



# **OIDO INSPECTION**

## **Pine Prairie ICE Processing Center**

OIDO-23-010  
September 20, 2023



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



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

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Date: 2023.09.20 09:49:25 -04'00'

SUBJECT: OIDO-23-010  
Pine Prairie ICE Processing Center  
August 30 – September 1, 2022

Attached is the Office of the Immigration Detention Ombudsman's final report based on its inspection of the Pine Prairie Immigration and Customs Enforcement Processing Center (PPIPC) in Pine Prairie, Louisiana on August 30 - September 1, 2022. We reviewed PPIPC's performance as well as compliance with the U.S. Immigration and Customs Enforcement's (ICE) 2011 Performance-Based National Detention Standards, revised in 2016 (2011 PBNDS).

The report contains eight recommendations aimed at improving operations and conditions at PPIPC and its compliance with the 2011 PBNDS and contract terms. Your office concurred with six recommendations, partially concurred with one recommendation and non-concurred with one recommendation. ICE Officials identified corrective actions to fully address six and partially address one of the issues identified during the OIDO inspection. Based on the information provided in your response to the draft report, we consider recommendations 1, 3, 4(b), 4(c), 4(d), 4(f) and 4(g), 5, 6, 7 & 8 addressed and closed; recommendation 2 partially addressed and open; and recommendations 4(a) and 4(e) unaddressed and open.

Attachment



**OIDO INSPECTION  
OF  
PINE PRAIRIE ICE PROCESSING CENTER**  
Pine Prairie, Louisiana

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## **Executive Summary**

In August and September 2022, the Office of the Immigration Detention Ombudsman (OIDO) conducted an announced inspection of the Pine Prairie ICE Processing Center (PPIPC) in Pine Prairie, Louisiana. This inspection was conducted primarily to examine issues found during the three previous U.S. Immigration and Customs Enforcement (ICE) Office of Detention Oversight inspections of the facility. OIDO reviewed the facility's compliance with specific criteria related to the following nine areas of review: environmental health and safety; facility security and control; special management units; use of force and restraints; food service; medical care and staffing; personal hygiene; recreation; and law libraries and legal material.

OIDO's inspection led to several findings. PPIPC complied with standards in four areas, performed exceptionally well in one area, had 17 noncompliance issues, and had two areas of concern. The facility's 17 violations were in the following areas: drinking water access in medical waiting area; fire safety hazard in food service area; slip hazard in kitchen freezer; labeling, storage, and training on hazardous materials; mental health reviews for detainees in segregation; documentation of [REDACTED] usage; documentation of medical clearances for detainees in segregation; labeling of request and grievance drop boxes in segregation; [REDACTED] documentation of medication doses; medical credentialing; [REDACTED] timely response to detainee communications; detainee privacy; and access to legal materials. While OIDO found 17 violations, it notes that the facility made timely corrective actions to address deficiencies in two areas. In addition, the two areas of concern included efficiency of providing first aid and emergency medical services and documentation of recreation periods. Finally, the area of strong performance was in the facility's use of de-escalation techniques during a use of force incident.

OIDO made eight recommendations designed to improve operations at the facility and meet ICE detention standards and contract terms.



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## Introduction

Pursuant to its statutory responsibilities, the Department of Homeland Security (DHS) Office of the Immigration Detention Ombudsman (OIDO) Detention Oversight 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 August – September 2022, OIDO conducted an announced inspection of Pine Prairie ICE Processing Center (PPIPC) to review the facility’s performance and compliance with the applicable detention standard, the 2011 Performance-Based National Detention Standards as revised in 2016 (hereinafter referred to as the 2011 PBNDS). At the time of inspection, OIDO had one case manager performing routine visits to the facility. OIDO found four areas of compliance, two resolved areas of initial non-compliance, 15 areas of noncompliance, two areas of concern, and one area of strong performance.

## 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.<sup>1</sup>

PPIPC, located in Pine Prairie, Louisiana, is owned and operated by The GEO Group, Inc. (GEO) pursuant to an Intergovernmental Service Agreement with ICE. GEO provides medical and food services, Keefe Commissary Network<sup>2</sup> provides commissary services, and Talton Communications, Inc.<sup>3</sup> provides telephone and tablet services.

PPIPC began housing ICE detainees in 2016 under the oversight of ICE ERO’s New Orleans Field Office and operates under the 2011 PBNDS, as revised in 2016. The National Commission on Correctional Health Care accredited the facility in June 2020. In addition, Creative Corrections, LLC completed an audit in July 2021 and found the facility compliant under the DHS Prison Rape Elimination Act.<sup>4</sup> The facility houses both adult males and females classified as low, medium, or high. The detained population was 393 male detainees on August 30, 2022. The average daily

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<sup>1</sup> 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.

<sup>2</sup> See [Keefe Commissary Network | Keefe Group](#).

<sup>3</sup> See [Talton](#).

<sup>4</sup> See [Pine Prairie ICE Processing Center PREA Audit Report July 2021](#).



population for fiscal year 2022 was 349.<sup>5</sup>

OIDO notes that the following recent compliance inspections had been conducted at the facility prior to its inspection. On February 22-25<sup>6</sup> and August 2-6, 2021,<sup>7</sup> and February 7-10<sup>8</sup> and August 9-11, 2022,<sup>9</sup> the ICE Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted compliance and follow-up inspections.<sup>10</sup> During the February and August 2021 compliance and follow-up inspections, ODO assessed compliance with a total of 31 standards and found five deficiencies in the following four areas: telephone access, environmental health and safety, funds and personal property, and use of force and restraints. During the February and August 2022 compliance and follow-up inspections, ODO assessed a total of 40 standards and found 12 deficiencies in the following ten areas: admission and release, custody classification system, funds and personal property, use of force and restraints, emergency plans, environmental health and safety, admission and release, food service, personal hygiene, and grievance system. In addition, on April 19-21, 2021, the Nakamoto Group, Inc.<sup>11</sup> conducted an annual inspection of PPIPC for compliance with the 2011 PBNDS. Nakamoto assessed compliance with 41 standards and found that all areas were found to meet standards.

