Detainee Death Review: Carlos Armando MEJIA-Bonilla, (b)(6); (b)(7)(C)
Healthcare and Security Compliance Analysis
Hudson County Department of Corrections and Rehabilitation
Kearny, New Jersey

As requested by the ICE Office of Professional Responsibility (OPR), External Review and Analysis Unit (ERAU), Creative Corrections participated in a review of the death of detainee Carlos Armando MEJIA-Bonilla while a detainee of the Hudson County Department of Corrections and Rehabilitation (HCDCR), Kearney, NJ. A site visit was conducted August 7 through 9, 2017 by a team consisting of ERAU Management and Program Analysts (b)(6); (b)(6); (b)(7)(C) and Creative Corrections contract personnel (b)(6); (b)(7)(C) Program Manager for the ICE/ERAU contract and (b)(6); (b)(7)(C) Healthcare Subject Matter Expert. Creative Corrections participation was requested to determine compliance with the 2008 ICE Performance Based National Detention Standards (PBNDS).

The findings of this review are based on analysis of detainee MEJIA's medical record and detention files, interviews of facility and ICE Enforcement and Removal Operations (ERO) staff, and review of video surveillance recordings, policies, and available incident related documentation. This report includes a case synopsis, description of the facility's medical services, summary information from MEJIA's detention file, chronology of events through his death, and conclusions. MEJIA's vital signs documented during medical encounters are appended.

The reviewers note that the detainee's name as it appears on documentation provided to HCDCR by ERO, including the Order to Detain or Release Alien, Alien Booking Record, Criminal History Report, and Risk Classification Assessment, is Rolando MEZA-Espinoza. All HCDCR documentation reflects this name and staff reported the detainee was known only as MEZA. Because (b)(6); (b)(7)(C) informed the review team that MEZA is an alias and MEJIA is the detainee's lawful name, MEJIA is used in this report.

SYNOPSIS

Detainee MEJIA, 46 years old, was admitted to HCDCR on April 1, 2017. He died on June 10, 2017, two days after he was transferred to the local hospital.

MEJIA reported he was prescribed medications for diabetes, hypertension, anemia, and cirrhosis of the liver. An HCDCR provider ordered medication for diabetes but medications for the other conditions, although verified by MEJIA's community pharmacy, were not started and laboratory testing was not ordered. He submitted seven sick call requests, some of which referenced medications and symptoms of the known chronic conditions. He was seen by the orthopedic

physician following a fall in the shower on June 5, 2017, but was never assessed by a provider as a chronic care patient.

On June 8, 2017, MEJIA was taken to the clinic after he was observed in medical distress and medical emergency was called. He was transported to the hospital by way of ambulance approximately an hour later with diagnoses of dizziness, weakness, hypotension[1], and gastrointestinal bleed. He was pronounced dead on June 10, 2017.

The Certificate of Death issued July 26, 2017 documents the immediate cause of death as gastro-intestinal hemorrhage due to chronic alcoholism.

MEDICAL SERVICES

Medical services at HCDCR are provided by contractor Center for Family Guidance (CFG) Health Systems and nurses employed by Hudson County. The CFG contract, originally awarded on May 14, 2011, was recently revised to call for full staffing by CFG and phasing out of county-hired nurses through attrition. Healthcare position include the Health Services Administrator (HSA), the medical director, one staff physician, 15 nurse practitioners, a Director of Nursing, 23 registered nurses (RN) and 15 licensed practical nurses (LPN). Dental services are provided by three dentists and two dental assistants; mental health services are provided by a PhD psychologist who oversees the department, two psychiatrists, and seven mental health counselors. In addition, there is an administrative assistant, pharmacy technician, and six records technicians and clerks. Professional credentials for staff involved in detainee MEJIA's care were current and primary-source verified. According to the HSA, the facility was awarded accreditation by the National Commission on Correctional Health Care (NCCHC) in October 2016.

Language interpretation services are provided by Language Line Solutions. Approximately ten months prior to the site visit, HCDCR implemented the Centricity GE Electronic Medical Record (EMR).

DETENTION INFORMATION

Detainee MEJIA was classified low custody by HCDCR staff. He was assigned to general population throughout the term of detention and had no disciplinary violations. He filed no grievances and seven requests, all medical.

MEJIA had one visit, on May 27, 2017 from (b)(6); (b)(7)(C) [redacted] (b)(6); (b)(7)(C) [redacted] made deposits to MEJIA's commissary account totaling $350.00 and the detainee made multiple purchases. The

[1] Low blood pressure

commissary balance as of last day of the site visit was $124.00. (b)(6); (b)(7)(C) informed the review team that he would release the balance and MEJIA's personal property to ERO.

CHRONOLOGY OF EVENTS

Saturday, April 1, 2017
6:45 p.m.

Detainee MEJIA arrived at HCDCR and was processed by (b)(6); (b)(7)(C) During interview, (b)(6); (b)(7)(C) stated that he recalled nothing unusual about MEJIA. He said the intake process involves conducting a pat search, inventory of property and funds, issuance of jail clothing, linens and hygiene items, and entry of information into multiple screens of the New Jersey County Correction Information System (NJCCIS), the electronic management information system used at HCDCR. The Background Information and Commitment Summary screens both document MEJIA's primary language was Spanish and "Needs Interpreter"; however, (b)(6); (b)(6); stated he does not speak Spanish and did not use interpretation assistance. He informed the review team that he does not use the telephonic language interpretation service during the intake process, but may ask Spanish-speaking staff for assistance if available.

> **Note**: Based on interviews conducted during the site visit, recounted below, reviewers conclude detainee MEJIA's English language proficiency was very limited.

On the Intake Risk Assessment screen, (b)(6); (b)(7)(C) entered no to questions, "Do you have any medical problems?" and "Do you take any prescribed medications?" However, an untitled form included in MEJIA's detention file documents he responded yes when asked if he has any medical problems, and no to three other health related questions. Except for an illegible staff signature at the bottom, other sections of the form are blank, including Inmate Name and number and Inmate Initials acknowledging the health questions were asked and that he answered truthfully. In addition, there were no initials acknowledging receipt of information on access to telephones, sexual assault and awareness information, and notification that the orientation video is played twice a day, seven days a week.

> **Note**: The form is English.

Valuables Receipt forms completed by (b)(6); (b)(7)(C) document MEJIA arrived with $56.79, a wallet, eight keys, two credit cards, a cell phone with case, New York identification card, New York Benefit card, and SSI (Supplemental Security Income) card. Detainee MEJIA and (b)(6); (b)(6); (b)(7)(C) signed the forms. The Property Receipt form documents he had one pair of jeans, two sweaters, one pair of boots, and was provided with jail clothing, linens, "Rule Book," and hygiene items. According to (b)(6); (b)(7)(C) the Rule Book is the facility's detainee handbook.

Note: The Property Receipt form was signed by detainee MEJIA but not by a staff member.

Note: The identity documents were not turned over to ERO for inclusion in the detainee's A-file.

Note: The forms, including acknowledgement of the accuracy of the inventories and detainee responsibilities are in English.

The Risk Classification Assessment (RCA) completed at the Varick Street Service Processing Center prior to detainee MEJIA's transfer to HCDCR documents ERO classified him as medium high.

Note: This rating was not applied by HCDCR. As discussed below, MEJIA was placed in a pre-classification housing area until classified low custody by facility staff on April 3, 2017.

8:15 p.m.

(b)(6); (b)(7)(C) documented completion of the medical and mental health intake screening. A medical transfer summary did not accompany detainee MEJIA to HCDCR.

Note: (b)(6); (b)(7)(C) informed the review team that initial medical and tuberculosis (TB) screening is not performed at the Varick Street Processing Center if detainees are transferred before approximately 5:30 p.m.

(b)(6); (b)(7)(C) noted on the screening form that an interpreter was not needed for this encounter. During interview, (b)(6); (b)(7)(C) stated she does not speak Spanish, and although she could not recall detainee MEJIA, indicated he "must have spoken English" or she would have noted it in the medical record.

Detainee MEJIA's vital signs were within normal limits, although his blood sugar tested by finger stick was abnormally high at 253. He was 46 years old, his weight was 178, and his height was 57. The review of systems documented MEJIA reported no symptoms related to any of 14 systems listed on the form. (b)(6); (b)(7)(C) documented MEJIA reported he had type 2 diabetes and that he was taking metformin[2]. In the section of the intake screening form titled Medication Verification, she documented the name of his pharmacy as "Brantwood", but noted the medication was not verified and entered, "(Verify Later)".

Note: According to CFG's Clinical Care Guidelines, "Nursing staff is responsible for verifying and confirming a patient's medication(s) with the dispensing pharmacy and/or the prescribing practitioner. The medication verification form must be completed by

[2] Metformin is a prescription medication for diabetes.

nursing staff at the time of intake." When asked about this requirement, (b)(6); (b)(7)(C) stated her job was to simply ask for the name of the pharmacy; a provider or another nurse is responsible for verifying medications.

(b)(6); (b)(7)(C) assigned a Prison Rape Elimination Act (PREA) Sexual Victimization and Abuse score of zero based on detainee MEJIA's answers to five questions. The mental health and suicide risk assessments were normal, and the three-question dental screening was negative. (b)(6); (b)(6); documented MEJIA had no TB symptoms and that TB testing by way of chest x-ray was initiated at the time of intake.

Note: As discussed below, a chest x-ray was not completed until April 3, 2017.

The detainee signed an Informed Consent to Medical Services form acknowledging that he answered all questions truthfully, received instructions on obtaining health services, and consented to routine health care.

Note: The consent form is in English.

(b)(6); (b)(7)(C) cleared detainee MEJIA for housing in general population and referred him to a provider on an urgent basis. The reason for designation as a priority case was his history of diabetes, blood sugar level of 253, and need for an evening dose of metformin. (b)(6); (b)(7)(C) Clinical Psychologist, signed the intake screening three days later on Tuesday, April 4, 2017.

Note: (b)(6); (b)(7)(C) stated during interview that (b)(6); (b)(7)(C) reviews all intake screens to ensure any identified mental health concerns are promptly addressed. The intake screening was not signed by (b)(6); (b)(7)(C) Clinical Director, or designee. (b)(6); (b)(6); stated she was unaware of this requirement.

9:24 p.m.
(b)(6); (b)(7)(C) documented completion of the initial health appraisal.

Note: Need for or use of interpreter assistance was not documented. (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) informed the review team that (b)(6); (b)(7)(C) employment was terminated; therefore, questioning concerning this and other matters was not possible.

In a number of fields on the electronic form, (b)(6); (b)(7)(C) referred to intake screening findings. She also documented MEJIA reported a history of depression, type 2 diabetes[3], cirrhosis[4] of the liver, and anemia, but he did not remember the names of his medications. The physical examination addressed all systems, including abdominal, with findings within normal limits.

[3] Type two diabetes is diabetes resulting from insulin resistance.

[4] Chronic liver cell damage leading to scarring and liver failure.

Note: Proper abdominal assessment may determine the presence of a hepatic mass, or enlarged, fatty, or cirrhotic liver.

