). For detainees located on the upper levels of the dorm, LVN prepared medications in cups and stacked them on top of each other without labels/MAR and distributed to detainees. LVN did not inform detainee what medication was administered. The LVN did verify detainee with 2 identifiers before administering and completed mouth checks. Unattended cart was always locked.

2. Post-CRCL’s December 9-11, 2015 investigation

- a) From CRCL’s November 2017 follow-up investigation (Appendix 4).

Diagnoses and medication should be reviewed to ensure they are correct and appropriate. Attention should be given to taking detainees off ineffective medications – such as those only absorbed well with a meal, but are not administered at meal times, or antipsychotics prescribed as PRN’s (as needed medications) for detainees with clear histories of taking long-acting antipsychotic injections. If patients refuse medications or injections, mental health providers should work with them so the detainee will accept them.

- b) From March 27, 2018 FMC focused visits review summary (Appendix13).

“On December 4, 2017, the psychiatrists began receiving copies of the paper MAR for the detainees they are scheduled to see for the day. This will ensure that the provider is aware of the current medications as well as provide information regarding compliance. The tele-psychiatrist starts at 6 a.m. and sees patients through the morning pill line and cannot be left unattended with the detainees; therefore, the MARs are copied for him. The weekend on-site psychiatrist is provided a copy of the MARs to streamline the clinic.”

“The psychologist, advance practice providers, and physicians can go to the pharmacy to review the paper MARs to ensure compliance. According to the HSA, most of the time the psychologist and physician start and complete clinics in between the pill lines. They

call the pharmacy nurse to access information on the MARs regarding current medications and compliance.”

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3. (b)(6); (b)(7)(C) findings and recommendations. Best pharmaceutical practices in clinical medicine in AIPC

a) Issue:

(b)(6); (b)(7)(C) reviewed the Adelanto facility’s 2017 prescription data from Scriptcare (mail-order pharmacy), IHSC’s Pharmacy Benefits Manager (PBM), as well as 40+ patient charts to assess the quality of pharmaceutical care. Patient charts and MARs were reviewed to complete the IHSC FMC toolkit for “Continuity of Care” and “Medication Administration Record.” Also observed were pharmacy services to include: Insulin/pill-pass lines, Rx order entry process/Rx transcription process, and non-formulary approval process. The audit tool indicated compliance, but does not capture several medication-related issues that were noted during procedure and chart reviews. The Adelanto facility’s lack of an on-site pharmacist has contributed to ongoing quality-of-care and patient safety issues, and placement of pharmacy staff is strongly recommended.

b) Background:

Adelanto currently utilizes an off-site pharmacy, “CorrectRx”, for all their pharmacy services. Provider medication orders and discontinuations must be e-prescribed from the eHR to the pharmacy, which fills and ships the medication for delivery the following day. The off-site pharmacy does not have access to any patient records, including provider notes, lab test results, or the facility MAR.

c) Findings:

i. FMC Toolkit Audit – Continuity of Care

“Continuity of Care” scored as follows: 80%/100%, where findings indicate that patients are consistently receiving their medication within 24-72hrs. Immediately following the patient’s intake encounter, the nurse sends an electronic notification to the provider to order the patients’ chronic medications, and the medication is generally received within one business day. However, this process creates vulnerabilities: If the intake nurse does not correctly interpret or document the patients’ medications, the patient may not receive appropriate care until he/she is seen for a physical exam, which may take several days. In the noncompliant records, one patient’s medication was not ordered at intake because his personal supplies were in Russian, and the nurse could not read them. That patient went without several cardiac medications for 2-3 days until he was seen by a provider, which placed the patient at significant risk of an adverse outcome. For the second patient, 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 her exam 5 days later.

ii. FMC Toolkit Audit - Medication Administration

“Medication Administration” scored 100%/90% according to the assessment criteria for notification of consecutive refusals and clinician response. However, this belies the findings from chart reviews that indicate a pattern of failure to complete refusal forms. In one case, a provider acknowledged in an encounter that the nursing staff had informed him/her that a patient was refusing morning insulin, but continued the patient’s sliding scale insulin order as twice daily. The printed MAR from CorrectRx for March shows the provider’s order for twice daily insulin, but the nursing staff handwrote the order on a separate MAR as every evening. There were no signed refusal forms in the patient’s chart for insulin in 2018. The nine other charts reviewed yielded a total of 14 refusals or no-shows on MARs, of which 2 lacked a signed refusal form. These charts showed an appropriate clinician response to consecutive refusals.

iii. Medication Administration Record/Electronic Health Record Discrepancies

A series of chart reviews revealed an alarming number of discrepancies between patient MARs and the eHR. Adelanto medical providers are regularly failing to send medication discontinuation notices to CorrectRx, which has resulted in MARs that are more often incorrect than correct. The result of these deficiencies fail to comply with PBNDS standard 4.3 V.G.11. In a review of 10 psychiatric patient charts, 100% of MARs printed from the pharmacy contained previously discontinued orders, with an average of 4 discontinued orders on each MAR. In a review of 10 medical patients, 60% of printed MARs contained discontinued orders. After reviewing a diabetic patient’s adverse outcome, one of the immediate causes was that the patient’s medication list from intake was not correctly entered or e-prescribed to the pharmacy. During a follow-up appointment, the patient received a dose reduction instead of a continuation or increase, which contributed to her decompensation and hospital admission. As an example, one MAR 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. AIPC also does not have any automated or electronic processes for documenting new medication orders on MARs; all new orders are handwritten by the nursing staff, increasing opportunities for transcription errors. The medication procurement and administration process is currently overseen by an LVN, a staffing choice that fails to comply with PBNDS 2011/2016 Revision 4.3 G.11, which states that pharmaceutical management shall include “supervision by properly licensed personnel”.

iv. Psychiatric Medication Use

In 2017, AIPC prescribed a significantly higher volume of psychotropic medications when compared to IHSC facilities of similar volume and acuity (Eloy, Jena, Krome, San Diego, and Tacoma). AIPC’s total psychotropic medication use comprised 29% of all

prescriptions filled; the average for the IHSC facilities is 15% (SD=3%). Adelanto patients received a total of 3,034 prescriptions for antipsychotic medications in 2017, compared to an average of 917 (SD=140) prescriptions for the same time at the IHSC facilities. Further, the antipsychotics most frequently selected (quetiapine, olanzapine, and chlorpromazine) are generally considered to be the most sedating in their class, and these medications comprised 65% of the antipsychotics prescribed at AIPC, compared to an average of 27% (SD=11.7%) at IHSC facilities. Adelanto used nearly 8 times as much chlorpromazine as all 5 IHSC facilities combined. A highly skewed proportion of sedating antipsychotics may indicate that mental health staff are using antipsychotic medications as a tranquilizer instead of a therapeutic regimen focused on resolving symptoms and improving functional status. This is a potential failure to comply with PBNDS 4.3 V.G.3. The facility also used tricyclic antidepressants much more frequently than most other IHSC facilities, 482 prescriptions vs an average of 160 (SD=147). This is concerning because tricyclics are one of the most lethal medications in suicide attempts by overdose, and should be used with extreme caution in patients with a history of depression and suicidal ideation. One patient with schizoaffective disorder who was treated with a cocktail of quetiapine, divalproex, lithium, and haloperidol was documented to be persistently asleep during attempted daily encounters; his antipsychotic medication continued to be increased due to suicidality, and an antidepressant was never prescribed. There is currently no independent oversight of the psychiatric pharmaceutical care program; remote pharmacists are unable to assess the appropriateness of medication orders in context, and there are no on-site staff qualified to assess medication regimens.

