OIDO

Office of the Immigration Detention Ombudsman

OIDO INSPECTION

Folkston ICE Processing Center

OIDO-23-011
September 20, 2023

OIDO is an independent office within the Department of Homeland Security.

Department of Homeland Security
Washington, DC 20528

OIDO
Office of the Immigration Detention Ombudsman

September 20, 2023

MEMORANDUM FOR: Patrick J. Lechleitner
Deputy Director and Senior Official
Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

FROM: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

DAVID D GERSTEN
Digitally signed by DAVID D GERSTEN
Date: 2023.09.20 09:50:49 -04'00'

SUBJECT: OIDO 23-011
Folkston ICE Processing Center
November 15-27, 2022

Attached is the Office of the Immigration Detention Ombudsman's (OIDO) final report based on its inspection of Folkston ICE Processing Center (FIPC) in Folkston, Georgia on November 15-17, 2022. OIDO assessed the facility's performance and compliance with the 2011 Performance-Based National Detention Standards, as revised in 2016 (hereinafter referred to as the 2011 PBNDS) and contract terms.

The report contains three recommendations aimed at improving FIPC and its compliance with the 2011 PBNDS and contract terms. Your office concurred with all three recommendations and identified corrective actions to address the issue identified during the OIDO inspection. Based on the information provided in your response to the draft report, OIDO considers ICE's responses to recommendations 1, 2, and 3 to be responsive to the recommendations. Recommendations 1, 2, and 3 will remain open until OIDO receives the supporting documentation requested.

Attachment

OIDO
Office of the Immigration Detention Ombudsman

OIDO INSPECTION
OF
FOLKSTON ICE PROCESSING CENTER
Folkston, Georgia

Executive Summary

In November 2022, the Office of the Immigration Detention Ombudsman (OIDO) conducted an unannounced inspection of the Folkston ICE Processing Center (FIPC) in Folkston, Georgia. This inspection was conducted to primarily examine and follow-up on issues noted during five previous inspections of the facility. OIDO reviewed the facility's compliance with specific criteria related to the following 11 areas: environmental health and safety, special management units, staff-detainee communication, medical care, significant self-harm and suicide prevention, grievance system, access to legal counsel, staffing levels, staff training, and the contract quality control program and drug testing requirements.

OIDO's inspection led to 21 findings categorized as follows: 11 areas of compliance, eight areas of non-compliance, and two areas of concern. The facility's eight areas of non-compliance were in the following areas: drug screening, documentation of peer reviews, mental health coverage, medical equipment checks, medical emergency training, medical grievance process, coronavirus disease 2019 protocols, and facility staffing levels. While OIDO found eight areas of non-compliance, it notes that the facility took timely corrective action to address seven issues. In addition, OIDO identified two areas of concern related to medical credentialing policies and mental health staffing levels. OIDO made three recommendations designed to improve operations at the facility and meet U.S. Immigration and Customs Enforcement detention standards and contract terms.

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Office of the Immigration Detention Ombudsman

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Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security, Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight (DO) Division conducts independent, objective, and credible inspections of Immigration and Customs Enforcement (ICE) facilities throughout the United States. During its inspections, OIDO often completes follow-up assessments to determine whether a facility has taken corrective action to resolve violations or concerns identified during a prior inspection. OIDO also reviews, examines, and makes recommendations to address concerns with or violations of contract terms regarding immigration detention facilities and services.

In November 2022, OIDO conducted an unannounced inspection of the Folkston ICE Processing Center (FIPC) to review the facility's performance and compliance with applicable standards, the 2011 Performance-Based National Detention Standards, as revised in 2016 (hereinafter referred to as the 2011 PBNDS) and contract terms. In several cases, OIDO followed up on deficiencies noted in previous inspections and issues received as detainee complaints by OIDO's Case Management Division (CMD).[1]

Background

ICE Enforcement and Removal Operations (ERO) oversees the detention of noncitizens at facilities throughout the United States, which it manages directly or in conjunction with private contractors or federal, state, or local governments. ICE uses several detention standards to regulate conditions of confinement, program operations, and management expectations within the agency's detention system.[2] In addition, at the time of inspection, ICE used the COVID-19 Pandemic Response Requirements (PRR) to assist detention facility operators in sustaining operations while mitigating risk to the safety and wellbeing of detainees due to COVID-19.[3]

FIPC, located in Charlton County, Georgia, was constructed in 2008 and is owned and operated by The GEO Group, Inc. (GEO). GEO provides medical and food services, Keefe Commissary Network[4] provides commissary services, and Talton Communications, Inc.[5] provides telephone and tablet services.

Pursuant to an Intergovernmental Service Agreement (IGSA) between ICE and Charlton County, Georgia, FIPC began housing ICE detainees in 2017 under the oversight of ICE ERO's Atlanta Field Office. FIPC operates under the 2011 PBNDS, as revised in 2016. ERO has assigned a permanent Detention Service Manager to the facility. The National Commission on Correctional Health Care (NCCHC) accredited the facility in April 2022 and the American Correctional Association accredited the facility in January 2022. The facility houses adult male detainees with

[1] At the time of inspection, OIDO had one case manager making routine visits to the facility.
[2] ICE currently has four detention standards in use at adult detention facilities throughout the United States. These include: 2000 National Detention Standards, 2008 Performance-Based National Detention Standards, 2011 Performance-Based National Detention Standards, and 2019 National Detention Standards.
[3] https://www.ice.gov/doclib/coronavirus/eroCOVID19responseReqsCleanFacilities.pdf.
[4] *See* Keefe Commissary Network | Keefe Group.
[5] *See* Talton.

low, medium-low medium-high, and high security classification levels and has a maximum capacity of 780 ICE detainees. The detainee population was 515 on November 15, 2022. The average daily population for fiscal year (FY) 2022 was 368.[6]

OIDO notes that the following recent compliance inspections had been conducted at the facility prior to its inspection. On July 19-23, 2021,[7] January 24-27, 2022,[8] and August 9-11, 2022,[9] the ICE Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted compliance and follow-up inspections.[10] During the July 2021 follow-up inspection, ODO assessed the facility's compliance with a total of 12 standards and found five deficiencies in two areas: admission and release and funds and personal property. During the January and August 2022 compliance and follow-up inspections, ODO assessed the facility's compliance with a total of 28 standards and found 16 deficiencies in the following nine areas: environmental health and safety, facility security and control, funds and personal property, special management units (SMU), staff-detainee communication, use of force and restraints, personal hygiene, significant self-harm and suicide prevention and intervention, and grievance system.

