Detainee Death Review Report

Cristian DUMITRASCU

Date of Death: March 5, 2023
Alien File Number: (b) (6), (b) (7)(C)
Joint Integrity Case Management System (JICMS) Number: (b) (6), (b) (7)(C)

August 25, 2023

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

TABLE OF CONTENTS

Details of Review 2

Facility Profile 2

Immigration and Criminal History 2

Chronology of Events 3

Findings 10

Areas of Concern 11

Exhibits 12

DETAILS OF REVIEW

From March 28 to 30, 2023, 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 Cristian Dumitrascu's (DUMITRASCU) detention and death. ERAU was assisted in its review by contract subject-matter experts in correctional healthcare and security who are employed by Creative Corrections, a national management consulting firm. As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to DUMITRASCU's time in custody, in addition to conducting interviews of individuals employed by the Otay Mesa Detention Center (OMDC) in San Diego, CA, and detainees housed at OMDC.

DUMITRASCU, a 50-year-old Romanian male, was detained at OMDC from March 1, 2023, until his death on March 5, 2023. The San Diego Medical Examiner documented DUMITRASCU's cause of death[1] as hypertensive[2] and atherosclerotic cardiovascular disease[3], with obesity as a contributing factor.

FACILITY PROFILE

OMDC is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) field office in San Diego, CA (ERO San Diego) oversees the management of OMDC. ICE houses male and female detainees at OMDC for periods longer than 72 hours, pursuant to a contractual agreement requiring the facility to maintain compliance with the ICE Performance-Based National Detention Standards (PBNDS) 2011 (as revised in 2016).[4] CoreCivic provides security and medical care services at OMDC. Around the time of DUMITRASCU's death, the ICE detainee average daily population was 919, and OMDC housed 988 detainees.[5]

IMMIGRATION AND CRIMINAL HISTORY[6]

On February 22, 2023, the U.S. Border Patrol (USBP) apprehended DUMITRASCU in Jamul, CA, for alien smuggling[7] and being present in the United States without being admitted or

[1] *See* **Exhibit 1:** County of San Diego Medical Examiner's Report, dated July 27, 2023. At the time of report publication, there was no death certificate available to ERAU.
[2] Hypertensive cardiovascular disease is the direct and indirect sequelae of chronic high blood pressure which includes systolic or diastolic heart failure, conduction arrhythmias, atrial fibrillation, and increased risk of coronary artery disease.
[3] Atherosclerotic cardiovascular disease (atherosclerosis) is the buildup of cholesterol plaque in the walls of arteries causing obstruction of blood flow. Plaques may rupture causing acute occlusion of the artery by clot. Atherosclerosis often has no symptoms until a plaque ruptures or the buildup is severe enough to block blood flow.
[4] *See* ERO Facility List Report, dated March 6, 2023.
[5] *Ibid*.
[6] Immigration and criminal history detailed in this section is limited to the last encounter with law enforcement that led to ICE detaining DUMITRASCU.
[7] *See* Report of Investigation (Form G-166F), dated February 22, 2023.

paroled.[8] DUMITRASCU was transported to the Brown Field Border Patrol Station in San Diego, CA, for processing.[9]

On February 28, 2023, USBP served DUMITRASCU with a Notice to Appear (Form I-862), charging him with removability under Section 212(a)(6)(A)(i) of the Immigration and Nationality Act, as an alien present in the United States without being admitted or paroled.[10]

On March 1, 2023, USBP released DUMITRASCU into the custody of ERO San Diego, and he was transferred to OMDC, pending a hearing before an immigration judge.[11]

CHRONOLOGY OF EVENTS[12]

March 1, 2023

At 1:28 p.m., DUMITRASCU arrived at OMDC.[13] (b) (6), (b) (7)(C), OMDC detention officer (DO), completed all required intake processing forms and classified DUMITRASCU as low custody.[14] DO (b) (6), (b) (7)(C) inventoried DUMITRASCU's property and completed all required intake processing forms.[15]

At 3:46 p.m., (b) (6), (b) (7)(C), registered nurse (RN), conducted DUMITRASCU's initial medical and mental health screening, documenting the following:[16]

- DUMITRASCU arrived with no medical records.
- DUMITRASCU reported no history of past or present mental health issues or substance abuse problems and was experiencing no pain.
- DUMITRASCU measured 69 inches in height, and he weighed 249.2 pounds.
- DUMITRASCU's blood pressure was 135/74,[17] with a slower-than-normal heart rate of 59 beats per minute.[18] His oxygen saturation, respiration, and temperature were all within normal limits.
- DUMITRASCU reported a 10-year history of the hepatitis B virus.[19]
- DUMITRASCU reported he was not under current physician care but was taking a medication, of which he could not recall the name and did not have with him.

