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 5, 2026

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

THROUGH: CAPT (b)(6),(b)(7)(C),(b)(7)(F) MD, MPH, CCHP, FAAFP
Chief Medical Officer
ICE Health Service Corps

(b)(6),(b)(7)(C),(b)(7)(F) MS
Chief of Staff
ICE Health Service Corps
(b)(6),(b)(7)(C),(b)(7)(F)

CDR (b)(6),(b)(7)(C),(b)(7)(F), RN
Chief, Investigations Unit
ICE Health Service Corps

FROM: CAPT (b)(6),(b)(7)(C),(b)(7)(F), RN
Investigator, Investigations Unit
ICE Health Service Corps
(b)(6),(b)(7)(C),(b)(7)(F)

LCDR (b)(6),(b)(7)(C),(b)(7)(F) RN
Senior Investigator, Investigations Unit
ICE Health Service Corps
(b)(6),(b)(7)(C),(b)(7)(F)

SUBJECT: Mortality Review - Report of Findings
Ismael AYALA-Uribe, (b)(6),(b)(7)(C)

Executive Summary:

On September 22, 2025, the U.S. Immigration and Customs Enforcement (ICE) Health Service Corps (IHSC) received notification of the death of alien Ismael AYALA-Uribe, (b)(6),(b)(7)(C) ICE detained Mr. AYALA-Uribe, a 39-year-old Mexican male, at Adelanto ICE Processing

Center (AIPC), in Los Angeles, California, from August 22 to September 22, 2025. Mr. AYALA-Uribe's autopsy is pending.

Prior to his detention, on an unknown date, Mr. AYALA-Uribe presented to the United States at an unknown place without being admitted or paroled by an immigration officer. On October 5, 2012, Mr. AYALA-Uribe filed for Consideration of Deferred Action for Childhood Arrivals (DACA), and the U.S. Citizenship and Immigration Services (USCIS) approved his application with extensions through July 11, 2014. Between May and September of 2015, law enforcement arrested Mr. AYALA-Uribe for driving under the influence (DUI) of alcohol and sentenced him to three years' probation. On October 4, 2016, USCIS denied his DACA renewal application. On May 23, 2018, law enforcement arrested him again for DUI and sentenced him to 120 days in jail and five years' probation upon conviction. On August 17, 2025, the U.S. Border Patrol arrested Mr. AYALA-Uribe for expired employment authorization documentation and denied DACA, and transferred him to ICE custody. On August 22, 2025, ICE detained him at AIPC.

On August 22, 2025, during his AIPC intake screening, Mr. AYALA-Uribe denied a medical or mental health history, and medication use.

On September 18, 2025, medical staff responded to a medical emergency in Mr. AYALA-Uribe's dorm for his complaint of buttock pain. A registered nurse (RN) evaluated him and contacted a physician, and the physician issued verbal orders to the medical staff for medications and twice daily wellness checks. The nursing staff administered pain medication to Mr. AYALA-Uribe, and he reported feeling better and returned to his dormitory. After his evaluation, Mr. AYALA-Uribe continued to receive his medications.

On September 21, 2025, custody staff sent Mr. AYALA-Uribe to the medical clinic due to his ill appearance and complaints of discomfort. Medical staff contacted the on-call physician due to his abnormal symptoms and vital signs, and the physician ordered his transfer to Victor Valley Global Medical Center (VVGMC), by ambulance, for emergency evaluation for possible incision and drainage.

On September 22, 2025, VVGMC medical staff reported Mr. AYALA-Uribe experienced hypotension and tachycardia and went into respiratory arrest. Medical staff performed cardiopulmonary resuscitation (CPR), achieved return of spontaneous circulation, intubated him, and moved him to the intensive care unit. At approximately 2:00 a.m., Mr. AYALA-Uribe suffered cardiac arrest, and hospital staff were unable to revive him. At 2:32 a.m., a physician pronounced Mr. AYALA-Uribe deceased.

Mortality Finding:

As a result of Mr. AYALA-Uribe'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.

A mortality review committee (MRC) determined the care AIPC provided to Mr. AYALA-Uribe deviated beyond safe limits of practice. Specifically, the MRC determined, 1) Medical staff did not thoroughly evaluate Mr. AYALA-Uribe or complete regular wellness checks. 2) Nursing staff did not adequately relay Mr. AYALA-Uribe's status to the on-call provider. 3) Medical staff did not effectively transfer care from one staff member to another. 4) Medical staff did not consistently respond to Mr. AYALA-Uribe's medical complaints timely. 5) Medical staff did not administer all of Mr. AYALA-Uribe's pill line medications. 6) Medical staff did not adequately document all of Mr. AYALA-Uribe's care timely, all discussions related to his plan of care, or his refusal of ordered medications. 7) AIPC's staffing hindered their ability to provide their patient population medical care in accordance with timeframes established by accreditations standards.

The MRC convened on November 18, 2025, and consisted of the following IHSC members: Dr. (b)(6),(b)(7)(C),(b)(7)(F), medical doctor, clinical director, physician reviewer; Captain (CAPT) (b)(6),(b)(7)(C),(b)(7)(F) (b)(6),(b)(7)(C),(b)(7)(F) physician assistant, IHSC chief advanced practice provider (APP), APP reviewer; and Commander (CDR) (b)(6),(b)(7)(C),(b)(7)(F) RN, central regional nurse manager, nurse reviewer.

The following summary of events was based on: 1) Mr. AYALA-Uribe's AIPC medical records; 2) incident and notification reports; 3) ICE ENFORCE Alien Removal Module (EARM) and ICE ENFORCE Alien Detention Module (EADM) database records; 4) Mr. AYALA-Uribe's AIPC detention file; 5) (b)(7)(E) 6) an on-site review and staff interviews conducted by CAPT (b)(6),(b)(7)(C),(b)(7)(F) and Lieutenant Commander (LCDR) (b)(6),(b)(7)(C),(b)(7)(F) at AIPC, from October 28 to 30, 2025; 8) applicable AIPC policies and procedures; and 9) applicable accreditation standards.