In addition, on July 26-28, 2021,[11] and July 26-28, 2022,[12] the Nakamoto Group, Inc. conducted annual inspections of FIPC for compliance with the 2011 PBNDS.[13] Nakamoto assessed compliance with a total of 42 standards and found four deficiencies in two areas: staff-detainee communication and visitation. Finally, on November 16-18, 2021, the Office of Inspector General (OIG) conducted an inspection of FIPC for compliance with the 2011 PBNDS and coronavirus disease 2019 (COVID-19) requirements. OIG noted FIPC complied with standards for access to legal services, the voluntary work program, and detainee classification. However, the facility did not meet standards for facility conditions, medical care, grievances, segregation, staff-detainee communications, handling of detainee property, and contractually mandated staffing levels.

At the time of inspection, OIDO's Case Management Division (CMD) had one case manager assigned to the facility. From August - October 2022, detainee complaints received suggested OIDO conduct focused inspections related to staffing levels, staff-detainee communication, and staff training on medical emergencies.

Objective, Scope, and Methodology

OIDO conducted an unannounced inspection of FIPC in November 2022 primarily to examine issues noted in the recent ICE OPR ODO, Nakamoto, and OIG inspection reports as well as issues noted by OIDO's CMD as gathered via detainee complaints. OIDO's objective was to assess the facility's performance and its compliance with the 2011 PBNDS. Specifically, OIDO reviewed the following 11 areas: environmental health and safety, SMU, staff-detainee communication, medical

[6] *See* ICE FY 2022 Detention Statistics.
[7] *See* ODO Follow-Up Compliance Inspection Folkston ICE Processing (Main) and Annex July 19 - 23, 2021.pdf.
[8] *See* ODO Compliance Inspection Folkston ICE Processing Center (Main) and Annex January 24 - 27, 2022.pdf.
[9] *See* ODO Follow-Up Compliance Inspection Folkston ICE Processing Center (Main) August 9 - 11, 2022.pdf.
[10] Two of the three ICE OPR ODO inspections were completed remotely as a result of the COVID-19 pandemic; only the August 2022 follow-up inspection was completed onsite.
[11] *See* The Nakamoto Group, Inc Annual Inspection of the Folkston ICE Processing Center July 26 - 28, 2021.pdf.
[12] *See* The Nakamoto Group, Inc Annual Inspection of the Folkston ICE Processing Center July 26 - 28, 2022.pdf.
[13] Nakamoto inspections were hybrid, meaning that some inspectors worked remotely.

care, significant self-harm and suicide prevention, grievance system, access to legal counsel, staffing levels, staff training, and the contract quality control program (QCP) and drug testing requirements.

Eleven personnel executed the inspection, including six inspectors and five medical experts. One of the medical experts worked remotely. The inspection team conducted interviews with ICE ERO employees, facility staff, and detainees, made direct observations of facility conditions and operations, and reviewed documentary evidence, including but not limited to, facility policies and procedures, reports and records, and logbooks.

Results of Inspection

OIDO's inspection led to several findings. OIDO found that FIPC complied with specific standards in seven areas reviewed. The facility had eight areas of non-compliance: drug screening, documentation of peer reviews, medical equipment checks, medical emergency training, medical grievance process, COVID-19 protocols, staffing levels, and mental health care coverage. The facility timely corrected seven of the eight areas of initial non-compliance. Finally, OIDO identified two areas of concern related to medical credentialing policies and mental health staffing levels.

The inspection findings are divided into four sections: areas of compliance, resolved areas of initial non-compliance, areas of non-compliance, and areas of concern.

A. Areas of Compliance

The Facility Complied with Contract Requirements to Develop and Implement a Quality Control Plan

The Intergovernmental Service Agreement (IGSA) between ICE and Charlton County, Georgia for the detention and care of detainees at FIPC requires the facility to develop, implement, and maintain a QCP that illustrates the methods it will use to review its performance for adherence to requirements. The facility shall also develop and maintain documentation that demonstrates the results of its own inspections as prescribed in its QCP.

OIDO interviewed the facility's Compliance Manager and reviewed FIPC's Quality Control Procedure, audit schedule, and most recent annual, ad-hoc, and monthly internal audit results and determined that FIPC followed the contractual requirement of developing, implementing, and maintaining a QCP.

The Facility Complied with Environmental Health and Safety Standards Relating to Food Service, Fire Safety, Evacuation Plans, Sanitation, and Water Temperature

The 2011 PBNDS section 1.2 regarding environmental health and safety requires the facility to protect detainees, staff, volunteers, and contractors from injury and illness by maintaining high standards of cleanliness and sanitation, safe work practices, and control of hazardous substances and equipment in the facility.

OIDO reviewed the Food Service Establishment Inspection Report of FIPC that the Georgia Department of Public Health completed on June 15, 2022. The report indicated that the facility

had no deficiencies in the food service area. OIDO also reviewed the Emergency Response Plan Fire Safety Checklist that the Charlton County Volunteer Fire Rescue completed on March 9, 2022. The checklist was designed to measure facility emergency and evacuation plans, firefighting capabilities, emergency lighting and generators, and utility master controls for gas, water, and electricity. The document indicated that the facility did not have any deficiencies in these areas.

Additionally, OIDO reviewed monthly and weekly fire and sanitation inspection reports dated from May to October 2022. The facility fire and safety manager conducted the monthly inspections, and weekly duty officer completed the weekly inspections. Both sets of inspections were designed to identify and track safety, sanitation, and material issues discovered at the facility as well as corrective actions taken to address them. OIDO found that any issues noted in the inspection reports had corresponding work orders and plans of action to correct them. Further, OIDO did not note any inconsistencies between the weekly and monthly reports.

On June 30, 2022, OIG published a report on its November 2021 inspection of FIPC.[14] In the report, OIG notes that the facility had poor living conditions, including torn and worn-down mattresses. OIDO reviewed purchase orders, which showed that the facility had purchased 332 mattresses between April 25 and September 23, 2022.

OIDO reviewed work orders for monthly preventive maintenance of the facility's hot water heaters from April 22 to August 1, 2022. The work orders did not show any issues with the facility's hot water heaters. OIDO also reviewed monthly work orders for vent cleaning/preventive maintenance dated May to October 2022. The work orders did not note any issues with the facility's ventilation system. Finally, OIDO reviewed invoices for pest control services at the facility from May to October 2022. The invoices showed the facility utilized regularly scheduled pest control services.

The Facility Complied with Requirements for Daily Medical Assessments of Detainees in the Special Management Unit

The 2011 PBNDS section 2.12 on SMU requires health care personnel to conduct face-to-face medical assessments at least once daily and record them in the detainees' SMU confinement records. At the time of OIDO's inspection, the facility did not have any detainees in the SMU. Therefore, OIDO reviewed the SMU records of four detainees who had been housed in the SMU during October and November 2022. OIDO found that all SMU records reviewed contained documentation showing that medical had conducted face-to-face assessments at least once daily and several instances of twice daily assessments.