[8] *See* Record of Deportable/Inadmissible Alien (Form I-213), dated February 23, 2023.
[9] *Ibid.*
[10] *See* Notice to Appear (DHS Form I-862), dated February 28, 2023.
[11] *See* Enforce Alien Removal Module (EARM), Detention History, dated March 1, 2023.
[12] ERAU notes the events detailed within this section are restricted to DUMITRASCU's detention period (4 days) at OMDC.
[13] *See* EARM, Detention History, dated March 1, 2023.
[14] *See* Inmate Classification Form, dated March 1, 2023.
[15] *See* OMDC Admission Documents, dated March 1, 2023.
[16] *See* Otay Mesa Detention Center, Initial Intake Screening Form, dated March 1, 2023.
[17] According to the American Heart Association, this reading falls within the parameters for Stage 1 Hypertension, which is defined as a systolic (upper number) reading of 130 mm Hg or higher, or a diastolic (lower number) reading of 80 mm Hg or higher.
[18] According to the American Heart Association, resting heart rate is normally between 60 and 100 beats per minute.
[19] Hepatitis B is a serious liver infection caused by the hepatitis B virus. Hepatitis B can become a long-term, chronic infection that can lead to serious, even life-threatening health issues like liver disease or liver cancer.

DUMITRASCU signed a consent for health services form.[20] RN [redacted] provided an urgent referral[21] to be seen within 24 hours by a licensed independent practitioner (LIP) due to his reported history of hepatitis B, referred him to the chronic care clinic, and cleared him for placement in general population.

At 8:39 p.m., OMDC moved DUMITRASCU to Pod K, [redacted].[22] Pod K is a two-level, direct supervision housing unit containing open bay rooms. [redacted] is on the lower level and contains four bunkbed sets with a capacity of eight detainees. OMDC assigned DUMITRASCU to a top bunk that was equipped with a fall prevention barrier.

March 3, 2023

At 4:55 p.m., [redacted], advanced registered nurse practitioner (ARNP), completed DUMITRASCU's health appraisal,[23] documenting the following:

- DUMITRASCU presented with a blood pressure of 120/85, while his pulse, respiration rate, temperature, and oxygen saturation were all within normal limits.
- DUMITRASCU measured 69 inches in height, weighed 249 pounds, and had a body mass index (BMI) of 36.77.[24]
- DUMITRASCU denied having any medical complaints.
- DUMITRASCU denied having any prior medical or surgical history, hospitalizations, or a history of alcohol, tobacco, or illicit drug use.

ARNP [redacted] ordered laboratory diagnostic tests to include a complete blood count, comprehensive metabolic panel, and lipid panel to be drawn on March 21, 2023. She scheduled DUMITRASCU for a follow-up appointment on March 28, 2023, to review the results. She educated DUMITRASCU on exercise, nutrition, oral hygiene, COVID-19 preventative measures, and the facility's sick-call procedures. She recommended no limitations for housing, voluntary work assignments, or other programs.

During ERAU's interview with ARNP [redacted], ERAU discussed DUMITRASCU's initial health appraisal, the delay in care per RN [redacted] 24-hour urgent referral to a LIP, and why ARNP [redacted]

[20] *See* Healthcare Services - General Consent (Form 13-50D), signed March 1, 2023.
[21] CoreCivic Policy 625-A, *Medical and Mental Health Services*, dated August 1, 2021, "Urgent requests are triaged, and the I/D/R is evaluated immediately. Based on the assessment findings, the Registered Nurse will take appropriate action including:
a. Immediate consult with the on-site or on-call Licensed Independent Practitioner (LIP).
b. In the absence of an LIP in acute situations and in accordance with the facility Emergency Policy, activate the Emergency Management System (EMS).
c. Refer the patient to the LIP for a same day appointment.
d. Treat the I/D/R in accordance with Physician approved Nursing Assessment Protocols."
[22] *See* Otay Mesa Detention Center Cellmate Housing History, dated March 1, 2023.
[23] *See* Inmate Condensed Chart Report Progress Notes, dated March 3, 2023.
[24] BMI is a measure of body fat based on height and weight and is a measure of a person's risk for diseases that can occur with being overweight and obesity. A normal BMI is 18.5 to 24.9. DUMITRASCU's BMI of 36.77 is classified as Obesity Class II. The higher the obesity class, the greater increase in risk status for obesity-related conditions and complications.