The Practitioner Assessment and Plan identified anemia, depression, cirrhosis, hypertension, and diabetes as problems. Orders were issued for Glucophage[5] 500 mg twice daily, and a 2200-calorie diabetic diet. Under Plan Comments, (b)(6); (b)(7)(C) added, "Record release for other medications", presumably referring to obtaining an authorization to release records so the detainee's medications could be determined. She also noted MEJIA was to be scheduled for a chronic care appointment and referred for mental health assessment. The diet order was faxed, and the medication administration record (MAR) documents he received his first dose of metformin that evening and all subsequent doses.

Note: (b)(6); (b)(7)(C) did not schedule MEJIA for a mental health appointment; therefore, he was not evaluated and treated for depression.

Note: (b)(6); (b)(7)(C) orders for metformin and a diabetic diet were in accordance with the CFG Clinical Care Guidelines for diabetes. However, although she included hypertension, anemia, and cirrhosis on the problem list, (b)(6); (b)(7)(C) plan of care did not address these conditions. She did not order blood pressure monitoring or low sodium diet, nor did she order diagnostic testing of any kind, including testing to determine iron and liver function blood levels. During interview of (b)(6); (b)(7)(C) staff physician, he stated laboratory work should have been ordered, adding, "I don't know what she was thinking." While identification of MEJIA as a chronic care patient was appropriate, per policy, the first chronic care appointment would not have occurred for 90 days.

Note: The initial health appraisal was not reviewed and signed by the Clinical Director or her designee. As with the intake screen review, (b)(6); (b)(7)(C) reported she was not aware that the PBNDS requires Clinical Medical Authority review of health appraisals to determine priority for treatment.

Time Unknown
Detainee MEJIA signed a Release of Information Authorization directed to Brentwood Pharmacy of Long Island, NY for release of records. The date stamp reflects it was faxed to the pharmacy at 8:24 a.m. on April 3, 2017. (b)(6); (b)(7)(C) stated during interview that the form was completed by an RN upon direction of (b)(6); (b)(7)(C).

Time Unknown
A form titled, "Patient Information Fact Sheet – Oral Hygiene" was signed by the detainee.

Note: The form is in English.

[5] Glucophage is a brand of metformin.

Sunday, April 2, 2017
6:24 a.m.
According to the NJCCIS Cell Assignment screen, detainee MEJIA was transferred to Alpha 300 East, Cell 414. The review team was informed by (b)(6); (b)(7)(C) that male detainees are placed in this unit pending classification.

Monday, April 3, 2017
12:52 p.m.
A Mobilex Radiology Report documents a chest x-ray showed no evidence of active TB. It also documents heart size was normal with no evidence of pulmonary edema and no acute cardiopulmonary process.

> **Note**: Although (b)(6); (b)(7)(C) documented TB symptom screening was negative at intake, testing for the disease was not conducted until this date. (b)(6); (b)(7)(C) informed the review team that chest x-rays are completed for all detainees who arrive without TB clearance; however, Mobilex mobile x-ray service comes to the facility Monday through Friday, only.

Time unknown
(b)(6); (b)(7)(C) completed a Primary Assessment Form classifying detainee MEJIA as low custody. She applied two points for Severity of Most Recent Charge and one point for Serious Offense History. Although she did not note the specifics of either, the Criminal History Report received from ERO lists only the charge of driving under the influence of liquor. The rating was approved by a supervisor the same day.

> **Note**: (b)(6); (b)(7)(C) stated during interview that classification ratings determined by ERO are not used because they are too high. As noted above, the rating determined by ERO was medium high.

> **Note**: Although (b)(6); (b)(7)(C) stated detainees are classified within 12 hours of arrival, detainee MEJIA was not classified for more than 24 hours after arrival.

April 4, 2017
4:28 p.m.
Per the NJCCIS Cell Assignment screen, detainee MEJIA was transferred to housing unit Alpha 300 West, cell 307. This unit is a two-tier, direct supervision general population housing unit with a total of 32 double-occupancy cells. Detainee MEJIA's cell was on the lower level. The lower level cells surround a dayroom equipped with tables and seating, telephones, two televisions, and a kiosk for submitting commissary orders, requests and grievances. Per the General Population Housing Unit Officer post order, officers are required to make accurate and chronological entries in the housing unit logbook, and make rounds at least every 30 minutes at irregular intervals. During interview of (b)(6); (b)(7)(C) he stated rounds are made

every 15 minutes on midnight shift. He also stated detainees are secured in their cells nightly from approximately 9:00 p.m. until breakfast, or earlier if scheduled for court or medications. There are four security cameras inside the unit which monitor and record events from different angles, and two security cameras in the sallyport area outside the unit.

Thursday, April 6, 2017

Fax documentation from Brentwood Pharmacy was received in the medical unit. Listed medications were antihypertensive medications spironolactone 100 mg daily and lisinopril 10 mg daily; iron supplement Ferosol, one tablet twice daily; a multivitamin, one tablet daily; thiamine,[6] one tablet daily; and metformin at the dose he was receiving. A provider did not review the medication information.

> **Note**: Because the prescription medications were not reviewed, there were no resultant provider orders for medications to address hypertension, anemia, and liver disease, and no attempt was made to identify and seek medical records from providers who ordered these medications.

Friday, April 14, 2017

Detainee MEJIA was seen by (b)(6); (b)(7)(C)[7] for nursing sick call pursuant to requests written in Spanish dated April 10 and 11, 2017. The English translation[8] of the first is as follows: "I need a blood test because at home I am taking iron and blood pressure pills and for the sugar. My blood levels are low, I feel weak. I also use eyeglasses to see." The translation of the second is, "I need you to check my blood pressure and sugar for my diabetes, and I need you to see me soon because I feel very sick. Thank you." Both requests were stamped as received on April 12, 2017. The electronic response from (b)(6); (b)(7)(C) at 12:14 a.m. stated, "Your request will be reviewed soon and you will be scheduled accordingly." During the April 14, 2017 sick call encounter, (b)(6); (b)(7)(C) documented no barriers to communication or use of interpretation assistance. Vital signs were all within normal limits with the exception of a mildly elevated blood pressure of 134/83. The nursing assessment findings were all within normal limits, with the exception of his report of nosebleeds. The Snellen eye test[9] was conducted, and a history of cataracts and vision changes in the past six months was noted. (b)(6); (b)(7)(C) noted that he wore prescription glasses, although she did not note whether the glasses were in his possession or worn at the time of the acuity testing, which showed vision deficits of 20/50 in the left eye, 20/40 in the right eye, and 20/50 in both eyes. The nursing impression was alteration in knowledge deficit. He was provided patient education related to diet, exercise, and medication compliance.

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[6] Thiamine is vitamin B 1, which is often depleted in liver disease related to alcohol abuse.

[7] (b)(6); was no longer employed at HCDCR at the time of the site visit.

[8] Translation of MEJIA's sick call requests was provided by Creative Corrections Subject Matter Expert (b)(6); (b)(6); who is proficient in Spanish and English.

[9] The Snellen test assesses vision by way of an eye chart.

Note: Eyeglasses were not included on MEJIA's personal property inventory. There is no documentation (b)(6); (b)(7)(C) contacted security personnel to request confirmation of whether eyeglasses were in the detainee's property, nor did she refer MEJIA for examination by an optometrist.

Note: (b)(6); (b)(7)(C) note did include subjective data documenting detainee MEJIA's medical complaints as described. In addition, she did not refer the detainee to a provider despite his medical history and complaint of feeling poorly. The reviewer notes that as of this date, MEJIA had been without medication to treat hypertension, anemia, and cirrhosis for two weeks.

Saturday, April 15, 2017
The mental health evaluation and initial dental screening examination, due on or before this date per the standard, were not conducted.

Tuesday, April 25, 2017
Detainee MEJIA was seen at nurse's sick call by (b)(6); (b)(7)(C) pursuant to a sick call request dated April 23, 2017. In Spanish, he wrote, "I need medicine for cough, also I need iron for anemia." The request was not date stamped to document when it was received; however, triage of the request was documented by (b)(6); (b)(7)(C) two days after the date of the request, April 25, 2017. She noted, "sore throat and requesting blood works" and placed him on the sick call list. During the sick call encounter, (b)(6); (b)(7)(C) noted MEJIA's complaints of cough and sore throat, but she did not address the need for or use of interpretation assistance. MEJIA's vital signs were all within normal limits and he denied pain at the time of the assessment. Per the nursing protocol addressing upper respiratory infection, he was provided Tylenol 325 mg twice daily as needed for pain; guaifenesin, one tablet twice daily as needed for cough; and chlorpheniramine maleate 4 mg twice daily as needed for cold symptoms.

Note: (b)(6); (b)(7)(C) did not refer MEJIA to a provider for evaluation of his request for an iron supplement. As noted, documentation received from Brentwood Pharmacy on April 6, 2017, confirmed he was prescribed an iron supplement.

11:49 a.m.
(b)(6); (b)(7)(C) documented a "Chart Maintenance: Clinical Update" listing new problems of acute nasopharyngitis[10] and cough.

Wednesday, May 3, 2017
Detainee MEJIA was seen by (b)(6); (b)(7)(C) pursuant to a sick call request dated April 30, 2017. In Spanish, he wrote, "I need something for cough. I feel very bad. I can't sleep. Also, something for constipation, my stomach is bad." Receipt of the request was date stamped May 2, 2017. (b)(6); (b)(7)(C) documented vital signs were all within normal limits and MEJIA denied

[10] Nasopharyngitis is the common cold.

any pain. Again, need for or use of interpretation assistance was not noted. He was provided Tylenol for pain and guaifensen for his cough.

> **Note**: The additional complaints of constipation, sleep difficulty, and stomach problems were not addressed, and he was not referred to a provider.

Thursday, May 11, 2017

Detainee MEJIA was seen by (b)(6); (b)(7)(C) pursuant to a request dated May 9, 2017. In Spanish, he wrote, "I need to see the doctor because I have an infection on my chest and throat, and I have an itchy rash." (b)(6); (b)(7)(C) triaged the request on May 10, 2017, and scheduled him for May 11, 2017 nurse sick. When seen, (b)(6); (b)(7)(C) again did not document the need for or use of interpretation assistance. Detainee MEJIA's vital signs were all within normal limits and he denied pain. She noted his complaint of nasal congestion and sore throat and of an itchy rash. On observation, skin dryness and pin-point size redness on his upper chest and bilateral upper extremities was noted. There were no open lesions. The nursing diagnosis was acute nasopharyngitis. New medications added per nursing protocols included antifungal cream clotrimazole with self-application to the rash area twice daily, chlorpheniramine maleate twice daily as needed for allergy symptoms, and acetaminophen two tablets twice daily, as needed for pain.

> **Note**: (b)(6); (b)(7)(C) documentation did not address whether she examined MEJIA's throat pursuant to his complaint of a sore throat and nasal congestion.