The Facility Complied with Requirements to Sign Disciplinary Records When Placing Detainees in the Special Management Unit

The 2011 PBNDS section 2.12 on SMU specifies that the disciplinary records for detainees placed in SMU must contain the officer's printed or signed name. OIDO notes that ICE OPR ODO found during its January 2022 compliance inspection that the facility had been non-compliant in this area.[15] OIDO reviewed the disciplinary packets for four detainees housed in the SMU in October

[14] *See* OIG-22-47 Violations of ICE Detention Standards at Folkston ICE Processing Center and Folkston Annex June 30, 2022.
[15] *See* ODO Compliance Inspection Folkston ICE Processing Center (Main) and Annex January 24 - 27, 2022.pdf.

and November 2022 and found that all four disciplinary packets contained both the officer's printed name and signature.

The Facility's Post Orders and Corporate Policy and Procedures Aligned with Standards for Use of Restraints in Special Management Units

The 2011 PBNDS section 2.12 on SMU states that placement in an SMU does not constitute a valid basis for the use of restraints. Moreover, consistent with section 2.15 on the use of force and restraints, restraints should only be used, if necessary, as a precaution against escape during transfer, for medical reasons, or to prevent self-injury, injury to others, or serious property damage. OIDO notes that OIG found during its November 2021 inspection of FIPC that the facility's policy was to handcuff detainees in disciplinary segregation anytime they left their cell, without further rationale for the restraints.[16]

Because there were no detainees housed in SMU during OIDO's inspection, OIDO reviewed the GEO Special Management Unit: Administrative and Disciplinary Policy as well as the post orders for staff in the SMU and found that both aligned with the 2011 PBNDS requirements for use of restraints.

The Facility Complied with Requirements to Give Detainees in Special Management Units Access to Certain Services

The 2011 PBNDS section 2.12 requires the facility to ensure detainees in the SMU are not denied certain services, such as legal visitation, the ability to write, send, and receive mail like other detainees, and access to personal hygiene services, including opportunity to shave and shower at least three times weekly as well as laundry, hair care, and other hygienic services. These requirements are also detailed in other corresponding sections of the 2011 PBNDS, including section 5.7 on visitation, section 5.1 on correspondence and other mail, and section 4.5 on personal hygiene. OIDO notes that OIG found during its November 2021 inspection of FIPC that the facility did not consistently provide required services and privileges to detainees in segregation.[17]

OIDO reviewed the SMU visitor sign-in sheet with entries for the dates of November 4-15, 2022. The sign-in sheet documented staff visits from the following programs: custody, case management, mail services, and library/law library. OIDO also interviewed the Chief of Security and reviewed GEO's Special Management Unit: Administrative and Disciplinary Policy. Both policy and testimony indicated that detainees housed in the SMU had access to facility programs as well as facility laundry and mail services from Monday through Friday.

The Facility's Medical Department Was Sufficiently Staffed

The 2011 PBNDS section 4.3 on medical care requires all facilities to provide medical staff and sufficient support personnel to meet all described standards for medical care. OIDO reviewed the facility's medical staff roster dated November 15, 2022, and found that 96 percent of the facility's medical staffing positions were filled. At the time of OIDO's inspection, FIPC had open positions

[16] *See* OIG-22-47 Violations of ICE Detention Standards at Folkston ICE Processing Center and Folkston Annex June 30, 2022.
[17] *Ibid.*

for a social worker and a dental technician.

The Facility Complied with Requirements to Provide Detainees with Access to Specialty Care

The 2011 PBNDS section 4.3 on medical care requires that each facility directly or contractually provide its detainee population with specialty health care. OIDO reviewed the FIPC Off-Site Referral List, Off-Site Provider List, and Emergency Room Visit Log with entries dated from August 1 to November 15, 2022. OIDO also reviewed an off-site referral packet, which was sent to the receiving specialty clinic to communicate information about detainee restrictions, billing, and receipt of medical records, as well as an email sent to the custody staff weekly regarding upcoming detainee off-site appointments to support the arrangement of transportation. These documents demonstrated that the facility had a cohesive process for facilitating detainees' access to specialty health care.

OIDO reviewed 14 off-site referrals for 10 detainees that were submitted between August 4 to October 24, 2022. Of the 14 referrals OIDO reviewed, 13 were completed within the provider's ordered timeframe. OIDO noted one incident where a referral to infectious disease was not completed timely. The physician ordered the referral on October 13, 2022, for an appointment within two weeks; however, the appointment was not scheduled until December 9, 2022. Per the Director of Nursing (DON) and the medical records technician, this was the first available appointment the infectious disease specialist had. In the interim, the physician saw the patient approximately every two weeks until the date of the appointment.

The Facility Conducted Timely Mental Health Evaluations and Conducted Required Staggered Interval Checks for Detainees on Suicide Watch

The 2011 PBNDS section 4.3 on medical care requires that any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary. The 2011 PBNDS section 4.6 on significant self-harm and suicide prevention and intervention requires that a suicidal detainee receive close supervision in a setting that minimizes opportunities for self-harm. If a staff member identifies someone who is at risk of significant self-harm or suicide, the detainee must be placed on suicide precautions and immediately referred to a qualified mental health professional. The qualified mental health professional may place the detainee in an approved isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary.

OIDO reviewed FIPC local policy as well as 10 randomly selected charts from the suicide watch logbook. All charts reviewed indicated that the detainee had received a mental health assessment within 72 hours of referral and contained observation logs. The observation logs showed that a custody officer had conducted staggered interval checks that did not exceed 15 minutes intervals.

The Facility Complied with the Standards for Timely Responding to Non-Medical Detainee Grievances

The 2011 PBNDS section 6.2 requires each facility to have written policy and procedures for a system that allows detainees to file formal and informal grievances. The facility must track grievances and respond within five days of receipt. OIDO reviewed 10 randomly selected

grievances from the grievance log and found that all reviewed grievances had been resolved within the required five-day period.

The Facility Complied with the Standards for Receiving Detainee Medical Grievances

The 2011 PBNDS section 6.2 on the grievance system requires that medical grievances be submitted directly to medical personnel designated to receive these grievances at the facility. OIDO interviewed the DON and observed detainee housing pods. The DON reported that detainees only use paper medical grievance forms to submit medical grievances. During its inspection, OIDO observed a total of 13 detainee housing pods, eight in Housing Unit A and five in Housing Unit B. Each housing pod had a locked drop box affixed to the back wall labeled "Medical Grievance / Queja Medica." The DON reported that only the Health Services Administrator (HSA), DON, and medical staff had the authority and access to unlock the medical grievance boxes. During the weekdays, the HSA, DON, or medical staff checked each medical grievance box daily. On the weekends, the medical staff, particularly the nurses, were responsible for checking the medical grievance boxes and collecting any detainee grievance slips before placing them on the DON's desk.