Summary of Events

On August 22, 2025, an AIPC licensed practical nurse (LPN) completed Mr. AYALA-Uribe's medical intake screening, noted his denial of chronic health conditions or medication use, documented a normal mental health screening, physical exam, and vital signs, except for a slightly elevated blood pressure (BP) of 137/79 millimeters of mercury [(mmHg); normal: between 90/60 and 120/80 mmHg] and high body mass index of 46.47 (severe obesity), and cleared him for general population.

On September 17, 2025, Mr. AYALA-Uribe submitted a medical request for health services for an anal abscess causing him pain. An RN documented receipt of the request on September 19, 2025, and wrote "midlevel appointment upcoming" in the comments section for action taken.

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On September 18, 2025, at 2:06 p.m., medical staff responded to a medical emergency in Mr. AYALA-Uribe's dorm for complaints of buttock pain, transported him to the medical clinic in a wheelchair, and documented he reported a loose last bowel movement and no history of hemorrhoids. An RN documented sharp anal pain, rated 10/10 on a 10-point pain scale in which 10 is severe, and the following vital signs: BP of 168/87 mmHg, temperature of 99.3 degrees Fahrenheit [(°F); normal: 97.6°F – 99.6°F], heart rate of 103 beats per minute [(BPM); normal: 60 – 99 BPM], respirations of 18 breaths per minute (normal: 12 – 20 breaths per minute), and oxygen (O_2) saturation of 93% (normal: greater than 95%). The RN contacted a physician, who spoke with Mr. AYALA-Uribe by phone to assess his condition. An LPN documented verbal orders for wellness checks twice daily for ten days and the following medications: acetaminophen (for pain) 500 milligrams (mg), two tablets, orally, three times a day; hemorrhoidal ointment (for rectal pain and inflammation), rectally, once a day; ibuprofen (pain and inflammation) 800 mg, one tablet, orally, three times a day as needed; ketorolac (for pain) 30 mg per milliliter (mg/mL), inject 30 mg in the right arm and 30 mg in the left arm, intramuscularly, now; and psyllium/aspartame (laxative) one packet dissolved in water, orally, twice daily. Medical staff immediately administered Mr. AYALA-Uribe's pain medication in the clinic and allowed him to return to his dorm when he reported feeling better.

On September 20, 2025, at 11:36 a.m., custody staff called medical staff to request a wellness check on Mr. AYALA-Uribe due to his ill appearance, but medical staff did not return the officer's call or follow up on the request.

- At 11:15 p.m., custody staff called the medical clinic, requesting medical staff evaluate Mr. AYALA-Uribe due to his ill appearance. A medical staff member informed the officer all medical staff were preoccupied with other emergencies, and medical staff were waiting on a custody officer who could bring Mr. AYALA-Uribe to the medical clinic.

On September 21, 2025, at 12:56 a.m., custody staff transported Mr. AYALA-Uribe to the medical clinic. An RN evaluated Mr. AYALA-Uribe for his complaint of 10/10 pain and a "lump" on his buttock area, and 8/10 epigastric (upper abdomen) pain. The RN documented Mr. AYALA-Uribe appeared diaphoretic and shaky, reported feeling nauseous, had vomited once, and had an elevated heart rate of 160 BPM, a respiration rate of 25 breaths per minute, BP of 104/65 mmHg, O_2 saturation of 93% on room air, and a blood glucose reading of 161 milligrams per deciliter [(mg/dL); normal: 70 – 90 mg/dL]. The RN completed an electrocardiogram, which showed abnormal results (sinus tachycardia, with a ventricular rate of 163 BPM, right bundle branch block, left posterior fascicular block, bifascicular block, inferior infarct), contacted the on-call physician, and received an order to send Mr. AYALA-Uribe to the hospital by ambulance for further evaluation and management.

- At 2:15 a.m., emergency medical services personnel transferred him to VVGMC.

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- At 11:04 a.m., VVGMC admitted Mr. AYALA-Uribe for acute pneumoperitoneum (presence of air in the peritoneal cavity that requires urgent medical evaluation and intervention), acute kidney disease (sudden loss of kidney function), systemic inflammatory response syndrome, and sepsis (life-threatening response to an infection).

- At 3:55 p.m., VVGMC medical staff reported Mr. AYALA-Uribe had been admitted to a surgical floor, appeared calm and cooperative, had a diagnosis of hypotension (low BP) and an abscess to his left buttock, underwent an ultrasound (results pending), and might undergo surgery to drain his abscess after stabilization of his BP. Medical staff reported Mr. AYALA-Uribe received intravenous fluids, rated his rectal pain at 10/10, and had an elevated heart rate of 113 BPM.

On September 22, 2025, at approximately 1:49 a.m., Mr. AYALA-Uribe experienced hypotension and tachycardia, and went into respiratory arrest. VVGMC staff performed CPR, achieved return of spontaneous circulation, intubated him, and moved him to the intensive care unit to start norepinephrine (raises blood pressure).

- At approximately 2:00 a.m., Mr. AYALA-Uribe suffered cardiac arrest. Hospital staff performed CPR; however, they were unable to revive him.

- At 2:32 a.m., a physician pronounced Mr. AYALA-Uribe deceased.

Mr. AYALA-Uribe's autopsy report is pending.

The MRC used the following accreditation standards for this review: Performance-Based National Detention Standards, 2011 with 2016 revisions, and National Commission on Correctional Health Care (NCCHC) Standards for Health Services in Jails, 2018. The following are identified program strengths, weaknesses, and recommendations found during this review.

Strengths

The MRC identified the following strengths: On September 18 and 20, 2025, AIPC custody staff recognized and communicated Mr. AYALA-Uribe's ill appearance to medical staff.

Weaknesses

1. Inappropriate medical care.

- On September 18, 2025, medical staff did not perform a visual assessment of Mr. AYALA-Uribe's buttock (area of complaint) during his medical emergency.
- From September 18, 2025, after the medical emergency visit, to September 21, 2025, nursing staff did not perform the twelve-hour wellness checks the physician ordered.