Thursday, May 18, 2017

Detainee MEJIA submitted a sick call request stating, "I need something to sleep, and I'm having dizzy spells. Could be because my blood is weak. Or the anemia I have." The request was triaged the same day by (b)(6); (b)(7)(C) who referred him to nursing sick call. At 12:08 p.m., (b)(6); (b)(7)(C) documented "Append: Nurse Sick Call," noting MEJIA's vital signs were all within normal limits and he denied pain. The review of systems was normal with the exception of the neurologic exam which noted, "Complains of dizziness on and off not know I was diagnosed with anemia." The nursing impression was recurrent dizziness, and under Additional Information, (b)(6); (b)(7)(C) noted he was fully alert and claimed a history of anemia with recurring dizziness. He was encouraged to take in fluids and advised he would be followed up with a medical provider. There is no documentation he was scheduled for an appointment with a provider following the sick call encounter. Again, (b)(6); (b)(7)(C) did not document need for or use of interpretation assistance.

> **Note**: This request marked the third time MEJIA complained of anemia, a condition reported at intake on April 1, 2017 and for which his pharmacy confirmed he was taking medication on April 6, 2017. He was never evaluated by a provider for this condition.

Tuesday, May 30, 2017

(b)(6); (b)(7)(C) documented renewal of the order for metformin 500 mg twice daily. She stated during interview that a medication nurse asked her to renew the prescription to ensure continuity of care. She wrote the new order for 60 days after reviewing the initial order. She acknowledged she was not aware MEJIA's blood sugar level at the time of intake was 253, and that his blood sugar was not monitored thereafter. She further stated she did not know laboratory testing was not completed and that she assumed the detainee was enrolled in chronic care clinic.

> **Note**: As noted, (b)(6); (b)(7)(C) plan of care resulting from the initial health appraisal included reference to scheduling of a chronic care appointment; however, an appointment was not scheduled and MEJIA was not seen for chronic care follow up.

Tuesday, June 6, 2017

Detainee MEJIA was scheduled for nursing sick call pursuant to a sick call request submitted June 5, 2017. The request stated in Spanish, "I would like to see the doctor, because I have fever." However, prior to the sick call appointment, a 10:35 a.m. General Note entry by (b)(6); (b)(6); (b)(7)(C) documents detainee MEJIA presented to medical with left elbow pain resulting from a fall in the shower the previous day. She stated during interview that she was able to complete the encounter because she speaks "a bit of Spanish and [MEJIA] spoke a little English." She reported MEJIA was able to communicate his complaint, indicating the fall occurred the day before, gesturing that he became dizzy and hit his elbow when he fell. In her note, she documented swelling and redness of the elbow were observed and described him as alert, fully oriented, and not in acute distress. Temperature and respirations were within normal limits; blood pressure and pulse were abnormally elevated at 160/90 and 102, respectively. On examination he was found to have limited range of motion in the left arm. (b)(6); (b)(7)(C) documented MEJIA was referred to a provider, but on interview, stated she specifically referred him to (b)(6); (b)(7)(C) HCDCR's part-time orthopedic[11] physician, because he was the only provider available at the time.

> **Note**: (b)(6); (b)(7)(C) did not document a pain level.

> **Note**: A blood pressure of 160/90 falls within the range classified as stage-two hypertension per parameters set by the American Heart Association. The fact that his temperature was normal signifies that the high pulse rate was not caused by a fever. When asked if the abnormally high blood pressure and pulse were verbally reported to (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) stated she assumed they were related to pain and believed her referral for an appointment was adequate. She also stated it was the physician's responsibility to "check everything" and note the blood pressure.

[11] Related to the skeletal (bone) system.

Time Unknown
Detainee MEJIA was seen by (b)(6); (b)(7)(C) His entry documents the detainee injured his elbow the day before and presented with some swelling, redness, and increased temperature of skin. His assessment and plan was to rule out cellulitis[12]. Detainee MEJIA was placed on the antibiotics clindamycin 300 mg, one daily and Bactrim DS, one tab twice daily. He was to follow up with (b)(6); the following day.

> **Note**: Detainee MEJIA was not seen by (b)(6); on June 7, 2017. (b)(6); stated during interview that he did not receive the referral, and (b)(6); (b)(7)(C) confirmed (b)(6); did not correctly schedule the appointment.

11:02 a.m.
(b)(6); (b)(7)(C) entered orders for an x-ray of the elbow, a complete blood count (CBC) with differential[13], an eight-test chemistry panel[14], and a diabetes panel. He was prescribed enteric-coated naproxen, one tablet twice daily for pain.

> **Note**: According to verbal report of (b)(6); (b)(7)(C), the x-ray was completed upon verbal order of (b)(6); (b)(7)(C) If the x-ray was done per verbal order of (b)(6); (b)(7)(C) he did not enter a corresponding written order. (b)(6); (b)(7)(C) said that as MEJIA was exiting the x-ray room, (b)(6); asked what happened, then said to perform the lab tests. (b)(6); (b)(7)(C) said she did not bring the detainee's elevated blood pressure to (b)(6); (b)(7)(C) attention but mentioned MEJIA was diabetic.

> **Note**: (b)(6); did not conduct an in-person assessment of detainee MEJIA and based on (b)(6); (b)(7)(C) account, did not review the record. He was unaware of the detainee's hypertension.

> **Note**: (b)(6); reviewed and signed the urinalysis results at 3:42 p.m. the next day, following the medical emergency described below. The urinalysis was normal with the exception of a moderate amount of blood in his urine. The remaining laboratory studies were not completed due to clotting of the samples. (b)(6); stated during interview that the new samples should have been collected and speculated a clerk did not notify a provider when notified that the tests were not completed.

11:17 a.m.
Per Mobilex radiology report, the x-ray showed the elbow joint was intact with no fracture or dislocation.

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[12] Cellulitis is a potentially serious bacterial skin infection.

[13] Part of a complete blood count which looks at the various subtypes of blood cells for greater diagnostic ability.

[14] A comprehensive group of blood tests to assess various physical and chemical processes in the body.

Thursday, June 8, 2017
4:30 a.m. – 4:43 a.m.

> **Note**: As detailed below, June 8, 2017 was the date of the medical emergency and detainee MEJIA's hospitalization. The following describes events shown on video taken on cameras in the housing unit and sallyport, logged by (b)(6); (b)(7)(C) and documented in the medical record. The described events begin as cells of detainees scheduled for court and for diabetic checks were unsecured after overnight lockdown. The video was viewed during the site visit on a HCDCR laptop computer only, because required software could not be downloaded on the government-issued or reviewer's personal computers. The reviewer notes the video timestamps were consistent between cameras.

The video shows two detainees exiting their cells at approximately **4:30 a.m.**, then sitting at a table in the dayroom in close proximity to MEJIA's cell. **At 4:33 a.m.**, MEJIA exits his cell and appears to stumble as he closes the door. The two detainees seated at the table run to MEJIA and catch him before he falls. Together, they move toward the table as an officer, identified as (b)(6); (b)(7)(C) approaches. They appear to speak as a second officer[15] approaches, then MEJIA is moved to the table where he is seated, placing his head in his arms on the tabletop. This occurs at **4:35 a.m.** as (b)(6); (b)(7)(C) heads back to his desk where he appears to pick up his radio, then makes a note. A sergeant, identified as (b)(6); (b)(7)(C)[16] in (b)(6); (b)(7)(C) incident report, enters at **4:37 a.m.** and proceeds to the table where MEJIA was seated. Detainee MEJIA appears to speak to the sergeant. According to the A3West logbook and Infirmary/Medical log, Code White was called at **4:38 a.m.** During interview of (b)(6); (b)(7)(C) he confirmed MEJIA was "wobbly" when he came out his cell, and recalled the detainee spoke to him in Spanish. According to (b)(6); (b)(7)(C) incident report, MEJIA said he was diabetic and did not feel well.

> **Note**: Code White was called in approximately five minutes after detainee MEJIA stumbled upon exiting his cell.

The video shows the first medical staff person, identified as (b)(6); (b)(7)(C) arriving at **4:39:06 a.m.** Within seven seconds, two additional medical staff arrive with an inmate worker and gurney. (b)(6); (b)(7)(C) was one of the two staff; the second was identified in (b)(6); (b)(7)(C) report as (b)(6); (b)(7)(C). Also responding was (b)(6); (b)(7)(C) who stated during interview that he observed MEJIA was shaking and appeared disoriented. During interview of (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) both stated a provider does not typically respond to a medical emergency. (b)(6); (b)(6); stated RNs typically respond on their own and if determined necessary, have the patient brought to the clinic for provider assessment. Because she had not toured the facility as of this date, (b)(6); (b)(7)(C) decided to respond with the RN to the medical emergency to see the housing

[15] The second officer could not be positively identified.
[16] (b)(6); (b)(7)(C) was not available during the site visit due to illness.

unit design. The video shows both medical staff at the table where MEJIA was seated at **4:39:47** a.m. During interview, (b)(6); (b)(7)(C) stated she asked him what was going on, indicating she "was able to communicate just enough between her Spanish and his English." She recalled MEJIA said he "didn't feel good", and that another detainee offered that had not been eating. In her medical record entry describing the response, (b)(6); (b)(7)(C) elaborated, stating MEJIA complained of feeling weak, dizzy, and pale, stating he had diarrhea earlier and that he ate little breakfast due to not liking the food. (b)(6); (b)(7)(C) decided moving him to medical was necessary. The video shows attempts to lift the gurney started at **4:40 a.m.** and continued until **4:42 a.m.** At that time, one of the RNs approaches MEJIA, he stands, then walks to the gurney and lays down. (b)(6); (b)(7)(C) documented in her medical record entry that he was able to ambulate slowly to the stretcher, with assistance. The video shows the gurney starts moving at **4:43:11** and exits the housing unit at **4:43:51**.

> **Note**: (b)(6); (b)(7)(C) provided slightly different times in her medical record entry. She documented the emergency code was announced at 4:40 a.m. and that she arrived on the unit at 4:43 a.m. Time of departure from the unit was not documented.

4:46 a.m. – 6:20 a.m.

> **Note**: The following describes events shown on video taken on two cameras in the medical area and documented in the medical record and vehicle sallyport log.

The video shows the team entering medical with the gurney bearing detainee MEJIA at **4:46 a.m**. The gurney is then positioned in the clinic hallway where (b)(6); (b)(7)(C) is seen looking at MEJIA's wristband for identification purposes. She then departs the scene. During interview, (b)(6); (b)(7)(C) said detainees brought to the clinic pursuant to a Code White call are kept in the hallway because of the proximity to the provider's office. She also stated that when asked, the detainee said he felt weak and was depressed; also, that he had not felt well for the past few days. In her medical record entry summarizing events, she documented that detainee MEJIA was brought to medical via stretcher with complaints of dizziness, poor appetite, one bout of diarrhea, and generalized weakness of two days duration. He was awake, alert, and able to communicate, but he appeared very weak and pale with a slow steady gait. He denied chest pain, palpitations[17], shortness of breath, or nausea and vomiting. Intravenous (IV) fluids were started. The video shows MEJIA's vital signs were taken by nurses after (b)(6); (b)(7)(C) left the scene. In (b)(6) (b)(6); (b)(7)(C) medical record entry, she noted MEJIA's temperature, respirations, and pulse oxygen were within normal limits, his blood pressure was abnormally low at 80/50, his pulse was irregular and elevated at 108, and his blood sugar was elevated at 146. (b)(6); (b)(7)(C) documented he was able to drink a small amount of Gatorade, and an intravenous line (IV) was started with normal saline. She said the goal was to stabilize his vital signs.

