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

February 8, 2024

MEMORANDUM FOR: Stewart D. Smith, DHSc, FACHE
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ICE Health Service Corps
(b)(6),(b)(7)(C),(b)(7)(F)

THROUGH: Ada I. Rivera, MD
Deputy Assistant Director of Clinical Services/Medical Director
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FROM: (b)(6),(b)(7)(C),(b)(7)(F)
Senior Investigator, Investigations Unit
ICE Health Service Corps
(b)(6),(b)(7)(C),(b)(7)(F)

SUBJECT: Mortality Review – Report of Findings
Carlos Juan FRANCISCO, (b)(6),(b)(7)(C)

Executive Summary:

On December 4, 2023, U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) received notification of the death of noncitizen Carlos Juan FRANCISCO, (b)(6),(b)(7)(C) (b)(6),(b)(7)(C) ICE assigned Mr. FRANCISCO, a 42-year-old Guatemalan male, to Krome Service Processing Center (KSPC), in Miami, Florida (FL), from November 23 to December 4, 2023, the date of his death. Mr. FRANCISCO's death certificate and autopsy report are pending.

On an unknown date and place, Mr. FRANCISCO entered the United States without an immigration official inspection or parole. Between January 4, 1999 and October 9, 2023, the Twentieth Judicial Circuit Court of Lee County, located in Ft. Myers, FL, convicted Mr.

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FRANCISCO with crimes ranging from burglary to aggravated assault with a deadly weapon, and sentenced him to a combined nonconsecutive incarceration equaling approximately 40 months at Lee County Jail (LCJ). Prior to Mr. FRANCISCO's completion of his incarceration, ICE Enforcement and Removal Operations (ERO) charged him with inadmissibility pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act (INA), as a noncitizen who entered the United States without inspection, Section 212(a)(7)(A)(i)(I) of the INA, as an immigrant without a valid immigrant visa, and 212(a)(2)(A)(i)(I) of the INA, as a noncitizen who has been convicted of a crime involving moral turpitude. On November 22, 2023, LCJ officials released Mr. FRANCISCO to ERO Miami, and ERO detained Mr. FRANCISCO at KSPC.

On November 23, 2023, during his intake screening, Mr. FRANCISCO denied history of any medical or mental health conditions, illicit drug use, or hospitalizations, and health staff cleared him for general population (GP).

Between November 29 and December 1, 2023, KSPC's health staff evaluated and treated Mr. FRANCISCO for headaches.

On December 2, 2023, Mr. FRANCISCO vomited his breakfast and lunch and complained of headaches. The health staff admitted Mr. FRANCISCO to the medical housing unit (MHU) for monitoring, administered one round of intramuscular anti-nausea medicine, and ordered a liquid diet. While in the MHU, Mr. FRANCISCO vomited once, and the attending advanced practice provider (APP) referred Mr. FRANCISCO to a local emergency room (ER) via ambulance for dehydration evaluation. Approximately 45 minutes later, responding emergency medical services (EMS) personnel assumed Mr. FRANCISCO's care and transported him to Larkin Community Hospital (LCH) ER, where an ER physician diagnosed Mr. FRANCISCO with atraumatic subdural hematoma (spontaneous bleeding between the brain and its outmost covering). The hospital team intubated (a procedure involving the passage of a tube into the trachea to help a person breathe) Mr. FRANCISCO, and a neurosurgeon performed evacuation of his hematoma (removal of blood from the brain).

On December 3, 2023, a repeat scan of Mr. FRANCISCO's head revealed bleeding in the brain stem; the neurosurgeon did not pursue any further intervention. On December 4, 2023, Mr. FRANCISCO went into cardiac arrest and an LCH physician declared him deceased.

Mortality Finding:

As a result of Mr. FRANCISCO's death, the IHSC Assistant Director requested a mortality review to learn from his death by reviewing the care provided and the circumstances leading up to his death. The goal of the mortality review is to determine the appropriateness of clinical care; ascertain whether changes to policies, procedures or practices are warranted; and identify issues requiring further study.

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A mortality review committee (MRC) determined the care KSPC provided Mr. FRANCISCO deviated beyond safe limits of practice and may have indirectly contributed to his death. Specifically, the MRC concluded :1) Health staff should have consulted/escalated Mr. FRANCISCO's case with and to the clinical director for input; 2) Health staff delayed Mr. FRANCISCO's referral to the ER; 3) Health staff did not immediately recognize potential acute on chronic brain bleeding symptomology; 4) Health staff chose contracted ambulance service over 911 for Mr. FRANCISCO's ER referral; and 5) Custody staff did not consistently consult health staff on issues pertaining to Mr. FRANCISCO's health.

The MRC convened on February 5, 2024, and consisted of the following IHSC members: (b)(6),(b)(7)(C),(b)(7)(F) clinical director, physician reviewer; (b)(6),(b)(7)(C),(b)(7)(F) physician assistant, APP reviewer; (b)(6),(b)(7)(C),(b)(7)(F) IHSC chief nurse, nurse reviewer; and (b)(6),(b)(7)(C),(b)(7)(F), risk manager.

The following summary of events was based on: 1) Mr. FRANCISCO's KSPC medical records and EMS report; 2) incident and notification reports; 3) ICE (b)(7)(E) (b)(7)(E) records; 4) Mr. FRANCISCO's KSPC detention file; 5) (b)(7)(E) dated December 2, 2023; 6) an on-site review and staff interviews conducted by (b)(6),(b)(7)(C),(b)(7)(F) at KSPC from January 3 to 4, 2024; and 7) applicable IHSC policies and procedures, and ICE Detention Standards.

Summary of Events

On November 23, 2023, a registered nurse (RN) completed Mr. FRANCISCO's intake screening, documented normal vital signs, Mr. FRANCISCO's denial of any past medical or mental health history, and cleared him for GP. Mr. FRANCISCO's Collier County (CC) transfer summary showed no medical issues identified while in CC custody.

On November 27, 2023, during sick call, an RN evaluated Mr. FRANCISCO for a complaint of headaches for two days, rated at 5 out of 10 [(5/10); based on a subjective pain scale with a rating of 10 equaling severe]. The RN documented a normal assessment and vital signs, provided Mr. FRANCISCO a one-time dose of ibuprofen (pain medicine) 200 milligrams (mg), two tablets, per clinical nursing guidelines (CNG), and cleared him for GP.

On November 29, 2023, during sick call, an RN evaluated Mr. FRANCISCO for a complaint of a 5/10 headache, documented a normal assessment and vital signs, and described Mr. FRANCISCO's appearance as uncomfortable due to pain. The RN provided Mr. FRANCISCO a one-time dose of acetaminophen (pain medicine) 325 mg, two tablets, per CNG, monitored him for 30 minutes, and cleared him for GP following his report of feeling better.

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- On the same date, at 10:08 a.m., a custody staff member announced a medical emergency/wheelchair in (b)(7)(E) yard via radio.

- At 10:12 a.m., responding health staff arrived at the scene and transported Mr. FRANCISCO to the medical clinic where an APP urgently evaluated him for a complaint of an 8/10 throbbing headache located on the right side of his head and radiating to his right eye. The APP documented Mr. FRANCISCO reported experiencing headaches, relieved with pain medicine, months before his detention. The APP noted a normal assessment and vital signs, and ordered aspirin-acetaminophen-caffeine (migraine headache medicine), 250-250-65 mg, two tablets, by mouth, daily, as needed (PRN), and ibuprofen 800 mg tablet, twice daily PRN. The APP provided Mr. FRANCISCO a dose of ibuprofen and an ice pack, monitored him for an hour, and cleared him for GP after his report of no headaches.

On December 2, 2023, at approximately 8:06 a.m., a custody staff member announced a medical emergency/wheelchair at the cafeteria via radio. Approximately three minutes later, health staff arrived at the cafeteria and transported Mr. FRANCISCO to the medical clinic.

- At approximately 8:09 a.m., an APP evaluated Mr. FRANCISCO for complaints of an 8/10 headache, body aches, and nausea with vomiting, and documented normal vital signs. Mr. FRANCISCO reported intermittent headaches for the past two months, now described as frequent for the past four to five days, and denied head trauma. The APP noted Mr. FRANCISCO was awake, alert, and oriented, and provided him a lower bunk pass, a one-time dose of acetaminophen 650 mg tablet, and an antacid. The APP encouraged Mr. FRANCISCO to increase his fluid intake, monitored him for approximately one hour, and cleared him for GP due to his reported improvement of his nausea and headache.

- At approximately 12:45 p.m., an APP evaluated Mr. FRANCISCO for complaints of an 8/10 headache, nausea, and vomiting. The APP documented normal vital signs, except a low heart rate of 55 beats per minute [(bpm); normal: 60-99 bpm], ordered a clear liquid diet and a one-time dose of intramuscular ondansetron (nausea medicine) 4 mg (administered via the left deltoid muscle), and admitted Mr. FRANCISCO to the MHU for close monitoring.

- At approximately 4:19 p.m., an RN noted Mr. FRANCISCO vomited his lunch and dinner and complained of epigastric pain. The RN documented normal vital signs, except an elevated blood pressure of 143/73 millimeters of mercury [(mmHg); normal: less than 120/80] and a slow heart rate of 55 bpm. The RN noted an APP referred Mr. FRANCISCO to LCH for a higher-level evaluation via ambulance.

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- On the same date, an LCH physician diagnosed Mr. FRANCISCO with atraumatic subdural hematoma and consulted a neurosurgeon who sedated, intubated, performed a craniotomy (surgical opening of a part of the skull) with hematoma evacuation on Mr. FRANCISCO, and admitted him to the intensive care unit.

On December 3, 2023, an LCH physician documented follow-up imaging showed new bleeding in the brain stem and consulted with a neurosurgeon who did not pursue any further intervention due to worsening of the bleed.

On December 4, 2023, an LCH physician pronounced Mr. FRANCISCO deceased.
ICE detention standards used for this review: Performance-Based National Detention Standards (PBNDS), 2011 with 2016 Revisions, National Commission on Correctional Health Care (NCCHC) Standards for Health Services in Jails, 2018, and IHSC Directives. The following are identified program strengths, weaknesses, and recommendations found during this review.

Strengths

Strengths identified during this investigation were: 1) Nursing staff provided Mr. FRANCISCO timely medical care using CNG; and 2) Health staff responded to the medical emergencies within four minutes.

Weaknesses

1. Inappropriate Medical Care

- On November 29, 2023, an APP provided Mr. FRANCISCO ibuprofen (the medication may increase the risk of bleeding) and prescribed another medication containing aspirin (blood thinner). Later that evening, an RN administered ibuprofen and aspirin-acetaminophen-caffeine simultaneously to Mr. FRANCISCO, increasing his risk of bleeding.

- The APP who evaluated Mr. FRANCISCO on December 2, 2023, did not consider a differential diagnosis of acute on chronic brain bleed, nor did the APP recognize the symptomology despite Mr. FRANCISCO's recurrent complaints of headaches coupled with weakness, nausea, and vomiting. As a result, the APP delayed Mr. FRANCISCO's higher-level referral to the ER.

- The APP responsible for Mr. FRANCISCO's care on December 2, 2023, initially cleared Mr. FRANCISCO for GP after evaluating him for vomiting coupled with weakness and headaches. The APP did not seek the KSPC clinical director's input despite Mr. FRANCISCO's symptoms and the number of times the health staff evaluated him for headaches.

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- The APP who referred Mr. FRANCISCO to the ER chose a contracted ambulance service (estimated arrival time varies between one to two hours) over calling 911 (EMS personnel estimated arrival time less than one hour) because the APP did not consider Mr. FRANCISCO's condition high in acuity.

- On December 2, 2023, health staff were not consistently within sight and sound of Mr. FRANCISCO following his admission to MHU.

- On November 29, 2023, after becoming aware of Mr. FRANCISCO's vomiting episode, health staff did not triage and evaluate him nor pursue obtaining his signature on a refusal form.

Applicable standards of care for this finding:

- IHSC Directive: 02-07: Treatment Consent and Refusal Policy, 2022; section 6-7: *Refusal of Treatment or Health Evaluation*.
- IHSC Directive: 03-02: Access to Care: Sick Call, 2021; section 5: *Procedures*.
- IHSC Directive: 03-17: Medical Housing Units, 2016; section 4-8: *MHU Safety and Security*.
- IHSC Directive: 02-07: Treatment Consent and Refusal Policy, 2022; section 6-7: *Refusal of Treatment or Health Evaluation*.
- NCCHC: Standards for Health Services in Jails, 2018: J-B-08, *Patient Safety*.
- NCCHC: Standards for Health Services in Jails, 2018: J-E-09, *Continuity Coordination, And Quality of Care During Incarceration.*
- NCCHC: Standards for Health Services in Jails, 2018: J-E-10, *Discharge Planning*.
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; subsection II. *Expected Outcomes*.
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; subsection F. *Facilities/Medical Housing*.
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; subsection AA. *Informed Consent and Involuntary Treatment*.