did not note or discuss DUMITRASCU's reported history of hepatitis B.[25] ARNP (b) (6), (b) (7)(C) explained she prefers to let patients tell her about any medical issues themselves rather than learning about them based on what the intake nurse documented. Since DUMISTRACU did not report his history of hepatitis B during the appraisal, she did not address DUMISTRACU's hepatitis B history that was reported to RN (b) (6), (b) (7)(C). ARNP (b) (6), (b) (7)(C) stated Dr. (b) (6), (b) (7)(C), Clinical Director (CD), and a designated nurse practitioner (NP) handle all provider scheduling and DUMITRASCU appeared on her schedule as a routine health appraisal rather than an urgent referral. ERAU notes that after she completed DUMISTRACU's health appraisal, ARNP (b) (6), (b) (7)(C) reviewed RN (b) (6), (b) (7)(C) initial intake screening and noted a history of hepatitis B, prompting her to include an HIV test and hepatitis B panel to his lab order. When asked about the other lab tests given the normal examination findings, ARNP (b) (6), (b) (7)(C) stated she ordered them primarily in consideration of DUMISTRACU's age and weight.

During interviews with (b) (6), (b) (7)(C), Health Services Administrator (HSA), and CD (b) (6), (b) (7)(C), ERAU sought clarification on the facility's urgent referral process and why DUMITRASCU was not seen by a LIP within 24 hours per RN (b) (6), (b) (7)(C) urgent referral.[26] HSA (b) (6), (b) (7)(C) explained email referrals are directed to a general provider mailbox, where they are received and reviewed by the CD or the designated NP assisting with scheduling. CD (b) (7)(C), (b) (6) recalled that after reviewing DUMITRASCU's referral, she determined he did not need to be seen on an urgent basis, as the hepatitis B had been present for 10 years.

March 4, 2023

In the hours preceding his death, DUMITRASCU walked around Pod K, interacted with other detainees, and watched television.[27] He demonstrated no distress or discomfort.

At 6:35 p.m., DUMITRASCU was observed performing push-ups on the cross bar of the pod's stairs directly in front of his room.[28] Detainee (b) (6), (b) (7)(C) informed ERAU that DUMITRASCU regularly worked out and showed no signs of health issues.[29]

At 7:41 p.m., DUMITRASCU took a shower and returned to his room at 7:50 p.m.[30] At 7:53 p.m., he returned to the pod's common area and continued to converse with other detainees.

At 9:30 p.m., DUMITRASCU returned to his room without apparent difficulty or discomfort and turned off the room light.[31]

[25] ERAU interview with ARNP (b) (6), (b) on March 29, 2023.
[26] ERAU interview with HSA (b) (6), (b) (7)(C) on March 28, 2023, and with CD (b) (6), (b) (7)(C) on March 29, 2023.
[27] *See* Video surveillance footage, (b) (7)(E), from 1800-2200, dated March 4, 2023.
[28] *Ibid.*
[29] ERAU interview with Detainee (b) (6), (b) (7)(C) on March 24, 2023.
[30] *See* Video surveillance footage, (b) (7)(E), from 1900-2000, dated March 4, 2023.
[31] *See* Video surveillance footage, (b) (7)(E), from 2000-2200, dated March 4, 2023.

March 5, 2023 – Day of Death

At 12:03 a.m., (b) (6), (b) (7)(C), OMDC senior detention officer (SDO), announced the official facility count from central control.[32] DO (b) (6), (b) (7)(C) began a safety and security check of Pod K.