Applicable standards of care for this finding:

- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section B. *Designation of Authority.*
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section A. *General.*
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section II. *Expected Outcomes.*
- AIPC Policy: 608-A, *Medical and Mental Health Services, Emergency Services.*

2. Communication.

- Nursing staff did not relay Mr. AYALA-Uribe's abnormal vital signs to a higher-level provider during the intake screening on August 22, 2025, or during his medical emergency evaluation on September 18, 2025.

Applicable standards of care for this finding:

- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section T. *Emergency Medical Services and First Aid.*
- NCCHC Standards of Health Services in Jails, 2018; J-E-08. *Nursing Assessment Protocols and Procedures.*
- AIPC Policy: 608-A, *Medical and Mental Health Services, Emergency Services.*

3. Continuity of Care.

- On September 18, 2025, an RN ineffectively transferred care to another RN for Mr. AYALA-Uribe during his medical emergency, causing a breakdown in communication regarding his care.

Applicable standards of care for this finding:

- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section Z. *Continuity of Care.*
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section T. *Emergency Medical Services and First Aid.*
- NCCHC Standards of Health Services in Jails, 2018; J-E-08. *Nursing Assessment Protocols and Procedures.*
- AIPC Policy: 608-A, *Medical and Mental Health Services, Emergency Services.*

4. Untimely response to medical complaints.

- On September 17, 2025, Mr. AYALA-Uribe submitted a request for medical attention, and AIPC nursing staff did not triage the complaint within 24 hours.

- On September 20, 2025, at 11:36 a.m., custody staff requested medical staff perform a wellness check on Mr. AYALA-Uribe due to his ill appearance, and medical staff did not respond to the request until the evening.
- On September 20, 2025, at 11:15 p.m., medical staff advised custody to bring Mr. AYALA-Uribe to the medical clinic for evaluation, and due to multiple emergencies and (b)(7)(E) Mr. AYALA-Uribe did not receive a medical evaluation until 12:56 a.m. on September 21, 2025.

Applicable standards of care for this finding:

- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section S. *Sick Call.*
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section Z. *Continuity of Care.*
- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care, V. Expected Practices; A: *General.*
- AIPC Policy: 608-A, Medical and Mental Health Services, *Emergency Services.*
- AIPC Policy: 625-A, Medical and Behavioral Health Services, *Sick Call and Triaging of Non-Emergent Requests for Health Services.*

5. Medication Administration.

- On September 19 and 20, 2025, nursing staff did not administer Mr. AYALA-Uribe's third dose of acetaminophen or second dose of psyllium or complete refusal forms to document his refusal of the scheduled medications.

Applicable standards of care for this finding:

- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section U. *Delivery of Medication.*
- AIPC Policy: 710-A, Medication Management, *Medication Administration.*

6. Documentation.

- On September 18, 2025, an RN responded to Mr. AYALA-Uribe's medical emergency, evaluated him, and contacted the on-call physician; however, the RN did not document this encounter until four days later and completed a late entry that lacked details of her report of Mr. AYALA-Uribe's vital signs to the physician or the conversation between the physician and Mr. AYALA-Uribe.
- On September 19 and 20, 2025, AIPC nursing staff documented Mr. AYALA-Uribe refused medications but did not complete a refusal form for the missed doses.

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Applicable standards of care for this finding:

- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; section BB. *Medical Records*.
- GEO Plan 608-A: Medical and Mental Health Services, *Emergency Services*.
- AIPC Policy: 608-A, *Emergency Plan*.

7. Staffing.

- From June to September 2025, AIPC experienced a rapid influx of patients due to recently lifted COVID restrictions. As a result, medical staff did not consistently provide care within time frames established by accreditation standards.

Applicable standards of care for this finding:

- PBNDS 2011 with 2016 Revisions: Part 4.3, Medical Care; Section B. *Designation of Authority*.

Recommendations

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

End of report.

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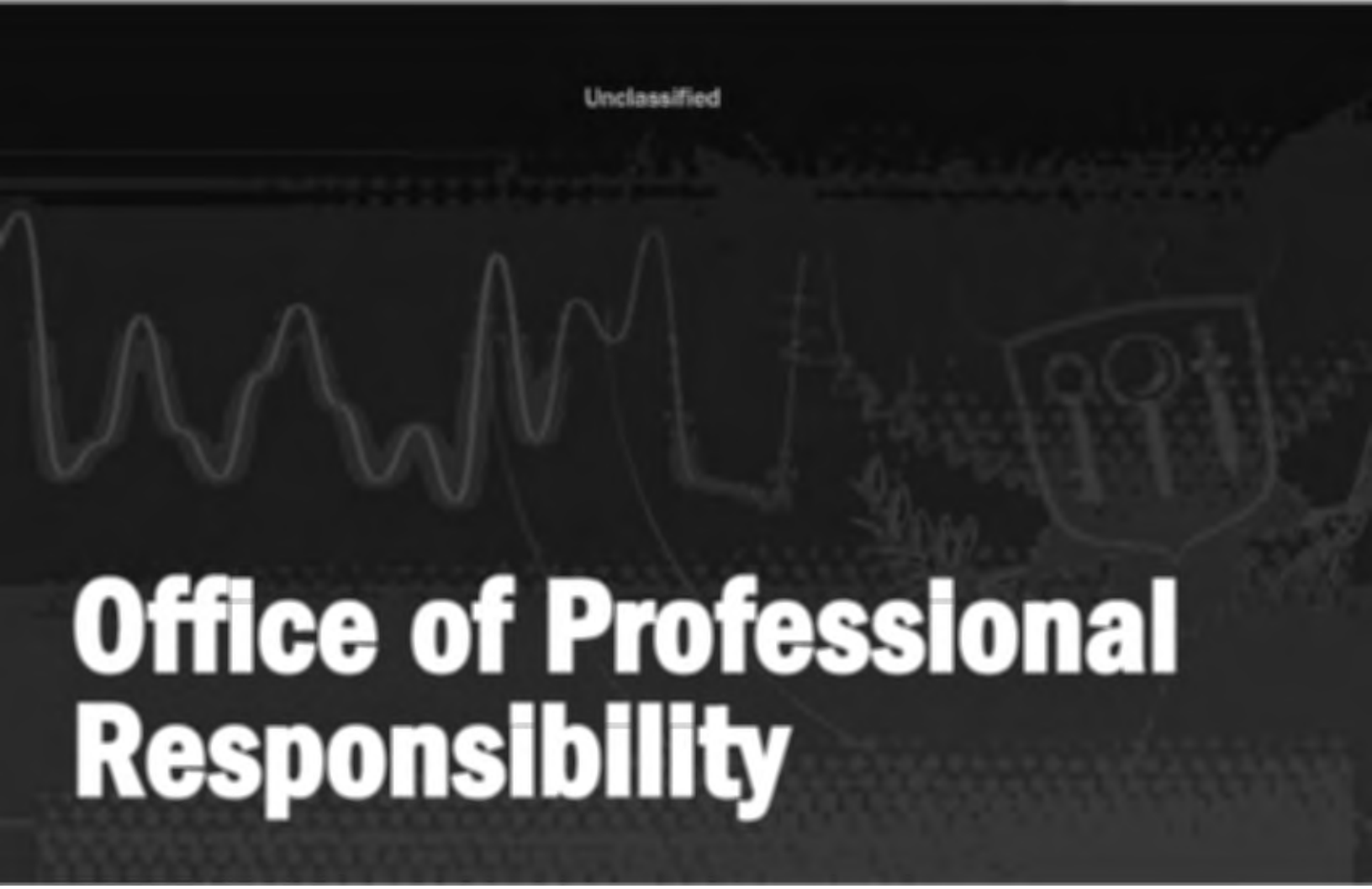