[17] A sensation that the heart is racing, pounding, fluttering, or skipping beats.

The video shows the next events of significance started at **5:42 a.m.** when (b)(6); (b)(7)(C) is seen at MEJIA's side. Prior to this time, nurses periodically checked the IV line. At 5:42 a.m., (b)(6); (b)(7)(C) moves the gurney's guard rail and motions for the detainee to move. He then swings his legs over the side, stands, moves toward the head of the gurney, and at **5:43:11 a.m.**, starts to topple. (b)(6); (b)(7)(C) stops his fall and appears to call for help. Other medical staff arrive and at **5:44:03 a.m.**, MEJIA is helped into a seated position on the gurney. As he lies down, a pool of a dark substance is visible on the floor.

During interview of (b)(6); (b)(7)(C), she stated she left her office to go to the gurney when she heard MEJIA call out, asking to go to the bathroom. She said MEJIA answered yes when asked if he had to urinate and if he was able to walk. Because she wanted to see him walk to "see how he was doing," she moved the guardrail and watched as he got up. (b)(6); (b)(7)(C) stated he immediately started bleeding from the rectum and started to fall. She called for help and when other nurses responded, directed that 911 be called. During interview of (b)(6); (b)(7)(C), she said she had gone to retrieve a urinal before (b)(6); (b)(7)(C) arrived at MEJIA's side, returning to witness MEJIA stand and falter. She said she immediately noticed melena[18] mixed with blood on the floor. In her medical record entry, (b)(6); (b)(7)(C) wrote that MEJIA urinated a small amount, followed by expelling dark clotted blood from his rectum. He was placed on oxygen via cannula[19], and 911 emergency response was called for transport of the detainee to Jersey City Medical Center (JCMC). Consistent with her report to the review team, (b)(6); (b)(7)(C) medical record entry documents MEJIA was noted to have melena expelled from the rectum while being assisted to stand. He appeared to be in mild distress. The documented diagnoses were dizziness, weakness, hypotension[20], and gastrointestinal bleed. An electrocardiogram[21] (EKG) was ordered stat, and he was to be transferred to the hospital for evaluation and management. (b)(6); (b)(7)(C) later added an order for a mental health referral. She stated during interview that she referred MEJIA for mental health evaluation because he said he was depressed and in anticipation of his return from the hospital.

> **Note**: The time of the 911 call was not documented. (b)(6); (b)(7)(C) stated she made the call when directed by (b)(6); (b)(7)(C) and notified the officer. According to (b)(6); (b)(6); (b)(7)(C) medical staff typically place 911 calls, although security supervisors are authorized to do so when necessary. He said the requirement to document the call to 911 is the responsibility of the staff person who places it. Based on (b)(6); (b)(7)(C) verbal report to the review team, the call was likely made at approximately 5:45 a.m., roughly an hour after he arrived in medical and 65 minutes after he exited his cell.

[18] Melena is dark, black, tarry stool.

[19] A tube placed inside the nostrils.

[20] Low blood pressure

[21] A test which shows the electrical function of the heart.

Note: There is no documentation the EKG ordered by (b)(6); (b)(7)(C) was completed during the hour medical staff were waiting for MEJIA's vital signs to stabilize.

Note: The entries of (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) as described above were the last in the medical record. There are no entries documenting MEJIA's admission to the hospital, communication with hospital personnel thereafter, and his death.

(b)(6); (b)(7)(C) was assigned to the medical clinic at the time. He said during interview that medical staff were surrounding the gurney when he approached the scene. (b)(6); (b)(7)(C) (b)(6); stated he was in Central Control when (b)(6); (b)(7)(C) called and said, "I really need a supervisor here; nurses just called for an ambulance." (b)(6); (b)(7)(C) reported to medical and asked nurses if they needed anything. They confirmed 911 was called and said they needed a partition, which the video shows was placed around the gurney at **5:50 a.m.** (b)(6); (b)(7)(C) stated that before the partition arrived, he leaned over the gurney and said, "Buddy, are you alright?" Detainee MEJIA shook his head. The sergeant observed nurses "doing something" around the lower part of his body. (b)(6); (b)(7)(C) stated nurses were cleaning blood and when the privacy partition was placed, changed MEJIA into a clean uniform. (b)(6); (b)(7)(C) said that when he left the scene, he notified (b)(6); (b)(7)(C) that two officers were needed to accompany MEJIA to the hospital. (b)(6); (b)(7)(C) documented in her incident report that (b)(6); (b)(6); (b)(7)(C) was assigned to ride in the ambulance and (b)(6); (b)(7)(C) [22] was assigned to follow in the chase vehicle.

The Vehicle sallyport logbook documents the ambulance arrived at **5:58 a.m.** and Emergency Medical Technicians (EMT) (b)(6); (b)(7)(C) [23] were escorted to medical.

Note: According to (b)(6); (b)(7)(C) her requests for the ambulance report were denied.

Note: Ambulance arrival at 5:58 a.m. was 13 minutes after the estimated time 911 was called.

Video from the medical area camera shows the EMTs arriving at the scene at **5:59:45 a.m**. At **6:01:49 a.m.**, detainee MEJIA is moved to a wheelchair and at **6:03:49 a.m.**, is moved out of camera range. The vehicle sallyport logbook documents the EMTs returned with MEJIA, accompanied by (b)(6); (b)(7)(C) at **6:12 a.m.** and left at **6:20 a.m.**

Note: Departure from the facility was 35 minutes after the estimated time 911 was called.

Note: The Infirmary/Medical log documents the EMTs arrived on post at 6:10 a.m. and departed at 6:18 a.m. These times are inconsistent with the video and entries in the

[22] (b)(6); (b)(7)(C) first name is unknown.

[23] The first names of EMTs (b)(6); (b)(7)(C) are unknown.

vehicle sallyport log and are believed to be inaccurate. The inaccuracy may be explained by the common practice of officers using personal timepieces which may or may not be in sync with times shown on facility computers and clocks.

During interview of (b)(6); (b)(7)(C) he stated detainee MEJIA was alert during the trip to the hospital and spoke to the EMT in Spanish. The detainee remained alert once in the emergency room, "talking, calm, watching TV, and using the remote." (b)(6); (b)(7)(C) observed blood on the sheets while emergency room staff attended to MEJIA and by his count, nine transfusions were given. He reported MEJIA lost consciousness and was moved to the intensive care unit (ICU) where intubated.

Note: (b)(6); (b)(7)(C) informed the review team that officers who transport and supervise detainees at the hospital do not maintain a logbook. Consequently, information shared by (b)(6); (b)(7)(C) is not documented, including time of arrival at JCMC, detainee MEJIA's admission to the hospital, and placement in the ICU.

11:25 p.m.

According to an Incident Report written by (b)(6); (b)(7)(C) at 11:55 p.m., he was notified that detainee MEJIA was not expected to live through the night. The information was reported by the officer supervising the detainee at the time, (b)(6); (b)(7)(C), through (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) contacted (b)(6); (b)(7)(C) who reported the prognosis was provided by hospital personnel; also, that they informed him MEJIA was in medical distress and bleeding internally. (b)(6); (b)(7)(C) documented he notified HCDCR Assistant Director (b)(6); and directed that a lieutenant notify Assistant Field Office Director (AFOD) (b)(6); (b)(7)(C) Per the report, (b)(6); (b)(7)(C) said the medical staff notified him earlier in the day that detainee MEJIA was taken to the hospital, and that "NY ICE" would make necessary notifications.

June 9 and 10, 2017

(b)(6); (b)(7)(C) reported to the review team than he was assigned hospital duty on these dates. He said he observed MEJIA's abdomen "kept getting bigger and bigger."

June 10, 2017
11:13 p.m.

According to an Incident Report written by (b)(6); (b)(7)(C) he was informed by (b)(6); (b)(6); (b)(7)(C) that detainee MEJIA was pronounced dead at 11:12 p.m. by (b)(6); (b)(7)(C) The report states he instructed (b)(6); (b)(7)(C) to retrieve "proper paperwork" from the coroner's office before leaving the hospital, and then attempted to contact (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) "did not answer and his mail box was full", so he proceeded to contact (b)(6); (b)(7)(C) who directed that he continue to make proper notifications and file a report. He then notified (b)(6); (b)(7)(C) of the death.

June 11, 2017

(b)(6); (b)(7)(C) filed an incident report stating that at 1:52 a.m., the New Jersey Regional Medical Examiner's (ME) Office arrived at the hospital to take custody of the body of the detainee. His request for a release form was denied, so upon authorization from (b)(6); (b)(7)(C) received at 2:09 a.m., he turned custody of the body over to the ME and returned to HCDCR. (b)(6); (b)(7)(C) added a note to (b)(6); (b)(7)(C) report indicating he confirmed that the ME does not issue a release form and that he authorized the officer's return to the facility.

Summary of Hospital Records

The record of the JCMC Emergency Department notes the service date was June 8, 2017 at 6:42 a.m. According to the attending physician, "Patient seen immediately on arrival because of high possibility of imminent or life threatening deterioration in patient's condition." The patient reported the onset of rectal bleeding since overnight, accompanied by a dull lower mild abdominal pain. He reported a history of gastrointestinal bleeding in January requiring blood transfusions.

> **Note**: A history of gastrointestinal bleeding with blood transfusions was not documented in the HCDCR medical record. MEJIA may not have reported the information; or, communication may have been impeded by his poor English language proficiency.

His vital signs were normal, with the exception of a critically low blood pressure of 65/29 and rapid pulse rate of 103. Following the initial assessment and laboratory studies, he was admitted to the intensive care unit at 9:08 a.m. with diagnosis of upper gastrointestinal bleed. His blood pressure continued to drop, recorded at 53/47 and associated with dizziness. He was given a total of 13 blood transfusions, but episodes of significant blood loss in his stool continued. The bleeding was suspected to be a variceal[24] bleed, related to advanced liver cirrhosis. An endoscopy[25] done at the bedside showed blood clots in the esophagus with a significant collection of blood. The bleed remained active, and his liver tests were observed to be worsening, suggesting liver shock[26]. MEJIA was declared dead at 11:22 p.m. on June 10, 2017. The preliminary cause of death was upper gastrointestinal bleed and hemorrhagic shock[27].

Certificate of Death

The Certificate of death was dated July 26, 2017 and signed by (b)(6); (b)(7)(C) State Registrar, Office of Vital Statistics and Registry. The immediate cause of death as gastro-intestinal

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[24] Abnormal veins in the esophagus.

[25] A procedure in which an instrument is introduced into the body to give a view of its internal parts.