d) Recommendations:

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

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

D. Access to medical and mental health care (mental health)- (b)(6); (b)(7)(C)

1. Pre-CRCL's December 9-11, 2015 investigation

- a) From FMC audit visit, October 20, 2014: 80% records (of 10 reviewed) documented that the patient was evaluated by a mental health professional within 72 hours after the referral with positive screens for mental illness. For one patient the referral had been pending for more than a week, and for another the referral was not effectuated in almost two months.
- b) From FMC audit visit, June 15, 2015 (Appendix 10): this deficiency (evaluation by a mental health professional of patients with positive screens for mental illness within 72 hours) was again noted, and the FMC recommended the facility "[D]evelop system for tracking on-site mental health referrals to ensure they are completed as ordered or within 72 hours as per PBNDS 2011."
- c) From August 14, 2015 (Appendix 14) FMC focused review of records to determine medical care standards compliance and health care quality following the June 16 2015 FMC audit visit
 - i. 100% of records (n=20) reviewed had no deficiencies regarding the evaluation within two working days of all new arrivals with affirmative response to medical/mental health (no distinction made) assessment.
 - ii. 100% of records (n=20) reviewed had no deficiencies regarding the evaluation by a qualified mental health professional no later than 72 hours after the referral

2. Post-CRCL's December 9-11, 2015 investigation

- a) From FMC audit visit, August 29, 2017 (Appendix 9).
 - i. There were 3 reported deaths in the last 12 months. There are no detainees with terminal illness or detainees with advance directives within the last 12 months. The facility's policy was reviewed, and there were no areas of concern related to the policies.
 - ii. Eighty-six percent (of 7 records reviewed) reviewed revealed treatment plans were updated every 90 days. Although each detainee chart reviewed did have complete

assessment, treatment plan and follow-up plan documented, the formal mental health treatment plan was not completed on each detainee.

iii. (FMC recommendation): (b)(5)

b) From CRCL's November 2017 (Appendix 4) follow-up investigation.

- i. See medical and mental health leadership in IV.A.1.a) i. above.
- ii. There should be a housing review and assessment for each detainee with a serious mental disorder to determine whether their housing is appropriate given the detainee's clinical status. Although clinical staff reported that, even though some patients are stable, they are segregated because they "want" to be in segregation, each detainee should be at the least restrictive level of care, given their mental status and progress.
- iii. Detainees with serious mental disorders should be removed from administrative segregation, as that environment is physically unsafe.
- iv. 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.

c) From March 27, 2018 FMC (Appendix 13) focused review visits (summary)

- i. The FMCs reviewed the mental health segregation cases and daily psychology restrictive housing unit rounds logs for regular checks. Rounds continue to be performed by either the mental health provider or a mental health nurse. On Saturdays there is no consistent mental health coverage; therefore, rounds are not typically performed. The documentation for daily rounds has significantly improved since December 2017 through February 2018 monitoring period.
- ii. For those mental health detainees housed in the infirmary, documentation of daily rounds and an assessment and plan in the electronic health record was often absent during the December 2017 reviews. However, for January and February 2018, this documentation was 100% compliant which demonstrated a significant increase.
- iii. The Mental Health Director continues to report that detainees request to stay in segregation. In December 2017, the Mental Health Director stated he would consult with the psychiatrist regarding the treatment plan and clinical decision making when the detainee has been recommended for movement from segregation but continues to request to stay. Furthermore, the Mental Health Director continues to report that detainees refuse long-acting antipsychotic injections, although they are encouraged, the detainees cannot be forced to accept the medications.

- iv. On February 15, 2018, CCS and the FMC had an onsite meeting with the administration and psychiatrist at Alvarado Parkway Institute (API). Treatment planning was discussed with the psychiatrist to include starting detainees on long-acting antipsychotic medications when appropriate. The psychiatrist at API reassured CCS that they will work together to manage the mental health care of detainees who are admitted to API.

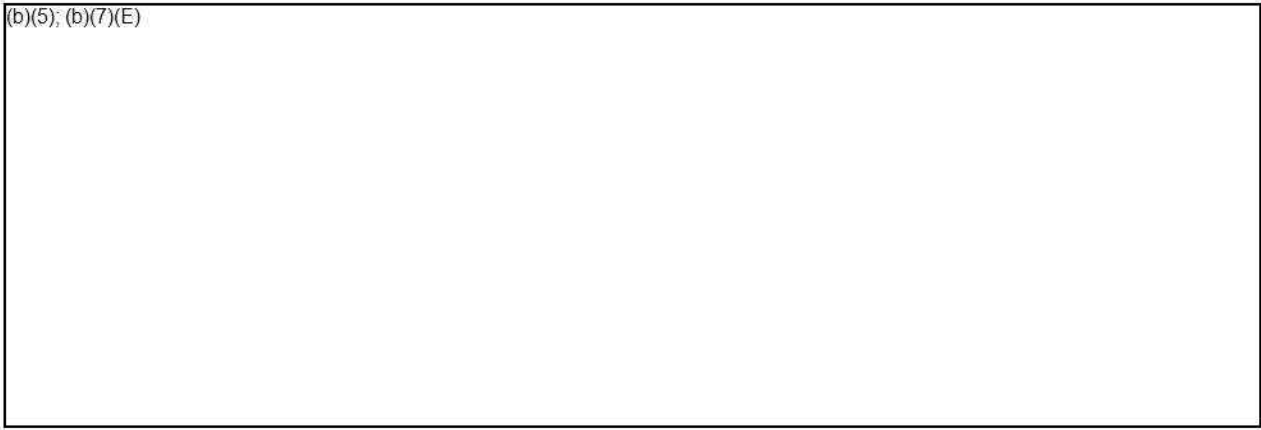
3. (b)(6); (b)(7)(C) findings and recommendations. Access to health care (mental health)

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

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

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

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



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



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

March 4, 2016

MEMORANDUM FOR: Dr. Stewart Smith
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