Detainee Death Review Report

Ismael AYALA-Uribe (b)(6),(b)(7)(C)

March 20, 2026

U.S. Immigration and Customs Enforcement

2026-ICFO-25372-000001

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DETAILS OF REVIEW

From October 21 to 23, 2025, U.S. Immigration and Customs Enforcement (ICE), Office of Professional Responsibility (OPR), staff reviewed the facts and circumstances surrounding Ismael AYALA-Uribe's (AYALA) detention and death while in ICE custody. OPR was assisted in its review by contract subject-matter experts in correctional healthcare and security who are employed by Creative Corrections. As part of its process, OPR reviewed immigration, medical, and detention records pertaining to AYALA's time in custody, in addition to conducting interviews of detainees housed at and the individuals employed by the Adelanto ICE Processing Center (AIPC) in Adelanto, California (CA), where AYALA was detained prior to his passing.

AYALA, a 39-year-old, Mexican male, was detained at AIPC from August 22, 2025, until September 21, 2025. On September 21, 2025, AYALA was transported to Victor Valley Global Medical Center (VVGMC) in Victorville, CA, where he remained until his death on September 22, 2025. At the time of OPR's distribution of this report, AYALA's cause of death remained pending final determination by the San Bernardino County Medical Examiner's Office.

FACILITY PROFILE

AIPC is owned by the City of Adelanto and operated by The GEO Group, Inc. (GEO). The local ICE Enforcement and Removal Operations (ERO) field office in Los Angeles, CA (ERO Los Angeles) oversees the management of the AIPC. ICE houses male detainees at AIPC for periods longer than 72 hours, pursuant to a contractual agreement requiring the facility to comply with the ICE Performance Based National Detention Standards (PBNDS) 2011 (Revised 2016).[1] GEO personnel provide security and medical care services at AIPC. At the time of AYALA's death, AIPC housed (b)(7)(E) detainees.[2]

IMMIGRATION AND CRIMINAL HISTORY

On an unknown date, AYALA entered the United States at an unknown place without being admitted or paroled by an immigration officer.

On May 15, 2015, and again on June 12, 2019, AYALA was arrested and convicted for driving under the influence in Garden Grove, CA.[3]

On August 17, 2025, the U.S. Border Patrol (USBP) arrested AYALA during (b)(7)(E) (b)(7)(E) in Fountain Valley, CA.[4] USBP transferred AYALA into the custody of the ERO Los Angeles, who issued him a Notice to Appear, Form I-862, pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as an alien present in the United States without admission or parole.[5]

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[1] *See* ERO Facility List Report, dated September 15, 2025.
[2] *Ibid.*
[3] *See* Record of Deportable/Inadmissible Alien, Form I-213, dated August 17, 2025.
[4] *Ibid.*
[5] *See* Notice to Appear, Form I-862, dated August 17, 2025.

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On August 22, 2025, ERO Los Angeles transferred AYALA to AIPC, pending a hearing with an immigration judge.[6]

CHRONOLOGY OF EVENTS

August 22, 2025

At 6:40 p.m., AYALA arrived at AIPC. (b)(6),(b)(7)(C),(b)(7)(F) detention officer (DO), completed AYALA's intake processing.[8] (b)(6),(b)(7)(C),(b)(7)(F) DO, classified AYALA as (b)(7)(E) detainee and assigned him to (b)(7)(E)

At 9:29 p.m., (b)(6),(b)(7)(C),(b)(7)(F) licensed vocational nurse (LVN), conducted AYALA's medical intake screening, documenting the following:[10]

- AYALA presented with high blood pressure at 166/100 mmHg,[11] while all other vital signs were within normal limits;[12]
- AYALA measured 69 inches in height, and he weighed 314 pounds;[13]
- AYALA denied a history of chronic illness or past surgeries; and
- AYALA denied having any active medications.