[26] An acute liver injury caused by lack of blood and oxygen to the liver, usually due to low blood pressure,

[27] A life-threatening condition resulting from the loss of more than 20% of the body's blood or fluid supply. This severe fluid loss makes it impossible for the heart to pump a sufficient amount of blood to the body.

hemorrhage due to chronic alcoholism. According to (b)(6); (b)(7)(C) an autopsy was not ordered.

After Action Review

(b)(6); (b)(7)(C) stated after action reviews of deaths are conducted by medical personnel. A multi-disciplinary review is conducted only if directed by the HCDCR Deputy Director. In this case, a multi-disciplinary after action review was not conducted, although incident reports describing events were written by some security personnel.

Reviewers were provided with a Corrective Action Plan developed by CFG listing the following goals:

- Medication verification is to be completed within 24 to 72 hours.
- Nurses are to fully document sick call encounters.
- Nurses are to review the medical record to determine third-time requests for the same or similar complaint and ensure the detainee is seen by a provider.
- Nurses are to make appropriate referrals to providers.
- Providers are to order chronic care visits and appropriate lab tests for new intakes.
- The provider who orders the tests will review the results. Test results will be reviewed by (b)(6); if lab work was ordered by an as-needed provider.
- All staff will accurately document Code White response.

In addition, reviewers were provided with a memorandum dated July 3, 2017 from (b)(6); (b)(6); (b)(7)(C) to the Clinical Director listing the following:

1. "All new intakes' medical charts will be cross-referenced with the ERM to ensure all information is accurate and consistent.

2. "The EMR will be modified to send alerts to the provider whenever medication or referrals need to be ordered.

3. "The medical chart of all new intakes referred for medical/psychological appointments will be reviewed to ensure that they are scheduled for speedy follow-up examination.

4. "The medical charts of inmates/detainees currently housed at the HCOC&R who are classified as 'Chronic Care' will be reviewed to ensure continuity of care.

5. "ICE officials will be notified immediately of all new detainees that are identified as 'Chronic Care'. The date, time and name of the ICE official to whom the notification was made shall be recorded in the detainee's medical chart.

6. "There will be regular communication with ICE officials to discuss all 'Chronic Care' and clinical detainee cases.

7. "Representatives from ICE will be invited to attend all [Medical Audit Committee] meetings."

CONCLUSIONS

Medical

MEJIA's medical intake screening was conducted promptly upon his arrival, and appropriately resulted in referral to a provider on an urgent basis due to his high blood sugar level and need for diabetes medication. Diabetes was the only chronic condition identified by the screening nurse, although during the initial health appraisal, cirrhosis, anemia and hypertension were also reported. It cannot be determined whether MEJIA's limited English language proficiency interfered with completion of a thorough, accurate intake screening.

(b)(6); (b)(7)(C), who conducted the initial health appraisal, included diabetes, cirrhosis, hypertension and anemia on the list of MEJIA's medical conditions resulting from her examination; however, her plan of care addressed only diabetes. She did not take the critical step of ordering diagnostic testing for establishment of a treatment plan, nor did she take the very basic step of ordering blood pressure monitoring to determine if anti-hypertensive medication was called for. She directed that MEJIA's medications be verified with his pharmacy; however, neither she nor another medical provider reviewed the list of medications when received five days following the detainee's admission. Included on the list from the pharmacy were medications for the treatment of anemia, hypertension, liver disease, and diabetes. Only diabetes medication was given during the ten week detention period.

(b)(6); (b)(7)(C) referred MEJIA for mental health evaluation because he reported he was depressed, and for a chronic care appointment. Neither the mental health evaluation nor a chronic care appointment were completed. The HSA stated (b)(6); (b)(7)(C) failed to schedule the mental health appointment, and routine chronic care appointments are not scheduled for 90 days per policy.

Detainee MEJIA submitted seven sick call requests. He was seen by RNs, none of whom documented need for or use of interpretation assistance. In two requests submitted within two weeks of arrival, he referenced the fact that he was on blood pressure medication and iron supplements prior to admission and requested that his blood pressure and blood sugar be checked because he was not feeling well. Other requests included complaints of sleeplessness, cough and cold symptoms, feeling weak, "weak blood," and dizziness. Despite the requests wherein he tried to bring to his chronic conditions to attention of the medical department-- conditions already documented in the medical record and for which medications were verified-- nurses failed to refer him to a provider for assessment.

Other than the initial health appraisal, MEJIA's only encounter with a provider was on June 5, 2017, three days before the medical emergency that resulted in his hospitalization. He was brought to medical after reporting he became dizzy and fell in the shower the day before, hurting his elbow. The RN referred him to the orthopedic physician but did not report that MEJIA's blood pressure was elevated at 160/90. An x-ray found the elbow was not fractured or displaced, and the physician referred him staff physician (b)(6); An appointment was not scheduled and MEJIA was not seen.

On the day of the medical emergency, Code White was called within an estimated five minutes after MEJIA was observed in medical distress as he exited his cell. Medical staff arrived quickly thereafter, and (b)(6); (b)(7)(C) determined moving the detainee to the medical clinic was necessary. The responders struggled with the gurney for two minutes before MEJIA was moved from the housing unit to medical. For the next hour, he remained on gurney while IV fluids were administered. While attempting to stand to go to the restroom, MEJIA faltered and expelled bloody stool. Medical staff called 911 but did not document the time. Security personnel expedited the arrival and departure of the EMS responders.

The medical file terminates with entries describing responding to the Code White, actions taken once the detainee arrived in medical, and call to 911. There were no entries documenting contact with the hospital for updates on MEJIA's condition, and no entry documenting his death.

Compliance Findings

Creative Corrections cites the following deficiencies in the ICE 2008 PBNDS:

Medical Care, sections (V)(A), which states, "Every facility shall directly or contractually provide its detainee population initial medical, mental health, and dental screening, primary medical and dental care, emergency care, specialty healthcare, timely responses, mental health care, and hospitalization as needed within the local community."

- Despite MEJIA's report of anemia, hypertension, diabetes, and cirrhosis, the provider who conducted the initial health appraisal did not order blood pressure monitoring or laboratory studies to determine treatment needs.

- The list of medications provided by MEJIA's pharmacy on April 6, 2017 was not reviewed by a provider. Consequently, medications for anemia, hypertension, and liver disease were not ordered, creating a break in continuity of chronic disease treatment.

- In four of MEJIA's seven sick call requests, he referenced conditions for which he was taking medications before he was detained. On April 10, he said he was feeling weak and was taking iron and blood pressure medications at home; on April 11, he asked that

his blood pressure and blood sugar be checked because he was feeling sick; on April 23, he requested an iron supplement; and on May 18, he complained of dizziness related to anemia. Despite his reported history of anemia, high blood pressure and cirrhosis, and confirmation of medications by his pharmacy, RNs did not refer him to a provider for assessment. When he was seen for sick call on May 18, 2017, he was told he would be seen by a provider; however, no appointment was scheduled.

- On April 14, 2017, an eye examination showing significant vision deficits did not result in referral to a provider or eye doctor.

- On May 11, 2017, the RN did not examine MEJIA's throat when assessing him for complaint of sore throat.

- On May 30, 2017, a provider rewrote an order for diabetic medication without conducting a chronic care evaluation.

- An appointment with (b)(6); was not scheduled following referral by the orthopedic physician on June 7, 2017.

- An appointment with a mental health professional was not scheduled following referral by (b)(6); (b)(7)(C); consequently, detainee MEJIA was never evaluated for depression reported during the initial health appraisal.

Medical Care, sections (V)(C)(2), which states, "All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities."

- A chest x-ray for tuberculosis clearance was completed on April 3, 2017. Detainee MEJIA was admitted during the evening hours of April 1, 2017.

Medical Care, sections (V)(I)(1), which states, "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)."

- The intake screening was signed by a psychologist rather than the Clinical Director or designated medical provider.

Medical Care, sections (V)(I)(1), which states, "Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another

staff member competent in the language or by a professional service, such as a telephone translation service.

- Based on available information, MEJIA had limited English language proficiency. Providers and nurses did not document need for or use of interpretation assistance, and documents signed by MEJIA are in English. The language barrier likely impeded communications during medical encounters, and his comprehension of information on the documents he was required to sign, without interpretation, is highly questionable.

Medical Care, sections (V)(J), which states, "The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment."

- The clinical medical authority or other physician did not review and sign the initial health appraisal. Review by a physician may have resulted in identification of diagnostic and treatment omissions by (b)(6); (b)(7)(C) and development of an appropriate plan of care early in the detention period.

Medical Care, sections (V)(K)(4), which states, "Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral."

- Although MEJIA reported depression during the initial health appraisal, a mental health assessment was not conducted during the detention period.

Medical Care, sections (V)(M), which states, "An initial dental screening exam shall be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, registered dental hygienist, or registered nurse."

- A dental examination was not completed.

Medical Care, section (V)(T), which states, "Informed consent standards of the jurisdiction shall be observed, and consent forms shall either be in a language understood by the detainee or translation assistance shall be provided and documented on the form."

- The informed consent form signed by detainee MEJIA was in English. There is no evidence he understood written or spoken English.

Areas of Note

Creative Corrections cites the following additional concerns:

- The HSA exhibited a lack of knowledge of the ICE 2008 detention standards. She stated she was not aware of the Clinical Medical Authority's responsibility to ensure intake screenings and initial health appraisals are reviewed for determination of priority for care. Reviewers recommend that the HSA familiarize herself with the standards.
- (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) documented referral of MEJIA for evaluation/follow up by other providers. (b)(6); (b)(7)(C) stated neither took the necessary step of scheduling the appointments; therefore, they were not conducted. Reviewers recommend that the HSA ensure appointment scheduling procedures are understood and followed.
- The medical team responding to the Code White struggled with the gurney for two minutes. Reviewers recommend testing of the gurney and drills involving its use to assure preparedness in the event of an emergency.
- It is understood that during a medical emergency, health care professionals are not focused on the time events occur. However, because calling for EMS is a critical part of an emergency response, the reviewers recommend that the time be noted and documented.
- Although MEJIA remained an ICE detainee, his medical record ended with his transfer to the hospital. Updates on his status were not documented in the medical record and there was no entry documenting his death.
- As noted in the above compliance findings, language interpretation assistance was not used in any medical encounter. Given MEJIA's limited English language proficiency, conducting medical assessments without assuring he understood the questions and in turn, was understood by the health care professional, was likely an impediment to care. A related concern is the facility's practice of requiring a non-English speaking detainee to sign forms acknowledging receipt and understanding of information communicated in English, including consent for treatment.

Security

Although the intake officer documented detainee MEJIA's primary language was Spanish and that he required interpretation assistance, none was provided during the admission process. The forms he signed were all in English. MEJIA was assigned to a pre-classification housing unit approximately 12 hours after arrival, then to a low custody unit approximately 58 hours later. The classification was applied by facility staff on the second day after arrival.