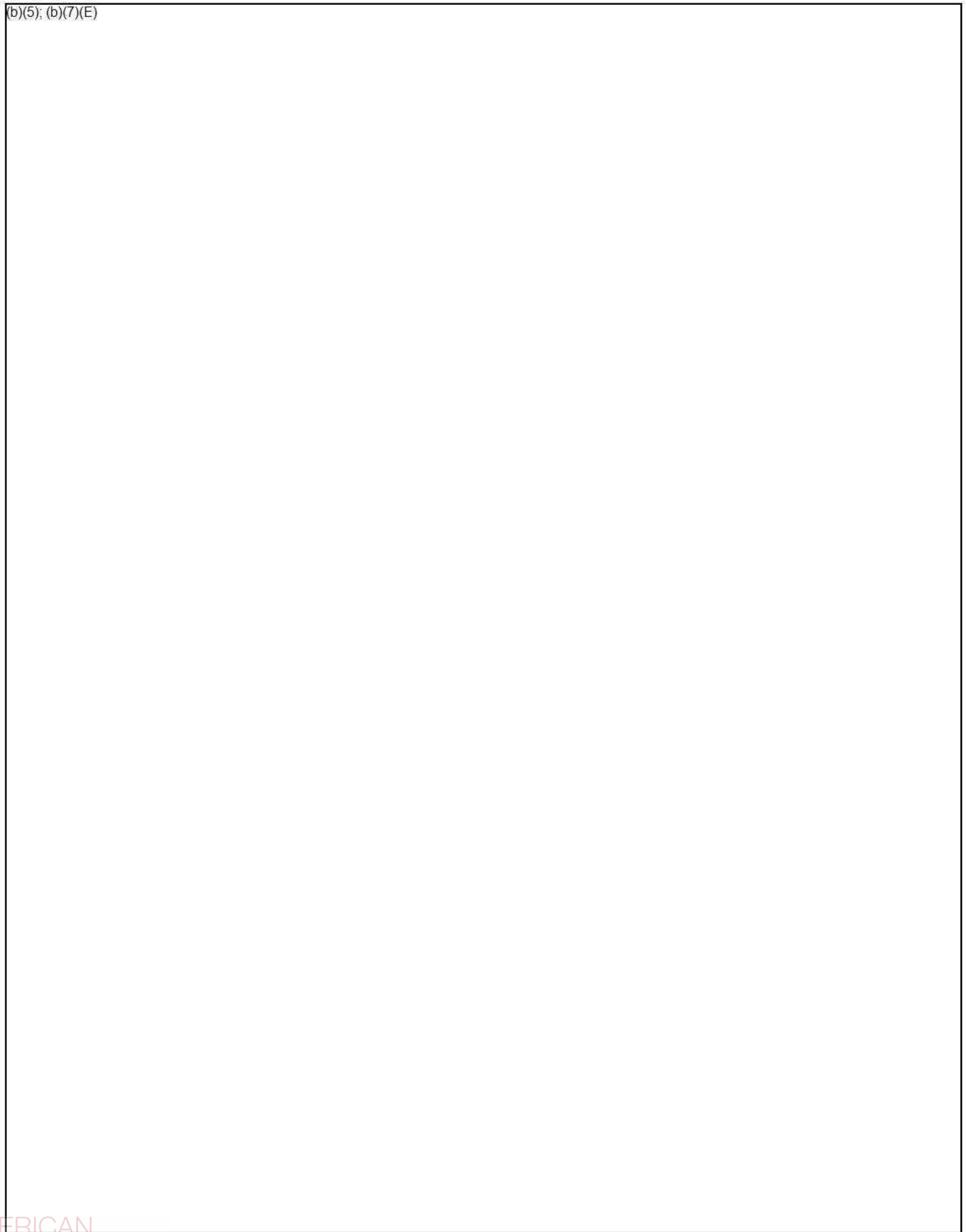
SUBJECT: Weekly Adelanto Detention Facility Report