LVN (b)(6),(b)(7)(C),(b)(7)(F) rechecked AYALA's blood pressure approximately 6-minutes later due to the high reading and found it remained high but reduced to 137/79 mmHg.[14] LVN (b)(6),(b)(7)(C),(b)(7)(F) provided AYALA with an orientation on the facility's medical program and instructions on how to access healthcare services and cleared him for housing.[15]

OPR noted LVN (b)(6),(b)(7)(C),(b)(7)(F) manually documented AYALA's initial blood pressure reading of 166/100 mmHg on the paper intake check list then later electronically recorded AYALA's lower reading of 137/79 mmHg in the facility's electronic medical records system.[16] During an interview with OPR, (b)(6),(b)(7)(C),(b)(7)(F) health services administrator (HSA), stated the intake check list is a paper form that nurses informally use to manually record information before entering it into the

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[6] *See* Enforce Alien Removal Module, dated August 22, 2025.
[7] *See* Order to Detain or Release Alien, dated August 22, 2025.
[8] *See* Intake Documents, dated August 22, 2025.
[9] *See* Custody Classification Worksheet, dated August 22, 2025. *See also* Housing Record, dated August 22, 2025.
[10] *See* Intake Screening, dated August 22, 2025.
[11] Blood pressure of 166/100 mmHg falls within American Heart Association (AHA) parameters for Stage 2 hypertension. Stage 2 hypertension is when blood pressure consistently ranges from 140 to 179 systolic and 90 to 119 diastolic.
[12] Normal limits can vary depending on many factors such as an individual's activity and age; however, generally normal temperature is considered 97 to 99 degrees Fahrenheit; normal pulse range is considered 60 to 100 beats per minute; normal respiration is considered 12 to 20 breaths per minute; normal blood pressure is considered less than 120/80 mmHg; and normal oxygen saturation is considered 95 percent to 100 percent.
[13] AYALA's body mass index was 46.4 kg/m², which falls within the range classified as Class 3 (severe) obesity.
[14] Blood pressure of 137/79 mmHg 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.
[15] *See* Detainee Orientation to Health Services, dated August 22, 2025.
[16] *See* Intake Check List, dated August 22, 2025.

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electronic system.[17] HSA (b)(6),(b)(7)(C),(b)(7)(F) stated LVN (b)(6),(b)(7)(C),(b)(7)(F) should have entered the first blood pressure reading into the electronic form, and if she had, the reviewing physician may have ordered follow-up blood pressure checks. During a separate interview with OPR, Dr. (b)(6),(b)(7)(C),(b)(7)(F) medical doctor and medical director, confirmed that if he had been aware of AYALA's initial blood pressure reading, he would have ordered follow-up blood pressure checks to determine if AYALA was hypertensive.[18]

September 5, 2025

OPR noted AYALA was due for a comprehensive health assessment (CHA); however, the assessment was not completed prior to his death.[19] During an interview with OPR, HSA (b)(6),(b)(7)(C),(b)(7)(F) stated that in July 2025, ICE waived the requirement to complete CHAs within 14 days due to the increase in the detained population.[20] During an interview with OPR, (b)(6),(b)(7)(C),(b)(7)(F) ICE management and program analyst (MPA), explained that AIPC's waiver was provided for a period of 180 days and requires the HSA to submit updates to ICE every 30 days on the facility's progress in reducing their backlog of CHAs.[21]

September 17, 2025

AYALA submitted a written sick call request for a growing abscess[22] in his anus.[23] (b)(6),(b)(7)(C),(b)(7)(F) (b)(6),(b)(7)(C),(b)(7)(F) LVN, documented receipt of the sick call request at 9 p.m.[24] During an interview with OPR, HSA (b)(6),(b)(7)(C),(b)(7)(F) explained the evening-shift LVN retrieves sick call requests in the unit and initials them to document receipt and a registered nurse (RN) on the next shift triages the requests for urgency.[25] OPR noted medical staff did not triage the urgency of AYALA's sick call request until September 19, 2025.

September 18, 2025

At 2:06 p.m., (b)(6),(b)(7)(C),(b)(7)(F) DO, called a medical emergency due to AYALA shaking and reporting pain in his anus.[26] RNs (b)(6),(b)(7)(C),(b)(7)(F) responded and noted AYALA

[17] OPR interview with HSA (b)(6),(b)(7)(C),(b)(7)(F) on October 23, 2025. OPR was unable to interview LVN (b)(6),(b)(7)(C),(b)(7)(F) (b)(6),(b)(7)(C),(b)(7)(F)

[18] OPR interview with Dr. (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.

[19] *See* Detention Standard Waiver Request Submission and Review Process, dated July 29, 2025.

[20] OPR interview with HSA (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.

[21] OPR interview with MPA (b)(6),(b)(7)(C),(b)(7)(F) on October 23, 2025. *See* Email Correspondence, dated August 7 - October 8, 2025. OPR reviewed the progress updates provided by the AIPC HSA and found the updates were submitted as required, demonstrating compliance with the waiver conditions.

[22] Abscess is a pus-filled pocket that forms in body tissue, usually from bacterial infection, causing redness, swelling, warmth, and tenderness.

[23] *See* Sick Call Request, dated September 17, 2025.

[24] *Ibid.*

[25] OPR interview with HSA (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.

[26] *See* Medical Emergency, dated September 18, 2025.

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was alert and oriented, lying prone[27] on his bed and shivering.[28] RNs (b)(6),(b)(7)(C),(b)(7)(F) transported AYALA to the medical triage room, noting the following:[29]

- AYALA presented with high blood pressure at 168/87 mmHg, an elevated pulse at 103 beats per minute, and low oxygen saturation at 93 percent, while all other vital signs were within normal limits;
- AYALA reported he had a "big ball" in his anus, rating his pain a level 10 out of 10;[30]
- AYALA reported his last bowl movement was diarrhea; and
- AYALA denied a history of hemorrhoids.[31]

RN (b)(6),(b)(7)(C),(b)(7)(F) called Dr. (b)(6),(b)(7)(C),(b)(7)(F) for a telephone consultation, and Dr (b)(6),(b)(7)(C),(b)(7)(F) spoke directly with AYALA.[32] During an interview with OPR, Dr (b)(6),(b)(7)(C),(b)(7)(F) recalled he had AYALA perform a self-examination by feeling the growth in his anus, to which AYALA reported the growth was hard and painful.[33] Dr. (b)(6),(b)(7)(C),(b)(7)(F) believed AYALA was suffering from a thrombosed hemorrhoid[34] and ordered the following:[35]

- Acetaminophen[36] (500 mg), 2 tablets, 3 times a day;
- Hemorrhoidal ointment,[37] to be applied once per day;
- Ibuprofen,[38] (800 mg), 1 tablet, 3 times daily, as needed;
- Ketorolac,[39] (30 mg/mL), 1 injection in each arm, 1 time dose;
- Metamucil,[40] 1 packet, twice daily; and
- Wellness checks, twice a day for 10 days.