2. Communication

- On December 2, 2023, an APP ordered a liquid diet for Mr. FRANCISCO due to repeated vomiting episodes. An RN communicated the diet order to custody staff; however, a custody staff member provided Mr. FRANCISCO with a brown bag containing fruits. Immediately after eating the fruits, Mr. FRANCISCO began vomiting.

- On December 2, 2023, custody staff observed Mr. FRANCISCO in a confused state but did not report Mr. FRANCISCO's abnormal mental state to health staff.

- On December 2, 2023, a custody supervisor coordinated Mr. FRANCISCO's transfer from MHU to KSPC processing area without the health staff's prior authorization, consultation, and concurrence.

- On December 2, 2023, health staff were absent to exchange Mr. FRANCISCO's medically relevant information with responding EMS personnel. As a result, EMS personnel assumed Mr. FRANCISCO's care without health staff input.

- On November 29, 2023, custody staff did not obtain health staff concurrence before allowing Mr. FRANCISCO, who vomited, to return to his dorm without health staff evaluation.

Applicable standards of care for this finding:

- IHSC Directive: 03-02: Access to Care: Sick Call, 2021; section 5: *Procedures*.
- IHSC Directive: 03-17: Medical Housing Units, 2016; section 4-8: *MHU Safety and Security*.
- IHSC Directive: 02-07: Treatment Consent and Refusal Policy, 2022; section 6-7: *Refusal of Treatment or Health Evaluation*.
- NCCHC: Standards for Health Services in Jails, 2018: J-D-06, *Patient Escort*.
- NCCHC: Standards for Health Services in Jails, 2018: J-B-08, *Patient Safety*.
- NCCHC: Standards for Health Services in Jails, 2018: J-E-09, *Continuity Coordination, And Quality of Care During Incarceration*.
- NCCHC: Standards for Health Services in Jails, 2018: J-E-07, *Nonemergency Health Care Requests and Services*.
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; subsection W. *Special Needs and Close Medical Supervision*.
- PBNDS 2011 with 2016 Revisions: Part 2.9, Post Orders; subsection B. *Reading and Understanding of Post Orders*.
- PBNDS 2011 with 2016 Revisions: Part 4.8, Disability Identification, Assessment, and Accommodation; subsection F. *Reasonable Accommodation Process/Immediate Accommodation*.

3. Inappropriate Emergency Care

- On December 2, 2023, health staff responded to the scene of a medical emergency without the required medical emergency bag.

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Applicable standards of care for this finding:

- IHSC Directive: 03-05: All Hazards Emergency Preparedness, 2016; section 4-12: *Medical Equipment and Supplies Management*.
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section T. *Emergency Medical Services and First Aid*.

4. Training

- A currently employed custody staff member has an expired basic life support card.

Applicable standards of care for this finding:

- NCCHC: Standards for Health Services in Jails, 2018: J-C-04, *Health Training for Correctional Officers*.
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section T. *Emergency Medical Services and First Aid*.

Recommendations

- Forward these findings to the IHSC Deputy Assistant Director (DAD) of Health Systems Support (HSS).
- The IHSC DAD of HSS will share these findings through appropriate communication channels to ICE, KSPC's administrator and health authority for review and any action(s) deemed appropriate.
- The respective IHSC HSS unit and ICE will ensure the corrective action plan, if applicable, is implemented and sustained.

End of report.

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DETAINEE DEATH REVIEW: Carlos JUAN-FRANCISCO, (b)(6),(b)(7)(C)
Healthcare and Security Compliance Analysis
Krome North Service Processing Center
Mami, Florida

As requested by the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU), Creative Corrections participated in a review of the death of detainee Carlos JUAN-Francisco (JUAN) while in the custody of Krome North Service Processing Center (KNSPC), in Miami, Florida. A team consisting of ERAU team lead (b)(6),(b)(7)(C),(b)(7)(F) Inspection and Compliance Specialist, (b)(6),(b)(7)(C),(b)(7)(F) Inspection and Compliance Specialist, and Creative Corrections contract personnel (b)(6),(b)(7)(C),(b)(7)(F) Security Subject Matter Expert, and (b)(6),(b)(7)(C),(b)(7)(F) Healthcare Subject Matter Expert, conducted an on-site review January 9-11, 2024. ERAU requested contractor participation to assess compliance with the applicable ICE PBNDS 2011, revised 2016, governing healthcare and security operations.

Included in this report is a case synopsis, overview of the facility's healthcare services, a narrative chronology of events, and conclusions. The information and findings are based on analysis of JUAN'S detention and medical records, (b)(7)(E) information reported by staff during interviews, and review of policies and available incident-related documentation.

SYNOPSIS

JUAN, a 42-year-old citizen of Guatemala, was transferred from the Collier County Jail in Naples, Florida, to KNSPC on November 22, 2023. He had no known health conditions at the time of his admission and voiced no medical complaints.

On November 27 and 29, 2023, JUAN was seen at sick call for complaint of headaches. Nurses provided medication for pain relief in accordance with nursing guidelines. Later on November 29, 2023, security called a medical emergency when JUAN complained of headaches. Healthcare staff responded and escorted JUAN to the health services unit where a midlevel provider evaluated him, gave medication for pain, and directed placement in an observation cell. At the conclusion of the one-hour observation period, JUAN stated he was feeling better and the provider authorized return to housing. Before JUAN left the medical area, he vomited. The provider directed that he remain in medical for continued observation; however, an officer returned JUAN to his housing area based on JUAN's request and statement that he felt better. Medical authorization for return to housing is unclear.

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During the breakfast meal on the morning of December 2, 2023, security staff observed JUAN vomiting in the dining room. A lieutenant requested medical assistance, then called medical emergency. A midlevel provider responded and took him to the Health Services Unit. There, he was given medication and he returned to his housing unit. During the lunchtime meal, security staff again observed JUAN vomiting and called medical emergency. A nurse responded to the dining room and took him to the Health Services Unit, where a midlevel provider evaluated JUAN, gave him medication, and directed his placement in the Medical Housing Unit for observation. JUAN began vomiting a short time later and the provider directed JUAN's transfer to the hospital. Emergency responders arrived and transported JUAN to Larkin Community Hospital.

At the hospital, an urgent CT scan of the brain revealed a subdural hematoma. He was moved to the Intensive Care Unit and later that night, underwent a craniotomy for removal of the hematoma. His condition deteriorated and he was pronounced deceased on December 4, 2023, at 1:25 p.m.

The death certificate and autopsy report are not available as of the date of this report.

HEALTHCARE SERVICES

ICE Health Service Corps (IHSC) officers and STG International contract employees provide healthcare services 24 hours a day, seven days a week. KNSPC last earned reaccreditation by the National Commission on Correctional Health Care in June 2022.

IHSC and local KNSPC policies govern healthcare services. The medical department uses IHSC's electronic Clinical Works (eCW) electronic medical record system. (b)(7)(E)

(b)(7)(E)

NARRATIVE

On November 22, 2023, at 6:00 p.m., JUAN arrived at KNSPC..[1] (b)(6),(b)(7)(C),(b)(7)(F) RN, completed an intake pre-screening and identified no health issues.[2] RN (b)(6),(b)(7)(C),(b)(7)(F) did not use an

[1] *See* Order to Detain or Release Alien, Form I-203, dated November 22, 2023. *File Path: General Records Request – Krome SPC, Intake booking orientation materials signed by* [redacted] *Detention File – JUAN.pdf, page 24.*
[2] *See* Intake: Pre-Screening dated November 23, 2023. *File path: Medical Records Request – Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, pages 38-39.*

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interpreter since she was fluent in JUAN's native language, Spanish. She also noted JUAN spoke Spanish and English.[3] RN [redacted] ordered a chest x-ray.[4] and reviewed JUAN's transfer summary from the Collier County Jail in Naples, Florida.[5] The summary documents JUAN had no current medical or psychiatric issues, he had no known drug allergies, and was not on any medications.

On November 22, 2023, at 6:20 p.m., **(b)(6),(b)(7)(C),(b)(7)(F)** Detention Officers, completed all required intake processing forms.[6] (b)(6),(b)(7)(C),(b)(7)(F) Detention Officer, classified JUAN **(b)(7)(E)**

On November 23, 2023, at 2:00 a.m., RN [redacted] completed JUAN's intake screening and noted the following:[8]

- JUAN reported he was fine and denied current or past medical or mental health conditions, past treatment by a doctor, and past hospitalizations.
- JUAN denied any history of a head injury or head surgery.
- JUAN was not taking any medications and denied taking medications on a regular basis in the past, including over the counter and herbal supplements.
- JUAN denied current or past alcohol and drug use.
- JUAN's vital signs were as follows: temperature 96.8 degrees, heart rate 76 beats per minute, blood pressure 126/77.[9], respirations 18 breaths per minute, oxygen saturation 99 percent, weight 161 pounds, height 62 inches, and body mass index (BMI).[10] of 29.44.

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[3] Medical encounter notes and ERAU's review of JUAN's telephone calls document he spoke English fluently.
[4] *See* X ray: Chest dated November 24, 2023. *File path: Medical Records Request – Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 40.*
[5] *See* Nursing – Transfer Summary (PTR – 006) dated November 22, 2023. *File path: Medical Records Request – Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 48.*
[6] *See* Intake Documents. *File Path: General Records Request – Krome SPC, Intake booking orientation materials signed by [redacted] Detention File – JUAN.pdf, pages 1-35.*
[7] *Id., page 4.*
[8] *See* encounter note, Intake Screening, dated November 23, 2023. *File path: Medical Records Request – Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, pages 34-36.*
[9] Per American Heart Association (AHA) guidelines, normal blood pressure for adults is a systolic blood pressure <120, and a diastolic blood pressure of <80. Although JUAN's systolic blood pressure was elevated per AHA Guidelines, IHSC's threshold programmed in eCW is higher than AHA's. The eCW system flags readings as abnormal when one or both measurements exceed 140/90.
[10] Body Mass Index is an index for estimating obesity. BMI measures the amount of body fat in relation to a person's overall body mass. It helps to determine how healthy an individual is, by looking at fat versus muscle. BMI values between 18.5 and 24.9 are considered normal. BMI between 25 and 29.9 is considered overweight.

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- Screening findings for symptoms of tuberculosis (TB), COVID-19, and suicide risk, were normal.

RN [redacted] provided education on access to healthcare and the grievance process and gave JUAN Spanish-version Medical Orientation and Health Information and Dealing with Stress brochures. She scheduled JUAN for a chest X-ray for TB clearance and for a routine physical examination and cleared him for housing. During the intake screening process, JUAN signed a medical consent form..[11]

Following intake, JUAN was transferred to general population in building (b)(7)(E)

On November 24, 2023, a chest x-ray was performed with negative results..[13]

On November 27, 2023, (b)(6),(b)(7)(C),(b)(7)(F) RN, evaluated JUAN during a sick call encounter in which he complained of a headache..[14] RN [redacted] noted the following:

- JUAN reported mild to moderate headache pain he rated level five on the pain scale.[15]. He said his headache started one to two days ago.
- JUAN was alert to person, place, and situation, and in no acute distress.
- JUAN denied dizziness, shortness of breath or chest pain and had no other medical complaints.
- JUAN's vital signs were within normal limits, as follows: temperature 98.3 degrees, heart rate 77 beats per minute, blood pressure 123/77.[16], respirations 18 breaths per minute, and oxygen saturation 98 percent.

[11] *See* Medical Consent Form dated November 23, 2023. *File path: Medical Records Request – Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 49.*

[12] *See* (b)(7)(E) November 23, 2023. *File Path: General Records Request – Krome SPC,* (b)(7)(E)

[13] *See* X ray: Chest dated November 24, 2023. *File path: Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 40.*

[14] *See* encounter note, Headache, dated November 27, 2023. *File path: Medical Records Request – Krom SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, pages 32-33.* KNSPC's sick call system involves daily announcement of sick call by housing unit officers, followed by triage and treatment as necessary by nursing staff in the Health Services Unit.

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

[16] Blood pressure of 123/77 is elevated per AHA guidelines but below IHSC's threshold for nursing action.

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The general examination findings, to include neurological assessment, were within normal limits. RN (b)(6),(b)(7)(C),(b)(7)(F) gave JUAN two ibuprofen[17] 200 milligram (mg) tablets per IHSC's clinical nursing guidelines (CNG), Headache[18] and advised him to return to sick call if symptoms worsened.