At approximately 4:33 a.m. on June 8, 2017, MEJIA exited his cell and was observed in medical distress. The officer called Code White within an estimated five minutes. Security and medical staff responded quickly and moved the detainee to the clinic. At 5:45 a.m. (estimated) medical staff called 911 after MEJIA bled through his rectum upon standing. Security personnel provided appropriate support to medical staff, and facilitated the entry and exit of EMS from the facility.

Officers assigned to hospital transport and vigil are not required to maintain a log documenting

actions and events.

No after action review of security personnel's involvement in the medical emergency was conducted, although incident reports were collected by some involved staff. Based on written and verbal reports, security personnel exercised due diligence in notifying ERO and attempting to secure a body receipt from the medical examiner.

Compliance Findings

Creative Corrections cites the following violations of the ICE 2008 PBNDS governing safety and security.

Admission and Release, section (V)(A), which states, "Each detainee's identification documents shall be secured in the detainee's A-file."

- Confiscated identification documents were not turned over to ERO for inclusion in MEJIA's A-file.

Classification System, section (V)(B), which states, "Detainees shall be processed for housing assignments within twelve (12) hours of arrival at the facility. Ordinarily, the initial assessment process shall be completed within twelve (12) hours of admission to the facility. If the process takes longer, documentation will be maintained as to what delayed the process and the detainee will be housed appropriately."

- Detainee MEJIA was moved to pre-classification housing within approximately 12 hours of arrival on April 1, 2017. The initial classification was not completed until April 3, 2017, and he was not moved to a general population housing unit until late in the afternoon of April 4, 2017.

Areas of Note

- As noted in the discussion of medical concerns, non-English speaking detainees should not be required to sign forms acknowledging receipt and understanding of information provided in English, only.
- The second officer in the housing unit when MEJIA exited his cell on June 8, 2017, did not write an incident report and could not be identified. Whereas he witnessed critical events, his observations should have been documented in a report.
- There is no requirement in the ICE PBNDS for maintenance of a log by hospital transportation or vigil officers. However, because a log provides a record of events as they occur, maintaining a log supports accountability and assures information otherwise unavailable is documented. The reviewer recommends that the facility consider instituting a log for hospital transportation details.

- The PBNDS also does not require completion of a multi-disciplinary after action review following a death. However, because security personnel often play an integral role, the reviewer recommends that after action reviews include analysis of actions taken by officers. After action reviews allow determination of adherence to or non-compliance with policy and post orders, and identification of training needs.

APPENDIX
Vital Signs

DATE	TEMPERATURE	PULSE	RESPIRATIONS	BLOOD PRESSURE	PULSE OXYGEN	BLOOD SUGAR	WEIGHT
4/1/2017	98.2		18	100/66	99	253	178
4/14/2017	98.1	74	16	134/83	99		178
4/25/2017	97	67	16	109/60			
5/3/2017		76	16	120/60			
5/11/2017	98	76	16	125/67			
5/18/2017	98	76	16	120/67			
6/6/2017	98.8	102	16	160/90			
6/8/2017	97.0	108*	18	80/50	97	146	
6/8/2017	97.3	108	20	86/50	97.3		

* Pulse was documented as irregular.

ROLANDO MEZA **COMMITMENT#: 09313619 SBI # 46 Years Old**
DOB: 10/24/1970 LOC: Race: Hispanic Gender: Male HLCN: HCCC

04/01/2017 - Nurse Intake: Nurse Intake
Provider: (b)(6); (b)(7)(C)
Location of Care: Co of Hudson Dept of Corrections & Rehabilitation

Encounter Context
Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation
Age at Time: 46 Years Old

Does the inmate agree to medical screening? Agreed

Is the Inmate a Veteran?: No

Interpretation Services
Does the inmate need an interpreter? No

Arresting Injuries
Did you sustain arresting injuries?: Denies

International Travel
Have you traveled outside of the United States in the last 30 days? No
Have you been in contact with anyone that has traveled outside of the US within the last 30 days? No

Physical Limitations
Does inmate have any medical limitations or disabilities? Denies

Allergies
Does inmate have any allergies? Denies

Medications

Are you currently taking or should be taking any type of prescription medications?Yes

Medication Verification (Meds in the Community)
Medications as reported by inmate during admission to facility. If inmate does not know the name(s) of the medication, write the type in the indication column, and complete the form after the med is verified. E.g. Blood Pressure Pill.

Medication #1

Medication Verified: No (Verify Later)

Pharmacy/Source: brantwood pharm
Address: long island

Medication/Description: metformen, Recurrent Rx

ROLANDO MEZA **COMMITMENT#: 09313619 SBI # 46 Years Old**
DOB: 10/24/1970 LOC: Race: Hispanic Gender: Male HLCN: HCCC

3. Family member or significant other has attempted or committed suicide (spouse, parent, sibling, close friend or lover)? No
4. Expresses current thoughts about killing self or has suicide plan? No
5. First time EVER incarcerated? No
6. Is this inmate acting in a significantly strange or bizarre manner (Not due to withdrawal or intoxication)? No
7. Is this inmate disoriented to time, place and person (Not due to withdrawal or intoxication)? No
8. Is the person unresponsive to questioning or withdrawn (NOT due to withdrawal or intoxication)? No
9. Holds a position of respect in community (i.e. professional or public official) and/or alleged crime is shocking in nature? Expresses feelings of embarrassment and shame. Yes
10. History of psychiatric hospitalization? No
11. Shows signs of depression (crying, emotional flatness, negative thinking)? No
12. Expresses that there is nothing to look forward to in the future (helplessness, hopelessness)? No
13. Shows signs of excessive anxiety (agitated, fearful, panic)? No
14. Currently treated by a psychiatrist/psychologist? No
15. Previously treated by a psychiatrist/psychologist? No
16. History of violent behavior/aggression? No
17. Have you been a victim of sexual abuse? No
18. Have you been a victim of criminal violence? No
19. Have you experienced a significant loss in the past 6 months? No
20. Have you ever been placed in a special education setting? No
21. Are you worried about any major problems? (not legal or criminal) No

Review of Systems

GENERAL SYSTEM: Denies Any Sx Related to System.
EYES: Denies Any Sx Related to System.
E/N/T: Denies Any Sx Related to System.
CARDIAC: Denies Any Sx Related to System.
PULMONARY: Denies Any Sx Related to System.
GASTROINTESTINAL: Denies Any Sx Related to System.
GENITOURINARY: Denies Any Sx Related to System.
MUSCULOSKELETAL: Denies Any Sx Related to System.
SKIN: Denies Any Sx Related to System.
NEUROLOGIC: Denies Any Sx Related to System.
PSYCHIATRIC: Denies Any Sx Related to System.
ENDOCRINE: Denies Any Sx Related to System.
HEME/LYMPHATIC: Denies Any Sx Related to System.
ALLERGIC/IMMUNOLOGIC: Denies Any Sx Related to System.

Dental: **Oral hygiene status?** Fair
Large asymmetrical facial swelling? No
Inability to close teeth evenly? No

Alcohol Use

Have you ever used alcohol? Denies

ROLANDO MEZA **COMMITMENT#: 09313619 SBI # 46 Years Old**
DOB: 10/24/1970 LOC: Race: Hispanic Gender: Male HLCN: HCCC

management. Yes
Intake Summary: REFER TO NP

Added Medications

Electronically signed by (b)(6); (b)(7)(C) **on 04/01/2017 at 8:15 PM**
Electronically signed by (b)(6); (b)(7)(C) **on 04/04/2017 at 9:41 AM**

ROLANDO MEZA **COMMITMENT#: 09313619 SBI # 46 Years Old**
DOB: 10/24/1970 LOC: Race: Hispanic Gender: Male HLCN: HCCC

04/01/2017 - Provider Intake: Provider Intake
Provider: (b)(6); (b)(7)(C)
Location of Care: Co of Hudson Dept of Corrections & Rehabilitation

Encounter Context
Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation
Age at Time: 46 Years Old

Provider Initial Medical Screening
Does the inmate agree to medical screening? Agreed
Reason for Priority: hx; DM BS 253 MG/DL, NEED PM DOSE OF METFORMEN (04/01/2017 7:58:28 PM)

Questionnaire Scores and Alerts:
Last PREA Score: 0 (04/01/2017 7:58:28 PM)
Precautions: None (04/01/2017 7:58:28 PM)
Disposition: General Population (04/01/2017 7:58:28 PM)

Positive Symptoms/Problems from Nursing Intake
Handicaps

Pain Scale

Inmate Stated Medications

Medical History

Stated Medical Problems:
DIABETES TYPE 2:
(04/01/2017 7:58:28 PM)

Review of Systems

Social History
Substance Use Tx?: Denies (04/01/2017 7:58:28 PM)

Allergies, Medications and Problems
Active Medications: : GLUCOPHAGE 500 MG ORAL TABS 1 by mouth twice daily.
Problems: Anemia (ICD-285.9) (ICD10-D64.9), Depression (ICD-311) (ICD10-F32.9), Cirrhosis (ICD-571.5) (ICD10-K74.60), HTN (ICD-401.9) (ICD10-I10), DM, uncomplicated, type II (ICD-250.00) (ICD10-E11.9).
Additional Notes Reports h/o depression, DM type 2, cirrhosis of the liver and anemia. Does not remeber the name of all of his medications. uses brantwood pharmacy in islip, NY

Current Vital Signs
Previous Height: 57 (04/01/2017 7:58:28 PM) **Previous Weight:** 178 (04/01/2017 7:58:28 PM)

Pedal Pulses: WNL
Periph. Circulation: WNL

Gastrointestinal

Abdomen: WNL

Liver & Spleen: WNL

Male Genitourinary

Scrotum: WNL

Penis: WNL
Prostate: WNL

Lymphatic

Rectal
Neck: WNL
Axillae: WNL
Groin: WNL
Misc. Lymph Nodes: WNL

Musculoskeletal

Gait & Station: WNL

Digits & Nails: WNL
Head & Neck: WNL
Spine, Ribs & Pelvis: WNL
RUE: WNL
RLE: WNL
LUE: WNL
LLE: WNL

Neurological

Cranial nerves: WNL

Reflexes: WNL
Sensation: WNL

Mental Status

Judgement & Insight: WNL

Orientation: WNL
Memory: WNL
Mood & Affect: WNL

Practitioner Assessment & Plan

New Problems:
Anemia (ICD-285.9) (ICD10-D64.9), Depression (ICD-311) (ICD10-F32.9), Cirrhosis (ICD-571.5) (ICD10-K74.60), HTN (ICD-401.9) (ICD10-I10), DM, uncomplicated, type II (ICD-250.00) (ICD10-E11.9).
Assessment Comments: DM type 2
Cirrhosis
New Medications:
GLUCOPHAGE 500 MG ORAL TABS 1 by mouth twice daily.
New Orders:
2200 Diabetic/Calorie Controlled [2200DM].