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

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

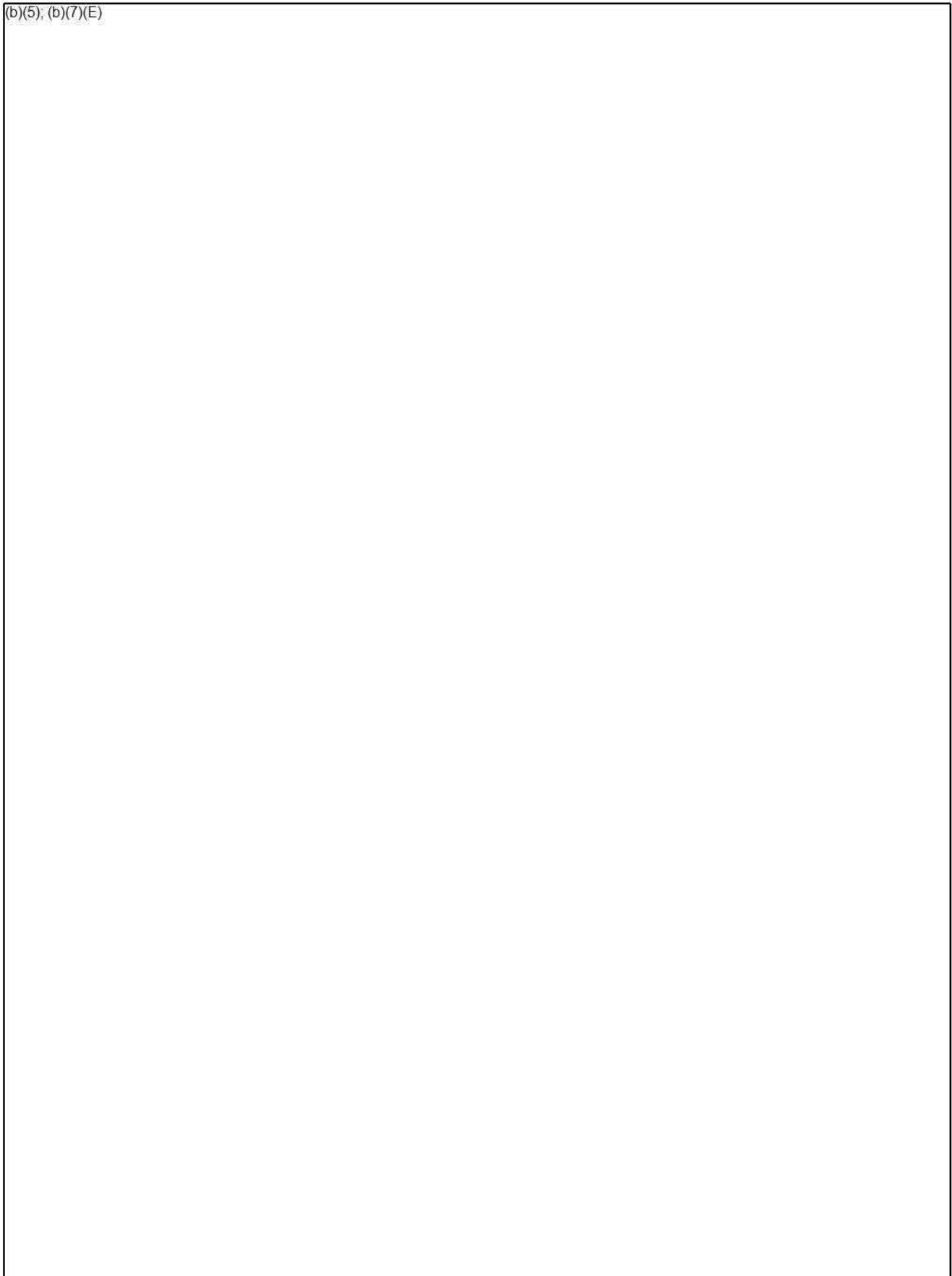
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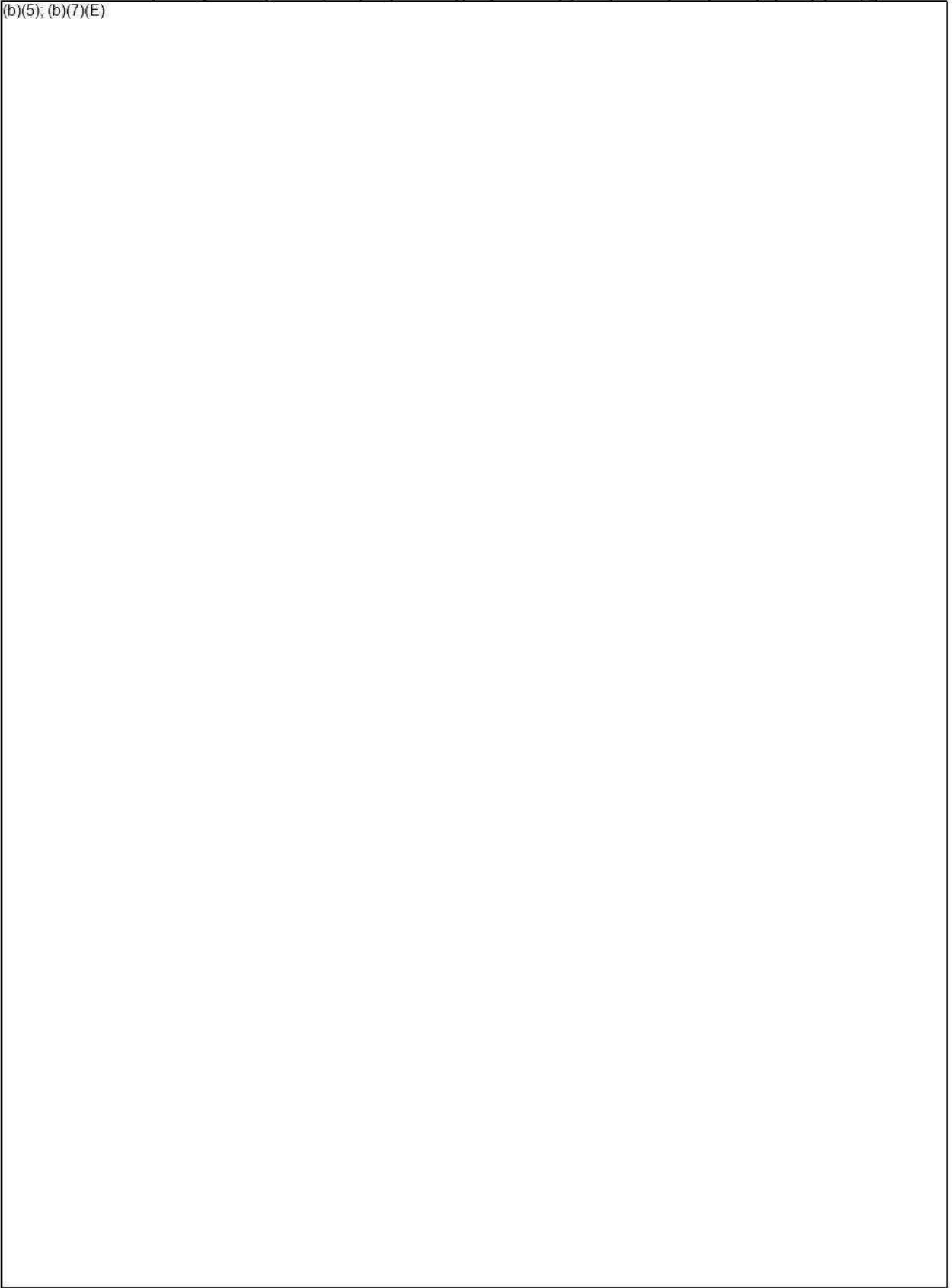
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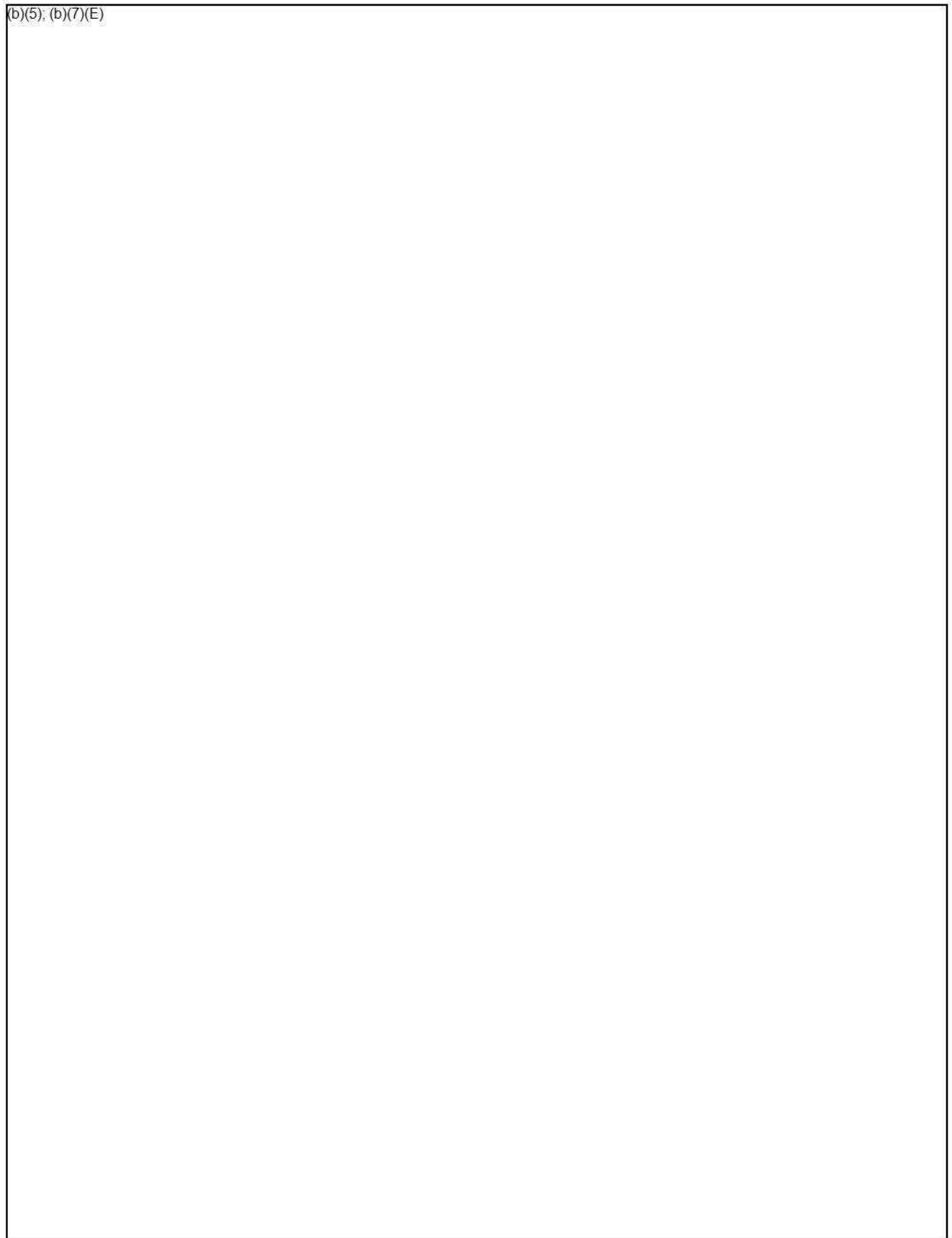
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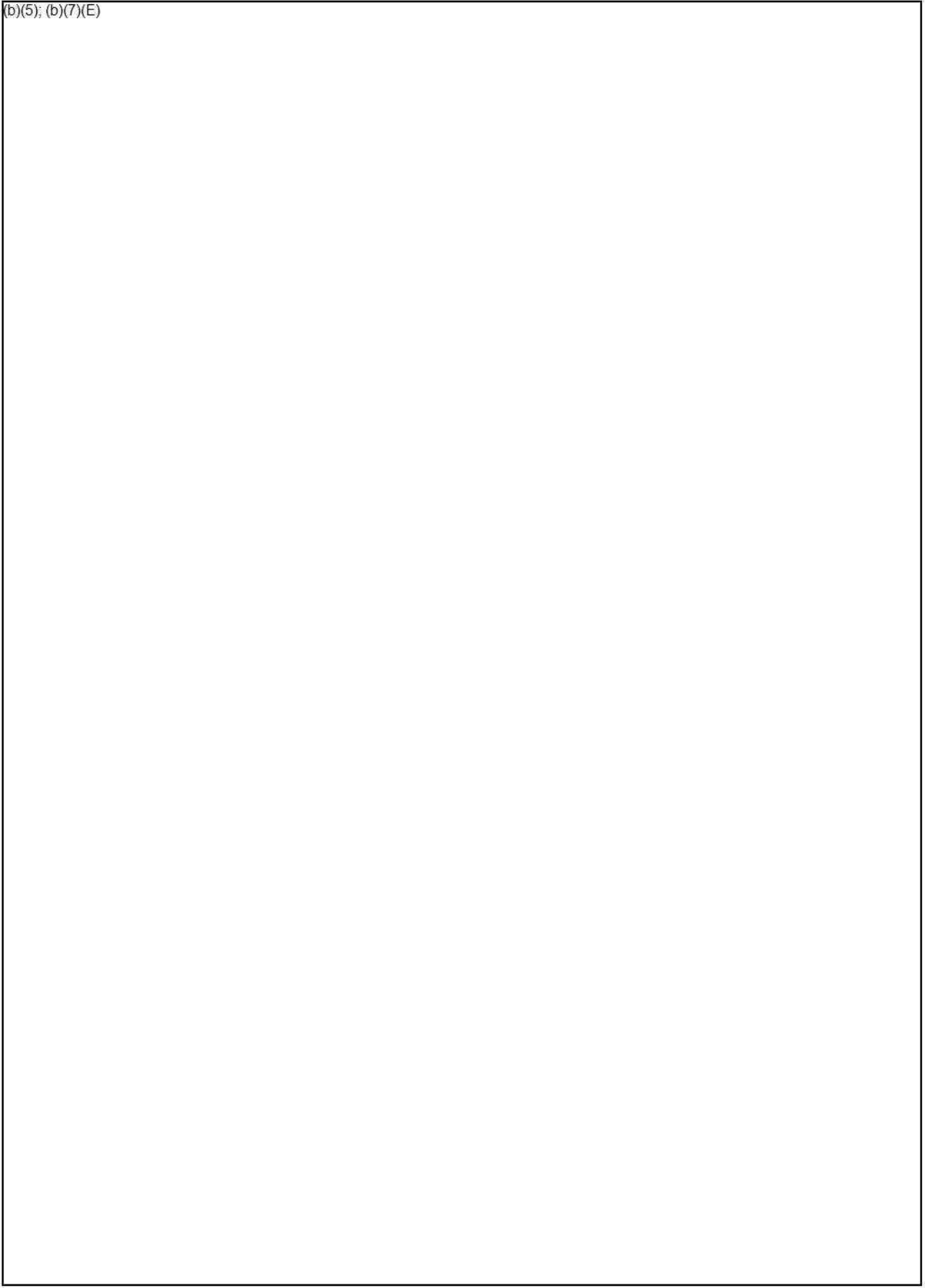