On November 29, 2023, at 5:20 a.m., (b)(6),(b)(7)(C),(b)(7)(F), Detention Officer, sent JUAN to the Health Services Unit when he informed her that he had a headache.[19] (b)(6),(b)(7)(C),(b)(7)(F) RN, evaluated JUAN and noted the following:[20]

- JUAN reported intermittent, mild to moderate headache pain that started when he arrived at KNSPC. He rated the pain at level five.
- JUAN stated he went to sick call the day before[21] and was given medication, but the pain kept coming back.
- JUAN denied any nausea or vomiting, and did not complain of any dizziness, shortness of breath or chest pain.
- JUAN's vital signs were within normal limits, as follows: temperature 97.2, heart rate 60 beats per minute, respirations 16 breaths per minute, blood pressure 127/72[22], and oxygen saturation 99 percent.

The general examination and neurological assessment findings were within normal limits. RN (b)(6),(b)(7)(C),(b)(7)(F) gave JUAN two tablets of acetaminophen[23] 325 mg per the CNG for headache. She provided instructions on relaxation and stress management techniques and encouraged him to exercise. JUAN remained in the clinic for 30 minutes for observation, after which he stated he felt better. He returned to his housing unit in stable condition.

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[17] Ibuprofen is a nonsteroidal, anti-inflammatory drug (NSAID) used to treat mild to moderate pain.
[18] *See* Adult Acute Care (Sick Call) Clinical Nurse Guidelines v6 9-2023. *File path: Medical Records Request – Krom SPC, Hospital and EMS records Facility medical policies, IHSC Adult Care Sick Call Clinical Nursing Guidelines v6 FINAL 9-30-2023 Signed effective 10-16-23.pdf.*
[19] *See* (b)(7)(E) dated November 29, 2023. *File path: General Records Request - Krome SPC,* (b)(7)(E) (b)(7)(E) *page 64.*
[20] *See* encounter note, Headache, dated November 29, 2023. *File path: Medical Records Request – Krome SPC, Complete medical records, Medical Record – JUAN, Carlos.pdf, pages 29-31.*
[21] The medical record does not document an encounter on November 28, 2023. Creative Corrections concludes JUAN was referring to the sick call encounter on November 27, 2023.
[22] Blood pressure of 127/72 is elevated per AHA guidelines but below IHSC's threshold for nursing action.
[23] Acetaminophen (Tylenol) is used to relieve mild to moderate pain from headaches, muscle aches, and other conditions.

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Later that morning, at 10:08 a.m., a medical emergency was announced on the (b)(7)(E) recreation yard.[24] At 10:12 a.m., two medical staff arrived, identified by ERAU as (b)(6),(b)(7)(C),(b)(7)(F) (b)(6),(b)(7)(C),(b)(7)(F) nurse practitioner (NP) and (b)(6),(b)(7)(C),(b)(7)(F) Licensed Practical Nurse (LPN). During ERAU's interviews with NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) they stated LPN (b)(6),(b)(7)(C),(b)(7)(F) brought the trauma bag and NP (b)(6),(b)(7)(C),(b)(7)(F) brought a wheelchair.[25] NP (b)(6),(b)(7)(C),(b)(7)(F) indicated the officer who announced the medical emergency asked for a wheelchair because the detainee had a headache. She and LPN (b)(6),(b)(7)(C),(b)(7)(F) did not take an automated external defibrillator (AED) as required by the local emergency response policy. NP (b)(6),(b)(7)(C),(b)(7)(F) conducted a brief verbal assessment during which JUAN complained of headaches. She did not take his blood pressure, pulse and temperature as also required by the local emergency response policy.[26] NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) informed ERAU there were many detainees on the recreation yard and the local practice is to take the patient to the medical department as soon as practical.[27] At 10:13 a.m., NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) escorted JUAN to the Health Services Unit and arrived there at 10:16 a.m.[28]

Upon JUAN's arrival in the Health Services Unit, (b)(6),(b)(7)(C),(b)(7)(F) NP, evaluated JUAN.[29] She noted the following:

- JUAN stated he had a headache on the right side of his head and around his right eye. He described the pain as throbbing and rated the pain at level eight.
- JUAN reported intermittent headaches since he arrived at KNSPC; also, that he had experienced headaches on and off for months. He said he that took over-the-counter Tylenol[30] in the community and at his previous facility.
- JUAN denied any chronic medical conditions and stated he never sought care regarding his headaches.
- JUAN denied any vision loss, dizziness, lack of coordination or limb weakness.

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[24] *See* (b)(7)(E) dated November 29, 2023. *File path: General Records Request - Krome SPC,* (b)(7)(E) (b)(7)(E) *page 2.* Creative Corrections requested (b)(7)(E) and any incident statements pertaining to the medical emergency. (b)(7)(E) therefore, Creative Corrections was unable to review the incident and interview witnesses concerning events leading to the medical emergency call.

[25] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) on January 11, 2024.

[26] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) on January 11, 2024. *See* Krome Service Processing Center, Emergency Response, LOP: 8.10A, Revised Jan 2022, *File path: Medical Records Request - Krome SPC, Local operating procedures for medical emergencies, local operating procedures.pdf, page 7.*

[27] ERAU interviews with NP (b)(6),(b)(7)(C),(b)(7)(F) and (b)(6),(b)(7)(C),(b)(7)(F) on January 11, 2024.

[28] *See* (b)(7)(E) dated November 29, 2023. *File path: General Records Request - Krome SPC,* (b)(7)(E) (b)(7)(E) *pdf, page 2.*

[29] *See* encounter note, Reason for Appointment, Headache, dated November 29, 2023. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, pages 26-28.*

[30] Tylenol (acetaminophen) is used to relieve mild to moderate pain from headaches, muscle aches, and other conditions.

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- JUAN's vital signs within normal limits were as follows: temperature 97.2 degrees, heart rate 65 beats per minute, respirations 17 breaths per minute, and oxygen saturation 97 percent. His blood pressure was 132/82..[31]

NP (b)(6),(b)(7)(C),(b)(7)(F) general and neurologic examination findings were normal. She prescribed aspirin-acetaminophen-caffeine 250/250/65 mg tablets,..[32] two tablets once a day for 30 days, and ibuprofen 800 mg tablets, one tablet twice a day for 14 days..[33] Both medications were prescribed as keep-on-person (KOP). NP (b)(6),(b)(7)(C),(b)(7)(F) gave JUAN an ice pack and one 800 mg ibuprofen tablet in the clinic. She discussed the possibility of tension versus migraine headaches and encouraged JUAN to increase fluids and reduce stressors. She also provided education on daily exercise, fiber rich foods, and healthy snacks. JUAN remained in the Health Services Unit holding cell for approximately one hour for observation after which he reported his headache was relieved. NP (b)(6),(b)(7)(C),(b)(7)(F) determined he was clinically stable and authorized his return to housing.

After NP (b)(6),(b)(7)(C),(b)(7)(F) cleared JUAN to return to housing but before he left the clinic, JUAN vomited..[34] (b)(6),(b)(7)(C),(b)(7)(F), Detention Officer, notified NP (b)(6),(b)(7)(C),(b)(7)(F) and she ordered that JUAN remain in the clinic for continued observation. When NP (b)(6),(b)(7)(C),(b)(7)(F) returned to the observation cell, she discovered JUAN had already returned to his housing unit..[35] According to NP (b)(6),(b)(7)(C),(b)(7)(F) encounter note and in her statement to ERAU, JUAN had informed Officer (b)(6),(b)(7)(C),(b)(7)(F) he was feeling better and wanted to return to his housing unit, so Officer (b)(6),(b)(7)(C),(b)(7)(F) released him from the holding cell..[36] During two interviews with ERAU, Officer (b)(6),(b)(7)(C),(b)(7)(F) insisted NP (b)(6),(b)(7)(C),(b)(7)(F) verbally authorized JUAN's release from observation when he informed her JUAN ate lunch and had not vomited..[37] NP (b)(6),(b)(7)(C),(b)(7)(F) stated she did not authorize the release. .[38] Captain (b)(6),(b)(7)(C),(b)(7)(F) Health Services Administrator (HSA), stated a detainee may only be released from

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[31] Blood pressure of 132/82 falls within AHA parameters for Stage one hypertension. Pain may cause elevation of blood pressure.

[32] Aspirin-acetaminophen-caffeine tablets, brand name Excedrin, treat pain caused by tension headaches, migraine headaches, muscle aches, menstrual cramps, arthritis, toothaches, the common cold, or nasal congestion.

[33] *See* Reason for Appointment, Headache, dated November 29, 2023. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 27.*

[34] *Id.*

[35] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) on January 9, 2024. The time of JUAN's release from the Health Services Unit and his return to housing is not documented in logs provided to ERAU.

[36] *See* encounter note, Reason for Appointment, Headache, dated November 29, 2023. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 26,* and ERAU interviews with NP (b)(6),(b)(7)(C),(b)(7)(F) on January 9 and 11, 2024.

[37] ERAU interviews with Officer (b)(6),(b)(7)(C),(b)(7)(F) on January 10 and 11, 2024.

[38] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) on January 9, 2024. Creative Corrections requested but KNSPC did not provide video allowing analysis of events surrounding JUAN's return to his housing unit.

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observation with authorization from a medical staff member..[39] NP (b)(6),(b)(7)(C),(b)(7)(F) also stated that per practice, JUAN should have signed a refusal form if released from observation before medically approved.

On **November 29, 2023**, JUAN made two telephone calls during which he mentioned not feeling well: one at 6:09 p.m., and another at 6:59 p.m..[40] During the first call, JUAN mentioned he was sick for a few days, throwing up and not able to walk. He said he could only see black and white. During the second call, JUAN said he felt like he was getting a cold.

On December 2, 2023, at 7:26 a.m., during the morning meal in the dining room, JUAN left the table at which he was sitting, stood near a window, and began vomiting..[41] An unidentified detainee approached JUAN and gave him a plastic bag into which JUAN continued vomiting. JUAN then leaned on a metal railing that separated the dining area from the serving line. At 7:27 a.m., a detainee alerted (b)(6),(b)(7)(C),(b)(7)(F), that JUAN was vomiting..[42] She approached JUAN and asked him if he could walk to the Health Services Unit..[43] He stated he could not. (b)(6),(b)(7)(C),(b)(7)(F) called the Detention Officer assigned to the Health Services Unit, (b)(6),(b)(7)(C),(b)(7)(F) and instructed her to inform medical staff to report to the dining room with a wheelchair to evaluate JUAN..[44] Officer (b)(6),(b)(7)(C),(b)(7)(F) called (b)(6),(b)(7)(C),(b)(7)(F) back and informed her (b)(7)(E) but someone would report to the dining room..[45] At 7:31 a.m., (b)(6),(b)(7)(C),(b)(7)(F) Detention Officer, crossed the dining room with JUAN and had him sit at an empty table..[46] (b)(6),(b)(7)(C),(b)(7)(F) retrieved a bucket and gave it to JUAN. (b)(6),(b)(7)(C),(b)(7)(F) (b)(6),(b)(7)(C),(b)(7)(F) Officer (b)(6),(b)(7)(C),(b)(7)(F), Detention Officer, monitored JUAN as he remained seated at the table.

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[39] ERAU interview with CAPT (b)(6),(b)(7)(C),(b)(7)(F), HSA, on January 11, 2024.

[40] Juan-Francisco telephone calls on November 29, 2023. *File path: General Records Request – Krome SPC, Audio* (b)(7)(E) *JUAN FRANCISCO* (b)(7)(E) *mp3 and* (b)(7)(E) *JUAN FRANCISCO* (b)(7)(E) (b)(7)(E) *mp3.* Creative Corrections does not know to whom JUAN spoke. One of the calls was in English; the other was in Spanish, translation of which was provided by ERAU.

[41] (b)(7)(E) Dining Hall, December 2, 2023. *File Path: General Records Request – Krome SPC,* (b)(7)(E) (b)(6),(b)(7)(C) *Guatemala,* (b)(7)(E) (b)(7)(E)

[42] ERAU interview with (b)(6),(b)(7)(C),(b)(7)(F) on January 10, 2024.

[43] *See* Information Report Form, dated December 2, 2023, prepared by (b)(6),(b)(7)(C),(b)(7)(F) *File Path: General Records Request – Krome SPC, All incident statements, Information Reports.pdf, page 7.*

[44] ERAU interview with (b)(6),(b)(7)(C),(b)(7)(F) on January 10, 2024.

[45] The time of Officer (b)(6),(b)(7)(C),(b)(7)(F) call to (b)(6),(b)(7)(C),(b)(7)(F) is unknown.