During an interview with OPR, RN (b)(6),(b)(7)(C),(b)(7)(F) stated (b)(6),(b)(7)(C),(b)(7)(F) LVN, administered two injections of ketorolac and issued all the medications Dr. (b)(6),(b)(7)(C),(b)(7)(F) ordered;[41] however, OPR noted LVN (b)(6),(b)(7)(C),(b)(7)(F) only documented the issuance of hemorrhoidal ointment in the medication administration record (MAR).[42]

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[27] Prone is lying flat on one's stomach.
[28] *See* Code Response Report, dated September 18, 2025.
[29] *See* Clinical Encounter, dated September 22, 2025.
[30] The pain level scale 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.
[31] Hemorrhoids are swollen, enlarged veins that form inside and outside of your anus and rectum. They can be painful and uncomfortable and cause bleeding.
[32] OPR interviews with RN (b)(6),(b)(7)(C),(b)(7)(F) and Dr. (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.
[33] OPR interview with Dr. (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.
[34] Thrombosis hemorrhoid occurs when a blood clot forms inside a hemorrhoid, leading to painful swelling and discomfort around the anus.
[35] *See* Verbal Order, dated September 18, 2025.
[36] Acetaminophen is a medication used to relieve pain and reduce fever.
[37] Hemorrhoid ointment is effective for relieving symptoms of pain, itching, and swelling associated with hemorrhoids.
[38] Ibuprofen is a non-steroidal anti-inflammatory drug (NSAID) used to reduce fever and treat pain or inflammation.
[39] Ketorolac is an NSAID used for short-term management of moderate to severe pain.
[40] Metamucil is medication used to treat constipation. It increases the bulk in one's stool, which helps cause movement in the intestines.
[41] OPR interview with RN (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.
[42] *See* Medication Administration Record, dated September 24, 2025.

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At 3:47 p.m., medical staff medically cleared AYALA, and he was returned to his housing unit.[43]

OPR's review of the record found no documentation that nurses completed wellness checks, as ordered by Dr. (b)(6),(b)(7)(C),(b)(7)(F) During an interview with OPR, HSA (b)(6),(b)(7)(C),(b)(7)(F) stated she believed LVN (b)(6),(b)(7)(C),(b)(7)(F) made a scheduling error by failing to electronically add the wellness checks to the nurses' task lists.[44] OPR also discussed wellness checks with Dr. (b)(6),(b)(7)(C),(b)(7)(F) who stated he expected nurses to interview AYALA and take his vital signs during each wellness check.[45]

At 8 p.m., (b)(6),(b)(7)(C),(b)(7)(F) LVN, documented in the MAR that AYALA refused acetaminophen and Metamucil.[46] OPR noted LVN (b)(6),(b)(7)(C),(b)(7)(F) did not complete a medication refusal form. During an interview with OPR, LVN (b)(6),(b)(7)(C),(b)(7)(F) stated she recalled completing the refusal form for Metamucil later in her shift and placed it with the documents designated for scanning; however, she could not recall completing a refusal form for the acetaminophen.[47]

September 19, 2025

At 12:59 a.m., (b)(6),(b)(7)(C),(b)(7)(F) RN, triaged AYALA's sick call request he submitted on September 17, 2025.[48] RN (b)(6),(b)(7)(C),(b)(7)(F) noted the request was routine, and AYALA would be evaluated by a provider during an upcoming appointment on September 21, 2025.[49]

September 20, 2025

At 11 p.m., (b)(6),(b)(7)(C),(b)(7)(F) DO, observed AYALA lying in bed, shivering in apparent pain.[50] DO (b)(6),(b)(7)(C),(b)(7)(F) contacted central control and requested medical staff come to the unit and evaluate AYALA.[51]

At 11:51 p.m., (b)(6),(b)(7)(C),(b)(7)(F) RN, arrived (b)(7)(E) and evaluated AYALA.[52] RN (b)(6),(b)(7)(C),(b)(7)(F) noted AYALA complained of pain in his buttocks area and informed him that he would need to be brought to the medical unit and evaluated there for privacy.[53]

At 11:52 p.m., RN (b)(6),(b)(7)(C),(b)(7)(F) departed the unit without AYALA. During an interview with OPR, RN (b)(6),(b)(7)(C),(b)(7)(F) stated she did not take AYALA back to the medical unit with her when she left because, in her opinion, there was not an urgent need to do so.[54]

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[43] *See* (b)(7)(E) dated September 18, 2025.
[44] OPR interview with HSA (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.
[45] OPR interview with Dr. (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.
[46] *See* Medication Administration Record, dated September 18, 2025.
[47] OPR interview with LVN (b)(6),(b)(7)(C),(b)(7)(F) on October 22, 2025.
[48] *See* Sick Call Request, dated September 17, 2025.
[49] OPR noted AYALA was transferred to VVGMC prior to the scheduled appointment.
[50] OPR interview of DO (b)(6),(b)(7)(C),(b)(7)(F) on October 22, 2025.
[51] *See* Logbook, dated September 20, 2025.
[52] *See* (b)(7)(E) dated September 20, 2025.
[53] *See* Encounter note, dated September 20, 2025.
[54] OPR interview with RN (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.

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At 11:53 p.m., AYALA walked down to (b)(7)(E) day room (b)(7)(E) and approached (b)(6),(b)(7)(C),(b)(7)(F) DO, briefly speaking with him.[55] DO (b)(6),(b)(7)(C),(b)(7)(F) directed AYALA to sit at a table adjacent to the officer's podium. AYALA sat at the table, and two unidentified detainees approached AYALA and engaged with him. One detainee retrieved a file folder and began fanning AYALA, continuing to do so for 46 minutes.