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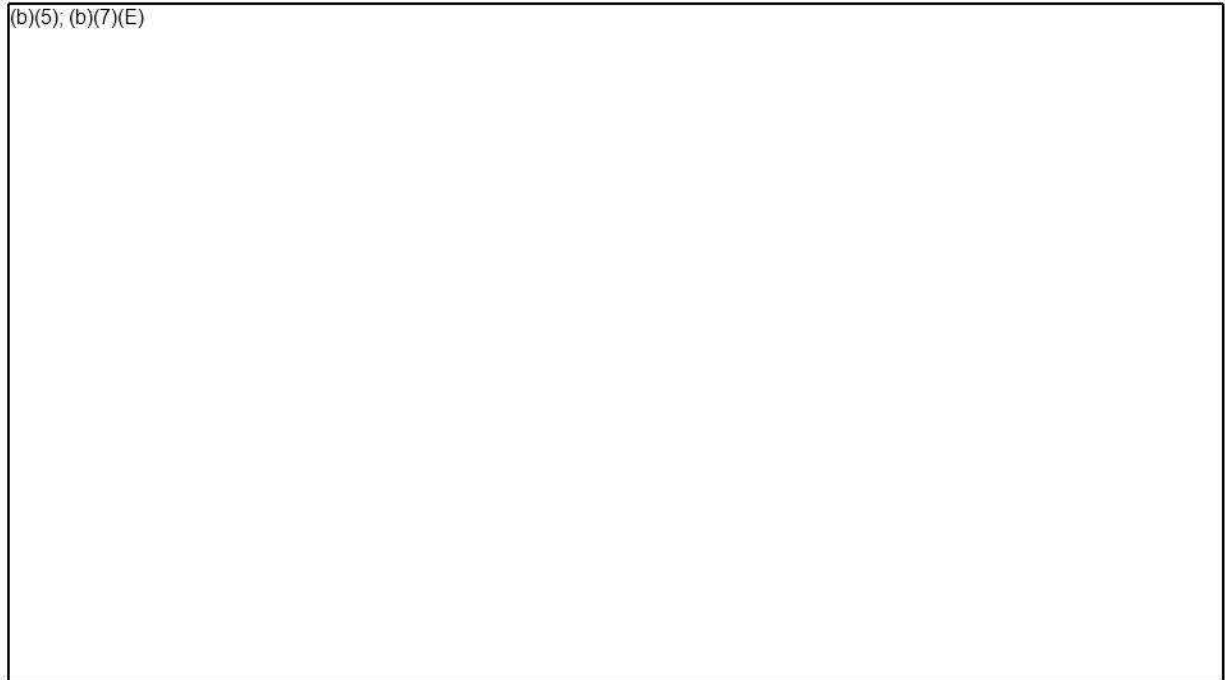
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U.S. Immigration
and Customs
Enforcement

March 4, 2016

MEMORANDUM FOR:

Dr. Stewart Smith
Acting Assistant Director
ICE Health Services Corps

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

THROUGH:

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

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

FROM:

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

SUBJECT:

Weekly Adelanto Detention Facility Report

PURPOSE

This report for the Adelanto Detention Facility covers the period of February 27, 2016, through March 4, 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 reduction 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).