## Objective, Scope, and Methodology

OIDO conducted an announced, focused inspection primarily examining issues noted in the recent ICE OPR ODO and Nakamoto compliance inspections as well as several additional areas of review. OIDO's objective was to assess the facility's performance and its compliance with certain standards under the 2011 PBNDS. Specifically, OIDO reviewed the facility on the following nine areas: environmental health and safety, facility safety and control, Special Management Units (SMU), use of force and restraints, food service, medical care and staffing, personal hygiene, recreation, and law libraries and legal material.

The inspection was executed by eight personnel, including five inspectors and three medical experts. 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 PPIPC complied with specific standards in four areas reviewed and had strong performance in use of de-escalation techniques during a use of force incident. The facility had 17 areas of non-compliance: drinking water access

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<sup>5</sup> See [ICE FY 2022 Detention Statistics](#).

<sup>6</sup> See [ICE OPR ODO Inspection of Pine Prairie ICE Processing Center on February 22-25, 2021](#).

<sup>7</sup> See [ICE OPR ODO Inspection of Pine Prairie ICE Processing Center on August 2-6, 2021](#).

<sup>8</sup> See [ICE OPR ODO Inspection of Pine Prairie ICE Processing Center on February 7-10, 2022](#).

<sup>9</sup> See [ICE OPR ODO Inspection of Pine Prairie ICE Processing Center on August 9-11, 2022](#).

<sup>10</sup> Three of the four 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.

<sup>11</sup> See [Nakamoto Group Inspection of Pine Prairie ICE Processing Center on April 19-21, 2021](#).



in medical waiting area, fire safety hazard in food service area, slip hazard in kitchen freezer, labeling, storage, and training on hazardous materials, mental health reviews for detainees in segregation, documentation of [REDACTED] usage, documentation of medical clearances for detainees in segregation, labeling of request and grievance drop boxes in segregation, [REDACTED], [REDACTED], documentation of medication doses, medical credentialing, [REDACTED] timely response to detainee communications, detainee privacy, and access to legal materials. While OIDO found 17 areas of non-compliance, it notes that the facility made timely corrective actions to address deficiencies in two areas, including repairing a broken drinking fountain and replacing a corroded sprinkler head. Finally, OIDO found two areas of concern, including efficiency of providing first aid and emergency medical services and documentation of recreation periods.

The inspection results are divided into five sections: areas of compliance, resolved areas of initial non-compliance, areas of non-compliance, areas of concern, and area of strong performance.

## **A. Areas of Compliance**

### ***The Facility Complied with Standards for Documenting Detainee Activity in Special Management Units***

The 2011 PBNDS section 2.12 on SMU states that detainees in segregation shall have regular access to health care staff, personal legal and law library materials, and telephones, as well as programs and services such as the commissary, library, religious guidance, and recreation. The standard also states that the SMU record or comparable form shall be prepared immediately upon a detainee's placement in SMU.

OIDO reviewed segregation files and detention files<sup>12</sup> for two detainees<sup>13</sup> and found that the facility documented on a daily basis the offering of medical assessments, showers, recreation, laundry, library access, grievance access, and case management. The segregation file also included information about medication administration and meal service. Further, the segregation files showed that the detainees had been released from SMU in a timely and appropriate manner. OIDO also reviewed the SMU out-of-cell activity log documenting detainee activity outside of their cell and found that it was complete.

### ***The Facility Complied with Standards for Documentation of and Training for Use of Force Incidents***

The 2011 PBNDS section 2.15 on use of force and restraints states that calculated use of force is feasible and preferred to immediate use of force in most cases and is appropriate when the detainee is in a location where the detainee poses no immediate threat of harm, even if the detainee is verbalizing threats or brandishing a weapon, provided staff sees no immediate danger of the detainee causing harm to himself or others. A calculated use of force affords staff time to strategize

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<sup>12</sup> Segregation files are maintained while a detainee is housed in the SMU. This file should contain the segregation order and any requests the detainee may have submitted to the facility while in SMU. Once the detainee leaves SMU, the contents of this file are incorporated into the detainee's detention file, which includes all documentation related to that detainee while detained at that facility.

<sup>13</sup> OIDO notes that the two detainee records reviewed were not randomly selected. OIDO reviewed the records of these two individuals because their records were already part of OIDO's review of use of force incident reports.



and resolve situations in the least confrontational manner and attempt to de-escalate the situation.

OIDO reviewed the facility's use of force log for 2022, which contained entries for eight incidents. OIDO found the logbook to be complete and current. Entries for each incident included dates, times, and locations of the incidents, names of detainees and officers involved, and whether the incident involved an immediate or calculated use of force.

OIDO reviewed use of force reports and videos for three of the eight incidents listed in the use of force log. Two incidents involved an immediate use of force, and one incident involved a calculated use of force. During its review of the calculated use of force incident, OIDO found that a supervisor and a medical professional had been on the scene.

The three reviewed use of force videos showed that the facility staff had announced the name of and showed footage of each officer involved at the beginning and end of the video. OIDO found that medical staff had been involved during each incident to ensure detainee well-being. Further, the facility maintained an archive of use of force videos in electronic file storage. Finally, OIDO reviewed use of force orientation and annual training records and found that the facility offered all required courses and appropriately documented attendance.

### ***The Facility Maintained a Clean and Safe Food Service Operation***

The 2011 PBNDS section 4.1 on food service requires that food and ice shall be protected from dust, insects and rodents, unclean utensils and work surfaces, unnecessary handling, coughs and sneezes, flooding, drainage, overhead leakage, and other sources of contamination. Protection shall be continuous, whether the food is in storage, in preparation, on display, or in transit. Potentially hazardous food should be thawed according to safe procedures outlined in the 2011 PBNDS.

OIDO observed the kitchen area, including freezers, refrigerators, dry storage areas, and food preparation areas and found that the facility properly labeled food, kept it in good quality, served it before the labeled expiration dates, and stored it at proper temperatures. OIDO found that facility staff recorded temperature readings on daily Opening and Closing Checklists, which included temperatures for meals served, freezers, refrigerators, and dishwashers. The Opening and Closing Checklists also provided a list of the various temperature requirements for different areas.

Finally, OIDO interviewed food service staff and found they were knowledgeable about safe food handling and procedures. In addition, OIDO reviewed the food service files for five detainee workers, out of a total of 18 employed at the time of OIDO's inspection. OIDO found that all workers' records contained certifications showing they had completed medical clearances and required training, such as equipment and hazardous communication training. Further, OIDO observed eating and serving utensils, pots and pans, ovens and oven hoods and found that they were clean.