September 21, 2025

At 12:40 a.m., DO (b)(6),(b)(7)(C),(b)(7)(F) approached (b)(6),(b)(7)(C),(b)(7)(F) medical unit DO, who was escorting other detainees to (b)(7)(E) During an interview with OPR, DO (b)(6),(b)(7)(C),(b)(7)(F) stated DO (b)(6),(b)(7)(C),(b)(7)(F) informed her he had been waiting for hours for medical staff to evaluate AYALA, and that there were other detainees unwilling to return to their cells until AYALA was medically evaluated.[56]

At 12:56 a.m., DO (b)(6),(b)(7)(C),(b)(7)(F) returned to (b)(7)(E) with a wheelchair and escorted AYALA to medical.[57] Upon arrival, RN (b)(6),(b)(7)(C),(b)(7)(F) evaluated AYALA, documenting the following:[58]

- AYALA presented with an elevated pulse at 160 beats per minute, elevated respirations at 25 breaths per minute, low oxygen saturation at 93 percent, and a blood glucose reading of 161 mg/dL,[59] while all other vital signs were within normal limits;
- AYALA reported a growth in his anus, rating his pain a level 10 out of 10;
- AYALA presented as diaphoretic[60] and was shaking;
- AYALA reported nausea[61] and epigastric pain,[62] rating his pain at a level 8 out of 10; and
- AYALA vomited once during the encounter.

RN (b)(6),(b)(7)(C),(b)(7)(F) suspected AYALA was experiencing a cardiac[63] condition and moved AYALA to the medical triage room for an electrocardiogram (ECG)[64] which read as abnormal with sinus tachycardia,[65] with a ventricular[66] rate of 163 beats per minute,[67] right bundle branch block,[68] left

[55] *See* (b)(7)(E) dated September 20, 2025.
[56] OPR interview with DO (b)(6),(b)(7)(C),(b)(7)(F) on October 21, 2025.
[57] *See* (b)(7)(E) dated September 20, 2025.
[58] *See* Medical Encounter, dated September 21, 2025.
[59] Blood glucose test measures the level of glucose (sugar) in the blood, mainly screening for diabetes. A fasting blood glucose level of 125 mg/dL or higher on more than one testing occasion usually indicates diabetes.
[60] Diaphoretic means sweating heavily.
[61] Nausea is an uneasiness of the stomach that often comes before vomiting.
[62] Epigastric pain is discomfort or aching below the ribs in the upper abdomen.
[63] Cardiac means relating to the heart.
[64] Electrocardiogram is a test that records the electrical signal from the heart, using electrodes placed on the chest. It is often used to diagnose abnormal heart rhythms or detect signs of heart damage or disease.
[65] Sinus tachycardia is a heart rate over 100 beats per minute.
[66] Ventricular refers to the ventricles, which are the heart's lower pumping chambers.
[67] Ventricular rate refers to the speed at which the ventricles of the heart are contracting.
[68] Right bundle branch block is a condition in which the electrical signals in the heart's right ventricle are delayed, leading to an irregular heartbeat.

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posterior fascicular block,[69] bifascicular block,[70] and an inferior infarct, age related.[71] RN (b)(6),(b)(7)(C),(b)(7)(F) contacted on-call provider Dr (b)(6),(b)(7)(C),(b)(7)(F) who ordered AYALA be transported to the hospital.

At 2:06 a.m., paramedics from American Medical Response and the San Bernardino Fire Department arrived at AIPC's medical triage room and assumed care of AYALA.[72]

At 2:17 a.m., paramedics departed AIPC with AYALA, enroute to VVGMC.[73]

At 2:53 a.m., AYALA was admitted to the VVGMC emergency department.[74] VVGMC medical staff noted AYALA was alert and oriented and displayed no acute distress. Medical staff performed a computerized tomography (CT) scan[75] of AYALA's abdomen and pelvis and found hematomas;[76] subcutaneous[77] and intramuscular[78] gas collected in the abdominal space, consistent with peritonitis;[79] and possibly hepatomegaly[80] and hepatic steatosis.[81] A VVGMC physician noted AYALA showed no evidence of systemic toxicity,[82] and his physical examination was within normal limits.[83] The physician diagnosed AYALA with gastrointestinal bleeding,[84] acute pneumoperitoneum, [85] acute kidney injury, [86] and sepsis/systemic inflammatory response syndrome.[87]

At 9:10 a.m., a physician examined AYALA, noting there was swelling on AYALA's left buttock, close to his anal opening.[88] AYALA denied fever or chills, nausea or vomiting, or constipation or diarrhea. AYALA stated he had some bloody stool 2 to 3 days prior but denied active bleeding.

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[69] Left posterior fascicular block is a condition characterized by a delay or blockage in the electrical conduction through the left posterior fascicle of the heart.
[70] Bifascicular block refers to the simultaneous impairment of two of the three main fascicles in the heart's conduction system.
[71] Inferior infarct, age related, indicates that there has been a heart attack, but the exact age of the infarct is not known. *See* Medical Encounter Note, dated September 21, 2025.
[72] *See* (b)(7)(E) dated September 21, 2025.
[73] *See* (b)(7)(E) Logbook, dated September 21, 2025.
[74] *See* VVGMC Medical Records, dated September 21, 2025.
[75] Computerized tomography scan is a type of imaging that uses X-rays to create detailed images of the body.
[76] Hematoma is a collection of blood outside of a blood vessel into the surrounding tissue.
[77] Subcutaneous refers to the layer of tissue beneath the skin.
[78] Intramuscular refers to deep into the muscles.
[79] Peritonitis is a serious condition of inflammation of the tissue lining the abdominal cavity.
[80] Hepatomegaly is the medical term for an enlarged liver.
[81] Hepatic steatosis is a medical term for fatty liver disease.
[82] Systemic toxicity refers to the adverse effects experienced by the body when a toxic substance enters the bloodstream and affects multiple organ systems.
[83] *See* VVGMC Medical Records, dated September 21, 2025.
[84] Gastrointestinal bleeding is internal bleeding from the digestive track.
[85] Pneumoperitoneum is the presence of free air in the abdominal cavity, most commonly caused by a puncture of an abdominal organ.
[86] Acute kidney injury is a sudden episode of kidney failure or damage that occurs within a few hours or days.
[87] Sepsis is a life-threatening medical emergency where the body's extreme, harmful response to an infection triggers widespread inflammation, causing tissue damage, organ failure, and potentially death. Sepsis/systemic inflammatory response syndrome is a widespread, exaggerated inflammation, potentially leading to organ failure, often preceding or alongside sepsis.
[88] *See* VVGMC Medical Records, dated September 21, 2025.