NATIONAL COMMISSION FOR CORRECTIONAL HEALTH CARE (NCCHC)

The National Commission on Correctional Health Care conducted a site visit for evaluation and initial accreditation of Adelanto Detention Facility on February 29-March 1, 2016. There were "no concerns" found on any of the standards or compliance indicators. A written report with the accreditation decision will be given to the facility within two to three weeks of the accreditation meeting in either April or June.

STAFFING

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 includes 18 full time RNs and 2 part time RNs. Another RN resigned effective 3/8/2016. Total will be at 18 RNs as of 3/8/2016. Following nursing staff are not working on the floor but in other nursing roles: 1 of these nurses is the assistant DON. 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. There is no 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	1 psychologist is also the Mental Health Unit Chief 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.

CCS TRANSITION

Since the transition to CCS, the facility is still using GEO policies and forms. CCS policies are under review and revision for the Adelanto facility with expected transition to CCS policy beginning March 1, 2016. CCS expects to be complete the transition by March 16, 2016. The HSA will provide the FMC with copies of the CCS forms and policies by March 10, 2016.

Adelanto staff still documents medical encounters in the GEO paper medical records. Once CCS Policies and Forms have been implemented, Adelanto expects to transition to the CCS electronic health record or to the IHSC eClinicalWorks (eCW).

REDUCTION OF ADELANTO DETAINEES AS DIRECTED ON DECEMBER 23, 2015

On March 3, 2016, Adelanto had a total census of 965. On December 23, 2015, there were 256 detainees with chronic care conditions (not including Latent TB Infections). As of March 4, 2016, there have been 171 detainees with chronic care conditions that have been released, removed or transferred. There have been 107 detainees transferred to 14 different facilities throughout the United States. As of March 7, 2016, there are currently 103 detainees with chronic care at Adelanto.

A request was sent to Columbia Care Regional Center for consideration for admission of six mental health chronic care detainees; however, five of the detainees were Franco-Gonzalez class members and the other one had been granted asylum. The Office of the Principal Legal Advisor (OPLA) advised not to move the detainees out of the Los Angeles area of responsibility (AOR).

The Los Angeles AOR has very limited detention facility resources for detainees with mental health issues. These five detainees cannot be managed within the AOR. A transfer request was sent to the IHSC San Diego facility; however, they are at capacity for detainees with high classification/security level. One of these detainees has been out to the local inpatient hospital eight times since he was received at Adelanto in April, 2015. This detainee met with a Los Angeles Aids organization for possible housing. ERO is considering releasing the detainee either to this organization or to his family in the Arizona area. The FMC will continue to work to find appropriate housing for these individuals.

Detainee Death Review January 19-21, 2016

PRELIMINARY SIGNIFICANT FINDING

While conducting their review on the death of Jose Manuel Azurdia-Hernandez, 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. The below results are a review of GEO credential files.
 - 10 of 10 (100%) of the providers had current license on site.
 - 9 of 10 (90%) of the providers' licenses were primary source verified.
 - 2 of 10 (20%) of the providers had signed privileges from GEO.
 - 9 of 10 (90%) of the providers had a current Basic Life Support (BLS) card. One physician did not have a current BLS card. The physician will not be authorized to return to work until a current BLS certification is presented.
 - 2 of 10 (20%) of the provider are Advanced Cardiac Life Support (ACLS) certified. According to the HSA, Adelanto does not require ACLS certification for their providers because they utilize 911 for all emergencies.
 - 6 of 10 (60%) of the providers have been cleared through the National Practitioner Databank.
 - 7 of 8 (87.5%) had a current Drug Enforcement Agency (DEA) license.
 - One physician assistant's DEA license was expired, and Adelanto reported he had provided a current one, but the FMC was unable to verify.
- 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 deficiencies noted above were corrected except:

- The provider with the expired BLS card obtained a new card; however, the provider's BLS card expired September, 2015, and the new card was obtained February 21, 2016. The physician did not have BLS certification from October 2015 to February 21, 2016
- FMC verified that all provider personnel files had a current National Practitioner Data Bank (NPDB) verification form; however, four of the ten providers reviewed do not have documentation that the verification through the NPDB had been conducted upon hire.
- 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.

FMC Review March 5, 2016

Health Assessment

- New intakes
 - 10 of 10 (100%) A review of ten charts of detainees that had intakes between February 10-26, 2016, found that the detainees had a physical assessment within the required 14 day period.
 - No other issues were identified during this review.

Chronic Care

- Variety of chronic care
 - 10 of 10 (100%) detainees had a chronic care visit documented within the three month time period to include the required labs for their individual chronic care issue.
 - No other issues were identified during this review.

CRCL Investigation December 9-11, 2015

ISSUES PENDING RESOLUTION

- **INADEQUATE MENTAL HEALTH CARE**

- 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.

- These forms will be changing to the new CCS forms within the next two weeks. The FMC will review these forms to ensure they contain the critical elements required.

- The CSS Mental Health Director and IHSC must ensure the ADF mental health staff conduct daily face-to-face rounds with all detainees in the 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 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.
 - The DON reports a new form is being created for mental health rounds; providers will continue to document in each individual chart, but will also have a “rounding sheet” at each detainee’s door to verify that a mental health provider has made daily rounds. The LVNs document on each sheet twice daily during pill line. The RN signs the form once daily during segregation rounds. This will help 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.

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 MedPAR system for IHSC authorization. If the provider considers that the request is urgent it can be expedited for immediate processing. .
 - There was found to be a lack of the ability to track TAR's. A tool was developed in December 2015 to track the number and types of requests and when the request was made and completed. Upon review of the December and January MedPAR log, it was found a number of the TARs had not been requested through the IHSC MedPAR system. This was discussed with the HSA.
 - 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, the appointment is scheduled. However, as of March 3, 2016, the MedPAR had not been submitted for IHSC approval.
 - The February TAR log received on March 4, 2016, revealed MedPARs in the IHSC system that were not noted on the log. There were columns on the log that were not completed including date the MedPAR was approved by IHSC. However, IHSC had approved these MedPARs. The log also does not track the date the MedPAR was submitted into the IHSC MedPAR system; therefore, it is unclear how CCS ensures that the MedPAR has been submitted.
 - The CCS Regional Manager conducted one-on-one training with the medical records supervisor and medical records clerk responsible for tracking and entering MedPARs on February 25, 2016. The FMC requested documentation of this training on March 5, 2016, and as of March 6, 2016, it has not been provided.
 - The FMC provided the HSA with written information on what information is required for each type of MedPAR request. The FMC attended the morning medical meeting on March 3, 2016, and reviewed this information with the providers. The FMC also

provided a copy of this information and explained it in detail to the medical records clerks responsible for TARs and placing requests into the IHSC MedPAR system.