At 12:04 a.m., detainees in room 106 noticed that, while DUMITRASCU always snored, his snoring and breathing were very different; he was making loud sounds and breathing abnormally, and he appeared to be in distress.[33] The detainees alerted DO (b) (6), (b) (7)(C), who immediately proceeded to the room, where he observed DUMITRASCU on his bunk, making loud sounds as if he was snoring or choking.[34] DO (b) (6), (b) (7)(C) unsuccessfully attempted to get DUMITRASCU to respond to his verbal commands and called a medical emergency over the radio. SDO (b) (6), (b) (7)(C) announced the medical emergency from central control[35] and (b) (6), (b) (7)(C), shift supervisor (SS), activated a Code 1 response.[36] A Code 1 response requires medical staff to immediately respond to the emergency with a mobile emergency gurney, emergency kit, oxygen, backboard, and an automated external defibrillator (AED).[37] Additionally, five pre-determined critical incident response team (CIRT) members are expected to respond immediately.[38] According to the OMDC roster report, CIRT members for the shift were Assistant SS (b) (6), (b) (7)(C), SDO (b) (6), (b) (7)(C), DO (b) (6), (b) (7)(C), DO (b) (6), (b) (7)(C), and DO (b) (6), (b) (7)(C).[39]

At 12:06 a.m., SDO (b) (6), (b) (7)(C) entered Pod K and proceeded to (b) (7)(E).[40] SDO (b) (6), (b) (7)(C) notified SS (b) (6), (b) (7)(C) that DUMITRASCU was having trouble breathing. During his interview with ERAU, SDO (b) (6), (b) (7)(C) stated that DUMITRASCU did not rouse when he tried to wake him; SDO (b) (6), (b) (7)(C) described his breathing as loudly blowing air out of his mouth.[41]

At 12:07 a.m., RN (b) (6), (b) (7)(C) and RN (b) (6), (b) (7)(C) entered Pod K with a wheelchair, pulse oximeter, and oxygen tank.[42] During her interview with ERAU, RN (b) (6), (b) (7)(C) stated that the first medical emergency call was not specific and that she and RN (b) (6), (b) (7)(C) briefly waited for additional information.[43] Upon hearing the detainee had shortness of breath, they responded with what they believed was the necessary equipment.

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[32] *See* Central Control Logbook, dated March 5, 2023.
[33] ERAU interviews with Detainees (b) (6), (b) (7)(C) on March 22, 2023, (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) on March 24, 2023, and (b) (6), (b) (7)(C) on March 28, 2023.
[34] *See* Incident Statement (5-1C) of DO (b) (6), (b) (7)(C), dated March 5, 2023.
[35] *See* Incident Statement (5-1C) of SDO (b) (6), (b) (7)(C), dated March 5, 2023.
[36] Per CoreCivic Policy 8-14, *Critical Incident Response Team (CIRT)*, dated October 18, 2021, a Code 1 response is "A call for staff, designated by their post orders as Code 1 Responders, to immediately report to the Assembly Area where an incident is occurring and establish or support the skirmish line and take whatever action can be safely taken to stop the incident."
[37] *See* CoreCivic Policy 13-34, *Medical Emergency Response*, Section (F)(3)(a).
[38] *See* CoreCivic Policy 8-14, *Critical Incident Response Team (CIRT)*, Section J, Activation, CIRT.
[39] *See* Roster Report for March 4, 2023.
[40] *See* Video surveillance footage, (b) (7)(E), dated March 5, 2023.
[41] ERAU interview with SDO (b) (6), (b) (7)(C) on March 30, 2023.
[42] *See* Video surveillance footage, (b) (7)(E), dated March 5, 2023.
[43] ERAU interview with RN (b) (6), (b) (7)(C) on March 28, 2023.

Upon arrival, RN (b) (6), (b) (7)(C) observed DUMITRASCU sleeping on his side, snoring, and stated in her interview that he would not answer when asked if he was okay.[44] She reported his breathing was agonal[45] and his complexion was bluish. She stepped up the ladder affixed to the bunk bed to further assess DUMITRASCU and noticed the smell of urine.[46] She attempted to check for a pulse manually and with the pulse oximeter[47] but detected no pulse. RN (b) (6), (b) (7)(C) performed an external chest rub, but DUMITRASCU did not respond. RN (b) (6), (b) (7)(C) then attempted to perform chest compressions but was unsuccessful due to DUMITRASCU's girth and the distance between his top bunk and the ceiling. RNs (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) requested that security staff call 911 for Advanced Life Support (ALS) and asked for staff assistance with removing DUMITRASCU from his bunk, as well as a gurney to transport him from the pod.[48]