B. Resolved Areas of Initial Non-Compliance

The Facility Did Not Send Drug Screening Results to the Contracting Officer's Representative within 24 Hours as the Contract Required

The Performance Work Statement of the IGSA between ICE and Charlton County, Georgia for the detention and care of detainees at FIPC requires the Service Provider to provide the results of all drug screening to the Contracting Officer's Representative (COR) within 24 hours after receipt.

OIDO reviewed the GEO Corporate Policy 3.2.6, Drug Free Workplace, effective April 1, 2013, the GEO Employee Handbook, and the FIPC Policy and Procedure Manual for Drug Free Workplace 3.2.6, effective March 8, 2022. These documents demonstrated that the facility had a system for conducting random drug testing in an effective and efficient manner. OIDO found that the facility had an employee manual that contained information on drug screening of new employees and the random drug-screening program. However, during its interview with the Human Resources Manager, OIDO found that random drug screening results were not being provided to the COR within 24 hours.

On or about December 8, 2022, the facility submitted documentation to OIDO that reflected they provided copies of the results of their most recent quarterly drug tests to the COR as required. The facility also advised that they had implemented a system that ensured the COR would receive the random drug screening results within 24 hours moving forward.

The Facility Conducted Peer Reviews but Did Not Have Records Readily Available for Review

The 2011 PBNDS section 4.3 on medical care requires the HSA to implement an intra-organizational, external peer review program for all licensed independent practitioners. Reviews shall be conducted at least annually. Copies of the documents must be maintained on site and readily available for review.

OIDO reviewed nine medical staff files. Initially, OIDO found that five nursing personnel files

were missing peer reviews. After the inspection, the facility located peer reviews for two of the nurses and determined that annual peer review had not yet been completed for the remaining three nurses because they were new employees who had been hired between April 4 and June 2, 2022. After reviewing the new documentation, OIDO finds the corrective action sufficient to address this prior area of non-compliance; however, OIDO notes that such documentation should be maintained on site and readily available for review.

The Facility Did Not Have Adequate Credentialed Mental Health Staff to Provide Appropriate Suicide Prevention and Mental Health Care

The 2011 PBNDS section 4.3 on medical care requires each facility to provide health care services by a sufficient number of appropriately trained and qualified personnel. All health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with all applicable requirements, and copies of these documents must be maintained on site. Each facility is also required to provide a mental health program, to include suicide prevention. The facility must have a mental health staffing component on call to respond to detainee needs 24 hours a day, seven days a week. In addition, the 2011 PBNDS section 4.6 on significant self-harm and suicide prevention and intervention requires all suicidal detainees to be placed in an isolated setting with continuous monitoring, welfare checks by clinical staff at least every eight hours, and daily mental health treatment by a qualified member of the staff. Per the health care staffing level section of the IGSA between ICE and Charlton County, FIPC is allowed three mental health provider positions to fill 2.25 FTEs. This includes one full time psychologist, one full time Licensed Mental Health Worker (master's level), and one contracted part-time psychiatrist.

OIDO interviewed the DON and reviewed the medical staffing plan for FIPC, which included three mental health provider positions: one full-time psychologist, one full-time licensed mental health worker, and one part-time contracted psychiatrist. At the time of inspection, the mental health worker position was vacant. OIDO reviewed the credentialing files of the two mental health providers on staff and found that both files were missing many credentialing documents.

OIDO reviewed the facility medical staff work schedule for August and September 2022 and found that, due to the mental health provider vacancy, the full-time psychologist was also on-call for all non-working hours to provide the 24/7 coverage required by the standard. During the eight weeks before the full-time psychologist fully onboarded, five non-mental health staff had provided on-call coverage for the facility. While the DON reported that the nurses had received specialized training on crisis intervention and psychiatric nursing care, OIDO notes that the nurses did not have the credentials or privileges necessary to be qualified to provide mental health care.

At FIPC, the clinical psychologist provided daily mental health treatment to suicidal detainees in an isolated setting during eight-hour weekdays. During evenings and weekends, the nursing staff conducted the welfare checks that are required at least every eight hours. In addition, on the weekend, the nursing staff assessed detainees on suicide watch and reported findings to the psychologist, who was on-call every weekend. As such, while the nursing staff covered the required welfare checks for detainees on suicide watch, these detainees did not receive daily mental health treatment by a qualified member of the staff on the weekend, as the standard required. Insufficient mental health staffing could have a detrimental impact on the facility’s ability to provide an acceptable level of care for detainees.

On May 5, 2023, ICE ERO indicated that, effective April 28, 2023, mental health staff began conducting face-to-face suicide watch rounds daily, including on weekends and holidays. Effective May 1, 2023, the quality control nurse will conduct a weekly review of suicide watch round documentation until sustained compliance is achieved for 12 consecutive weeks.

The Facility Did Not Consistently Conduct Daily Checks of the Automatic External Defibrillator

The 2011 PBNDS section 4.3 on medical care requires that medical and safety equipment be available and maintained. According to the GEO Correctional Health Services Procedure 1001-A: Automatic External Defibrillator (AED), the HSA or a designee is responsible for assuring that all facility AEDs are checked daily using the Defibrillator [AED] Daily Monitoring Form HS-219 and that they have charged batteries and are functioning properly. OIDO reviewed the daily AED equipment check logs for August through November 14, 2022, and found missing entries for September 18 and 24, 2022. Lack of staff training may have contributed to this oversight. During an emergency, staff need to have access to the required medical equipment. If equipment is not checked appropriately, then staff may lack access to the appropriate equipment, which could result in negative health outcomes.

On May 8, 2023, ICE ERO indicated that during the next monthly scheduled health care staff meeting, which was scheduled for May 24, 2023, the HSA would provide refresher training on the requirements of daily documented checks of the AED. Effective May 25, 2023, the DON or designee will conduct a daily review of the AED checks until sustained compliance is achieved for 30 consecutive days. Discrepancies, if any, will be reported to the HSA and addressed with responsible staff. Effective June 1, 2023, the compliance auditor will conduct a monthly review of the AED checks until sustained compliance is achieved for three consecutive months. OIDO reviewed the daily AED checks log dated October 1, 2022, through April 27, 2023, and found that the facility provided all entries. OIDO finds these corrective actions sufficient to address this prior area of concern.

The Facility Staff Did Not Receive Adequate Training Regarding Medical Emergencies

The 2011 PBNDS section 4.3 on medical care requires that detention and health care personnel are trained initially and annually on the proper use of emergency medical equipment and response to health-related emergency situations. Additionally, the facility administrator must ensure that non-medical staff have appropriate training and competency to implement the facility's emergency plan, to include recognizing signs of potential health emergencies and the required responses and recognizing signs and symptoms of mental illness and suicide risk.