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The physician noted AYALA was morbidly obese, had a history of hypertension, induration in his left buttock region,[89] and mild cellulitis,[90] but showed no evidence of any mature abscess. The physician recommended close observation, intravenous antibiotics, and to consider magnetic resonance imaging (MRI)[91] of the abdomen and pelvis to determine the need for surgery.[92]

September 22, 2025 – Day of Death

At 1:49 a.m., AYALA stopped breathing.[93] Medical staff initiated cardiopulmonary resuscitation (CPR),[94] inserted an endotracheal tube,[95] and administered succinylcholine[96] and etomidate,[97] to secure the airway.

At 2 a.m., AYALA went into cardiac arrest.[98] Medical staff continued lifesaving efforts.

At 2:32 a.m., Dr. (b)(6),(b)(7)(C),(b)(7)(F) VVGMC medical doctor, examined AYALA and ordered medical staff to cease lifesaving efforted and pronounced AYALA deceased.[99]

Post-Death Events

On September 22, 2025, (b)(6),(b)(7)(C),(b)(7)(F) Assistant Field Office Director, ERO Los Angeles, notified the Consulate of Mexico in San Bernardino, CA of AYALA's death.[100]

On September 22, 2025, AIPC staff released AYALA's personal property to his next of kin.[101]

On September 24, 2025, (b)(6),(b)(7)(C),(b)(7)(F) Acting Field Office Director, ERO Los Angeles, mailed AYALA's next of kin a condolence letter.[102]

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[89] Induration is the hardening or thickening of body tissues, usually the skin.
[90] Cellulitis is a common bacterial skin infection affecting the skin's deeper layers and underlying tissues, causing redness, swelling, warmth, and pain.
[91] Magnetic resonance imaging is a diagnostic imaging technique that creates detailed pictures of organs, soft tissues, bones, and blood vessels.
[92] *See* VVGMC Medical Records, dated September 21, 2025.
[93] *Ibid.*
[94] Cardiopulmonary resuscitation is an emergency life-saving technique combining chest compressions and rescue breaths to circulate oxygenated blood when someone's heart stops or they stop breathing.
[95] Endotracheal tube is a medical device that is inserted into the trachea (windpipe) through the mouth or nose.
[96] Succinylcholine is an ultra-short-acting muscle relaxant used to induce temporary paralysis, primarily used with general anesthesia to insert a breathing tube.
[97] Etomidate is an ultra-short-acting intravenous sedative, used primarily for the induction of general anesthesia.
[98] Cardiac arrest is when the heart stops beating suddenly. *See* VVGMC Medical Records, dated September 22, 2025.
[99] *See* VVGMC Medical Records, dated September 22, 2025.
[100] *See* Consulate Notification, dated September 22, 2025.
[101] *See* Property Form, dated September 22, 2025.
[102] *See* Condolence Letter, dated September 24, 2025.

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FINDINGS

OPR reviewed the medical care AIPC provided AYALA, as well as the staff's efforts to ensure he was safe and secure while detained at the facility. OPR found AIPC failed to comply with 4 requirements of the ICE PBNDS 2011 (Revised 2016). In this report, OPR has included 1 facility policy violation not covered by the ICE PBNDS 2011 (Revised 2016). These findings and policy violation are noted for informational purposes only and should not be construed as contributory to the detainee's death.

1. **Medical Care, section (V)(A)(2)**, which states, "Every facility shall directly or contractually provide its detainee population with the following: … 2. Medically necessary and appropriate medical, dental and mental health care and pharmaceutical services."

    - On September 18, 2025, Dr (b)(6),(b)(7)(C),(b)(7)(F) ordered wellness checks on AYALA twice a day, for 10 days; however, the order was not entered into the nurse's task list, and the wellness checks were never conducted as ordered.

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

    - On September 18, 2025, Dr (b)(6),(b)(7)(C),(b)(7)(F) ordered ketorolac injections to control AYALA's pain; however, there was no entry in the MAR documenting administration as ordered.

3. **Medical Care, section (V)(S)(4)**, which states, "Each facility shall have a sick call procedure that allows detainees the unrestricted opportunity to freely request health care services (including mental health and dental services) provided by a physician or other qualified medical staff in a clinical setting. This procedure shall include: … 4. an established procedure shall be in place at all facilities to ensure that all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request."

    - On September 17, 2025, AYALA submitted a sick call request. Medical staff documented receipt of the request at 9 p.m. the same day; however, RN (b)(6),(b)(7)(C),(b)(7)(F) did not triage the sick call request until September 19, 2025, at 12:59 a.m., 28 hours after the request was received.

4. **Medical Care, section (V)(AA)(9)**, which states, "Medical staff shall explain the medical risks if treatment is declined and shall document their treatment efforts and refusal of treatment in the detainee's medical record. Detainees will be asked to sign a translated form that indicates that they have refused treatment."

    - On September 18, 2025, AYALA refused acetaminophen and Metamucil. LVN (b)(6),(b)(7)(C),(b)(7)(F) did not complete nor ask AYALA to sign a refusal form acknowledging the risks of refusing his prescribed medications.

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POLICY VIOLATIONS

Although not a deficiency in the facility's compliance with the ICE PBNDS 2011 (Revised 2016), OPR noted the following facility policy violation regarding AYALA's medical care at AIPC.

1. GEO Clinical Practice Guidelines, Management of Hypertension, Section 3: Classification, states, "Classifying hypertension should be based on at least 2 or more appropriately measured readings after initially measuring a high blood pressure reading."

    - On August 22, 2025, LVN (b)(6),(b)(7)(C),(b)(7)(F) observed AYALA's blood pressure upon intake was 166/110 mmHg. LVN (b)(6),(b)(7)(C),(b)(7)(F) then obtained a second reading which returned 137/79 mmHg. LVN (b)(6),(b)(7)(C),(b)(7)(F) neither notified Dr (b)(6),(b)(7)(C),(b)(7)(F) nor noted the initial blood pressure on the intake screening form, instead entering only the lower reading in the medical record.

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U.S. Immigration and Customs Enforcement

Office of Professional Responsibility

(b)(7)(E)