ROLANDO MEZA **COMMITMENT#: 09313619 SBI # 46 Years Old**
DOB: 10/24/1970 LOC: Race: Hispanic Gender: Male HLCN: HCCC

04/01/2017 - Internal Correspondence: Handout Printed
Provider: (b)(6); (b)(7)(C)
Location of Care: Co of Hudson Dept of Corrections & Rehabilitation

Printed Handout: - Informed Consent to Medical Services

Electronically signed by (b)(6); (b)(7)(C) **on 04/01/2017 at 8:15 PM**

IMMIGRATION AND CUSTOMS ENFORCEMENT

Detainee Classification System – Primary Assessment Form

(b)(6); (b)(7)(C)

Subject ID: **Event #:** **FINS #:** (b)(6); (b)(7)(C)

NAME: Meza, Rolando

D.O. B. 10/24/70 COUNTRY OF CITIZENSHIP: Honduras

CLASSIFIED BY: (b)(6); (b)(7)(C) (ID #) (b)(6); (b)(7)(C)

DATE: 6/13/17 LANGUAGE: (ENGLISH Y / N) OTHER:

Field Location:

(b)(7)(E)

Office of Enforcement Removal Operations
U.S. Department of Homeland Security
Immigration and Customs Enforcement

201 Varick Street (b)(6); (b)(7)(C)
New York, NY 10014
(b)(6); (b)(7)(C)
Fax (212)620-3441

CRIMINAL HISTORY REPORT

DETAINEE NAME: **Meza Espinoza, Rolando**
DETAINEE A#: (b)(6); (b)(7)(C)
(b)(7)(E)
DETAINEE SBI #:

CRIMINAL HISTORY:

1) **Driving Under Influence Liquor**
2)
3)
4)
5)
6)

RCA

Logged In: (b)(6); (b)(7)(C)

Person ID: (b)(7)(E) Sex: M DOB: 10/24/1970 Current Age: 46 COB: HONDU COC: HONDU
Subject ID : 358380317 Processing Disposition: Bag and Baggage
Case # (b)(7)(E) Case Category: 8C Docket: VRK - Unassigned Docket
Status: Custody Classification Level Supervisory Approval Complete
Initialized On: 04/01/2017 | Man Det Stat/Alleg: N/A | Custody Decision: Detained by the Department of Homeland Security
Last Decision Date: 04/01/2017 | Risk to Public Safety: High
Special Vulnerabilities: None | Risk of Flight: Low | Custody Class.: Medium / High

Current / Active Alerts

- Priority 1
- In Custody
- F.O. of Removal
- Criminal

Meza Espinoza, Rolando (b)(6); (b)(7)(C)

Summary

Status: Custody Classification Level Supervisory Approval Complete
Initiated on: 04/01/2017
Applied to encounter: 358380317
Last submitted for supervisory approval on: 04/01/2017
Last submitted for supervisory approval by: Keane, J 6577

Special vulnerabilities: None

Mandatory detention per statutes and allegations: N/A

Risk to public safety: High

Risk of flight: Low

Detain / release decision: Detained by the Department of Homeland Security
Supervisory approval on: 04/01/2017
Supervisory approval by: (b)(6); (b)(7)(C)

Custody classification level: Medium / High
Supervisory approval on: 04/01/2017
Supervisory approval by: (b)(6); (b)(7)(C)

HUDSON COUNTY
CORRECTIONAL CENTER

NAME:

MEZA, ROLANDO

COMMITMENT#: 09 313619
INS#: (b)(6);

AGE: 46
DATE ENTERED: 04 01 2017

LOCATION: _____

RECEIVING ROOM ID

MEZA, ROLANDO
COMMITMENT#: 09 313619
AGE: 46
DATE ENTERED: 04 01 2017

#: _____

10

...THIS DETAINEE: (mark with X)

1. [ ] Protective Custody
2. [ ] Psychological Impairment
3. [ ] Mental Deficiency
4. [ ] Suicide Risk
5. [ ] Serious Violence Threat
6. [ ] Known Gang Affiliation
7. [ ] Substance Abuse Program
8. [ ] Known Management Problem
9. [ ] Suspected Drug/Alien Trafficker
10. [ ] Suicide Risk
11. [ ] Meclical Problem (PHS Form J-794)
12. [ ] Physical Impairment (PHS Form J-794)
13. [ ] Other (Specify)
14. [ ] Terrorist Threatfferrorist (Auto. L-3)

C. OVERRIDE OF SCALE CUSTODY IS RECOMMENDED: [ ]1YES [ ]2 NO

IF YES, GIVE RATIONALE (Required): _____

D. RECOMMENDED CUSTODY LEVEL:

]High [ ] Medium/High (b)(6); (b)(7)(C)]Low

Classification Agent Signature: _____ Date: 4/3/17

SECTION iii. SUPERVISORY APPROVAL OF OVERRIDE

A. RECOMMENDED CUSTODY LEVEL [ ]APPROVED [ ]DISAPPROVED

B. FINAL CUSTODY LEVEL (Ifoverri dedisapproved).....

[ ] High [ ] Meclium!High [ ] Medium/Low [ ]Low

Rationale (required if different from recommendation): _____

SECTION IV. HOUSING ASSIGNMENT

Final Classification and Housing assignment are:

[ ]High [ ] Medium/High [ ] Me(b)(6); (b)(7)(C) [ ]Low] Admin. Segregation (Memo req.)

SIEA SIGNATURE: _____ DATE: 4.3.17

STATE OF NEW JERSEY

B0008012557

NEW JERSEY DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

STATE FILE NUMBER: 20170034594

1a. Legal Name of Decedent *(First, Middle, Last, Suffix)*: Carlos Armando Bonilla — LIMB ONLY

1b. Also Known As (AKA), If Any *(First, Middle, Last, Suffix)*: Rolando Arnolfo Meza

2. Sex	3. Social Security Number	4a. Age	5. Date of Birth *(Mo/Day/Yr)*
Male	(b)(6)	43 Years	09/23/1973

6. Birthplace *(City & State/Foreign Country)*: La Union, El Salvador

7a. Residence-State	7b. County	7c. Municipality/City	
New York	Suffolk	Central Islip	

7d. Street and Number	7e. Apt No.	7f. Zip Code	7g. Inside City Limits?
12 Linda Lane		11722	Yes

8a. Ever in US Armed Forces?	8b. If Yes, Name of War:	8c. War Service Dates (From/To):
No		

9. Domestic Status at Time of Death	10. Name of Surviving Spouse/Partner *(Name given at birth or on birth certificate)*
Single/Never Married	

11. Father's Name *(First, Middle, Last)*: (b)(6)

12. Mother's Name Prior to First Marriage *(First, Middle, Last)*: (b)(6)

13a. Name of Informant	13b. Relationship to Decedent
(b)(6)	Daughter

13c. Mailing Address *(Street and Number, City, State, Zip Code)*: (b)(6); (b)(7)(C)

14. Method of Disposition	15. Place of Disposition *(name of cemetery, crematory, other)*	16. Location- City & State/Foreign Country
Burial	Queen of All Saints Cemetery	Central Islip, New York United States

17. Name and Complete Address of Funeral Facility: Grant Funeral Homes Inc., 571 Sulfolk Ave., Brentwood NY 11717

18. Electronic Signature of Funeral Director	19. NJ License Number
Donna Bustamante	23JP00509800

20. Decedent Education	21. Decedent of Hispanic Origin?	22. Decedent Race
9th through 12th grade; no diploma	Other Hispanic: Salvadorian	White

23. Occupation of Decedent *(Type of work done most of life, even if retired)*	24. Kind of Business/Industry
Mason	Construction

25. Name and Address of Last Employer: M and B Long Island Construction, -, Brentwood, NY 11717

26. Date Pronounced Dead *(Mo/Day/Yr)*	28. Name of Person Pronouncing Death
06/10/2017	*Dhruv Vasant*

27. Time Pronounced Dead *(24-hr)*	29. License Number	30. Date Signed *(Mo/Day/Yr)*
2312	Medical Resident	06/10/2017

31. Date of Death *(Mo/Day/Yr)*	32. Time of Death *(24-hr)*	33. Was Medical Examiner Contacted?	34. Place of Death
Approx-06/10/2017	2312	Yes	Hospital: Inpatient

35a. Facility Name *(If not institution, give street and number)*: Jersey City Medical Center

35b. Municipality	35c. County
Jersey City	Hudson

CAUSE OF DEATH: 36a. PART I - IMMEDIATE CAUSE - final disease or condition resulting in death. Subsequently list conditions, if any, leading to the cause listed on Line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.

	Interval Between Onset and Death
Immediate Cause: a. Gastro-intestinal hemorrrhage	3 days
Due to *(or as a consequence of)*: b. Chronic alcoholism	unknown years
Due to *(or as a consequence of)*: c.	
Due to *(or as a consequence of)*: d.	

36b. PART II - Enter other significant conditions contributing to death but not resulting in underlying cause given in PART I.

37. Was an Autopsy Performed? No

38. Were Autopsy Findings Available to Complete Cause of Death? Not Applicable

39. Date of Injury *(Mo/Day/Yr)*	40. Time of Injury *(24-hr)*	41. Place of Injury *(e.g. home, construction site, restaurant)*	42. Injury at work?

43a. Location of Injury *(Number and Street, Zip Code)*	43b. Municipality	43c. County	43d. State

Record Contains Amendment ☐

44. Describe How Injury Occurred	45. If Transportation Injury:

46. Manner of Death	47. Did Decedent Have Diabetes?	48. Did Tobacco Use Contribute to Death?	49. If Female, Pregnancy State
Natural	Yes	Unknown	Not applicable

50. Certifier Type	51. Name, Address, and Zip Code of Certifier
Medical Examiner	Eddy J Lilavois, M.D. 325 Norfolk St, Newark, NJ 07103

52. Electronic Signature of Certifier	53. License Number	54. Date Certified *(Mo/Day/Yr)*
Eddy J Lilavois	25MA06385200	06/14/2017

55. Electronic Signature of Local Registrar	56. District No.	57. Date Received	Case ID Number
Laura French	V0236	06/19/2017	1924401

DATE ISSUED: *July 26, 2017*

ISSUED BY:
Jersey City, Room 118

Tamika Harmon, Alternate Deputy Registrar

This is to certify that the above is correctly copied from a record on file in my office.
Certified copy not valid unless the raised Great Seal of the State of New Jersey or the seal of the issuing municipality or county, is affixed hereon.

Vincent T. Arrisi
State Registrar
Office of Vital Statistics and Registry

REG-42B
JUN 14

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This NJ certificate document is printed with a Custom "NJ Vital Records" watermark. Please HOLD at a light to verify its authenticity.
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DETAINEE DEATH REVIEW – Carlos Armando MEJIA-Bonilla
JICMS #201708095

SYNOPSIS

On June 10, 2017, Carlos Armando MEJIA-Bonilla, a forty-three-year-old citizen of El Salvador died while in the custody of U.S. Immigration and Customs Enforcement (ICE) at the Jersey City Medical Center (JCMC), in Jersey City, New Jersey (NJ).[1] The New Jersey Department of Health Certificate of Death documented MEJIA's cause of death as gastrointestinal hemorrhage due to chronic alcoholism.[2]

MEJIA was detained at the Hudson County Department of Correctional Rehabilitation (HCDCR), in Kearny, NJ, from April 1, 2017 to June 10, 2017. HCDCR is governed under an Intergovernmental Service Agreement (IGSA) and is owned and operated by the Hudson County Department of Corrections. HCDCR is contractually obligated to comply with the ICE Performance Based National Detention Standards (PBNDS) 2008. Medical care at HCDCR is provided by Hudson County and supported by Center for Family Guidance (CFG), a contract company. At the time of MEJIA's death, HCDCR housed approximately 591 male and 43 female detainees of all classification levels for periods in excess of 72 hours.