OIDO reviewed the GEO Contract Staff Training Handbook and found that while it included sections on Emergency Procedures and Potential Evacuation Situations, it did not contain information regarding what constitutes a medical, mental health, or dental emergency. In addition, OIDO reviewed the FIPC 2022 Annual Training Plan, which included the training presentation "GEO 66: GEO Emergency Plans and Procedures." According to the training officer, this training covered what custody staff should know regarding medical, mental health, and dental emergencies. OIDO reviewed this training presentation and found that while it included sufficient information about dental emergencies, it did not include any information on medical or mental health emergencies. The facility did not provide OIDO with any other training materials that might have

covered these topics.

On May 5, 2023, ICE ERO indicated that during the OIDO inspection, the facility provided training documentation that partially met the standard regarding training for medical and mental health emergencies. The facility failed to provide the portion of the Emergency Plans and Procedures training, GEO's Suicide Prevention and Intervention module, which included how to respond to medical or mental health emergencies. On May 18, 2023, ICE ERO provided a copy of the basic first aid training and the training attendance log. OIDO reviewed the trainings and found that they met the criteria for recognizing signs and symptoms of mental illness and suicide risk and recognizing an emergency and the required responses. The basic first aid training does cover other common potential health-related emergencies such as infectious bloodborne diseases, bleeding, spinal injury, brain injury, concussion, burns, stroke, altered mental status, hypoglycemia, and seizure. OIDO also reviewed the training attendance log. With the provision of these additional documents, OIDO finds these corrective actions sufficient to address this prior area of non-compliance.

The Facility's Written Instructions for the Medical Grievance Submission Process Were Inconsistent with Current Practices

The 2011 PBNDS section 6.1 on the detainee handbook states that the facility shall develop the local detainee handbook supplement, which shall describe matters such as the grievance system. Further, section 6.2 on the grievance system states that each facility shall have written policy and procedures for a detainee grievance system that establishes a procedure for any detainee to file an informal or formal grievance and ensures information, advice, and directions are provided to detainees in a language or manner the detainee can understand.

OIDO reviewed the GEO Corporate Correctional Health Services Policy 205: Grievances, which specifies how the facility informs detainees about how to submit health-related grievances. The GEO policy states the facility staff explains the medical grievance submission process during detainee arrival both orally and in writing, on a form, and in a language the detainee can understand. Further, detainees receive a copy of the facility's 2022 Supplement to the National Detainee Handbook during arrival, which provides further information about how to submit medical grievances.

OIDO also reviewed the 2022 FIPC Supplement to the National Detainee Handbook. OIDO found that the supplement had two inconsistencies from the GEO policy. For example, the supplement instructed detainees to submit medical grievances in the drop box located in the dining hall. However, OIDO found during its inspection that the medical grievance drop box in the dining hall was no longer in use; the drop boxes were instead located in the 13 housing units, but these are not identified in the handbook. Inconsistent guidance regarding how to submit medical grievances could result in delayed care or failure to timely address detainees' medical concerns. This could create a risk for negative health outcomes.

On May 5, 2023, ICE ERO indicated that, due to COVID-19 related cohorting, FIPC continues to not use the dining hall for meals and has removed the signage from the medical grievance box in the dining hall. FIPC has instructed detainees to use only the medical grievance boxes in the housing units. On April 27, 2023, the grievance section of the local detainee handbook was updated

to provide updated information regarding how to submit medical grievances. The facility administrator also issued a memo regarding the change to the detainee population, with information in English and Spanish, informing detainees that "completed medical grievances shall be placed in the current drop box labeled "Medical Grievances" in each housing unit." On April 28, 2023, this memo was placed on all housing unit bulletin boards. ICE ERO reported that the duty officer will check for this memo during weekly rounds to verify the information remains on the bulletin boards for a minimum of 12 weeks. OIDO finds these corrective actions sufficient to address this prior area of concern.

The Facility Did Not Fully Comply with the ICE ERO Pandemic Response Requirements

The ICE ERO COVID-19 Pandemic Response Requirements (PRR)[18] state that each facility will, on a weekly basis, determine its COVID-19 operational status based on the Centers for Disease Control and Prevention's (CDC) Guidance on Prevention and Management of Coronavirus Disease 2019 in Correctional and Detention Facilities, released on May 3, 2022.[19] Facilities must use four measures that, in combination, will assign a specific response level to the facility. Once the values are determined, the facility will follow the PRR decision matrix to determine the facility status for the week: green, yellow, or red.

During OIDO's inspection, FIPC was operating under the yellow status. For this status, the PRR requires, among other things, that all detainees, staff, and other persons in the facility wear a well-fitting mask while indoors, test all detainees upon intake regardless of vaccination status, medically isolate detainees who test positive for COVID-19 and quarantine their close contacts, and maintain isolation of COVID-19-positive detainees until all the CDC criteria have been met. In addition, the PRR requires all detention facilities to offer ICE detainees the COVID-19 vaccine in accordance with state priorities and guidance. Facilities must provide educational materials about the COVID-19 vaccine in different languages and post signage throughout the facility reminding detainees and staff to practice good hand hygiene and cough etiquette in English and Spanish.

OIDO reviewed seven detainee medical records, observed postings throughout the facility, and interviewed staff to ascertain what prevention and mitigation measures the facility had implemented to address the spread of COVID-19. While OIDO found that the facility conducted COVID-19 testing and subsequent cohorting of detainees, offered the COVID-19 vaccine, and posted education materials, the facility did not fully comply with the PRR because it did not consistently conduct symptom screening of visitors prior to entry into the facility, enforce mask-wearing, or properly monitor detainees who were COVID-19 positive.

OIDO reviewed seven medical records, which showed detainees received COVID-19 testing, were screened for COVID-19 symptoms, and were offered the COVID-19 vaccine during intake. The facility used intake cohorts and exposure cohorts. OIDO observed that medical staff had placed signs on the pod doors to indicate the type of cohort, personal protective equipment requirements, and any restrictions necessary for detainee movement. OIDO further observed various COVID-19 educational posters throughout the facility, including the housing units, medical clinic lobby, and

[18] OIDO used PRR Version 10.0 dated November 1, 2022, during its inspection of FIPC. However, the most recent version of the PRR was issued May 11, 2023. See Post Emergency COVID-19 Guidelines and Protocol.
[19] *See* Guidance on prevention and management of coronavirus disease 2019 (COVID-19) in correctional and detention facilities (cdc.gov).

food service area. OIDO noted that many posters were available in English and Spanish and that they covered a range of topics related to COVID-19 and included CDC produced materials.

However, on the first day of inspection, OIDO observed that the facility staff completed temperature checks but did not complete COVID-19 symptom screening. On subsequent days, OIDO observed the facility staff conduct both temperature checks and symptom screenings on staff and visitors. Inside the facility, OIDO observed both staff and visitors not wearing masks in multiple departments, including administration and medical, and inconsistent enforcement of mask-wearing for detainees.