[46] (b)(7)(E) December 2, 2023. *File Path: General Records Request – Krome SPC,* (b)(6),(b)(7)(C),(b)(7)(E) *Guatemala,* (b)(7)(E) (b)(7)(E)

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2024-ICFO-41779-000016

At 7:48 a.m., approximately 20 minutes after (b)(6),(b)(7)(C),(b)(7)(F) requested medical assistance, she called a medical emergency. During an interview with ERAU, (b)(6),(b)(7)(C),(b)(7)(F) stated she called the medical emergency after she again asked JUAN if he could walk to the Health Services Unit and he said he did not think he could..[47] At 7:51 a.m., (b)(6),(b)(7)(C),(b)(7)(F) NP, responded to the dining room with a wheelchair..[48] She did not bring an AED or the trauma bag to the scene and she was not accompanied by any other medical personnel as required by local policy..[49] During an interview with ERAU, NP (b)(6),(b)(7)(C),(b)(7)(F) stated she responded with only a wheelchair because she had been informed JUAN was experiencing a headache and she was not aware he was vomiting..[50] She also stated she responded by herself because the other medical staff member who was supposed to respond was taking care of another detainee. She said she asked the medical officer, Officer (b)(6),(b)(7)(C),(b)(7)(F) to send a nurse, but a nurse never responded to the scene.

Upon arrival in the dining hall NP (b)(6),(b)(7)(C),(b)(7)(F) observed JUAN was sitting in a chair, alert and oriented, uncomfortable due to pain, but not in acute distress..[51] She did not take any vital signs. She had JUAN sit in the wheelchair and took him to the Health Services Unit..[52]

NP (b)(6),(b)(7)(C),(b)(7)(F) evaluated JUAN in the Health Services Unit and noted the following:.[53]

- JUAN reported he had had intermittent headaches for the past two months and that the headaches were more frequent in the past four to five days. He rated his pain at level eight.

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[47] *See* (b)(7)(E) dated December 2, 2023. *File path: General Records Request - Krome SPC,* (b)(7)(E) (b)(7)(E) *pdf, page 5,* and ERAU interview of I (b)(6),(b)(7)(C),(b)(7)(F) on January 10, 2024.

[48] (b)(6),(b)(7)(C),(b)(7)(F) December 2, 2023. *File Path: General Records Request – Krome SPC,* (b)(7)(E) (b)(6),(b)(7)(C) *Guatemala,* (b)(7)(E) (b)(7)(E)

[49] *See* Krome Service Processing Center, Emergency Response, LOP: 8.10A, Revised Jan 2022, *File path: Medical Records Request - Krome SPC, Local operating procedures for medical emergencies, local operating procedures.pdf,*

[50] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) on January 10, 2024.

[51] *See* encounter note, Reason for Appointment, Headache/Nausea, dated December 2, 2023. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 22.*

[52] (b)(7)(E) December 2, 2023. *File Path: General Records Request – Krome SPC,* (b)(6),(b)(7)(C),(b)(7)(E) *Guatemala,* (b)(7)(E) (b)(7)(E)

[53] *See* encounter note, Reason for Appointment, Headache/Nausea, dated December 2, 2023. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, pages 22-25.*

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- JUAN stated that he had experienced nausea and vomited only once. JUAN denied any photophobia,[54] vision change, memory loss, neck stiffness, lack of coordination, back pain, loss of strength, or visual/auditory hallucinations. He denied any history of seizure, fall, or injury/trauma to the head.
- JUAN reported a history of alcohol abuse, last use two months earlier; and a left leg fracture seven years ago causing him intermittent pain.[55] He requested a lower bunk.
- JUAN's blood pressure was 136/83.[56]; other vital signs were temperature 97.3 degrees, heart rate 62 beats per minute, respirations 16 breaths per minute, and oxygen saturation 99 percent, within normal limits.

NP (b)(6),(b)(7)(C),(b)(7)(F) examination findings were normal, including neurologic. Her assessment conclusions were headache, nausea with vomiting, and history of a healed traumatic fracture. She ordered one-time doses of acetaminophen 650 mg and Mintox.[57] 30 milliliters (ml) orally and advised JUAN to increase oral fluid intake to eight to ten glasses of water a day; also, to avoid any type of strenuous exercise. NP (b)(6),(b)(7)(C),(b)(7)(F) monitored JUAN in the Health Services Unit holding cell area for approximately one hour. He did not vomit during this time and afterward, he reported feeling better with a pain level of three. NP (b)(6),(b)(7)(C),(b)(7)(F) discussed fall precautions with JUAN and released him to his housing unit with a lower bunk pass, noting he was in stable condition with a steady gait. NP (b)(6),(b)(7)(C),(b)(7)(F) advised JUAN to return to sick call if symptoms worsened and scheduled him for a physical examination-complex.[58] on December 3, 2023.[59] Since there were no lower beds available in his housing unit (b)(7)(E) JUAN was reassigned to (b)(7)(E) housing unit, which had a lower bed available.[60] He arrived in (b)(7)(E) at 10:45 a.m.

The same day, at 11:33 a.m., JUAN entered the serving line in the dining room for the lunch meal.[61] He proceeded through the serving line, placed his tray on a table, retrieved a beverage and sat at the table with other detainees. At 11:38 a.m., JUAN tilted his head down and vomited.

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[54] Photophobia is extreme sensitivity to light.
[55] This is JUAN's first report of past alcohol abuse and leg fracture.
[56] Blood pressure of 136/83 falls within AHA parameters for Stage one hypertension.
[57] Mintox is a combination medicine used to treat heartburn, acid indigestion, upset stomach, bloating caused by gas, or stomach discomfort caused by eating or drinking too much water.
[58] Physical examination-complex, is a comprehensive health assessment that is completed by a nurse practitioner or a physician if the detainee has an acute or chronic medical or mental health condition.
[59] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) on January 10, 2024.
[60] See (b)(7)(E) dated December 2, 2023. *File Path: General Records Request – Krome SPC,* (b)(7)(E) (b)(7)(E) *page 8.*
[61] (b)(7)(E) December 2, 2023. *File Path: General Records Request – Krome SPC,* (b)(6),(b)(7)(C),(b)(7)(E) *Guatemala* (b)(7)(E) (b)(7)(E)

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Several detainees got up from the table and one detainee motioned to staff for assistance. (b)(6),(b)(7)(C),(b)(7)(F) and Officer (b)(6),(b)(7)(C),(b)(7)(F) responded to the table and (b)(6),(b)(7)(C),(b)(7)(F) spoke to JUAN as the officer moved detainees to another table. (b)(6),(b)(7)(C),(b)(7)(F) called the Health Services Unit and informed NP (b)(6),(b)(7)(C),(b)(7)(F) that JUAN was again vomiting in the dining room.[62] NP (b)(6),(b)(7)(C),(b)(7)(F) told (b)(6),(b)(7)(C),(b)(7)(F) that vomiting was a side effect of the medication she gave JUAN earlier. According to (b)(6),(b)(7)(C),(b)(7)(F), she responded by saying JUAN said he had been vomiting the past six days and she did not feel comfortable sending him back to his housing unit.[63] NP (b)(6),(b)(7)(C),(b)(7)(F) said medical staff would respond with a wheelchair.[64]

At 11:47 a.m., RN (b)(6),(b)(7)(C),(b)(7)(F) arrived in the dining room with a wheelchair and escorted JUAN to the Health Services Unit.[65] NP (b)(6),(b)(7)(C),(b)(7)(F) evaluated JUAN upon his arrival, noting he was brought to the clinic by wheelchair after another episode of vomiting in the dining room.[66] NP (b)(6),(b)(7)(C),(b)(7)(F) documented the following:

- JUAN continued to complain of headache. He rated his pain at level eight and was experiencing nausea and vomiting.
- JUAN denied photophobia, vision change, memory loss, neck stiffness, and lack of coordination. He also denied chest pain, shortness of breath, fever/chills, and abdominal pain.
- JUAN's temperature, respiration rate, and oxygen saturation were within normal limits at 98.5 degrees, 16 breaths per minute, and oxygen saturation 98 percent, respectively. His pulse rate was slightly low at 55 beats per minute.[67] and his blood pressure was 138/88.[68].

The general examination findings were normal and although JUAN was uncomfortable due to nausea and vomiting, he was not in acute distress. The neurologic examination was also normal. NP (b)(6),(b)(7)(C),(b)(7)(F) ordered a one-time injection of ondanestron.[69] 4 mg/2ml and a clear liquid diet. She also assigned JUAN to the Medical Housing Unit (MHU) on 23-hour observation status for close

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[62] *See* Investigative Statement Form, dated December 4, 2023, prepared by (b)(6),(b)(7)(C),(b)(7)(F) *File Path: General Records Request – Krome SPC, All incident statements, Information Reports.pdf, page 5.*

[63] ERAU interview of (b)(6),(b)(7)(C),(b)(7)(F) on January 10, 2024.

[64] *See* Investigative Statement Form, dated December 4, 2023, prepared by (b)(6),(b)(7)(C),(b)(7)(F) *File Path: General Records Request – Krome SPC, All incident statements, Information Reports.pdf, page 5.*

[65] (b)(7)(E) December 2, 2023. *File Path: General Records Request – Krome SPC, (b)(6),(b)(7)(C),(b)(7)(E) Guatemala –* (b)(7)(E) (b)(7)(E)

[66] *See* encounter note, Reason for Appointment, MHU 23 hour observation/Vomiting. *File path: Medical Records Request-Krome SPC, Complete medical records, Medical Record – JUAN, Carlos.pdf, pages 18-21.*

[67] A normal heart rate is between 60 -100 beats per minute.

[68] Blood pressure of 138/88 falls within AHA parameters for Stage 1 hypertension.

[69] Ondansetron, brand name Zofran, is a medication that prevents nausea and vomiting.

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monitoring and proper hydration.[70] (b)(6),(b)(7)(C),(b)(7)(F) RN, placed JUAN in MHU (b)(7)(E) at 12:07 p.m. and gave him a pitcher of water at 12:18 p.m.[71] RN (b)(6),(b)(7)(C),(b)(7)(F) administered the ondansetron injection at 12:22 p.m.

At 1:43 p.m., an unidentified Detention Officer entered (b)(7)(E) followed by RN (b)(6),(b)(7)(C),(b)(7)(F).[72] The officer gave JUAN a bag meal and RN (b)(6),(b)(7)(C),(b)(7)(F) spoke to JUAN briefly. RN (b)(6),(b)(7)(C),(b)(7)(F) and the officer then left the room at 1:45 p.m. and JUAN ate the meal.

At 2:18 p.m., JUAN stood up and removed his shirt and uniform pants, remaining in shorts.[73] He began vomiting into a plastic bag. At 2:25 p.m., RN (b)(6),(b)(7)(C),(b)(7)(F) and a different, unidentified Detention Officer entered JUAN's room. RN (b)(6),(b)(7)(C),(b)(7)(F) spoke briefly to JUAN and left the room.

At 2:27 p.m., RN (b)(6),(b)(7)(C),(b)(7)(F) returned to the room with NP (b)(6),(b)(7)(C),(b)(7)(F). NP (b)(6),(b)(7)(C),(b)(7)(F) spoke briefly to JUAN and left the room 30 seconds later. RN (b)(6),(b)(7)(C),(b)(7)(F) gave JUAN another plastic bag and left the room at 2:28 p.m. RN (b)(6),(b)(7)(C),(b)(7)(F) returned one minute later with a red biohazard bag and left with the plastic bag into which JUAN had vomited.

At 2:31 p.m., RN (b)(6),(b)(7)(C),(b)(7)(F) entered (b)(7)(E) with a portable vital signs machine.[74] JUAN's heart rate was slightly low at 55 beats per minute and his blood pressure was 43/73.[75]; other vital signs were within normal limits as follows: temperature 97.3 degrees, respirations 18 breaths per minute, and oxygen saturation 97 percent.[76] RN (b)(6),(b)(7)(C),(b)(7)(F) left the room at 2:34 p.m. In the narrative section of his note, RN (b)(6),(b)(7)(C),(b)(7)(F) documented JUAN denied abdominal pain and nausea/vomiting, but in review of the gastrointestinal system, RN (b)(6),(b)(7)(C),(b)(7)(F) documented JUAN complained of abdominal pain in the epigastric area.[77]. Also, RN (b)(6),(b)(7)(C),(b)(7)(F) documented his

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[70] IHSC Directive 03-17, Medical Housing Units, which sets procedures for placing, monitoring and discharging detainees from an MHU. The policy has a provision that waives application of the procedures for detainees under observation for less than 24 hours. *See* Medical Housing Units, IHSC Directive: 03-17. *File path: Medical Records Request – Krome SPC, New information 122823, MHU policy.pdf, page 4.*

[71] (b)(7)(E) December 2, 2023. *File path: General Records Request - Krome SPC,* (b)(7)(E) (b)(6),(b)(7)(C) *Guate -* (b)(7)(E) (b)(7)(E)

[72] *Id.*

[73] *Id.*

[74] (b)(7)(E) December 2, 2023. *File path: General Records Request - Krome SPC,* (b)(7)(E) (b)(6),(b)(7)(C) *Guate -* (b)(7)(E) - (b)(7)(E)

[75] Blood pressure of 143/73 falls within AHA parameters for Stage one hypertension and the systolic reading exceeds IHSC's guidelines of 140/90 for nursing action.