SDO (b) (6), (b) (7)(C) notified central control by using radio channel three that medical had requested ALS to be called.[49] Control center SDO (b) (6), (b) (7)(C) acknowledged the request but did not immediately call for ALS. SDO (b) (6), (b) (7)(C) explained to ERAU that direction to call ALS must come from the SS or Assistant SS.[50] SDO (b) (6), (b) (7)(C) used the radio to contact Assistant SS (b) (6), (b) (7)(C), who was enroute to Pod K, and asked if ALS was needed; however, Assistant SS (b) (6), (b) (7)(C) was unaware SDO (b) (6), (b) (7)(C) had requested ALS on channel three and instructed SDO (b) (6), (b) (7)(C) to stand by.[51]

At 12:09 a.m., DO (b) (6), (b) (7)(C), DO (b) (6), (b) (7)(C), DO (b) (6), (b) (7)(C), and Assistant SS (b) (6), (b) (7)(C) arrived at Pod K. Assistant SS (b) (6), (b) (7)(C) remained at the door to assist with entry and egress of responding staff.[52] RN (b) (6), (b) (7)(C) departed the pod as the officers were arriving, and returned at 12:10 a.m. with RN (b) (6), (b) (7)(C), who had a gurney, backboard, AED, and emergency response bag.[53] During his interview with ERAU, Assistant SS (b) (6), (b) (7)(C) stated that as the nurses passed through the door, he overheard one of them mention 911. He stated that he asked the nurses if he should call 911, but they did not appear to hear him.[54]

At 12:11 a.m., security staff were able to successfully move DUMITRASCU from his bunk to the gurney, where medical staff began providing oxygen at 15 liters via a non-rebreather mask.[55] RN (b) (6), (b) (7)(C) observed that by the time DUMITRASCU was placed on the gurney, he was turning purple.[56] RN (b) (6), (b) (7)(C) observed DUMITRASCU gasping with agonal breaths, and had a distended abdomen, flaccid hands, incontinence of urine, and foaming at the mouth.[57] RN (b) (6), (b) (7)(C)

[44] ERAU interview with RN (b) (6), (b) (7)(C) on March 30, 2023.
[45] Agonal breathing is a distinct abnormal pattern of breathing and brainstem reflex characterized by gasping, labored breathing.
[46] ERAU interview with RN (b) (6), (b) (7)(C) on March 30, 2023.
[47] A pulse oximeter is a device placed on an individual's finger to measure blood oxygen level and pulse.
[48] ERAU interview with RN (b) (6), (b) (7)(C) on March 30, 2023.
[49] ERAU interview with SDO (b) (6), (b) (7)(C) on March 30, 2023.
[50] *See* Post Order - Central Control, Section IIIN5.
[51] ERAU interview with Assistant SS (b) (6), (b) (7)(C) on March 30, 2023. *See also* Incident Statement (5-1C) of Assistant SS (b) (6), (b) (7)(C), dated March 5, 2023.
[52] *See* Video surveillance footage, (b) (7)(E), dated March 5, 2023.
[53] ERAU interview with RN (b) (6), (b) (7)(C) on March 29, 2023.
[54] ERAU interview with Assistant SS (b) (6), (b) (7)(C) on March 30, 2023.
[55] A non-rebreather mask is a medical device that helps provide patients with oxygen in emergencies. These masks help patients who can still breathe on their own but need extra oxygen.
[56] ERAU interview with RN (b) (6), (b) (7)(C) on March 30, 2023.
[57] *See* Incident Statements (5-1C) of RNs (b) (6), (b) (7)(C) dated March 5, 2023.

determined DUMITRASCU had no palpable pulse and that his pupils were dilated at 7 to 8 millimeters and unreactive to light. During his interview with ERAU, RN (b) (6), (b) (7)(C) stated that when he and RN (b) (6), (b) (7)(C) entered Pod K, detainees were out of their rooms, rowdy, and yelling. RN (b) (6), (b) (7)(C) shared the same observation, stating the pod was not under control and she did not feel safe.[58] All nurses acknowledged that they did not attempt to apply the AED or initiate cardiopulmonary resuscitation (CPR) before DUMITRASCU was wheeled from the room, opting to get him to the medical urgent care room instead.[59] The nurses stated there was not a calculated or announced decision to do so; rather, it was understood it would be best to move DUMITRASCU to medical. RN (b) (6), (b) (7)(C) elaborated by citing concerns regarding scene safety and availability of additional emergency medical equipment in the clinic.[60]

At 12:13 a.m., as staff transported DUMITRASCU out of Pod K, SS (b) (6), (b) (7)(C) began performing chest compressions per instruction from the nurses.[61] SS (b) (6), (b) (7)(C) instructed Assistant SS (b) (6), (b) (7)(C) to call 911 for ALS. Assistant SS (b) (6), (b) (7)(C) relayed the instruction to central control via radio.[62]

At 12:14 a.m., staff exited Pod K with DUMITRASCU on the gurney and transported him to medical.[63] SS (b) (6), (b) (7)(C) continued chest compressions while enroute to medical and RN (b) (6), (b) (7)(C) continued providing oxygen via the non-rebreather mask.