Finally, OIDO reviewed the medical records of four detainees randomly selected from the facility's 2022 COVID-19-positive list dated from August 15 - November 15, 2022. OIDO found that three of the four detainee medical records contained a provider's order for vital signs to be taken twice daily; however, the medical records showed vital signs were only taken once daily. Additionally, one detainee did not have vital signs recorded for three days of the required monitoring period. Three of the records reviewed did not have clear documentation showing when the detainees were released from isolation.

Without proper COVID-19 controls, such as conducting symptoms screening, monitoring COVID-19 positive detainees, and enforcing masking amongst the staff, detainees, and visitors puts the facility staff, visitors, and detainees at risk for COVID-19 exposure and illness. Therefore, adhering to the ICE ERO PRR reduces risk for COVID-19 illness and ensures safe conditions.

On May 5, 2023, ICE ERO indicated that FIPC acknowledges that they must follow all of the requirements of ICE's PRR and reported that, on May 1, 2023, the facility administrator sent a memo to all staff as a reminder of the requirement to continue following the latest PRR, according to the COVID-19 risk levels of green, yellow or red. Additionally, ICE ERO reported that, effective May 1, 2023, facility security supervisors will include a reminder to all staff of the requirement to follow the PRR and to enforce mask wearing according to the current facility COVID-19 level. Further, department heads will monitor staff compliance and provide instructions as needed until sustained compliance is achieved.

By May 5, 2023, the assistant facility administrator will provide refresher training to all front lobby officers on the requirement to consistently complete the COVID-19 symptom screening for every staff or visitor who enter the facility. Effective May 8, 2023, the shift supervisors will conduct daily reviews of symptom screening documentation until sustained compliance is achieved for 30 consecutive days. By May 15, 2023, the HSA will provide refresher training to all medical staff on procedures regarding the care of COVID-19 positive detainees, to include following the provider's orders, documenting vital signs appropriately, and providing clear documentation when detainees are released from isolation. Effective May 16, 2023, the DON will conduct weekly reviews of all COVID-19 positive detainee charts to verify compliance with twice daily temperature checks and clear documentation upon the detainee's release from isolation. This review will continue until sustained compliance is achieved for eight consecutive weeks. OIDO finds these corrective actions sufficient to address this prior area of non-compliance.

C. Areas of Non-Compliance

The Facility Did Not Meet the Contractual Monthly Staffing Requirement

The IGSA between ICE and Charlton County for the detention and care of detainees at FIPC requires the facility to maintain a monthly minimum staffing level of 95 percent. The total full-time equivalents (FTEs) for FIPC as required by the contract dated January 26, 2022, was 340.40 FTEs. OIDO interviewed the Human Resources Manager and the Business Manager and reviewed the facility's records documenting its current staffing levels. At the time of inspection, the facility had 286.5 staff, or 53.9 FTE vacancies, for a staffing rate of 84.1 percent. The vacant positions included a training director, detention officers, laundry supervisor, records clerk, security administration, transportation staff, a dental technician, and a mental health provider. The Business Manager stated that the COR received monthly reports that demonstrated all vacancies were being covered using overtime.

It is important to note that while the staffing rate was noncompliant with the contractual requirement, the facility has shown a steady decrease in the number of vacant positions in the latter part of 2022. Specifically, tracking by the GEO Human Resource Manager showed that the number of vacancies decreased from 70.9 in August to 53.9 in November 2022. At the time of the inspection, FIPC had 88 applicants in the pipeline awaiting security clearance. Nonetheless, insufficient staffing could have a detrimental impact on the facility's ability to supervise and provide acceptable care to detainees.

On May 5, 2023, ICE ERO indicated that GEO acknowledges the current staffing shortages at the FIPC and that they are addressing this deficiency by engaging in an aggressive recruitment process to fill vacancies. As of April 27, 2023, FIPC had 298 staff on board resulting in a staffing level of 87 percent with 37 new applicants pending background security clearance. The Atlanta Field Office continues to closely monitor the staffing levels at FIPC. OIDO acknowledges ICE ERO and GEO's continued recruitment and monitoring efforts to address this deficiency.

D. Areas of Concern

The Facility's Credentialing Policy and Procedures Lacked Clear Guidance for Requirements to Conduct a National Practitioner Data Bank Query for the Allied Health Professionals During the Biannual Recredentialing Process

The 2011 PBNDS section 4.3 on medical care requires health care personnel to perform duties within areas for which they are credentialed by training, licensure, certification, job descriptions, and/or other authorizations. All personnel must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements.

The GEO Correctional Health Services Credentialing and License Verification Policy 402 states that credentials must be re-evaluated, verified, and approved every two years. Section A of The GEO Correctional Health Services Credentialing and Licensing Verification Procedure 402-A indicates that the Corporate Credentialing Administrator will query the National Practitioner Data

Bank (NPDB)[20] during the recredentialing process of the Licensed Independent Practitioners, Nurse Practitioners, and Physician Assistants. Section B, which focuses on the Allied Health Professionals (AHP), states that AHPs (registered nurses (RN), licensed practice nurses (LPN), licensed vocational nurses (LVN), certified medical assistants, and Accredited Record Technician will be credentialed by the HSA and documentation will be maintained in the individual's personnel files. The HSA designee will verify the license/registration/certification from the primary source at the time of hire and periodically throughout the provider's employment to ensure that they are current and in good standing. Section C states that each licensed provider, including but not limited to, MDs, Doctors of Osteopathic Medicine, Doctors of Dental Surgery, Doctors of Dental Medicine, Physician Assistants, Nurse Practitioners, Doctors of Optometry, RNs, LPNs, LVNs, psychologists, and Licensed Clinical Social Workers will be responsible for keeping their license, certification, and/or credentials current and for providing verification of renewal to their supervisor.

OIDO reviewed nine medical staff credentialing files for the following positions: three RNs, two LPNs, one dentist, one pharmacy technician, one HSA, and one Nurse Practitioner. OIDO found six out of the nine medical staff credentialing files to be complete. OIDO found that the file for the pharmacy technician was missing a job description. In addition, two files for nurses (one RN and LPN) did not have current queries from the NPDB. Neither nurse had received an NPDB query since 2017.

On May 5, 2023, ICE ERO indicated that FIPC follows the NCCHC standards, as the 2011 PBNDS requires. The applicable NCCHC rule states that "the credentials verification process includes inquiry regarding sanctions or disciplinary actions of state boards and, for prescribers, the National Practitioner Data Bank (NPDB)." Further, the NCCHC defines a prescriber as a nurse practitioner, physician assistant, physician, dentist, or optometrist. Therefore, registered nurses and licensed practical nurses do not need an NPDB under NCCHC standards. Accordingly, FIPC completes the NPDB query at the time of initial hire for each RN and LPN. Thereafter, the facility obtains reportable licensing information directly from the applicable state board of nursing during the license renewal process. The state records and maintains reportable incidents on the state's professional licensing website. The FIPC queries both state agencies and "nurses" to obtain updated credentialing and licensing information. ICE ERO provided examples of nurses' credential files that followed these procedures.