### ***The Facility Complied with Standards for Care of Detainees with Chronic Conditions***

The 2011 PBNDS section 4.3 on medical care requires that detainees with chronic conditions receive care and treatment, as needed, that includes monitoring of medications, diagnostic testing, and chronic care clinics. At the time of OIDO's inspection, 48 detainees at the facility were on the chronic care list. OIDO reviewed six chronic care charts for compliance, randomly selecting one



or two detainee records from each area of chronic care conditions found: pulmonary issues, diabetes, human immunodeficiency virus (HIV), and mental health concerns. OIDO found that all detainees had received timely and comprehensive health assessments with continuity of care.

## **B. Resolved Areas of Initial Non-Compliance**

### ***The Facility Repaired the Broken Water Fountain in the Medical Clinic Waiting Area***

The 2011 PBNDS section 4.3 on medical care states that a detainee toilet and drinking fountain shall be accessible from the holding/waiting area. OIDO observed the medical clinic waiting area and found that the water pressure in the fountain was too low to allow an adequate stream of water. OIDO reported this problem, and the facility notified maintenance immediately. OIDO observed maintenance complete the repair during its inspection.

### ***The Facility Replaced a Corroded Sprinkler Head in the Food Service Area***

OIDO observed a corroded sprinkler head in one refrigeration cooler in the food service area. Corroded sprinkler heads have a high risk of malfunctioning. OIDO notified the food safety manager, who contacted maintenance. Maintenance replaced the sprinkler head during the inspection and located the water leak in the ceiling, which had caused the corroded sprinkler head. Maintenance also fixed this leak to prevent future problems with the sprinkler head.

The 2011 PBNDS section 2.4 on facility security and control requires each facility to establish a comprehensive security inspection system that addresses every area of the facility, specifically including the perimeter fence line. The facility must conduct frequent unannounced security inspections on day and night shifts, in part to ensure facility safety, security, and good order; maintain sanitary standards; and eliminate fire and safety hazards. Officers who execute these security checks are required to submit maintenance requests as needed when issues are identified.

## **C. Areas of Non-Compliance**

### ***The Facility Did Not Document Detainee Medical Clearance for Placement in Segregation in the Detainee Medical Records***

The 2011 PBNDS section 4.3 on medical care requires that detainees in SMUs have access to the same or equivalent health care services as detainees in the general population. Specifically, health care personnel shall be immediately informed when a detainee is admitted to SMU and shall conduct an assessment and review of the detainee's medical and mental health status and care needs. Health care personnel shall at a minimum conduct a daily assessment of detainees in an SMU.

In addition, the 2011 PBNDS section 2.12 on SMUs states that detainees must be evaluated by a medical professional as soon as possible, but no later than within 24 hours of placement. This should include a review of whether the detainee has been previously diagnosed as having a mental illness. Further, detailed records shall be maintained on the circumstances related to a detainee's confinement to SMU, through required permanent SMU logs and individual detainee records. The 2011 PBNDS section 7.5 defines a mental health provider as a psychiatrist, clinical or counseling psychologist, physician, psychiatric nurse, clinical social worker, or any other mental health



professional who by virtue of their education, credentials, and experience is permitted by law to evaluate and care for the mental health needs of patients.

At the time of OIDO's inspection, the facility had seven detainees in SMU. OIDO reviewed medical records for each of these detainees and found that they lacked medical and mental health documentation corresponding to the detainees' placement in SMU. Specifically, those seven medical records did not contain documentary evidence that a healthcare professional had completed an assessment of the detainee prior to placement in SMU. There appeared to be a lack of oversight to ensure consistency in documenting segregation medical clearance and clearance for release from segregation in the detainees' medical records.

Inadequate medical documentation of SMU cases increases the possibility that detainees could be placed in a detention setting that is detrimental to their medical and mental health wellbeing. It could also lead to medical personnel missing significant changes in a detainee's medical and mental health status.

#### ***Condensation Build-Up in the Facility's Freezer Created Slip Hazard***

The 2011 PBNDS section 1.2 on environmental health and safety requires facility conditions to be kept at a level that meets recognized standards, including those from the Occupational Safety and Health Administration (OSHA). OSHA standards require that facilities keep all workrooms, storerooms, passageways, and walking-working surfaces in a clean, dry, orderly, and sanitary condition.<sup>14</sup>

During its inspection, OIDO found condensation buildup in the food service walk-in freezer. The condensation caused ice to build up on the freezer ceiling, floor, light fixture, and boxes of frozen food. The facility had previously authorized a purchase order and had contacted a vendor to complete the repair. That vendor was onsite during the inspection and was in the process of making the necessary repairs. This condition was also previously identified during the Annual Department of Health Inspection conducted by the State of Louisiana Office of Public Health and reflected in their report dated June 27, 2022.

The food service manager submitted a work order to the maintenance supervisor to repair the supervisor on August 23, 2023, a week before OIDO's inspection, after identifying the condensation buildup in the freezer. The maintenance supervisor stated he had contacted a vendor to repair the freezer. The vendor determined the problem was related to a part for a fan and the part would have to be ordered. The freezer was not repaired during this inspection. The condensation build-up causes ice to freeze on the boxes of food, ceiling, fans, and floors, creating a slip hazard and potential contamination of food.

#### ***The Facility Incorrectly Labeled Spray Bottles Filled with Diluted Chemicals***

The 2011 PBNDS section 1.2 on environmental health and safety requires any portable container that is not the original shipping container to be designated as an approved safety canister and be listed or labeled by a nationally recognized testing laboratory. Each container shall bear a legible

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<sup>14</sup> OSHA 1910.22(a)(1). General Requirements, Walking-Working Surfaces.



label that identifies its contents.

OIDO observed that spray bottles containing diluted concentrations of certain chemicals were mislabeled with DANGER, when they should have been labeled as CAUTION (*See Exhibit 1*). Mislabeling hazardous chemicals can result in exposure, injury, and delayed or incorrect treatment, potentially leading to serious health issues.



**Exhibit 1.** HDQ Neutral in original shipping container (left); HDQ Neutral spray bottle labeled as health hazard – 3, or DANGER (middle); HDQ Neutral in diluted form incorrectly labeled as health hazard - 3, or DANGER (right), as OIDO observed on September 1, 2022.