At 12:15 a.m., staff arrived with DUMITRASCU in the medical urgent care room.[64] RNs (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) applied an AED to DUMITRASCU, but a shock was not recommended.[65] Security personnel rotated performing chest compressions while medical staff provided oxygen via an Ambu bag[66] at 15 liters.[67]

At 12:18 a.m., a first shock was delivered per AED instruction, with continued CPR.[68] At 12:19 a.m., medical staff administered 0.4 milligrams of Narcan[69] in the right nostril.[70]

At 12:20 a.m., a second shock was delivered per AED instruction, with continued CPR.[71]

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[58] ERAU interview with RN (b) (6), (b) (7)(C) on March 28, 2023.
[59] ERAU interviews with RN (b) (6), (b) (7)(C) on March 28, 2023, RN (b) (6), (b) (7)(C) on March 29, 2023, and RN (b) (6), (b) (7)(C) on March 30, 2023.
[60] ERAU interview with RN (b) (6), (b) (7)(C) on March 28, 2023.
[61] *Ibid.*
[62] *See* Incident Statements (5-1C) of Assistant SS (b) (6), (b) (7)(C) and SDO (b) (6), (b) (7)(C), dated March 5, 2023.
[63] *See* Video surveillance footage, (b) (7)(E) , dated March 5, 2023.
[64] *See* Video surveillance footage, (b) (7)(E) , dated March 5, 2023.
[65] *See* Incident Statement (5-1C) of RN (b) (6), (b) (7)(C), dated March 5, 2023.
[66] An Ambu Bag is a self-inflating resuscitator, designed for manual ventilation.
[67] *See* Incident Statements (5-1C) of RN (b) (6), (b) (7)(C) and DO (b) (6), (b) (7)(C), dated March 5, 2023
[68] *See* Incident Statement (5-1C) of RN (b) (6), (b) (7)(C), dated March 5, 2023
[69] NARCAN Nasal Spray is a prescription medicine used for the treatment of a known or suspected opioid overdose emergency with signs of breathing problems and severe sleepiness or non-responsiveness.
[70] *See* Incident Statement (5-1C) of RN (b) (6), (b) (7)(C), dated March 5, 2023
[71] *Ibid.*

At 12:23 a.m., DUMITRASCU was transported from the urgent care room to meet ALS at the facility's back dock.[72] Security staff continued chest compressions and medical staff continued to administer oxygen via the Ambu bag.

At 12:24 a.m., Mercy Medical Transport (MMT) arrived at the facility and proceeded through the vehicle gates to the back dock.[73]

At 12:25 a.m., DUMITRASCU was moved from the urgent care room to the back dock where MMT paramedics began assisting with the care of DUMITRASCU while security staff continued chest compressions.

At 12:30 a.m., San Diego County Fire personnel arrived and began assisting MMT and facility staff.[74] MMT paramedics noted DUMITRASCU lost his pulse[75] and initiated hospital contact procedures to notify the hospital of his condition.[76]

At 12:38 a.m., the paramedics applied an external compression chest band[77] to DUMITRASCU and performed 13 rounds of CPR with continued ventilations via the Ambu bag.[78]

At 1:02 a.m., MMT paramedics were notified by Dr. (b) (6), (b) (7)(C) from Sharps Grossmont Hospital that he had pronounced DUMITRASCU deceased.[79] DUMITRASCU's body was transported back to the intake area, covered with blankets, then moved to medical room 1309, pending arrival of the medical examiner.[80]

At 10:30 a.m., the San Diego Medical Examiner arrived at the facility.

At 11:28 a.m., the San Diego Medical Examiner removed DUMITRASCU's body from OMDC.[81]

Post-Death Events

During the same shift as the medical emergency, supervisors collected Incident Statements from all staff involved in the emergency response. ERAU notes that RNs (b) (6), (b) (7)(C) submitted the same statements, verbatim. When interviewed, RN (b) (6), (b) (7)(C) stated she served as recorder for the incident.[82] RN (b) (6), (b) (7)(C) remarked that RN (b) (6), (b) (7)(C) wrote the final statement, but they both worked together on the draft.