ICE ERO further reported that on January 19, 2023, the HSA conducted a 100 percent credential file review. This review confirmed the job description for the pharmacy technician was missing from the credential file, and it was immediately corrected. Moving forward, the HSA or designee will review all credentialing files annually to verify sustained compliance.

Maintaining complete and well-organized healthcare personnel files is critical to ensuring that personnel have up-to-date required licensures, certifications, and/or training necessary to perform

[20] The NPDB is a web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers. Established by Congress in 1986, it is a workforce tool that prevents practitioners from moving state to state without disclosure or discovery of previous damaging performance.

their duties. OIDO found that the guidance in the GEO Correctional Health Services Credentialing and License Verification Policy 402 and Procedure 402-A lacked clarity as to what recredentialing documents are required for the AHPs. Specifically, it fails to mention or require the facility to conduct a biannual NPDB query for AHPs.

NPDB information is intended to be used in combination with information from other sources and should not be used as the sole source of verification of professional credentials. While there is no regulatory guidance requiring an NPDB to be completed for AHPs beyond their initial hiring, periodic and/or continuous NPDB queries allows the employer to receive new or updated report notifications related to medical malpractice payments and certain adverse actions, which aids with informed decision-making and risk mitigation. This process is vital to help reduce negative outcomes.

The Facility Established a Short-Term Fix to Provide Weekend Mental Health Care Coverage but a Mental Health Provider Vacancy Remained Open

In reference to the facility's corrective actions to provide weekend mental health coverage, as noted above in the resolved areas of initial non-compliance, while OIDO finds these actions sufficient as a temporary fix that brings the facility into compliance on this issue, the corrective action does not provide a long-term solution. On June 14, 2023, OIDO conducted a subsequent interview with the FIPC HSA to obtain an update regarding the third mental health provider vacancy. The HSA stated that the facility had selected a licensed clinical social worker to fill the vacant position, but the candidate had ultimately declined the position before onboarding. As a result, recruitment processes were continuing, and the HSA had a scheduled interview on this date. In the meantime, the facility psychologist was providing weekend coverage when required. While OIDO acknowledges FIPC's efforts to ensure detainees on suicide watch receive daily mental health treatment by a qualified staff member, to include weekends and holidays, without addressing the underlying staffing vacancy, coverage will continue to be a concern at the facility. Adequate mental health staff ensures detainees are provided timely and appropriate mental health care as required by the contract.

Conclusion

OIDO's inspection led to several findings categorized as follows: 11 areas of compliance, eight areas of non-compliance, and two areas of concern. The facility's eight areas of non-compliance were in the following areas: drug screening, documentation of peer reviews, mental health coverage, medical equipment checks, medical emergency training, medical grievance process, COVID-19 protocols, and facility staffing levels. In addition, OIDO identified two areas of concern related to medical credentialing policies and mental health staffing levels. While OIDO found eight areas of non-compliance, as noted above, the facility acknowledged and took corrective action during or following the inspection to address seven of the issues. OIDO deems these corrective actions sufficient and does not make further recommendation below.

OIDO made three recommendations designed to improve operations at the facility and meet ICE detention standards and contract terms. Complying with ICE's 2011 PBNDS and contract terms is essential to ensuring the health, safety, and rights of detainees. ICE must ensure that FIPC complies with the detention standards and contract terms and takes meaningful corrective action to address

deficiencies.

Recommendations

Recommendation 1: For safety, and security, medical care and the overall well-being of detainees, the facility should maintain a monthly staffing level of 95 percent to comply with contractual requirements.

Recommendation 2: For medical care, facility's corporate credentialing policy and procedure should be written more clearly and include guidance requiring the facility to conduct a NPDB query for AHPs during the biannual recredentialing process.

Recommendation 3: For compliance with mental health treatment and monitoring requirements, the facility should ensure sufficient staffing to permit qualified daily checks of detainees on weekends by hiring a third mental health provider.

Response from Inspected Component and OIDO Analysis

ICE officials concurred with all three recommendations and identified corrective actions to address the issues identified during the OIDO inspection. OIDO considers ICE's responses to recommendations 1, 2, and 3 to be responsive to the recommendations. Recommendations 1, 2, and 3 will remain open until OIDO receives the supporting documentation requested.

Component Response to Recommendation 1: ICE concurs with this recommendation. FIPC acknowledges the requirement to reach 95 percent staffing and is utilizing onboard staff and overtime, at GEO's expense, to reach the staffing requirements. FIPC continues to recruit and actively hire for any vacant positions.

As of June 22, 2023, the facility has 298 staff on board. This staffing has improved FIPC's vacancy rate to 93 percent. In addition, there are currently 41 applicants who have accepted job offers. Twenty-five applicants have cleared GEO's background and were in ICE's Personnel Security Unit (PSU) background screening process, as detailed by the PSU report distributed on June 21, 2023. GEO indicated it will continue to recruit and interview, adding approximately 5-10 additional applicants each month to reach the required staffing level of 95 percent. The Atlanta, Georgia, ERO Field Office management continues to closely monitor the staffing levels at the facility.

OIDO Analysis: OIDO finds these actions to be responsive to the recommendations and considers the matter addressed and open. OIDO will keep this recommendation open until ICE provides OIDO with supporting documentation demonstrating the reported improved staffing rate in accordance with contract requirements. ICE should provide a status update within 60 days.

Component Response to Recommendation 2: ICE concurs with this recommendation. As of June 22, 2023, GEO's Corporate Health Services Division is reviewing and updating its credentialing policy and procedure to clarify when GEO facilities must query the NPDB of AHPs under NCCHC and PBNDS 2011 (revised 2016) requirements.

FIPC follows the NCCHC's standards as required by PBNDS 2011 (revised 2016) 4.3 § II at page

257. The applicable NCCHC rule states that "[t]he credential verification process includes inquiry regarding sanctions or disciplinary actions of state boards and, for prescribers, the NPDB." Further, the NCCHC defines a prescriber as a nurse practitioner, physician assistant, physician, dentist, or optometrist. Registered nurses and licensed practical nurses do not meet the definition of "prescriber" thus, they do not require a biannual NPDB query under NCCHC standards.

Under the current policy, FIPC checks the NPDB query at the time of initial hire for each registered nurse and licensed practical nurse. Next, the facility obtains reportable licensing information directly from the applicable state board of nursing during the license renewal process. The state records and maintains reportable incidents on the state's professional licensing website. The FIPC queries the state agencies and/or "Nurses" to obtain updated credentialing and licensing information.