*Source: OIDO*

### ***The Facility Did Not Adequately Store Hazardous Materials***

The 2011 PBNDS section 1.2 on environmental health and safety requires facilities to establish a system for storing, issuing, using, and maintaining inventories and accountability of hazardous materials. Every department or other area of the facility using hazardous substances must maintain a file of Material Safety Data Sheets (MSDS), or manufacturer-produced information on individual hazardous substances, including instructions for safe handling, storage, and disposal.

OIDO observed the facility’s chemical storage warehouse and found corrosive chemicals that had been stored on wooden pallets though the MSDS required storage on spill containment platforms or in corrosive resistant cabinets (*See Exhibit 2*).





**Exhibit 2. Corrosive chemicals stored on wooden pallets, as OIDO observed on September 1, 2022.**

*Source: OIDO*

In the same chemical storage warehouse, OIDO found 60 gallons of corrosive chemicals stored in a corrosive cabinet that was only rated for 45 gallons. A review of the MSDS revealed that several chemicals stored together in the cabinet should have been separated and stored on different spill containment platforms or in corrosive resistant cabinets. Finally, OIDO found that the warehouse had insufficient spill containment areas available to properly store chemicals in their inventory.

The Environmental Health and Safety Manager stated he did not know the chemicals should have been separated or stored on spill containment platforms or in corrosive resistant cabinets. OIDO notes that corrosive chemicals pose a severe health risk to staff and detainees if not properly stored. Spill containment or corrosive cabinets prevent chemical reactions if leaks or spills occur.

***The Facility Did Not Maintain a Complete, Updated, or Organized Binder of Materials Safety Data Sheets or Train Staff on Proper Use of Hazardous Substances***

The 2011 PBNDS section 1.2 and GEO Policy 10.2.1<sup>15</sup> on environmental health and safety require that every department or other area of the facility using hazardous substances shall maintain a file of MSDS that includes a list of the locations where hazardous substances are stored along with a diagram and legend of these locations. Staff and detainees shall have ready and continuous access to the MSDS for the substances they work with. Because changes in MSDS occur often and without notice, staff must (1) review the latest issuance from the manufacturers of the relevant substances and (2) update the MSDS files as necessary. The maintenance supervisor/fire safety manager shall compile a master index of all hazardous substances in the facility, including locations, along with a master file of MSDS. GEO Policy 10.2.1 also requires that the chief nurse train all staff and detainees in proper housekeeping procedures and handling of hazardous materials

<sup>15</sup> GEO Group Inc. Pine Prairie ICE Processing Center Policy and Procedure Manual 10.2.1. Environmental Health and Safety, Standards and Procedures.



and chemicals.

OIDO reviewed the master MSDS binder and found it had not been updated since 2019, was disorganized, and was missing four MSDS for cleaning items used at the facility for sanitation. The Fire and Safety Manager was able to produce two of the four missing MSDS during the inspection. OIDO also spoke with four medical staff regarding the master MSDS binder and found that only one could search the binder effectively to find the necessary information. The health services administrator (HSA) and nurses on duty did not know how to use the binder.

Based on OIDO's review, it appears that staff was not properly trained in the MSDS program. The inability to quickly determine dangers, proper use, restrictions, and impacts associated with the use of hazardous substances can result in unsafe exposure and possible injury.

***The Facility Used Personnel Who Were Not Mental Health Professionals to Administer Weekly Mental Health Reviews for Detainees in Special Management Units***

The 2011 PBNDS section 2.12 on SMU states that the facility administrator shall review the status of a detainee in disciplinary segregation. A multi-disciplinary committee of facility staff, including facility leadership, medical and mental health professionals, and security staff shall meet weekly to review all detainees currently housed in the SMU. The 2011 PBNDS section 7.5 defines a mental health provider as a psychiatrist, clinical or counseling psychologist, physician, psychiatric nurse, clinical social worker, or any other mental health professional who by virtue of their education, credentials, and experience are permitted by law to evaluate and care for the mental health needs of patients.

OIDO reviewed seven detainee segregation records, which showed that the facility required nursing staff, including both registered nurses (RNs) and licensed practical nurses, to sign off on weekly mental health provider reviews in lieu of mental health professionals. OIDO found that when a mental health provider was unavailable, the facility had non-mental health medical staff complete the weekly multidisciplinary mental health provider reviews for detainees in SMU. The lack of an onsite mental health provider to complete these reviews for detainees in SMU increases the possibility that detainees could be placed in a detention setting that is detrimental to their medical and mental health wellbeing.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]





***Request and Grievance Boxes in the Special Management Units Were Not Labeled***

The 2011 PBNDS section 4.3 on medical care requires each facility to have procedures that allow detainees the unrestricted opportunity to freely request health care services.

OIDO observed four drop-boxes in SMU, which were used for the collection of detainee medical requests, grievances, and other requests. OIDO found that the drop boxes were unlabeled (*See Exhibit 3*). OIDO brought this to the attention of the Warden, who stated that the boxes should have been labeled, and he would have the issue corrected as soon as possible.



**Exhibit 3. Unlabeled medical request and grievance drop-boxes in the special management unit, as OIDO observed on August 30, 2022.**

*Source: OIDO*

Unlabeled request and grievance drop boxes could confuse detainees and result in misplaced communications and delays in facility or ICE ERO review and response. In the case of medical requests, this could potentially result in untimely care.



[REDACTED]

[REDACTED]

[REDACTED] as OIDO observed on August 31, 2022.

Source: OIDO

***The Facility Did Not Consistently Document Missed Medication Doses or Sign Medication Administration Records***

The 2011 PBNDS section 4.3 on medical care requires that the facility have and comply with written policy and procedures for the management of pharmaceuticals, to include documentation of accountability for administering or distributing medications in a timely manner and according to licensed provider orders.

OIDO reviewed 50 medication administration records for July 2022 and found that medical personnel did not properly document instances when detainees missed medication doses; and records did not reflect why the detainees missed the doses. In addition, OIDO found that several records were missing required staff signatures. Failure to properly document missed medication doses with all required information could prevent medical personnel from correctly monitoring compliance with medication administration, potentially resulting in lack of continuity of care.

