U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: FLORIAN, Adrian

Immigration History

Mr. FLORIAN, an 85-year-old male citizen of Germany, was encountered by U.S. Customs and Border Protection (CBP) on August 28, 2025, processed for a Visa Waiver Refusal, and issued a Notice of Referral to an Immigration Judge. On August 29, 2025, Mr. FLORIAN was transferred to ICE Enforcement and Removal Operations (ERO) Harlingen custody and housed at the Rio Grande Detention Center (RGDC) in Laredo, Texas. Mr. FLORIAN was last detained at the Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas.

Synopsis of Events

On August 29, 2025, a licensed practical nurse (LPN) completed Mr. FLORIAN's medical intake screening, recorded normal vital signs, and documented a draining, foul-smelling wound on his left foot, hearing impairment, and a malnourished appearance. The LPN noted Mr. FLORIAN reported taking daily supplements, used a wheelchair and cane, and required assistance with activities of daily living (ADLs). By physician's order, Mr. FLORIAN was placed in the medical observation unit (MOU) for twice-daily left foot wound care until the wound healed, medication for infection treatment, baseline laboratory testing, nursing rounds every shift, and follow-up with a higher-level provider.

Between August 30 and September 1, 2025, MOU nursing staff evaluated Mr. FLORIAN each shift, documented nursing assessments, wound care, his noncompliance with medications, and daily communication with a physician about his care.

On September 2, 2025, a physician completed Mr. FLORIAN's initial comprehensive health assessment, documented normal vital signs, except for elevated blood pressure, and noted multiple left foot wounds, unstable gait, inability to bear weight while standing, abnormal visual acuity in both eyes, and an umbilical hernia. The physician continued his prescribed medications and wound care, noted his need for wheelchair-assisted ambulation, and ordered medication for constipation.

On September 4, 2025, an advanced practice provider (APP) completed a daily evaluation, noting ongoing weakness, need for assistance with activities of daily living, medication noncompliance, and a non-draining wound on his left foot. The provider continued medications and wound care, ordered labs, daily medical follow-ups, additional mobility and safety accommodations, and submitted a consultation request to a foot specialist.

Between September 5 and 30, 2025, RGDC medical staff evaluated Mr. FLORIAN each shift in the MOU, documented the care and interventions provided, and noted his repeated refusals of prescribed medication, including antibiotics, vital sign checks, assessments (medical and dental), and wound care.

On October 1, 2025, ERO Harlingen transported Mr. FLORIAN to Treasure Hill Healthcare and Rehabilitation Center (THHRC) in Harlingen, TX, for inpatient intravenous antibiotic therapy and specialized wound care.

Between October 1 and 21, 2025, THHRC staff documented Mr. FLORIAN's medication noncompliance and frequent refusal of medical care.

On October 21, 2025, THHRC medical staff discharged Mr. FLORIAN and he was transported to PISPC. On the same date, a PISPC LPN completed Mr. FLORIAN's intake screening, noted elevated blood pressure and documented his denial of chronic medical or mental health conditions. An APP completed an initial comprehensive health assessment, noting a chronic ulcer on his left foot, a sacral pressure ulcer, limited mobility, disorientation to time or date, and an irregular heart rhythm. The APP ordered medications, wound care, mobility assistance, a wheelchair for long distances, diagnostic testing, and baseline labs, all of which Mr. FLORIAN refused. He was admitted to the medical housing unit due to his age-related cognitive impairment, fall risk, impaired mobility, and pressure ulcers.

From October 22 to November 4, 2025, PISPC medical staff evaluated Mr. FLORIAN daily, noted his medication noncompliance, episodes of confusion, and provided him with ADL assistance.

On November 4, 2025, PISPC medical staff referred Mr. FLORIAN to THHRC due to his declining cognitive function, malnourishment, unsteady gait, weak physical condition, and infection of the left foot.

Between November 5, 2025 and January 13, 2026, THHRC medical staff noted Mr. FLORIAN frequently refused medications, treatments, and vital sign checks.

On November 17, 2025, ERO Harlingen contacted the German Consulate for assistance in locating Mr. FLORIAN's relatives. On December 2, 2025, the consulate advised that no next of kin could be located.

On January 14, 2026, THHRC medical staff transferred Mr. FLORIAN to Victor Valley Baptist Hospital (VBH) in Harlingen, TX, for atrial fibrillation, chronic hyponatremia, and dementia;

however, Mr. FLORIAN refused medication and treatment, and VBH discharged him back to THHRC eight days later.

Between January 22 and June 10, 2026, THHRC medical staff noted that Mr. FLORIAN remained in stable condition and participated in physical and occupational therapy.

On April 13, 2026, German authorities notified ERO Harlingen that Mr. FLORIAN did not have any close relatives.

On June 9, 2026, THHRC medical staff referred Mr. FLORIAN to VBH emergency room (ER) for cough and shortness of breath. A VBH physician diagnosed him with pneumonia and admitted him for inpatient care. Three days later, a repeat chest X-ray showed findings suggestive of fluid buildup in Mr. FLORIAN's lungs, with possible superimposed lung inflammation.

On June 12, 2026, VBH medical staff activated a Code Blue after Mr. FLORIAN became unresponsive and the cardiac monitor showed changes consistent with a significant cardiac event. Staff initiated life-saving measures, successfully resuscitated and intubated him, placed him on mechanical ventilation, ordered an electrocardiogram, and transferred him to the critical care unit for further management.

Between June 13 and 19, 2026, a VBH RN notified PISPC medical staff that Mr. FLORIAN remained stable on the ventilator, had reactive pupils, a weak gag reflex, and failed spontaneous breathing trials.

On June 20, 2026, VBH medical staff noted Mr. FLORIAN had a tracheostomy and percutaneous endoscopic gastrostomy, and remained stable on the ventilator.

Between June 21 and 22, 2026, a VBH RN notified PISPC medical staff that Mr. FLORIAN experienced episodes of low blood pressure, atrial fibrillation, and was awaiting central line insertion.

On June 23, 2026, a VBH RN notified PISPC medical staff that Mr. FLORIAN's condition had significantly deteriorated and that physicians had adjusted his care plan accordingly.

On June 24, 2026, at approximately 3:15 a.m., a VBH physician pronounced Mr. FLORIAN deceased after he developed pulseless electrical activity, followed by asystole (no electrical activity in the heart).