FIPC is currently in the process of obtaining an automated solution for credentialing that will improve the record check process. Under this new system, each employee's credentials can be checked at predetermined intervals. Once this system is in place, FIPC will expand the pool of employees who receive biannual NPDB checks to include nurses. We hope this system will be "live" by the end of this year.

OIDO Analysis: OIDO finds these actions to be responsive to the recommendations and considers the matter addressed and open. This recommendation will remain open until FIPC provides a copy of the updated GEO's Corporate Health Services Division's credentialing policy and procedure that clarifies when GEO facilities must query the NPDB of AHPs, including nursing and other licensed health care providers. ICE should provide a status update within 60 days.

Component Response to Recommendation 3: ICE concurs with this recommendation. As of June 22, 2023, the facility has a licensed clinical social worker in the process of being hired and will initiate its background review process. Should that process be completed successfully, GEO will initiate PSU's suitability process so the employee can enter on duty. If this candidate is not successful, GEO will continue its recruiting until a licensed clinical social worker enters on duty.

OIDO Analysis: OIDO finds these actions to be responsive to the recommendations and considers the matter addressed and open. OIDO will keep this recommendation open until ICE provides OIDO with supporting documentation demonstrating that the licensed clinical social worker vacancy has been filled and an entry on duty date is provided. ICE should provide a status update within 60 days.

Appendix A:

Office of the Director

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

U.S. Immigration and Customs Enforcement

August 22, 2023

MEMORANDUM FOR: David D. Gersten
Acting Ombudsman
Office of the Immigration Detention Ombudsman

FROM: Patrick J. Lechleitner
Deputy Director and
Senior Official Performing the Duties of the Director
U.S. Immigration and Customs Enforcement

SUBJECT: Response to the Office of the Immigration Detention Ombudsman Draft Report, OIDO Inspection of Folkston ICE Processing Center, November 15 – 27, 2022 (Case No. 22-001062)

Purpose

This memorandum is in response to the Department of Homeland Security's Office of the Immigration Detention Ombudsman (OIDO) draft report, *OIDO Inspection of Folkston ICE Processing Center Folkston.* The inspection of the Folkston U.S. Immigration and Customs Enforcement (ICE) Processing Center (FIPC) in Folkston, Georgia, took place November 15 through November 27, 2022. The inspection performed by OIDO included review of the facility's performance and the facility's compliance with ICE's 2011 Performance-Based National Detention Standards (PBNDS) (revised 2016) and contract terms.

Background

ICE is a federal agency charged with enforcing the nation's immigration laws in a fair, humane, and efficient manner. ICE identifies, apprehends, detains, and removes noncitizens who are amenable to removal from the United States. ICE Enforcement and Removal Operations (ERO) uses its immigration detention authority to effectuate this mission by detaining noncitizens in custody while they await the outcome of their immigration proceedings and/or removal from the United States.

ICE has important obligations under the U.S. Constitution and other federal and state laws when it determines that a noncitizen is subject to detention. ICE national detention standards ensure that detained noncitizens are treated humanely, protected from harm, provided appropriate medical and mental health care, and receive the rights and protections to which they are entitled.

www.ice.gov

ICE ensures detention facilities used to house ICE detained noncitizens do so in accordance with ICE national detention standards. These standards were developed in cooperation with ICE stakeholders, the American Correctional Association, and nongovernmental organizations, and were created to ensure that all noncitizens in ICE custody are treated with dignity and respect and provided appropriate care. Each detention center must meet a set of specified standards.

ICE Response to OIDO's Recommendations

Recommendation 1: For safety, and security, medical care and the overall well-being of detainees, the facility should maintain a monthly staffing level of 95 percent to comply with contractual requirements.

ICE Response: ICE concurs with this recommendation. FIPC acknowledges the requirement to reach 95 percent staffing and is utilizing onboard staff and overtime, at GEO's expense, to reach the staffing requirements. FIPC continues to recruit and actively hire for any vacant positions.

As of June 22, 2023, the facility has 298 staff on board. This staffing has improved FIPC's vacancy rate to 93 percent. In addition, there are currently 41 applicants who have accepted job offers. Twenty-five applicants have cleared GEO's background and were in ICE's Personnel Security Unit (PSU) background screening process, as detailed by the PSU report distributed on June 21, 2023. GEO indicated it will continue to recruit and interview, adding approximately 5-10 additional applicants each month to reach the required staffing level of 95 percent. The Atlanta, Georgia, ERO Field Office management continues to closely monitor the staffing levels at the facility.

Recommendation 2: For medical care, facility's corporate credentialing policy and procedure should be written more clearly and include guidance requiring the facility to conduct a NPDB query for AHPs during the biannual recredentialing process.

ICE Response: ICE concurs with this recommendation. As of June 22, 2023, GEO's Corporate Health Services Division is reviewing and updating its credentialing policy and procedure to clarify when GEO facilities must query the National Practitioner Data (NPDB) of Allied Health Professionals under National Commission on Correctional Health Care (NCCHC) and PBNDS 2011 (revised 2016).

FIPC follows the NCCHC's standards as required by PBNDS 2011 (revised 2016) 4.3 § II at page 257. The applicable NCCHC rule states that "[t]he credential verification process includes inquiry regarding sanctions or disciplinary actions of state boards and, for prescribers, the National Practitioner Data Bank (NPDB)." Further, the NCCHC defines a prescriber as a nurse practitioner, physician assistant, physician, dentist, or optometrist. Registered nurses and licensed practical nurses do not meet the definition of "prescriber" thus, they do not require a biannual NPDB query under NCCHC standards.

Under the current policy, FIPC checks the NPDB query at the time of initial hire for each registered nurse and licensed practical nurse. Next, the facility obtains reportable licensing information directly from the applicable state board of nursing during the license renewal process. The state records and maintains reportable incidents on the state's professional licensing website. The FIPC queries the state agencies and/or "Nurses" to obtain updated credentialing and licensing information.

FIPC is currently in the process of obtaining an automated solution for credentialing that will improve the record check process. Under this new system, each employee's credentials can be checked at predetermined intervals. Once this system is in place, FIPC will expand the pool of employees who receive biannual NPDB checks to include nurses. We hope this system will be "live" by the end of this year.

Recommendation 3: For compliance with mental health treatment and monitoring requirements, the facility should ensure sufficient staffing to permit qualified daily checks of detainees on weekends by hiring a third mental health provider.

ICE Response: ICE concurs with this recommendation. As of June 22, 2023, the facility has a licensed clinical social worker (LCSW) in the process of being hired and will initiate its background review process. Should that process be completed successfully, GEO will initiate PSU's suitability process so the employee can enter on duty. If this candidate is not successful, GEO will continue its recruiting until an LCSW enters on duty.

Additional Information and Copies

To view any of our other reports,
please visit:
www.dhs.gov/OIDO.

For further information or questions, please contact the Office of the Immigration Detention Ombudsman at:
detentionombudsman@hq.dhs.gov.