***The Facility Did Not Maintain Complete Health Care Staff Credential and Personnel Files***

The 2011 PBNDS section 4.3 on medical care requires that all health care staff must be verifiably licensed, certified, credentialed, and/or registered in compliance with applicable state and federal requirements. Copies of the documents must be maintained on site and readily available for review. A restricted license does not meet this requirement.



OIDO reviewed the credential and personnel files for 17 health care staff and found that the files were disorganized and incomplete. OIDO found that documents were missing, incomplete, or expired. For example, many files did not contain pertinent records, such as current state licensure with primary source verification, position description, National Practitioner Data Bank inquiries, clinical privileges, peer reviews, and Drug Enforcement Administration license, if required per the statement of work. Further, OIDO found that the files of many employees did not reflect current scopes of practice, job descriptions, licensure, certifications, and/or training.

OIDO notes that the HSA provided copies of most of the missing documents prior to the end of OIDO's inspection. 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 their duties.

[REDACTED]

***The Facility Failed to Ensure Timely Responses to Detainee Requests and Grievances***

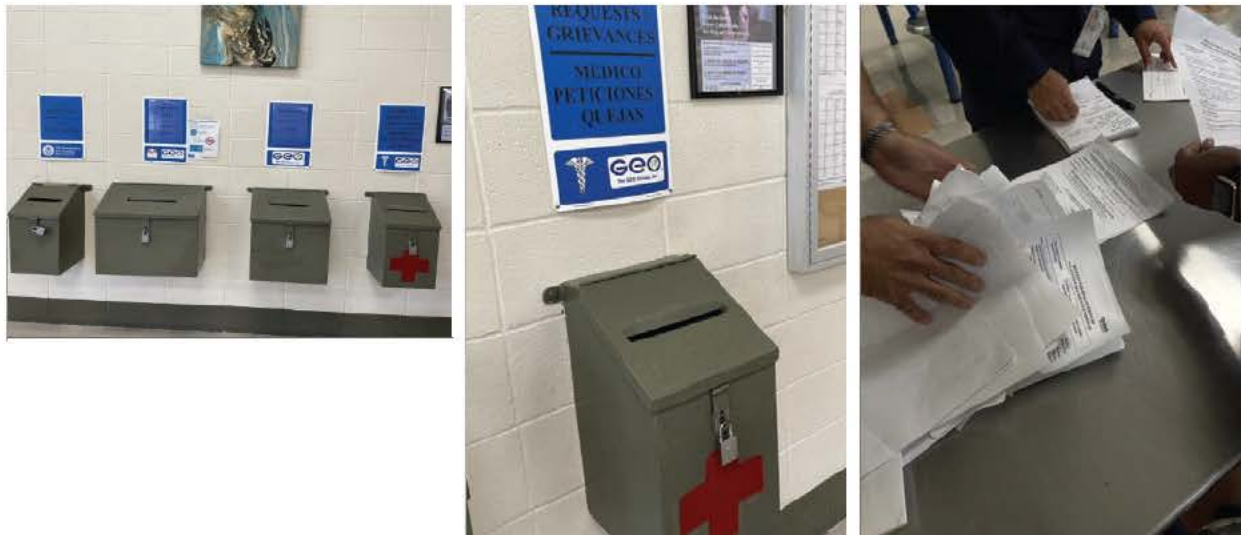
The 2011 PBNDS section 4.3 on medical care requires the facility to establish a procedure to ensure all sick call requests are received and triaged by appropriate medical personnel within 24 hours after a detainee submits the request. All written sick call requests shall be date- and time-stamped and filed in the detainee's medical record. Medical personnel shall review the request slips and determine when the detainee shall be seen based on the acuity of the problem. In an urgent situation, the housing unit officer shall notify medical personnel immediately.

In addition, the 2011 PBNDS section 6.2 on medical grievances requires that the facility ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or next business day, with a response from medical staff within five working days where practicable. Grievances may be submitted directly to medical personnel designated to receive and respond to these grievances. Medical grievances may be submitted in a sealed envelope clearly marked: "Medically Sensitive."



The facility’s supplement to the ICE National Detainee Handbook notes that medical requests shall be placed in the drop-box labeled “Medical Requests” located in the dining hall. The supplement also states that completed medical grievance forms shall be placed in the drop-box labeled “Medical Grievance Only,” which is also located in the dining hall. Designated medical staff shall act on grievances within five working days of receipt and provide the detainee with a written response of the decision made and the rationale.

During its inspection, OIDO observed 29 outdated and unaddressed medical request forms in the dining hall medical request/grievance drop box (*See Exhibit 5*). Of these, 27 were sick call request forms and two were medical grievances. The forms had dates ranging from March through August 2022. In addition, OIDO observed two work clearance forms in the drop box. The HSA reported that the RN on night shift was responsible for a daily check of the medical request/grievance box in the dining hall, but the RN had not been completing this task. Until OIDO’s inspection, the HSA did not know the RN was not checking the drop box.



**Exhibit 5. Unchecked medical requests/grievances drop-box on far right next to the ICE requests, mail requests, and grievances drop-boxes (left); close-up view of medical requests/grievances drop-box (middle); 29 unaddressed medical requests and grievances from the medical requests/grievances drop-box (right), as OIDO observed on August 30, 2022.**

*Source: OIDO*

Facility management did not ensure that medical staff were aware of the medical grievance process and that the medical request/grievance box in the dining hall was being checked regularly. Ensuring that medical staff are adequately trained on the medical grievance process and that medical grievance boxes are checked daily is essential to ensure the facility responds to requests and grievances in a timely manner.