[76] *See* encounter note, Reason for Appointment 23 hours ob./vomiting. *File path: Medical Records Request-Krome SPC, Complete medical records, Medical Record – JUAN, Carlos.pdf, pages 16-17.*

[77] The upper part of one's abdomen just below the rib cage is called the epigastrium.

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general examination included an assessment of JUAN's abdomen, and that bowel sounds were present. Creative Corrections' (b)(7)(E) finds RN (b)(6),(b)(7)(C),(b)(7)(F) performed a visual examination, only. He did not perform auscultation[78] with a stethoscope as necessary to determine if bowel sounds were present.

In an addendum to her previously referenced encounter note, NP (b)(6),(b)(7)(C),(b)(7)(F) noted JUAN's headache remained and he continued to vomit despite treatment; also, he reported he was feeling dizzy and weak..[79] His heart rate remained slightly low at 55 beats per minute and his blood pressure increased to 146/89..[80] Other vital signs were within normal limits as follows: temperature 96.9 degrees, respirations 16 breaths per minute and oxygen saturation 97 percent. NP (b)(6),(b)(7)(C),(b)(7)(F) referred JUAN to the Larkin Community Hospital (LCH) Emergency Department..[81] RN (b)(6),(b)(7)(C),(b)(7)(F) called American Medical Response (AMR).[82] at 2:44 p.m.,.[83] noting estimated time of arrival of one to two hours..[84]

At 3:03 p.m., a Detention Officer entered (b)(7)(E) and instructed JUAN to put on his clothes..[85] At 3:24 p.m., (b)(6),(b)(7)(C),(b)(7)(F) Detention Officer, escorted JUAN from the MHU to the intake/processing area. At 3:28 p.m., the AMR ambulance arrived at KNSPC with two Emergency Medical Technicians (EMT)..[86] At 3:30 p.m., the AMR EMTs arrived in intake/processing and immediately placed JUAN on their rolling gurney..[87] Officer (b)(6),(b)(7)(C),(b)(7)(F) placed a waist chain and hand restraints on JUAN. At 3:41 p.m., the AMR EMTs departed

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[78] Auscultation is a method used to listen to the sounds of the body during physical examination using a stethoscope.

[79] *See* encounter note, Reason for Appointment, MHU 23-hour observation/Vomiting. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – JUAN, Carlos.pdf, page 20.* (b)(7)(E)

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

[80] Blood pressure of 146/89 falls within AHA parameters for Stage two hypertension.

[81] *See* Reason for Appointment, MHU 23-hour observation/Vomiting. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 20.*

[82] ERAU interview with RN (b)(6),(b)(7)(C),(b)(7)(F) on January 9, 2024. The recording or the transcript of the call for EMS was not available for Creative Corrections' review.

[83] *See* AMR Patient Care Report dated December 2, 2023. *File Path: Medical Records Request – Krome SPC, New Information 122823* (b)(6),(b)(7)(C) *CARLOS JUAN, FRANCISCO.pdf, page 7.*

[84] *See* encounter note, Reason for Appointment, MHU 23-hour observation/Vomiting. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, page 20.*

[85] (b)(7)(E) Creative Corrections was unable to identify the officer. *File path: General Records Request - Krome SPC* (b)(6),(b)(7)(C),(b)(7)(E) *Guate -* (b)(7)(E)

[86] *See* AMR Report dated December 2, 2023. *File Path: Medical Records Request – Krome SPC, New Information* (b)(6),(b)(7)(C) *CARLOS JUAN, FRANCISCO.pdf, page 7.*

[87] (b)(6),(b)(7)(C),(b)(7)(E) *File path: General Records Request – Krome SPC* (b)(7)(E) (b)(6),(b)(7)(C),(b)(7)(E) *Guatemala* (b)(7)(E) (b)(7)(E)

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intake/processing with JUAN on the gurney (b)(6),(b)(7)(C),(b)(7)(E) At 3:43 p.m., the ambulance departed the facility with JUAN and (b)(6),(b)(7)(C),(b)(7)(E) [88] (b)(6),(b)(7)(C),(b)(7)(E) At 4:30 p.m., the AMR ambulance arrived at Larkin Community Hospital.[90] (b)(7)(E) (b)(7)(E) (b)(7)(E) [91]

LCH Emergency Department (ED) staff examined JUAN and determined he was disoriented and appeared confused.[92] ED staff tried to obtain additional past and present medical information from JUAN, but his mental status challenged their ability to do so. JUAN had difficulty staying awake. Following sternal rub[93], he was able to respond to some questions but shortly after closed both eyes and did not verbally respond to questions. An urgent computed topography (CT) scan[94] of the brain revealed bilateral acute on chronic subdural hematoma with brain mass effect and midline shift of six millimeters.[95] Dr. (b)(6),(b)(7)(C) diagnosed JUAN with subdural hematoma and altered mental status.

JUAN remained at LCH until his death on December 4, 2023. Over the three-day period, KNSPC Detention Officers maintained supervision[96] and (b)(6),(b)(7)(C),(b)(7)(F) KNSPC Pharmacist, received daily hospital updates.[97] KNSPC and LCH records document the following:

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[88] *See* AMR Report dated December 2, 2023. *File path: Medical Records Request – Krome SPC, New Information 122823,* (b)(6),(b)(7)(C) *CARLOS JUAN, FRANCISCO.pdf, page 7.*

[89] ERAU interview with Officer (b)(6),(b)(7)(C),(b)(7)(F) on January 9, 2024.

[90] *See* AMR Report dated December 2, 2023. *File Path: Medical Records Request – Krome SPC, New Information 122823,* (b)(6),(b)(7)(C) *CARLOS JUAN, FRANCISCO.pdf, page 7.*

[91] ERAU Interview of Officer (b)(6),(b)(7)(C),(b)(7)(F) on January 10, 2024.

[92] *See* Admission H & P (Residents), Larkin Community Hospital. *File path: Medical Records Request - Larkin Community Hospital, Admission and patient report.pdf, page 3.*

[93] Sternal rub is a technique to test an unconscious person's responsiveness. It involves giving a firm rub on the middle of one's chest to prompt a reaction. It is a painful or noxious stimulus meant to provoke a response.

[94] CT Scan is a diagnostic imaging procedure that uses a combination of x-rays and computer technology to produce images of the inside of the body. It shows detailed images of any part of the body, including the bones, muscle, fat, organs, and blood vessels.

[95] Subdural hematoma is a buildup of blood on the surface of the brain. The interpretation of the CT scan indicates JUAN experienced a second acute hemorrhage on both sides of the brain into a pre-existing chronic subdural hematoma. The hemorrhage compressed the brain and displaced brain tissue across the center line of the brain.

[96] *See* (b)(7)(E) dated December 2, 2023. *File path: General Records Request – Krome SPC,* (b)(7)(E) (b)(7)(E) *pdf, pages 1-23.*

[97] *See* Reason for Appointment, Hospital Update. *File path: Medical Records Request - Krome SPC, Complete medical records, Medical Record – Juan-Francisco, Carlos.pdf, pages 6-14.*

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- JUAN was admitted to the Intensive Care Unit (ICU) at 6:45 p.m.,[98] at which time Dr. (b)(6),(b)(7)(C) changed JUAN's diagnosis to acute nontraumatic subdural hemorrhage[99] and altered mental status.[100] He was transferred to an operating room at 8:45 p.m.[101], where a craniotomy[102] with hematoma evacuation was performed.[103]
- JUAN returned to the ICU at 11:00 p.m.[104] following the surgical procedure.[105] The neurosurgeon recommended no further surgical intervention but recommended terminal extubation.[106] since JUAN's medical condition continued to deteriorate.
- On December 3, 2023, at 6:09 a.m., a follow-up CT scan was performed and revealed worsening of the brain bleed despite the previous night's emergency surgical intervention for the evacuation of the brain hematoma.[107]
- On December 4, 2023, at 7:20 a.m., JUAN's sister, (b)(6),(b)(7)(C) signed a Do Not Resuscitate Order (DNR).[108]

On December 4, 2023, at 1:25 p.m., JUAN displayed asystole[109] on the cardiac monitor.[110] The Advanced Directive/DNR order was verified, and JUAN was pronounced deceased at 1:25

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[98] *See* (b)(7)(E) dated December 2, 2023. *File path: General Records Request – Krome SPC,* (b)(7)(E) (b)(7)(E) *pdf, page 1.*

[99] Subdural hematoma (hemorrhage) is a buildup of blood on the surface of the brain. The blood builds up in a space between the protective layers that surround the brain. The nontraumatic designation indicates the subdural hemorrhage was not the result of trauma such as an assault or blow to the head.

[100] *See* ICU Admission History and Physical, Larkin Community Hospital. *File path: Medical Records Request - Larkin Community Hospital, Admission and patient report.pdf, page 10.*

[101] *See* (b)(7)(E) dated December 2, 2023. *File Path: General Records Request – Krome SPC,* (b)(7)(E) (b)(7)(E) *pdf, page 1.*

[102] Craniotomy is a brain surgery that involves the temporary removal of bone from the skull to make repairs in the brain. In this case, craniotomy was indicated to remove a blood hematoma, and suction and irrigation are used to remove it.

[103] *See* Discharge Summary, Larkin Community Hospital. *File path: Medical Records Request - Larkin Community Hospital, Admission and patient report.pdf, page 14.*

[104] *See* (b)(7)(E) dated December 2, 2023. *File path: General Records Request – Krome SPC,* (b)(7)(E) (b)(7)(E) *pdf, page 2.*

[105] *See* Discharge Summary, Larkin Community Hospital. *File path: Medical Records Request - Larkin Community Hospital, Admission and patient report.pdf, page 14.*

[106] Terminal extubation is the withdrawal of mechanical ventilation from patients who are not expected to sustain independent respiration without it.

[107] *See* IM Progress Note, Larkin Community Hospital. *File path: Medical Records Request - Larkin Community Hospital, Admission and patient report.pdf, page 21.*

[108] Larkin Community Hospital Do Not Resuscitate Order. *File path: Medical Records Request - Larkin Community Hospital, Cumulative Report, Microbiology report, policies.pdf, page 29.*

[109] Asystole is when the heart's electrical system fails entirely, which causes the heart to stop pumping.

[110] *See* Death Note. *File path: Medical Records Request - Larkin Community Hospital, Admission and patient report.pdf, page 34.*

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p.m., by Dr. (b)(6),(b)(7)(C) Dr. (b)(6),(b)(7)(C) informed (b)(6),(b)(7)(C),(b)(7)(F), Detention Officer, that JUAN was deceased. Officer (b)(6),(b)(7)(C),(b)(7)(F) notified (b)(6),(b)(7)(C),(b)(7)(F), (b)(6),(b)(7)(C),(b)(7)(F) Captain, and (b)(6),(b)(7)(C),(b)(7)(F), Senior Detention and Deportation Officer (SDDO).[111] The Miami Medical Examiner took JUAN's body from LCH at approximately 7:30 p.m.[112]

On December 6, 2023, at 12:28 p.m., Captain (b)(6),(b)(7)(C),(b)(7)(F) completed a Detainee Personal Property Record detailing JUAN's property and released the property to an SDDO.[113] An email from SDDO (b)(6),(b)(7)(C),(b)(7)(F) to JUAN's sister, (b)(6),(b)(7)(C) documents ERO's arrangements to give JUAN's property to (b)(6),(b)(7)(C) on December 6, 2023.[114]

Post-Death Actions

On December 4 and 5, 2023, supervisors collected incident statements from security staff involved in JUAN's intake processing into KNSPC, the emergency response, and supervision of JUAN in the hospital.[115]

During interviews with ERAU, staff were asked if they were familiar with the Employee Assistance Program (EAP) and if they were offered EAP services. Responses were inconsistent with some staff stating they were not familiar with the program.

CONCLUSIONS

Findings

Creative Corrections did not identify any deficiencies in applicable ICE 2011 PBNDS, Revised 2016, standards.