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[72] *See* Video surveillance footage, (b) (7)(E), dated March 5, 2023.
[73] *See* OMDC video surveillance footage, ALS on Site, dated March 5, 2023.
[74] *See* Video surveillance footage, (b) (7)(E), dated March 5, 2023.
[75] *See* Mercy Medical Transportation PCR Report, dated March 5, 2023.
[76] *See* San Diego County EMT Transport Option following On Scene Paramedic Treatment, dated December 16, 2022.
[77] An external compression chest band is a mechanical device used to provide continuous chest compressions to a person experiencing sudden cardiac arrest.
[78] *See* Video surveillance footage, (b) (7)(E), dated March 5, 2023.
[79] *See* Incident Statement (5-1C) of SS (b) (6), (b) (7)(C), dated March 5, 2023. Dr. (b) (6), (b) (7)(C) first name is unknown.
[80] ERAU interview with SS (b) (6), (b) (7)(C) on March 28, 2023.
[81] *See* Incident Investigation Report (5-1G) completed by Investigator (b) (6), (b) (7) on March 13, 2023.
[82] ERAU interview with RN (b) (6), (b) (7)(C) on March 28, 2023.

(b) (6), (b) (7)(C), OMDC Facility Investigator, interviewed DUMITRASCU's seven roommates and documented the interviews in his Incident Statement.[83] ERAU interviewed five of the seven detainees telephonically during the site visit.[84] The accounts each detainee provided about the emergency were consistent with those provided by staff and were corroborated by video surveillance.

On March 5, 2023, (b) (6), (b) (7)(C) ERO San Diego Field Office Director (FOD), notified the consulate of Romania of DUMITRASCU's death.[85]

On March 6, 2023, FOD (b) (6), (b) (7)(C) sent DUMITRASCU's next of kin a condolence letter.[86]

On March 15, 2023, ERO San Diego DO (b) (6), (b) (7)(C) sent DUMITRASCU's property to his family.[87]

FINDINGS

ERAU reviewed the medical care OMDC provided DUMITRASCU, as well as their efforts to ensure he was safe and secure while detained at the facility. ERAU found OMDC failed to comply with one requirement of the ICE PBNDS 2011 (Revised 2016). In this report, ERAU has included five other 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.

1. *Custody Classification System*, Section (V)(A)(4), states, "Each detainee's classification shall be reviewed and approved by a first-line supervisor or classification supervisor."

    - On March 1, 2023, DUMITRASCU was classified by a DO and assigned to a housing unit prior to a first-line supervisor or classification supervisor reviewing and approving the classification. DUMITRASCU's classification was later reviewed by a first-line supervisor and approved on March 2, 2023, after being assigned to Pod K.

In addition, ERAU identified the following violations of facility policy:

1. CoreCivic Policy 13-34, *Medical Emergency Response*, Section (F)(3)(a), states, "Once a medical emergency has been communicated, [Qualified Health Care Professionals] are responsible for responding to the scene with the mobile emergency gurney containing the emergency kit, oxygen, backboard, and AED."

[83] *See* Incident Statement by Investigator (b) (6), (b) (7)(C), dated March 5, 2023.
[84] ERAU interviews with Detainees (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) on March 22, 2023, (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) on March 24, 2023, and (b) (6), (b) (7)(C) on March 28, 2023. Detainees (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) were not interviewed, as (b) (6), (b) (7)(C) stated he did not hear or see anything and (b) (6), (b) (7)(C) stated he was asleep during the emergency.
[85] *See* Detainee Death Notification consulate email to (b) (6), (b) (7)(C), dated March 5, 2023.
[86] *See* untitled condolence letter to Mrs. (b) (6), (b), dated March 6, 2023.
[87] *See* untitled UPS property receipt, dated March 15, 2023; *see also* UPS email, "UPS Ship Notification."

- The first responding medical staff arrived at the scene of the emergency with a wheelchair, pulse oximeter, and oxygen; they did not bring a gurney, backboard, emergency kit, or AED. In addition, their fulfillment of emergency care responsibilities was hindered by their failure to bring all requisite emergency equipment when they responded. Had they done so, the nurses could have applied the AED and administered Narcan while DUMISTRASCU was still on the bunk.