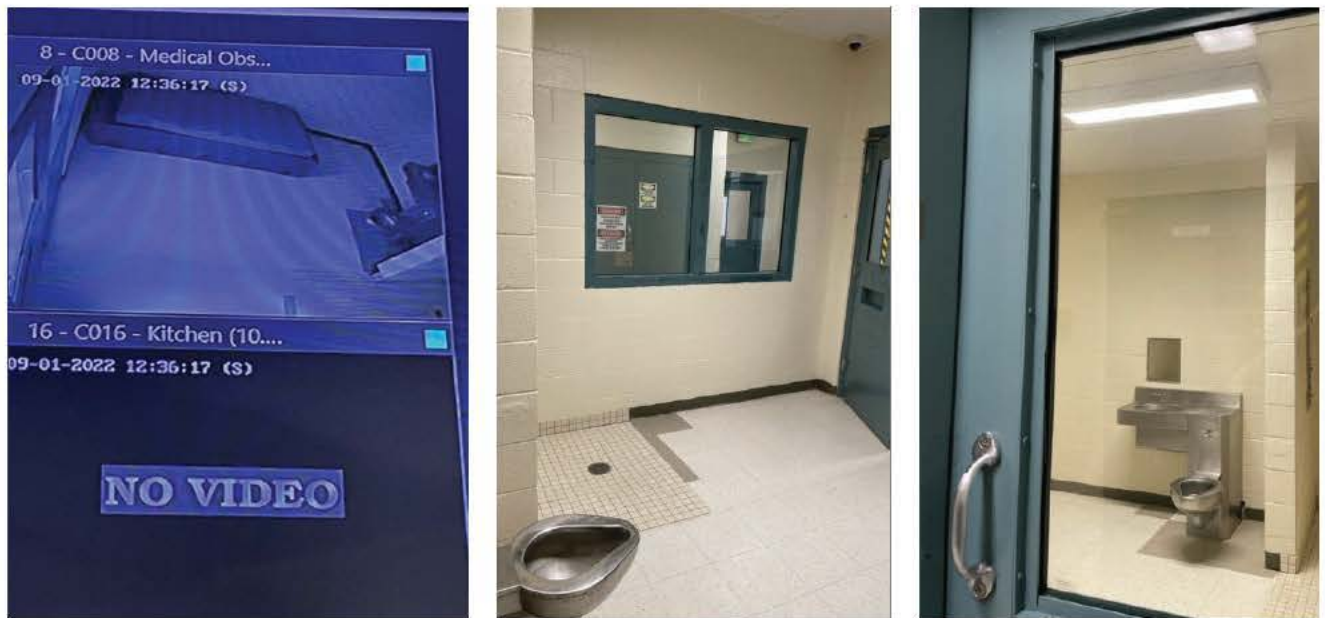
***The Facility Denied Detainee Privacy with One of Its Camera Placements***

The 2011 PBNDS section 4.5 on personal hygiene requires that the facility provide detainees with a reasonably private environment in accordance with safety and security needs. Detainees shall be able to shower, perform bodily functions, and change clothing without being viewed by staff of



the opposite gender, except in exigent circumstances or when such viewing is incidental to routine cell checks or is otherwise appropriate in connection with a medical examination or monitored bowel movement.

OIDO observed a security camera in the medical clinic pointed at the toilet area in medical observation room No. 1 (*See Exhibit 6*). The placement denied detainees privacy to perform bodily functions, as the detainee in medical observation room No. 1 was in full view of male and female staff in the main control room when he/she used the toilet area. Failure to focus cameras appropriately can deny detainees privacy in areas where they should expect it. This set up is only appropriate for suicide prevention observation. At the time of OIDO's inspection, this room was designated as multipurpose and was being used for regular medical cases as well as suicide prevention. As such, the room should provide a reasonably private environment for detainees with non-suicide prevention cases.



**Exhibit 6. Video display showing toilet in medical observation room no. 1 (left); view from toilet in medical observation room No. 1 showing camera in upper right corner of room (middle); view from hallway entry door with toilet area in full view (right), as OIDO observed on September 1, 2022.**

*Source: OIDO*

### ***LexisNexis Software Was Not Functional on Some Law Library Workstations***

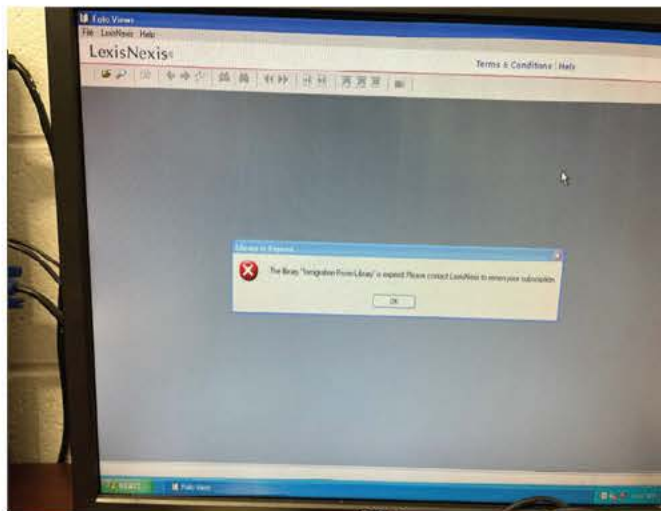
The 2011 PBNDS section 6.3 on law libraries and legal materials requires that the law library have an adequate number of computers to support the detainee population and that detainees in SMU have access to legal materials.

OIDO reviewed law library operations for both the general housing units and SMU. At the time of its inspection, the facility's law library maintained eight LexisNexis workstations and had a full-



time librarian on staff and available during normal, working hours. OIDO interviewed 23 detainees about their experience accessing the law library and none expressed any complaints.

OIDO also tested the eight computers in the law library as well as the one located in SMU and found that one in the law library and the one in SMU did not have the required LexisNexis software (See Exhibit 7). OIDO advised the Chief of Security issue, however, it was not resolved prior to the completion of the inspection.



**Exhibit 7. Law Library workstation located in the SMU indoor recreation area, which would not load the LexisNexis software, as OIDO observed on August 30, 2022.**

Source: OIDO

Failure to ensure all computers used for law library purposes contain the required software denies detainees the opportunity to conduct legal research that might assist them with their immigration proceedings. This is especially important for those detainees in SMU who have limited access to the law library.

## D. Areas of Concern

### *The Facility's Process for Providing Emergency Medical Services and First Aid Was Inefficient*

The 2011 PBNDS section 4.3 on medical care requires the facility administrator, in consultation with the designee for environmental health and safety, to determine the number, contents, and placement of first aid kits. During its inspection, OIDO observed that all first-aid kits and Automated External Defibrillators (AED) were in the medical department. This required medical staff to initiate every medical incident response from the medical department. Lack of first aid kits and AEDs being available throughout the facility could delay emergency response times, potentially causing a delay in critical care or services.