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[111] *See* Information Report Form completed by DO (b)(6),(b)(7)(C),(b)(7)(F) *File path: General Records Request – Krome SPC, All incident statements, Information Reports.pdf, page 1.*

[112] See Electronic Message prepared by the Miami Medical Examiner Office. *File path: ERO Records Request, Disposition of detainee remains – body, ME info.pdf.*

[113] *See* Detainee Personal Property Record dated December 6, 2023. Creative Corrections was unable to identify the SDDO. *File path: General Records Request – Krome SPC, Personal property form, Detainee Personal Property Record Detainee Juan Francisco, Carlos (b)(6),(b)(7)(C) Guat 12-06-2023.pdf, page 1.*

[114] See Memorandum dated December 5, 2023. *File path: General Records Request – Krome SPC, Property to next of kin, Juan Francisco (b)(6),(b)(7)(C) – Property pick up email.pdf.*

[115] See Information Report Forms and Investigative Statement Forms. *File path: General Records Request – Krome SPC, All incident statements, Information Reports.pdf and (b)(6),(b)(7)(C),(b)(7)(F) pdf.*

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Creative Corrections identified the following violations of facility policy:

1. KNSPC Local Operating Procedure (LOP) 8.10A, Emergency Response, Revised January 2022, section II, states, "The trauma bag and AED will be brought to the scene of all emergency responses." It also states, "Vital signs (blood pressure, pulse, and temperature) will be obtained on patients, upon arrival to the scene of the emergency."

   - On November 29, 2023, NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) responded to a medical emergency on the (b)(7)(E) recreation yard. They did not take an AED and they did not take any vital signs at the scene of the emergency.
   - On December 2, 2023, NP (b)(6),(b)(7)(C),(b)(7)(F) responded to a medical emergency in the dining hall. She did not take an AED or the trauma bag, and did she take any vital signs at the scene.

2. KNSPC LOP: 8.10A, Emergency Response, Revised January 2022, states "The medical staff notified of the medical emergency is responsible to ensure that an emergency team is deployed. Anyone can respond but ensure at least this flow below: (b)(7)(E) (b)(7)(E)

   - On December 2, 2023, NP (b)(6),(b)(7)(C),(b)(7)(F) responded to the medical emergency in the dining hall by herself.

Areas of Concern

1. On November 29, 2023, following a medical emergency and treatment in the Health Services Unit, NP (b)(6),(b)(7)(C),(b)(7)(F) placed JUAN in a holding cell for observation. After NP (b)(6),(b)(7)(C),(b)(7)(F) cleared JUAN to return to his housing unit, he vomited, and she ordered that he remain in the holding cell for further observation. Later, an officer returned him to his housing unit, ostensibly without medical authorization. During interviews with ERAU, the officer insisted he released JUAN only after verbally authorized to do so by the medical provider. According to the provider, she learned after the fact that the officer released JUAN from observation after JUAN stated he was feeling better and wanted to return to his housing unit. The provider's encounter note documents the release but does not indicate whether it was with or without authorization, (b)(7)(E) (b)(7)(E) to allow analysis of events. While the circumstances of JUAN's release from the holding cell to his housing unit are unclear, Creative Corrections notes the medical record does not include a refusal form which, according to the provider, should have been obtained to document JUAN was released to housing against medical advice, even if after the fact.

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2. On December 2, 2023, RN (b)(6),(b)(7)(C),(b)(7)(F) documented bowel sounds were present when he assessed JUAN's abdomen. (b)(7)(E) RN (b)(6),(b)(7)(C),(b)(7)(F) did not auscultate with or without use a stethoscope to identify sounds in the abdomen.

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Detainee Death Review Report

Carlos JUAN-Francisco

Date of Death: December 4, 2023
Alien File Number: (b)(6),(b)(7)(C)
Joint Integrity Case Management System (JICMS) Number: (b)(7)(E)

May 29, 2024

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

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DETAILS OF REVIEW

From January 9 to 11, 2024, U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) staff reviewed the facts and circumstances surrounding Carlos JUAN-Francisco's (JUAN) detention and death while in ICE custody. Subject matter experts from Creative Corrections, the contracted consulting firm, assisted ERAU in this review. In this review, ERAU included JUAN's immigration, medical, and detention records and interviews of detainees and facility staff members at the Krome North Service Processing Center (KNSPC) in Miami, Florida (FL).

JUAN, a 42-year-old Guatemalan male, was detained at KNSPC from November 22 to December 2, 2023. On December 2, 2023, KNSPC transferred JUAN to the Larkin Community Hospital (LCH), in Miami, FL, where he remained until his death on December 4, 2023. LCH documented[1] JUAN's cause of death as subdural hematoma.[2]

FACILITY PROFILE

KNSPC is owned by ICE and operated by Akima Global Services (AGS). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at KNSPC in 1980 under the oversight of ERO's Field Office Director in Miami (ERO Miami). ICE houses male detainees for periods longer than 72 hours at KNSPC, pursuant to a contractual agreement requiring the facility to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011 (Revised 2016).[3] AGS personnel provide security and ICE Health Service Corps (IHSC) and STG International (STGI) provide medical care services. At the time of JUAN's death, the ICE detainee average daily population was (b)(7)(E) and KNSPC housed (b)(7)(E) detainees.[4]

IMMIGRATION AND CRIMINAL HISTORY[5]

On an unknown date, and through an unknown location, JUAN entered the United States without being inspected, admitted, nor paroled by an immigration officer.[6]

On July 15, 2009, JUAN was arrested in Lee County, FL for resisting an officer and was subsequently convicted and sentenced to 84 days of incarceration.[7] On July 17, 2009, ERO Miami issued JUAN a Notice to Appear (Form I-862), charging him with the following violations: Removability under Section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as an alien

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[1] *See* LCH patient report, dated December 3, 2023. As of the publication of this report, both the death certificate and autopsy report are pending completion by the Miami-Dade County Medical Examiner's Office.
[2] Subdural hematoma is a buildup of blood on the surface of the brain. The interpretation of the CT scan indicates JUAN experienced a second acute hemorrhage on both sides of the brain into a pre-existing chronic subdural hematoma. The hemorrhage compressed the brain and displaced brain tissue across the center line of the brain.
[3] *See* ERO Facility List Report, December 4, 2023.
4 *Ibid.*
[5] Immigration and criminal history detailed in this section is limited to the last encounter with law enforcement that led to ICE detaining JUAN.
[6] *See* Record of Deportable/Inadmissible Alien (Form I-213), dated November 21, 2023.
[7] *See* United States Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division report, dated November 21, 2023.

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present in the United States without being admitted or paroled; Section 212(a)(7)(A)(i)(I), as an immigrant without a valid unexpired immigrant visa; and Section 212(a)(2)(A)(i)(I), as an alien convicted of a crime involving moral turpitude.[8] On April 21, 2010, an immigration judge ordered JUAN to be removed from the United States.[9] On May 26, 2011, ERO Miami placed JUAN on an Order of Supervision (OSUP) (Form I-220B), noting JUAN's removal was unlikely in the foreseeable future.[10]

On September 19, 2023, the Fort Myers Police Department arrested JUAN for trespassing and held him in the Lee County Jail.[11] On October 3, 2023, the United States Border Patrol in Lee County, FL, issued JUAN the following actions: An Immigration Detainer Notice of Action (Form I-247A); Warrant of Arrest (Form I-200); and an Order to Detain or Release (Form I-203).[12]

On November 21, 2023, LCJ transferred JUAN into the custody of ERO Miami who transferred him to the Collier County Jail for processing.[13]

On November 22, 2023, the Collier County Sheriff's Office transported JUAN to KNSPC for long-term housing.[14]

CHRONOLOGY OF EVENTS

November 22, 2023

At 6:00 p.m., JUAN arrived at KNSPC. (b)(6),(b)(7)(C),(b)(7)(F) a registered nurse (RN), conducted JUAN's pre-intake medical screening, documenting the following:[15]

- JUAN was fluent in English and Spanish and did not require an interpreter;
- JUAN denied any current or past medical or mental health concerns; and
- JUAN denied taking medication or experiencing pain.

At 6:20 p.m., (b)(6),(b)(7)(C),(b)(7)(F), KNSPC detention officers (DO), completed JUAN's intake processing.[16] KNSPC DO (b)(6),(b)(7)(C),(b)(7)(F) classified JUAN (b)(7)(E).[17]

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[8] *See* Record of Deportable/Inadmissible Alien (Form I-213), dated November 21, 2023.
[9] *Ibid.*
[10] *See* (b)(7)(E) dated May 15, 2011.
[11] *See* Record of Deportable/Inadmissible Alien (Form I-213), dated November 21, 2023.
[12] *Ibid.*
[13] ERAU interview with Assistant Field Office Director (b)(6),(b)(7)(C),(b)(7)(F) January 11, 2024.
See also (b)(7)(E) Detention History, dated November 21, 2023.
[14] *See* (b)(7)(E) dated November 22, 2023.
[15] *See* Intake pre-screening form, dated November 22, 2023.
[16] *See* KNSPC intake documents, dated November 22, 2023.
[17] JUAN was classified (b)(7)(E) detainee due to (b)(7)(E)

(b)(7)(E)

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November 23, 2023

At 2:00 a.m., RN (b)(6),(b)(7)(C),(b)(7)(F) completed JUAN's medical intake screening, documenting the following:[18]

- JUAN presented with an elevated blood pressure at 126/77,[19] while all other vital signs were within normal limits; and
- JUAN denied any current or past medical or mental health concerns.

RN (b)(6),(b)(7)(C),(b)(7)(F) provided JUAN with an orientation of KNSPC's medical care program and medically cleared him for housing. Facility staff moved JUAN to general population and housed him in building (b)(7)(E)

November 27, 2023

RN (b)(6),(b)(7)(C),(b)(7)(F) evaluated JUAN in medical for complaints of infrequent headaches, documenting the following:[21]

- JUAN presented with an elevated blood pressure at 123/77,[22] while all other vital signs were within normal limits;
- JUAN was alert to person, place, and situation, and not in acute distress;
- JUAN denied experiencing further symptoms, including dizziness, shortness of breath, or chest pain, and had no other medical complaints; and
- JUAN stated his headaches began 1 to 2 days ago, rating his pain a level 5 out of 10.[23]

RN (b)(6),(b)(7)(C),(b)(7)(F) treated JUAN with 2 ibuprofen[24] (200 mg) tablets, per IHSC clinical nursing guidelines (CNG) for headaches,[25] cleared him to return to his housing unit, and instructed him to return to medical if his symptoms did not improve.

November 29, 2023

At 5:20 a.m., RN (b)(6),(b)(7)(C),(b)(7)(F) evaluated JUAN for complaints of headaches, documenting the following:[26]

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[18] *See* Encounter note, dated November 23, 2023.
[19] Blood pressure of 126/77 falls within the American Heart Association (AHA) parameters for elevated blood pressure. People with elevated blood pressure are likely to develop high blood pressure unless steps are taken to control the condition. Although JUAN's blood pressure was elevated per AHA Guidelines. IHSC's system is pre-programmed at a higher threshold than AHA's. The IHSC system flags readings as abnormal when one or both measurements exceed 140/90.
[20] *See* (b)(7)(E), dated November 23, 2023.
[21] *See* Encounter note, dated November 27, 2023.
[22] Blood pressure of 123/77 falls within the AHA parameters for elevated blood pressure.
[23] Pain level is based on the standardized pain scale of 0 to 10, measuring a patient's self-report of pain, with 0 being no pain and 10 being the worst pain ever experienced.
[24] Ibuprofen is a nonsteroidal, anti-inflammatory drug used to treat mild to moderate pain.
[25] *See* Adult Acute Care (Sick Call) Clinical Nurse Guidelines v6 9-2023.
[26] *See* Encounter note, dated November 29, 2023.

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- JUAN presented with an elevated blood pressure at 127/72,[27] while all other vital signs were within normal limits; and
- JUAN reported the ibuprofen provided by RN (b)(6),(b)(7)(C),(b)(7)(F) did not help and rated his level of pain a level 5 out of 10.

RN (b)(6),(b)(7)(C),(b)(7)(F) treated JUAN with 2 acetaminophen[28] (325 mg) tablets, per the IHSC CNG for headaches[29] and educated him on relaxation and stress management techniques that could assist in managing his headaches. RN (b)(6),(b)(7)(C),(b)(7)(F) cleared JUAN to return to his housing unit and instructed him to return to medical if his symptoms did not improve.

At 10:08 a.m., an unidentified DO announced a medical emergency in (b)(7)(E) recreation yard as JUAN complained of a headache with throbbing pain behind his right eye.[30] During an interview with ERAU, Detainee (b)(6),(b)(7)(C) stated that when he and JUAN were in the recreation yard, JUAN looked ill and complained that he felt sick.[31] Detainee (b)(6),(b)(7)(C) told the DO what JUAN had told him.