2. CoreCivic Policy 13-34, *Medical Emergency Response*, Section (F)(3)(c), states, "Once a medical emergency has been communicated, [Qualified Health Care Professionals] are responsible for initiating appropriate medical treatment and assuming responsibility of directing any medical care already in progress."

   - When RNs (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) arrived in DUMISTRASCU's room, they observed his breathing was abnormal and could not find a pulse. His body structure and location on an upper bunk precluded performing effective chest compressions; however, the nurses could have provided oxygen earlier using the tank and non-rebreather mask they had brought to the scene. Responding medical staff did not administer oxygen until DUMISTRASCU was on the gurney and did not order initiation of chest compressions until DUMITRASCU was exiting Pod K; application of the AED, administration of Narcan, and initiation of rescue breaths using an Ambu bag did not occur until staff had moved him to the medical urgent care room.

3. CoreCivic Policy 5-1, *Incident Reporting (ICE)*, Section (C)(2)(b)(i), states, "All employees involved in or witnessing the incident are required to independently complete a 5-1C Incident Statement."

   - RNs (b) (6), (b) (7)(C) , and (b) (6), (b) (7)(C) worked together to draft identical statements.

AREAS OF CONCERN

Although not deficiencies in the facility's compliance with the ICE PBNDS 2011 (Revised 2016), ERAU notes the following concerns regarding DUMITRASCU's medical care, safety, and security while detained at OMDC.

- Initial Intake Screening Form, 13-50A, states referrals designated urgent must be seen by a LIP within 24 hours. CoreCivic Policy 13-50, *Initial Intake Screening*, Section (A)(1)(a), states that detainees indicating an acute or emergent medical condition shall be sent for evaluation to a qualified, licensed health care provider as soon as possible, but no later than 2 working days. It is recommended that OMDC address the inconsistency between the screening form and the policy.

- ARNP (b) (6), (b) (did not review the initial intake screening before or during DUMITRASCU's initial health appraisal. Consequently, she was unaware of and did not discuss his 10-year history of hepatitis B or his self-admission of being on a medication he could not name.

- The security staff roster identified officers and supervisors as CIRT members for the shift, per policy. The CIRT members were not aware or were not certain they were assigned to the CIRT. The evidence shows the timeliness of the emergency response was not significantly impeded by lack of clarity regarding CIRT assignments. However, it is recommended OMDC clearly articulate CIRT assignments to staff at the beginning of each shift to ensure each member understands their assignment. ERAU notes that during Assistant SS (b) (6), (b) (7)(C) interview, he stated procedures for notifying security personnel of their assignment to the CIRT were changed following DUMITRASCU's death. It is further recommended that OMDC formalize the procedures to ensure clarity and support compliance with response expectations.

- OMDC did not call ALS/911 for an estimated 4 to 5 minutes after RNs (b) (6), (b) (7)(C) and (b) (6), (b) (7)(C) first requested it. Based on video footage and interviews, the nurses arrived at the scene at approximately 12:07 a.m., and requested ALS within 2 minutes of their arrival. SDO (b) (6), (b) (7)(C) called central control on radio channel three to request ALS; central control then contacted Assistant SS (b) (6), (b) (7)(C) to confirm if ALS should be called. Because Assistant SS (b) (6), (b) (7)(C) was not privy to SDO (b) (6), (b) (7)(C) channel three radio communication and was not otherwise aware that medical had requested ALS, Assistant SS (b) (6), (b) (7)(C) instructed central control to await further instruction. At approximately 12:13 a.m., as staff were exiting Pod K with DUMITRASCU on the gurney, SS (b) (6), (b) (7)(C) directed that ALS be called. ERAU recognizes the post order for central control states the officer shall call 911 when directed by the SS or Assistant SS. However, ERAU recommends that OMDC leadership review procedures for communicating and authorizing calls for emergency medical services.

- An estimated 6 minutes elapsed from the time nurses arrived on scene and assessed DUMITRASCU, to the time he was moved from the bunk to the gurney. The time lapse was due to his size and location on an upper bunk with an affixed bunk barrier. The first responding officer appropriately called for additional staff and five staff members ultimately moved DUMITRASCU to the gurney. ERAU recommends OMDC develop drill scenarios and implement procedures for moving detainees from upper bunks in emergency situations.

EXHIBITS

1. San Diego County Medical Examiner Report, dated July 27, 2023.