### *The Facility Log Entries for Recreation Periods Were Incomplete*

The 2011 PBNDS section 5.4 on recreation requires that if outdoor recreation is available at the facility, each detainee in the general population shall have access for at least one hour and optimally four hours, seven days a week, at a reasonable time of day, weather permitting. Daily



indoor recreation shall also be available. Recreation schedules shall be provided to the detainees or posted in the facility. In addition, each detainee in SMU shall receive (or be offered) access to exercise opportunities and equipment outside the living area and outdoors, unless documented security, safety, or medical considerations dictate otherwise.

During its inspection, OIDO observed outdoor recreation spaces, including security-enclosed outdoor recreation areas for detainees in SMU, as well as the indoor recreation space in SMU. In addition, OIDO reviewed recreation schedules posted on bulletin boards located in SMU and the housing units. OIDO found that the recreation areas and posted schedules complied with standards.

However, when OIDO reviewed the recreation logs, it found that while detainees did receive outdoor recreation, the logs did not consistently reflect dates outdoor recreation was not available or end times for recreation periods. During its inspection, OIDO advised the Chief of Security of the incompleteness of the recreation logbooks.

While OIDO notes that its inspectors interviewed 23 detainees regarding recreation during its inspection and did not receive any complaints specific to this area of review, failure to maintain accurate recreation logbook entries makes it difficult to effectively monitor whether detainees receive the required recreation time. Insufficient recreation time can be detrimental to the health, welfare, and morale of detainees.

## **E. Area of Strong Performance**

### ***The Facility Effectively Used De-escalation Techniques Prior to a Calculated Use of Force Incident***

The 2011 PBNDS section 2.15 on use of force requires that the on-site ranking detention official, a designated health professional and others as appropriate, shall assess the situation before authorizing a calculated use of force. OIDO reviewed video footage of three use of force incidents. In one incident, a registered nurse and other staff members were able to de-escalate a potentially violent situation with verbal commands. This resulted in a reduced level of force necessary to control the situation.

## **Conclusion**

OIDO's inspection led to several findings. The facility complied with standards for the documentation of detainee activity in segregation, documentation of use of force incidents, maintaining a clean and safe food service operation, and caring for detainees with chronic conditions. Further, the facility performed well in employing de-escalation techniques during a use of force incident.

However, the facility had 17 non-compliance issues in the following areas: drinking water access in medical waiting area, fire safety hazard in food service area, slip hazard in kitchen freezer, labeling, storage, and training on hazardous materials, mental health reviews for detainees in segregation, documentation of [REDACTED] usage, documentation of medical clearances for detainees in segregation, labeling of request and grievance drop boxes in segregation, [REDACTED] [REDACTED] documentation of medication doses, medical credentialing [REDACTED] timely



response to detainee communications, detainee privacy, and access to legal materials. Finally, OIDO found two areas of concern, including efficiency of providing first aid and emergency medical services and documentation of recreation periods.

While OIDO found 17 noncompliance issues, the facility took corrective action during the inspection to address two deficiencies. OIDO deems these corrective actions sufficient and does not make further recommendation for them below.

## Recommendations

**Recommendation 1:** Create and implement internal controls, training, and oversight to ensure equipment located within the food service areas that are susceptible to water damage are routinely inspected. Ensure that necessary repairs are made timely.

**Recommendation 2:** Create and implement internal controls, training, and oversight to ensure the hazardous chemicals are properly stored and labeled, inspections are conducted by the Safety Manager, the master MSDS manuals are updated to accurately reflect all hazardous substances, and MSDS sheets are located everywhere chemicals are stored. Training should include how to use the MSDS manual.

[REDACTED]

**Recommendation 4:** For health care services, create and implement internal controls, training, and oversight necessary to ensure that:

- (a) [REDACTED]
- (b) credentialing and personnel files are up-to-date and readily accessible,
- (c) a qualified mental health provider participates and completes the weekly multi-disciplinary team review for detainees housed in segregation,
- (d) daily medical segregation rounds, clearances, and discharges are documented,
- (e) [REDACTED]
- (f) medical request/grievance boxes are clearly labeled, monitored daily, and any subsequent medical request or grievance is permanently filed in the detainee's medical record, and
- (g) registered nurses conducting CHAs have documented training provided by a physician.

**Recommendation 5:** Reorient the camera located in medical observation room no. 1 of the medical clinic and/or implement an alternate method to provide detainees with privacy for when the room is not in use for suicide prevention purposes.

**Recommendation 6:** Periodically check the computer workstations to ensure detainees have access to the LexisNexis software.

**Recommendation 7:** Add first aid kits to common areas throughout the facility (e.g., intake, kitchen, visitation, and control room).



**Recommendation 8:** Ensure logbook entries consistently document when detainees go to and return from recreation. Entries should include information about when detainees cannot use outdoor recreation areas due to inclement weather.

## Response from Inspected Component and OIDO Analysis

ICE Officials concurred with six recommendations, partially concurred with one recommendation and non-concurred with one recommendation. ICE Officials identified corrective actions to fully address six and partially address one of the issues identified during the OIDO inspection. Based on the information provided in the response to the draft report, OIDO considers recommendations 1, 3, 4(b), 4(c), 4(d), 4(f) and 4(g), 5, 6, 7 & 8 to be addressed and closed; recommendation 2 partially addressed and open; and recommendation 4(a) and 4(e) to be unaddressed and open. Below is a summary of ICE’s response and OIDO’s analysis of each response.

**Component Response to Recommendation 1:** ICE concurs with this recommendation. The facility has made the required repairs and has taken appropriate steps to ensure future compliance to include on-site maintenance and routine inspection of equipment to check for damage and properly ensure a qualified technician makes the needed repairs. The frequency of inspections has increased, and preventative repairs were made that will alleviate reoccurring damage.

**OIDO Analysis:** OIDO finds these actions to be responsive to the recommendation and considers the recommendation to be addressed and closed.

**Component Response to Recommendation 2:** ICE concurs with this recommendation. The facility has taken the appropriate action to safeguard chemicals by instituting an accountability system, including a control log that captures the distribution time, chemical issued, and time of collection. The onsite Detention Standards Compliance Officer routinely makes spot checks, documenting the improvement and that no deficiencies are observed. ERO has confirmed the facility has established a control log and accompanied process.