At 10:12 a.m., (b)(6),(b)(7)(C),(b)(7)(F) nurse practitioner (NP) and (b)(6),(b)(7)(C),(b)(7)(F), a licensed practical nurse (LPN), arrived in the recreation yard with a trauma bag[32] and wheelchair.[33] NP (b)(6),(b)(7)(C),(b)(7)(F) conducted a verbal assessment of JUAN and noted he was alert but complained of headaches.[34] ERAU notes neither NP (b)(6),(b)(7)(C),(b)(7)(F) nor LPN (b)(6),(b)(7)(C),(b)(7)(F) brought an automated external defibrillator (AED)[35] as required by KNSPC local emergency response policy.[36]

At 10:13 a.m., NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) escorted JUAN by wheelchair from the recreation yard to medical for further evaluation. ERAU notes NP (b)(6),(b)(7)(C),(b)(7)(F) nor LPN (b)(6),(b)(7)(C),(b)(7)(F) obtained JUAN's blood pressure, pulse, nor temperature, as required by KNSPC local emergency response policy.[37] During interviews with ERAU, NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) indicated JUAN's vitals were not taken on scene due to the number of detainees in the recreation yard and the local practice was to take the patient to medical as soon as practical.[38]

At 10:16 a.m., JUAN arrived in medical, and NP (b)(6),(b)(7)(C),(b)(7)(F) evaluated him, documenting:[39]

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[27] Blood pressure of 127/72 falls within the AHA parameters for elevated blood pressure.
[28] Acetaminophen is used to relieve mild to moderate pain from headaches, muscle aches, and other conditions.
[29] *See* Adult Acute Care (Sick Call) Clinical Nurse Guidelines v6 9-2023.
[30] *See* (b)(7)(E) dated November 29, 2023.
[31] ERAU interview with Detainee (b)(6),(b)(7)(C) dated January 11, 2024.
[32] Trauma bag enables quick access to important medical tools during emergency response situations.
[33] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) dated January 11, 2024.
See also ERAU interview with LPN (b)(6),(b)(7)(C),(b)(7)(F) dated January 11, 2024.
[34] *See* Encounter note, dated November 29, 2023.
[35] Automated external defibrillator (AED) is a medical device that analyzes the heart's rhythm. If necessary, it delivers an electrical shock, known as defibrillation, which helps the heart re-establish an effective rhythm.
[36] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) dated January 11, 2024.
See also KNSPC Local Operating Procedure 8.10A, Section II - Emergency Response, Revised January 2022.
[37] *See* KNSPC Local Operating Procedure 8.10A, Section II - Emergency Response, Revised January 2022.
[38] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) dated January 11, 2024.
See also ERAU interview with LPN (b)(6),(b)(7)(C),(b)(7)(F) dated January 11, 2024.
See also KNSPC Local Operating Procedure 8.10A, Section II - Emergency Response, Revised January 2022.
[39] *See* IHSC medical assessment form and encounter note, dated November 29, 2023.

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- JUAN presented with high blood pressure at 132/82,[40] while all other vital signs were within normal limits;
- JUAN described the pain as throbbing in the right side of his head and eye;
- JUAN reported he had experienced headaches irregularly for months and would treat the pain with Tylenol but never sought medical care for the pain and denied having any chronic medical conditions; and
- JUAN denied experiencing symptoms of vision loss, dizziness, lack of coordination, or weakness of his limbs.

NP (b)(6),(b)(7)(C),(b)(7)(F) treated JUAN with an ice pack and prescribed keep-on-person[41] medications of aspirin-acetaminophen-caffeine [42] (250/250/65 mg) tablets, 2 tablets daily, for 30 days and ibuprofen (800 mg) tablets, 1 tablet, twice daily for 14 days.[43] NP (b)(6),(b)(7)(C),(b)(7)(F) informed JUAN that increasing his daily water intake, reducing stressors, exercising daily, and eating fiber rich foods could assist in managing his headaches. NP (b)(6),(b)(7)(C),(b)(7)(F) placed JUAN in a medical holding cell for additional observation until his symptoms subsided. JUAN remained in the medical holding cell for approximately 1 hour when he stated his headache had been relieved. NP (b)(6),(b)(7)(C),(b)(7)(F) determined JUAN was clinically stable and cleared his return to his housing unit.

Prior to JUAN leaving medical, KNSPC DO (b)(6),(b)(7)(C),(b)(7)(F) observed that he had vomited inside his medical holding cell. DO (b)(6),(b)(7)(C),(b)(7)(F) reported the incident to NP (b)(6),(b)(7)(C),(b)(7)(F) at which time she ordered JUAN to remain in the medical holding cell for continued observation.[44] When NP (b)(6),(b)(7)(C),(b)(7)(F) returned to JUAN's cell, she discovered that he had already returned to his housing unit.[45] According to NP (b)(6),(b)(7)(C),(b)(7)(F) encounter note and in her statement to ERAU during interviews, JUAN informed DO (b)(6),(b)(7)(C),(b)(7)(F) he was feeling better and wanted to return to his housing unit, so DO (b)(6),(b)(7)(C),(b)(7)(F) released him from the medical holding cell without her authorization.[46] During two interviews with ERAU, DO (b)(6),(b)(7)(C),(b)(7)(F) insisted NP (b)(6),(b)(7)(C),(b)(7)(F) verbally authorized JUAN's release when he informed her JUAN ate lunch and had no additional vomiting.[47]

At 6:09 p.m., JUAN called an unidentified male and stated he had been sick for a few days, vomiting, unable to walk, and able to see only in black and white.[48]

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[40] Blood pressure of 132/82 falls within AHA parameters for Stage 1 hypertension. Stage 1 hypertension is when blood pressure consistently ranges from 130 to 139 systolic and 80 to 89 diastolic. At this stage of high blood pressure, health care professionals are likely to prescribe lifestyle changes and may consider adding blood pressure medication based on risk of atherosclerotic cardiovascular disease such as heart attack or stroke.

[41] Keep-on-person allows incarcerated individuals to keep a quantity of medications (usually 30 days) with them and self-administer according to the directions provided.

[42] Aspirin-acetaminophen-caffeine tablets treat pain caused by tension headaches, migraine headaches, muscle aches, menstrual cramps, arthritis, toothaches, the common cold, or nasal congestion.

[43] *See* IHSC medical assessment form and encounter note, dated November 29, 2023.

[44] *Ibid.*

[45] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) dated January 9, 2024.

[46] *See* Encounter note, dated November 29, 2023 and ERAU interviews with NP (b)(6),(b)(7)(C),(b)(7)(F) and DO (b)(6),(b)(7)(C),(b)(7)(F) dated January 9 and 11, 2024.

[47] ERAU interviews with DO (b)(6),(b)(7)(C),(b)(7)(F) dated January 10 and 11, 2024.

[48] Telephone call with unidentified male, recorded on November 29, 2023.

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At 6:58 p.m., JUAN called an unidentified female and stated he felt he was coming down with a cold.[49]

December 2, 2023

At 7:48 a.m., (b)(6),(b)(7)(C),(b)(7)(F), announced a medical emergency in the dining room for JUAN who was vomiting and complaining of headaches and nausea.[50]

At 7:51 a.m., NP (b)(6),(b)(7)(C),(b)(7)(F) arrived in the dining hall with a wheelchair and observed JUAN sitting at a table. NP (b)(6),(b)(7)(C),(b)(7)(F) noted JUAN appeared alert and oriented but was uncomfortable due to his pain.[51] JUAN positioned himself in the wheelchair and NP (b)(6),(b)(7)(C) escorted him to medical for further evaluation. ERAU notes NP (b)(6),(b)(7)(C),(b)(7)(F) did not obtain JUAN's blood pressure, pulse, and temperature at the scene as per the local emergency response policy.[52] Additionally, NP (b)(6),(b)(7)(C) did not bring an AED and trauma bag to the scene, and she was not accompanied by another medical staff member as required by local emergency response policy.[53] In an interview with ERAU, NP (b)(6),(b)(7)(C),(b)(7)(F) stated she responded alone because the other assigned medical staff member was attending to another patient and responded only with a wheel chair because she was informed of JUAN's headaches, not his vomiting.[54]

Upon arrival to medical, NP (b)(6),(b)(7)(C),(b)(7)(F) evaluated JUAN, documenting the following:[55]

- JUAN presented with high blood pressure at 136/83,[56] while all other vital signs were within normal limits;
- JUAN complained of intermittent headaches he had been experiencing for 2 months, rating his pain a level 8 out of 10;
- JUAN stated his headaches had become more frequent in the past 4 to 5 days and that he had experienced nausea and vomiting as well; and
- JUAN denied symptoms of vision changes, memory loss, neck stiffness, lack of coordination, back pain, loss of strength, or hallucinations.

NP (b)(6),(b)(7)(C),(b)(7)(F) held JUAN in a medical holding cell for observation until his symptoms improved. JUAN remained in the holding cell for approximately 1 hour without vomiting and reported he was feeling better, rating the pain level at 3 out of 10. NP (b)(6),(b)(7)(C),(b)(7)(F) discussed fall precautions with JUAN and released him to his housing unit with a lower bunk pass, noting he was in stable condition with a steady gait.[57] NP (b)(6),(b)(7)(C),(b)(7)(F) replaced JUAN's ibuprofen prescription with

[49] Telephone call with unidentified female, recorded on November 29, 2023.
[50] ERAU interview with (b)(6),(b)(7)(C),(b)(7)(F), dated January 10, 2024.
[51] *See* Encounter note, dated December 2, 2023.
[52] *See* Local Operating Procedure: 8.10A, Section II - Emergency Response, Revised January 2022.
[53] *Ibid.*
[54] ERAU interview with NP (b)(6),(b)(7)(C),(b)(7)(F) dated January 10, 2024.
[55] *See* Encounter note, dated December 2, 2023.
[56] Blood pressure of 136/83 falls within AHA parameters for Stage 1 hypertension.
[57] *See* Encounter note, dated December 2, 2023.

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acetaminophen (650 mg) and Mintox[58] (30 mL) to be taken as needed and advised JUAN to increase his daily water intake and to avoid strenuous exercise.

At 10:45 a.m., facility staff transferred JUAN to his new housing unit, (b)(7)(E) and assigned a lower bunk.[59]

At 11:38 a.m., (b)(6),(b)(7)(C),(b)(7)(F) called medical and informed NP (b)(6),(b)(7)(C),(b)(7)(F) that JUAN vomited while in the dining hall.[60]

At 11:47 a.m., RN (b)(6),(b)(7)(C),(b)(7)(F) entered the dining hall with a wheelchair and did not bring an AED and trauma bag to the scene.[61] After JUAN positioned himself in the wheelchair, RN (b)(6),(b)(7)(C),(b)(7)(F) transported him to medical. Upon arrival to medical, NP (b)(6),(b)(7)(C),(b)(7)(F) evaluated JUAN, documenting the following:[62]

- JUAN presented with high blood pressure at 138/88,[63] while all other vital signs remained within normal limits;
- JUAN complained of continued headaches, nausea, and vomiting, rating his pain a level 8 out of 10; and
- JUAN denied symptoms of vision change, memory loss, neck stiffness, lack of coordination, chest pain, shortness of breath, fever/chills, or abdominal pain.

NP (b)(6),(b)(7)(C),(b)(7)(F) ordered JUAN be placed on close medical observation in medical for 23 hours, a clear liquid diet, and provided a one-time injection of ondansetron[64] (4 mg/2mL).

At 2:34 p.m., (b)(6),(b)(7)(C),(b)(7)(F) RN, evaluated JUAN in his holding cell,[65] documenting that JUAN denied abdominal pain, nausea, and vomiting.[66] However, in RN (b)(6),(b)(7)(C),(b)(7)(F) assessment of JUAN's gastrointestinal system, RN (b)(6),(b)(7)(C),(b)(7)(F) documented JUAN complained of abdominal pain in the epigastric area,[67] nausea, and vomiting. RN (b)(6),(b)(7)(C),(b)(7)(F) further documented that his general examination included an assessment of JUAN's abdomen and that bowel sounds were present. ERAU's (b)(7)(E) found that RN (b)(6),(b)(7)(C),(b)(7)(F) performed only a visual examination and did not perform an auscultation[68] with a stethoscope to determine if bowel sounds were present.[69] During an interview with ERAU, RN (b)(6),(b)(7)(C),(b)(7)(F) was unable to explain these discrepancies.[70]

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[58] Mintox is a combination medicine used to treat heartburn, acid indigestion, upset stomach, bloating caused by gas, or stomach discomfort caused by eating or drinking too much.
[59] *See* (b)(7)(E) dated December 2, 2023.
[60] *See* Investigative Statement Form, dated December 4, 2023, prepared by (b)(6),(b)(7)(C),(b)(7)(F)
[61] *See* (b)(7)(E) dated December 2, 2023.
[62] *See* Encounter note, dated December 2, 2023.
[63] Blood pressure of 138/88 falls within AHA parameters for Stage 1 hypertension.
[64] Ondansetron is a medication that prevents nausea and vomiting.
[65] *See* (b)(7)(E) dated December 2, 2023.
[66] Encounter note, dated December 2, 2023.
[67] Epigastric area is the upper part of one's abdomen just below the rib cage.
[68] Auscultation is a method used to listen to the sounds of the body during physical examination using a stethoscope.
[69] *See* (b)(7)(E) dated December 2, 2023.
[70] ERAU interview with RN (b)(6),(b)(7)(C),(b)(7)(F) dated January 9, 2024.