- There is currently one QCP that perform 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.
 - 135 of 240 (56%) chronic care appointments were completed for January, 2016.
 - 95 of 240 (39%) chronic care appointments were rescheduled. Information regarding the reasons these appointments were rescheduled has been requested; however, this information was not been provided. According to the HSA this information is not available because the information was never documented. It was also discovered that the “95” appointments reported as having been rescheduled may have been reported incorrectly. The QCP stated she counted the number of appointments shown as rescheduled even though it may have been the same appointment rescheduled a number of times. She reported that she would not be able to verify which detainee or what the actual number would be. The chronic care nurse did “confidently” report that there were not any chronic care appointments that were delinquent as of Friday, February 19, 2016.
 - On March 5, 2016, the FMC conducted an audit of ten detainees with a variety of chronic care issues. All ten of the detainees had a chronic care visit within three months of their previous chronic care visit or within one month of their initial 14 day physical assessment.
 - 44 of 44 (100%) of chronic care appointments were completed or February 2016. The FMC will request that GEO provide weekly data regarding the completion of chronic care appointments.
- 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 used 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 will address with the HSA regarding review of all encounters and not just during the intake screening. The FMC suggests continuing to monitor compliance for this measure.
- Lab orders are not performed timely: This has been an ongoing issue at Adelanto.
 - The HSA provided the January and the February audits to the FMC on February 23, 2016. There were 59 laboratory requests for January, 2016. 13 detainees refused the procedures and 46 were drawn timely. There were 56 laboratory requests for February, 2016. Eight detainees refused the procedures and 48 were drawn timely. This information is to be included in the information to be provided to the FMC by the 5th of each month. The FMC continues to monitor this issue for compliance.
- Reasonable accommodations: A local policy has been written and signed off 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 began her duties on March 1, 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. To ensure ongoing compliance, The Pharmacy Manager will conduct daily audits of at least 50% of all stock medications. The DON will conduct weekly audits of at least 50% of stock medications. 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:

- 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 Professionals 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.
 - 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 2, 2016, there were 30 detainees in segregation, and 23 detainees with mental health issues remained in segregation. 20 of these detainees have requested protective custody. Two of the 23 detainees are in segregation for disciplinary reasons, and none are in segregation for facility initiated protected custody because of behavior. One detainee is in segregation for gang affiliated reasons.
- GEO must draft a Request for Proposals (RFP) in order to begin the process of selecting, procuring and deploying an Electronic Health Records (EHR) appropriate for detention health care. (this goal should be to deploy the EHR within twelve months)
 - CCS is discussing the provision of an EHR. They are considering a system that they currently use in other facilities and eClinical Works (eCW), the IHSC EHR. Their preference is to utilize eCW, and requested GEO obtain ICE approval to implement eCW. Upon receipt of this response, CCS is ready to begin implementing an EHR at Adelanto. This is pending.
- 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.
 - This information was provided to the FMC on February 3, 2016. It did include the number of appointments, how many rescheduled and what the reason was that it was necessary to reschedule the appointment. It did not include the types of appointments. The FMC will discuss this with the HSA.

June 2015 Site Visit Findings Resolved:

- 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.

- Training for pharmacy staff: Correct RX trained the previous HSA on September 14, 2015, in a train the trainer program. GEO reported that 100% of staff had been completed training on September 5, 2015. The FMC verified the training was complete on October 30, 2015.
- HSA reports that Correct RX conducts an on-site pharmacy inspection quarterly. A copy of the 4th quarter audit conducted on January 13, 2016, was provided, and the Correct RX pharmacist cited findings related to expired medications in the emergency bag, emergency bag content list not updated with expiration dates, and missing signatures for temperature log and sharps logs. Adelanto has corrected these issues. The Correct RX Pharmacist's next site visit is scheduled for March 16-18, 2016.
- 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 four intake screenings the week of February 29, 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 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 FMCs 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.
 - 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.



U.S. Immigration
and Customs
Enforcement

March 11, 2016

MEMORANDUM FOR:

Dr. Stewart Smith
Acting Assistant Director
ICE Health Services Corps

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

THROUGH:

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

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

MD
Deputy Assistance Director Clinical Services
ICE Health Services Corps

FROM:

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

RN

IHSC Field Medical Coordinator-Los Angeles Field Office

SUBJECT:

Weekly Adelanto Detention Facility Report

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NATIONAL COMMISSION FOR CORRECTIONAL HEALTH CARE (NCCHC)

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STAFFING

Provided by CCS on March 6, 2016

MEDICAL POSITIONS REQUIRED BY CONTRACT	VA-CANT	FTE	NAME	PEND FINAL ICE APPROVAL	In eQIP PROCESS	COMMENTS
Health Services Administrator (1)	0	1	(b)(6); (b)(7)(C)			

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Page 2

Assistant Health Services Administrator (1)	0	1	(b)(6); (b)(7)(C)			
Director of Nursing	0	1				
Physician (3)	0	1				
		1				Medical Director
		1				
Psychiatrist (2)	0	1				
		1				Resigning 3-25-16
		0		X		Offer Accepted
		0				Holding as back up
Psychologist (6)	1.5	1				
		1				Resigning 3-25-16
		1				Cleared by ICE In Training
		1				
		0		X		85P received, Accepted
		0		X		85P received, Pre-Service March 14, 2016
		0.5				
Dentist (2)	0	1				
		1				
Physician's Assistant/Nurse Practitioner (6)	0	1				
		1				
		1				
		1				
		1				
		1				
Registered Nurse (20)	4	1				
		1				
		1				Asst. Director of Nursing

		1	(b)(6); (b)(7)(C)			
		1				
		1				Patient Care Coordinator
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		0.5				RN (b)(6); (b)(7)(C) combined are 1 FTE
		0.5				
		1		X		Pre-Service begins 3/14/16
		1		X		Pre-Service begins 3/14/16
		1		X		Pre-Service begins 3/14/16
		0				Interview 3/14/16
		PRN RN				
Licensed Vocational Nurse (26)	1	1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
		1				
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Adelanto Detention Facility Report
Page 4

		1	(b)(6); (b)(7)(C)			
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		1				
		1				
		1				
		1				Mental Health Nurse
		1			X	Pre-Service begins 3/14/16 (still going through ICE clearance, AFOD approved)
Medical Records Supervisor		1				
Medical Records Clerk (3)		1				
		1				
		1				
Medical Records Data Entry Clerk (3)		1				
		1				
		1				
Dental Assistant (2)		1				
		1				
Lab Technician (2)		1				
		1				
X-ray Technician (2)		1				
		1				
FTEs Required by Contract (Total 81)	Vacant 6.5	Filled 74.5	91.9% Filled	0	4	FTEs Required by Contract
FTEs NOT required by Contract (Total 8)	5	3	3 active: 1 LVN as QCP 2 Medical records staff	1	2	In E-Quip process: (b)(6); (b)(7)(C) Pending ICE Approval (b)(6); (b)(7)(C)

						Perez
Total (89)	11.5	77.5				

CCS has authorized an additional eight FTE in non-clinical roles. They have authorized 2 LVN positions as Quality Control Professionals and have one LVN currently in that role. They have one LVN that has been hired and is in the E-Quip process. They have authorized two RN positions as Quality Control Professionals. One RN has been hired for that position. She is a re-hire and will start pre-service on March 14, 2016. The other position is currently vacant. An additional four medical records positions have also been authorized. Two of the positions are filled. They have hired two people for the vacant positions. One is waiting for final ICE approval, and one is in the E-Quip process.