**OIDO Analysis:** OIDO finds these actions to be partially responsive to the recommendation and considers the recommendation to be partially addressed and open. The ICE response does not address the OIDO recommendation to implement training on the MSDS program. OIDO will close this aspect of the recommendation when ICE provides evidence that they have implemented and documented staff training on the MSDS program.

[REDACTED]

**Component Response to Recommendation 4:** ICE partially concurs with this recommendation. ERO confirms recommendations 4(b), 4(c), 4(d), 4(f), and 4(g) have been addressed and corrected by The Geo Group, Inc. (GEO) and the Pine Prairie ICE Processing Center (PPIPC) staff.

[REDACTED]



[REDACTED]

**OIDO Analysis:** OIDO finds these actions to be partially responsive to the recommendation and considers the recommendation to be partially addressed and open. We will close the recommendation as related to 4(b), 4(c), 4(d), 4(f) and 4(g). [REDACTED]

[REDACTED]

**Component Response to Recommendation 5:** ICE concurs with this recommendation. The facility has reoriented the medical observation camera in Room One to allow for privacy per the standard.

**OIDO Analysis:** OIDO finds this action to be responsive to the recommendation and considers the recommendation to be addressed and closed.

**Component Response to Recommendation 6:** ICE concurs with this recommendation. The computer workstations are now monitored by ICE liaison officers to ensure proper access to Lexis Nexis software and to ensure all equipment is working properly. Updates to Lexis Nexis were ordered recently, and, once updates arrive, the software will be updated on each computer.

**OIDO Analysis:** OIDO finds this action to be responsive to the recommendation and considers the recommendation to be addressed and closed.

**Component Response to Recommendation 7:** ICE does not concur with this recommendation. The Medical Unit has first-aid kits on hand and is staffed 24 hours a day to provide any necessary care.

**OIDO Analysis:** OIDO acknowledges the ICE response and considers the recommendation to be addressed and closed.

**Component Response to Recommendation 8:** ICE concurs with this recommendation. ERO management works closely with the Facility Administrator to ensure compliance and to monitor logbooks for proper documentation regarding recreation. The on-site Detention Standards Compliance Officer notes progress and has not observed any additional deficiencies.

**OIDO Analysis:** OIDO finds this action to be responsive to the recommendation and considers the recommendation to be addressed and closed.



## Appendix A: Health Services Staffing Plan

The GEO Group, Inc.  
Pine Prairie Processing Center  
0-500 Beds (S LA Support)  
Evangeline Parish

Updated 08/01/22

Health Services					
	NonShift	Shift 1	Shift 2	Relief	FTE
ARNP/PA	0.50			1.00	0.50
Physician	0.20			1.00	0.20
Medical Psychologist/or Tele-Psychiatrist	0.50			1.00	0.50
Psychologist	0.50			1.00	0.50
Registered Nurse		1.00	1.00	2.50	5.00
Licensed Practical Nurse	1.00	0.00	0.00	1.00	1.00
Medical Records Clerk	1.00			1.00	1.00
<hr/>					
Sub Total	3.70	1.00	1.00		8.70

Health Care (Provided by D. Boyd 031119)		
	1-700 Beds	701-1000 Beds
<b>Full-Time Staff</b>		
*Health Services Administrator	1.00	1.00
*Director of Nursing (DON)	1.00	1.00
*NP/PA	3.00	3.00
Physician	1.00	1.00
Medical Psychologist/or Tele-Psychiatrist	0.50	0.50
*Psychologist	1.00	1.00
*Mental Health Worker	1.00	2.00
<hr/>		
*Registered Nurse Level 2	7.00	7.00
*Licensed Practical Nurse Level 3	4.67	7.00
*Licensed Practical Nurse (Pharmacy)	1.00	1.00
Medical Records Clerk	2.00	3.00
<hr/>		
<b>Contract Staff</b>		
Dentist	0.50	0.50
Dental Technician	0.50	0.50
X-Ray		
<hr/>		
Sub Total	24.17	28.50



## Appendix B: Component Response

*Office of the Director*

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



**U.S. Immigration  
and Customs  
Enforcement**

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 Pine Prairie ICE Processing  
Center, August 30 – September 1, 2022 (Case No. 22-001055)

**PATRICK J  
LECHLEITNER**  
Digitally signed by PATRICK  
J LECHLEITNER  
Date: 2023.07.10 15:30:54  
-0400'

### 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 Pine Prairie ICE Processing Center*, from an inspection in Pine Prairie, Louisiana, on August 30, 2022 through September 1, 2022.

### Background

U.S. Immigration and Customs Enforcement (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 due under U.S. law.

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

[www.ice.gov](http://www.ice.gov)



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Inspection of Pine Prairie ICE Processing Center, August 30 – September 1, 2022  
(Case No. 22-001055)  
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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 specified standards.

ICE Response to OIDO's Recommendations

**Recommendation 1:** Create and implement internal controls, training, and oversight to ensure equipment located within the food service areas that are susceptible to water damage are routinely inspected. Ensure that necessary repairs are made timely.

**Response:** ICE concurs with this recommendation. The facility has made the required repairs and has taken appropriate steps to ensure future compliance to include on-site maintenance and routine inspection of equipment to check for damage and properly ensure a qualified technician makes the needed repairs. The frequency of inspections has increased, and preventative repairs were made that will alleviate reoccurring damage.

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[REDACTED]

[REDACTED]

**Recommendation 4:** For health care services, create and implement internal controls, training, and oversight necessary to ensure that:

- [REDACTED]
- b) credentialing and personnel files are up-to-date and readily accessible,
- c) a qualified mental health provider participates and completes the weekly multi-disciplinary team review for detainees housed in segregation,
- d) daily medical segregation rounds, clearances, and discharges are documented,
- [REDACTED]



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- f) medical request/grievance boxes are clearly labeled, monitored daily, and any subsequent medical request or grievance is permanently filed in the detainee’s medical record, and
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**Recommendation 8:** Ensure logbook entries consistently document when detainees go to and return from recreation. Entries should include information about when detainees cannot use outdoor recreation areas due to inclement weather.

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## **Additional Information and Copies**

To view any of our other reports,  
please visit:  
[www.dhs.gov/OIDO](http://www.dhs.gov/OIDO).

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