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At 2:44 p.m., JUAN's headache remained, and he continued to vomit despite treatment, reporting added symptoms of feeling dizzy and weak. NP (b)(6),(b)(7)(C),(b)(7)(F) ordered JUAN be transported by nonemergency ambulance to LCH for further care. RN (b)(6),(b)(7)(C),(b)(7)(F) contacted American Medical Response (AMR), to transport JUAN per NP (b)(6),(b)(7)(C),(b)(7)(F) instruction.[71]

At 3:28 p.m., AMR arrived to KNSPC with two emergency medical technicians (EMT) and assumed care of JUAN. JUAN positioned himself onto the AMR stretcher and the EMTs assessed JUAN, noting he was oriented to person but not place or time and appeared confused but not hallucinating or combative.[72]

At 3:43 p.m., AMR departed KNSPC with JUAN. KNSPC DO (b)(6),(b)(7)(C),(b)(7)(F) accompanied JUAN in the AMR vehicle, and DO (b)(6),(b)(7)(C),(b)(7)(E),(b)(7)(F) [73]

During an interview with ERAU, DO (b)(6),(b)(7)(C),(b)(7)(F) stated the use of AMR, Miami-Dade County Fire and Rescue, or a KNSPC transport team to transport a detainee to the hospital depends on the urgency of a medical situation.[74] KNSPC uses AMR for non-serious or non-threatening incidents, Miami-Dade County Fire and Rescue for serious incidents, and the KNSPC transport team for nonserious incidents still requiring immediate attention. During an interview with ERAU, RN (b)(6),(b)(7)(C),(b)(7)(F) reported the medical provider determined the option to contact.[75]

At 4:32 p.m., AMR arrived at LCH with JUAN, and LCH medical staff assumed care of JUAN, documenting the following symptoms:[76]

- JUAN presented with a high blood pressure at 132/62,[77] while all other vital signs remained within normal limits;
- JUAN complained of nausea, vomiting, and headaches, rating his pain a level 10 out of 10; and
- JUAN was in an alert mental status, drowsy, and confused with a flat affect[78].

LCH medical staff attempted to obtain medical information from JUAN but found his mental status challenging due to his difficulty staying awake and becoming unresponsive. LCH medical staff successfully performed a sternal rub,[79] and JUAN was able to respond to further questions, before closing his eyes and not responding.[80]

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[71] *See* Encounter note, dated December 2, 2023.
[72] *See* AMR report, dated December 2, 2023.
[73] ERAU interview with DO (b)(6),(b)(7)(C),(b)(7)(F) dated January 9, 2024.
[74] *Ibid.*
[75] ERAU interview with RN (b)(6),(b)(7)(C),(b)(7)(F) dated January 9, 2024.
[76] *See* LCH Patient Orders and Labs, Toxicology Report, dated December 8, 2023.
[77] Blood pressure of 132/62 falls within AHA parameters for stage 1 hypertension.
[78] Flat affect is the lack of emotion to incidents or events which normally elicit emotion.
[79] Sternal rub is a technique to test an unconscious person's responsiveness by giving a firm rub on the middle of one's chest to prompt a reaction.
[80] *See* LCH Patient Orders and Labs, Toxicology Report, dated December 8, 2023.

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At 5:19 p.m., LCH medical staff conducted a computerized topography (CT) scan[81] of JUAN's brain, revealing a bilateral acute chronic subdural hematoma[82] which required a craniotomy.[83]

At 6:45 p.m., JUAN was admitted into the intensive care unit (ICU).[84] LCH ICU Dr. (b)(6),(b)(7)(C) changed JUAN's diagnosis to acute, nontraumatic subdural hemorrhage.[85]

At 9:17 p.m., LCH neurosurgeon, Dr. (b)(6),(b)(7)(C) performed the craniotomy on JUAN.[86]

At 11:00 p.m., JUAN was transferred back to the ICU in critical condition, where he was connected to a cardiac monitor, mechanical ventilator, and provided pain management medication.[87]

December 3, 2023

At 2:04 a.m., LCH ICU medical staff evaluated JUAN during a routine check, noting bodily tremors but his vital signs remained within normal limits.[88] LCH ICU staff administered 1 dose of Dilantin[89] (100 mg).

At 5:06 a.m., LCH ICU medical staff evaluated JUAN during a routine check, noting JUAN's state of rest, sedation, and vital signs within normal limits.[90]

At 5:50 a.m., LCH medical staff conducted a follow-up CT scan on JUAN's head, revealing worsened brain bleeding and transtentorial herniation.[91] LCH ICU Dr. (b)(6),(b)(7)(C) told the LCH ICU medical staff no further interventions would change the outcome of JUAN's condition.[92]

LCH medical staff continued to monitor JUAN during routine checks, noting his critical condition, sedation, and intubation.[93]

Dember 4, 2023 – Day of Death

At 7:24 a.m., JUAN's next of kin, signed a do-not-resuscitate order on JUAN's behalf.[94]

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[81] CT scan is a diagnostic imaging procedure that uses a combination of X-rays and computer technology to produce interior images of the body. It produces detailed images of any part of the body, including the bones, muscle, fat, organs, and blood vessels.
[82] Subdural hematoma is a buildup of blood on the surface of the brain. The acute designation is the most serious type because of subdural hematoma and are often associated with significant damage to the brain.
[83] Craniotomy is a surgical opening that involves the temporary removal of bone from the skull to make repairs in the brain.
[84] *See* (b)(7)(E) dated December 2, 2023.
[85] The nontraumatic designation indicates the subdural hemorrhage was not the result of trauma such as an assault or blow to the head.
[86] *Ibid.*
[87] *See* LCH Patient Care Notes, dated December 3, 2023.
[88] *Ibid.*
[89] Dilantin is an anti-epileptic drug that works by slowing down impulses in the brain that cause seizures.
[90] *See* LCH Patient Care Notes, dated December 3, 2023.
[91] Transtentorial herniation is movement of brain tissue from one intracranial compartment to another.
[92] *See* LCH Internal Medicine Progress Note, dated December 3, 2023.
[93] *See* LCH Patient Care Notes, dated December 3, 2023.
[94] *See* LCH Do Not Resuscitate Order, dated December 4, 2023.

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At 12:53 p.m., LCH ICU medical staff evaluated JUAN during a routine check, noting a slowed heart rhythm and asystole status.[95] LCH Dr. (b)(6),(b)(7)(C) examined JUAN and could not find cardiac sounds nor a pulse.[96]

At 1:25 p.m., Dr. (b)(6),(b)(7)(C) pronounced JUAN deceased.[97]

Post-Death Events

On December 4, 2023, at 10:02 a.m., (b)(6),(b)(7)(C),(b)(7)(F) Assistant Field Office Director, ERO Miami, notified the Guatemalan consulate of JUAN's death.[98]

On December 5, 2023, Garrett Ripa, Field Office Director, ERO Miami, sent JUAN's next of a condolence letter.[99]

On December 6, 2023, ERO Miami released JUAN's personal property to his family.[100]

FINDINGS

ERAU reviewed the medical care KNSPC provided JUAN, as well as the staff's efforts to ensure his safety and security while detained at the facility. ERAU found KNSPC complied with the requirements of the ICE PBNDS 2011 (Revised 2016). In this report, ERAU has included 2 violations of facility policy and 2 areas of concern that are not covered by the ICE PBNDS 2011 (Revised 2016). These deficiencies and areas of concern are noted for informational purposes only and should not be construed as contributory to the detainee's death.

POLICY VIOLATIONS

Although not deficiencies in the facility's compliance with the ICE PBNDS 2011 (Revised 2016), ERAU noted the following policy violations regarding JUAN's medical care, safety, and security at KNSPC.

1. KNSPC Local Operating Procedure: 8.10A, Emergency Response, Revised January 2022, Section II, states, "The trauma bag and AED will be brought to the scene of all emergency responses. … Vital signs (blood pressure, pulse, and temperature) will be obtained on patients, upon arrival to the scene of the emergency."

    - On November 29, 2023, NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) did not respond with the appropriate medical equipment to JUAN's medical emergency. Specifically, NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) brought a trauma bag to the scene of the emergency but did

[95] Asystole status is form of cardiac arrest in which the heart has stopped beating and there is no electrical activity in the heart. In most instances, asystole is an electrocardiographic confirmation that a patient has died.
[96] *See* LCH Patient Care Notes, dated December 4, 2023.
[97] *Ibid.*
[98] See Guatemala Consulate death notification e-mail, dated December 4, 2023.
[99] *See* Condolence Letter to Next of Kin, dated December 5, 2023.
[100] *See* confirmation email between SDDO (b)(6),(b)(7)(C),(b)(7)(F) and Next of Kin, dated December 5, 2023.

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not bring an AED. Additionally, NP (b)(6),(b)(7)(C),(b)(7)(F) and LPN (b)(6),(b)(7)(C),(b)(7)(F) did not obtain vital signs on JUAN upon arrival to the scene of the emergency.

- On December 2, 2023, NP (b)(6),(b)(7)(C),(b)(7)(F) did not respond with the appropriate medical equipment to JUAN's medical emergency. Specifically, NP (b)(6),(b)(7)(C),(b)(7)(F) did not bring a trauma bag or AED to the scene of the emergency. Additionally, NP (b)(6),(b)(7)(C),(b)(7)(F) did not obtain vital signs on JUAN upon arrival to the scene of the emergency.

- On December 2, 2023, RN (b)(6),(b)(7)(C),(b)(7)(F) did not respond with the appropriate medical equipment to JUAN's medical emergency. Specifically, RN (b)(6),(b)(7)(C),(b)(7)(F) did not bring a trauma bag or AED to the scene of the emergency. Additionally, RN (b)(6),(b)(7)(C),(b)(7)(F) did not obtain vital signs on JUAN upon arrival to the scene of the emergency.

2. KNSPC Local Operating Procedure: 8.10A, Emergency Response, Revised January 2022, states, "The medical staff notified of the medical emergency is responsible to ensure that an emergency team is deployed. Anyone can respond but ensure at least this flow below: (b)(7)(E)

- On December 2, 2023, NP (b)(6),(b)(7)(C),(b)(7)(F) responded to JUAN's medical emergency in the dining hall by herself.

AREAS OF CONCERN

1. On November 29, 2023, following a medical emergency and treatment in medical, NP (b)(6),(b)(7)(C),(b)(7)(F) placed JUAN in a holding cell for observation. After NP (b)(6),(b)(7)(C),(b)(7)(F) cleared JUAN to return to his housing unit, he vomited, and she ordered that he remain in the medical holding cell for further observation. Despite (b)(6),(b)(7)(C) order for further observation, DO (b)(6),(b)(7)(C),(b)(7)(F) returned JUAN to his housing unit, without medical authorization. During interviews with ERAU, DO (b)(6),(b)(7)(C),(b)(7)(F) insisted NP (b)(6),(b)(7)(C),(b)(7)(F) verbally released JUAN; however, interviews with NP (b)(6),(b)(7)(C),(b)(7)(F) found the NP (b)(6),(b)(7)(C),(b)(7)(F) DO (b)(6),(b)(7)(C),(b)(7)(F) released JUAN from the medical holding cell prior to the NP's authorization, when JUAN stated he was feeling better after vomiting and wanted to return to his housing unit. NP (b)(6),(b)(7)(C),(b)(7)(F) encounter note documented the release but did not indicate whether it was with or without authorization.

2. On December 2, 2023, while JUAN was inside the medical holding cell for observation, RN (b)(6),(b)(7)(C),(b)(7)(F) documented that he assessed JUAN's abdomen and found bowel sounds were present. (b)(7)(E) RN (b)(6),(b)(7)(C),(b)(7)(F) did not auscultate with or without use of a stethoscope to identify bowel sounds in JUAN's abdomen.

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