CCS TRANSITION

Since the transition to CCS, the facility is still using GEO policies and forms. CCS policies have been reviewed and revised for the Adelanto facility. Electronic versions of the policies and forms have been sent to staff on March 10, 2016, and hard copies will be available Monday, March 14, 2016. Training for the new policies and forms began on March 10, 2016, and will be 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.

Transition to an Electronic Health Record is pending.

REDUCTION OF ADELANTO DETAINEES AS DIRECTED ON DECEMBER 23, 2015

Since the decision was made to decrease the chronic care population at Adelanto, 191 detainees with chronic care conditions both medical and mental health have been removed, released or transferred. Of the 190 that are no longer at Adelanto, 116 have been transferred to 14 different facilities.

A request was sent to Columbia Care Regional Center for consideration for admission of six mental health chronic care detainees; however, five of the detainees were Franco-Gonzalez class members and the other one had been granted asylum. The Office of the Principal Legal Advisor (OPLA) advised not to move the detainees out of the Los Angeles area of responsibility (AOR). The Los Angeles AOR has very limited detention facility resources for detainees with mental health issues. One of these detainees did meet with a Los Angeles Aids organization who has agreed to assist with this detainee, and they are seeking housing for him. The FMC will continue to work to find appropriate housing for the other individuals.

On December 23, 2015, there were 63 detainees housed in segregation, and 32 of those were on the Mental Health Chronic Care List. As of March 11, 2016, the segregation population has been reduced to 36. Ten of the detainees with mental illness have been removed, released or transferred and three additional are scheduled to be removed or released by March 31, 2016.

There is a concerted effort by GEO, CCS, ERO and IHSC to keep this population down.

On March 8, 2016, the decision was made to begin increasing the population at Adelanto to 1300. The population of Adelanto on March 11, 2016 was 983.

On March 10, 2016, CCS reported there are currently 150 detainees at Adelanto on the Chronic Care Clinic list for medical and 142 detainees enrolled in the Mental Health Chronic Care Clinic. 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		
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	101
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	43
Medical Level 4	Require more frequent intervention by medial staff to point of exceeding Adelanto's capability; immediate notification to FMC (i.e., currently hospitalized, dialysis)	6 (4 hospitalized, 2 dialysis)
Mental Health Level 1	No mental health disorders	Remainder of population
Mental Health Level 2	Stable mental health (currently unclear if all the detainees currently in this category should be included in mental health chronic care clinic; 77 currently on meds; some have no mental health diagnosis or a deferred diagnosis. MH Director to provide an updated list)	178
Mental Health Level 3	All Franco-Gonzalez class members, hospitalized in last year	63
Mental Health Level 4	Hospitalized or on suicide watch; immediate notification to FMC	1

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 reported that he will request 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. The FMC will follow-up with the HSA to provide an update as available. The request is still pending.

CRCL Investigation December 9-11, 2015

- **ISSUES PENDING RESOLUTION**

- GEO must draft a Request for Proposals (RFP) in order to begin the process of selecting, procuring and deploying an Electronic Health Records (EHR) appropriate for detention health care. (this goal should be to deploy the EHR within twelve months)
- CCS is discussing the provision of an EHR. They are considering a system that they currently use in other facilities and eClinical Works (eCW), the IHSC EHR. Their preference is to utilize eCW, and requested GEO obtain ICE approval to implement eCW. Upon receipt of this response, CCS is ready to begin implementing an EHR at Adelanto. This is pending.

- **INADEQUATE MENTAL HEALTH CARE**

- 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 is scheduled to be complete on March 20, 2016.
- The FMC is reviewing these forms.
- 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 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.

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.
 - There was found to be a lack of the ability to track TAR's. A tool was developed in December 2015 to track the number and types of requests and when the request was made and completed. However, the log does not include a column for the date that the request had been submitted into the IHSC MedPAR system which would allow CCS to ensure that the MedPAR request had been submitted.
 - Upon review of the February MedPAR log on March 4, 2016, all of the TARs on the log had been requested through the IHSC MedPAR system for authorization but not all of the requests in the MedPAR system were listed on the log.
 - 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 CCS Regional Manager conducted one-on-one training with the medical records supervisor and medical records clerk responsible for tracking and entering MedPARs on February 25, 2016. The FMC requested documentation of this training on March 5, 2016, and as of March 11, 2016, it has not been provided. The HSA and the Patient Care Coordinator addressed these ongoing issues with the Medical Records Supervisor and the Medical Records Clerk (MRC) that is responsible for TARs and MedPARs and provided additional training for the MRC, medical records supervisor and the providers. The FMC will continue to monitor the MedPAR process.

- 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.
 - 19 of 19 (100%) of chronic care appointments were completed for March 4 - 9, 2016. The information that was provided included three detainees that had their appointments rescheduled but completed timely. Information was also provided on the reasons these appointments were rescheduled. The FMC will continue to monitor to verify 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. 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 1-7, 2016. There were 66 laboratory entries on both the East and West logs. 60 were noted to be completed timely, and 6 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.

- 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 is currently transferring this information to the electronic CCS log.
- 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:

- 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 Professionals 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.
- 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 10, 2016, there were 36 detainees in segregation, and 26 detainees with mental health issues remained in segregation. 20 of these detainees have requested protective custody. Four of the 26 detainees are in segregation for disciplinary reasons, and one is in segregation for facility initiated protected custody because of behavior. One detainee is in segregation for gang affiliated 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:

- 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.
- Training for pharmacy staff: Correct RX trained the previous HSA on September 14, 2015, in a train the trainer program. GEO reported that 100% of staff had been completed training on September 5, 2015. The FMC verified the training was complete on October 30, 2015.
- HSA reports that Correct RX conducts an on-site pharmacy inspection quarterly. A copy of the 4th quarter audit conducted on January 13, 2016, was provided, and the Correct RX pharmacist cited findings related to expired medications in the emergency bag, emergency bag content list not updated with expiration dates, and missing signatures for temperature log and sharps logs. Adelanto has corrected these issues. The Correct RX Pharmacist's next site visit is scheduled for March 16-18, 2016.
- 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 four intake screenings the week of February 29, 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 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 FMCs 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.
 - 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.