DETAILS OF REVIEW

From August 8 to 10, 2017, ICE Office of Professional Responsibility, External Reviews and Analysis Unit (ERAU) staff visited HCDCR to review the circumstances surrounding MEJIA's death. ERAU was assisted in its review by contract subject matter experts (SME) in correctional healthcare and security. ERAU's contract SMEs are employed by Creative Corrections, a national management and consulting firm.[3] As part of its review, ERAU reviewed immigration, medical, and detention records pertaining to MEJIA, in addition to conducting in-person interviews of individuals employed by HCDCR, CFG, and the local field office of ICE's Office of Enforcement and Removal Operations (ERO).

During the review, the ERAU review team took note of any deficiencies they observed in the facility's compliance with the detention standards as they related to the care and custody of the deceased detainee and documented those deficiencies herein for informational purposes only. Their inclusion in this report should not be construed in any way as indicating the deficiencies identified contributed to the detainee's death. ERAU determined the following timeline of events, from the time of MEJIA's apprehension by U.S. Border Patrol (USBP), through his detention at HCDCR, and eventual death at JCMC.

IMMIGRATION AND CRIMINAL HISTORY

On August 20, 1993, MEJIA unlawfully entered the United States near Douglas, Arizona.[4]

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[1] MEJIA entered ICE custody under the false identity of Rolando Arnulfo MEZA-Espinoza. This report refers to the detainee by his verified true identity, Carlos Armando MEJIA-Bonilla.

[2] Gastrointestinal hemorrhage refers generally to bleeding in the gastrointestinal tract, from the mouth to rectum.

[3] *See* Exhibit 1: Creative Corrections Security and Medical Compliance Review.

[4] *See* INS Form I-221, Order to Show Cause and Notice of Hearing, dated August 21, 1993.

On August 21, 1993, USBP encountered MEJIA near Indio, California and served him with an Order to Show Cause and Notice of Hearing, charging him with inadmissibility pursuant to Section 241(a)(1)(B) of the Immigration and Nationality Act (INA or the Act), as amended, for entry to the United States without inspection.[5] That same day, USBP released MEJIA on his own recognizance, citing a lack of detention space.[6]

On March 15, 1999, MEJIA applied for Temporary Protected Status (TPS) under the alias Rolando Arnulfo Meza-Espinoza of Honduras.[7]

On February 5, 2001, the U.S. Immigration and Naturalization Service (INS) denied MEJIA's TPS application on the basis that he previously presented his identity to an immigration officer as Carlos Armando MEJIA-Bonilla of El Salvador and was therefore ineligible for TPS status as a Honduran national.[8] On July 30, 2001, MEJIA appealed this decision.[9]

On January 10, 2002, INS granted MEJIA TPS under the alias Rolando Arnulfo Meza-Espinoza.[10]

On October 6, 2009, the Suffolk County Court of the State of New York convicted MEJIA (under the alias Meza) of driving under the influence of alcohol and sentenced him to three years of alcohol treatment and a fine.[11]

On November 25, 2014, the Suffolk County Court convicted MEJIA (under the alias Meza) of aggravated driving while under the influence of alcohol, and sentenced him to three years conditional discharge, 18 months with a suspended driver's license, and a fine.[12]

On April 1, 2015, U.S. Citizenship and Immigration Services (USCIS) withdrew MEJIA's TPS approval, citing his felony conviction.[13]

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[5] *See* INS Form I-213, Record of Deportable/Inadmissible Alien, dated August 21, 1993; *see* INS Form I-221, Order to Show Cause and Notice of Hearing, dated August 21, 1993.
[6] *See* INS Form I-213, Record of Deportable/Inadmissible Alien, dated August 21, 1993; *see* USBP Memorandum to File, dated August 21, 1993.
[7] *See* INS Form I-821, Application for Temporary Protected Status, dated March 15, 1999.
[8] *See* Form M-344, TPS Notice (denial), dated February 2, 2001.
[9] *See* Form I-290B, Notice of Appeal or Motion, dated July 30, 2001.
[10] *See* ICE Significant Incident Notification, dated June 10, 2017; *See* INS Form I-821, Application for Temporary Protected Status, stamped January 10, 2002.
[11] *See* ICE ENFORCE Alien Removal Module (EARM) Crime Log, accessed December 20, 2017; *See* U.S, Citizenship and Immigration Services Decision letter, dated April 1, 2015; *see* ICE Significant Incident Notification, dated June 10, 2017.
[12] *See* County Court of the State of New York, Suffolk County, Certificate of Disposition Indictment, dated January 13, 2015.
[13] *See* USCIS Decision letter, dated April 1, 2015.

On April 1, 2017, ICE ERO New York arrested MEJIA in Central Islip, New York (NY) (under the alias Meza).[14] MEJIA was processed at the Varick Street Processing Center and booked into HCDCR (under the alias of Meza) that same date.[15]

On May 4, 2017, ICE ERO New York served MEJIA a Notice to Appear charging him as inadmissible pursuant to Section 212(a)(7)(A)(i)(I) of the INA.[16] MEJIA remained in removal proceedings, and the Executive Office for Immigration Review scheduled his hearing before an immigration judge for June 15, 2017.[17]

NARRATIVE

On April 1, 2017, at 6:45 p.m., MEJIA arrived at HCDCR.[18] (b)(6); (b)(7)(C) conducted the detainee's intake processing and documented MEJIA denied any medical problems or taking any prescribed medication.[19] Although (b)(6); (b)(7)(C) documented MEJIA's primary language was Spanish and that he required an interpreter,[20] (b)(6); (b)(7)(C) stated he conducted MEJIA's intake in English and did not use language interpretation assistance.[21]

(b)(6); (b)(7)(C) inventoried and receipted MEJIA's funds and personal property.[22] According to the valuables receipt, MEJIA arrived with a New York identification card which was secured with his personal property, rather than provided to ERO for inclusion in his alien file as required by the PBNDS 2008.[23] ERAU notes the property and valuables receipts (b)(6); (b)(7)(C) provided MEJIA to sign were written and completed in English rather than the detainee's reported language of Spanish. ERAU notes that although all available documentation and interviews with HCDCR staff indicate MEJIA had limited English language proficiency, all written communications he received from facility staff were in English.

At 8:15 p.m., MEJIA signed an English version of the Informed Consent to Medical Services form,[24] and HCDCR (b)(6); (b)(7)(C) completed MEJIA's medical and mental health intake screening and documented the following:[25]

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[14] *See* ICE Significant Incident Notification, dated June 10, 2017; *see* ICE Form I-213, Record of Deportable/Inadmissible Alien, dated April 1, 2017.
[15] *See* ICE Significant Incident Notification, dated June 10, 2017; *see* ICE Form I-213, Record of Deportable/Inadmissible Alien, dated April 1, 2017.
[16] *See* ICE Significant Incident Notification, dated June 10, 2017.
[17] *See* ICE Significant Incident Notification, dated June 10, 2017.
[18] *See* New Jersey County Correction Information System (NJCCIS) Inmate Information, accessed August 8, 2017.
[19] The Intake Risk Assessment is a standard set of seven questions relating to medical, mental health, and security, asked by the intake officer. *See* NJCCIS Intake Risk Assessment, dated April 1, 2017.
[20] *See* NJCCIS Background Information, accessed August 8, 2017.
[21] ERAU interview with (b)(6); (b)(7)(C) August 8, 2017; (b)(6); (b)(7)(C) stated he occasionally uses Spanish-speaking coworkers for interpretation assistance, but he did not remember whether a coworker assisted him with MEJIA.
[22] *See* Hudson County Correction Center Property Receipt, dated April 1, 2017; *see* Hudson County Correctional Center Property (Valuables) Receipt, dated April 1, 2017.
[23] *See* Hudson County Correctional Center Property (Valuables) Receipt, dated April 1, 2017.
[24] *See* HCDCR Informed Consent to Medical Services, dated April 1, 2017.
[25] *See* Exhibit 2: HCDCR Nurse Intake Encounter, dated April 1, 2017.

- MEJIA's vital signs were within normal limits[26] with the exception of an abnormally high blood sugar level of 253.
- MEJIA did not require an interpreter.[27]
- MEJIA's mental health and suicide risk assessments were normal.
- MEJIA reported a history of type 2 diabetes for which he took prescription metformin,[28] normally filled at the Brentwood Pharmacy in Long Island, NY.

As a result of the detainee's history of diabetes, his elevated blood sugar level, and his need for an evening dose of metformin, (b)(6); (b)(7)(C) referred MEJIA to a provider as an urgent priority. A provider saw him approximately one hour later.[29]

ERAU notes CFG's Clinical Care Guidelines require nursing staff to verify and confirm a patient's medication with the dispensing pharmacy or the prescribing practitioner and complete a medication verification form at the time of intake.[30] Although MEJIA informed (b)(6); (b)(7)(C) of the pharmacy dispensing his diabetes medication, (b)(6); (b)(7)(C) did not verify the detainee's medication during his intake screening and did not complete the medication verification form.[31] As a result, medical staff did not request MEJIA's medication records until (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) instructed an RN to do so on April 3, 2017.[32]

MEJIA's intake screening was not signed by (b)(6); (b)(7)(C) HCDCR's Clinical Director, nor her designee, in contravention of the PBNDS 2008. On April 4, 2017, at 9:41 a.m., (b)(6); (b)(6); HCDCR's psychologist, reviewed and signed MEJIA's intake screening for mental health screening.[33]

At 9:24 p.m., (b)(6); (b)(7)(C) completed MEJIA's initial health appraisal and documented the following:[34]

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[26] Normal temperature is 98.6; normal range for pulse is 60 to 100 beats per minute; normal range for respirations is 12 to 20 breaths per minute; and, normal blood pressure is 120/80, with 90/60 to 139/89 considered within normal range.

[27] During her interview with ERAU on August 8, 2017, (b)(6); stated she is not fluent in Spanish and conducted the screening in English. She could not recall MEJIA's English language proficiency level but surmised the detainee must have spoken some English for her to not use an interpreter.

[28] Metformin is a prescription medication for diabetes.

[29] At HCDCR, a nurse who refers a detainee to a provider is responsible for scheduling that detainee for the provider appointment.

[30] *See* CFG Clinical Care Guidelines 2016.

[31] *See* HCDCR Nurse Intake Encounter, dated April 1, 2017; ERAU interview with (b)(6); (b)(7)(C) August 8, 2017.

[32] ERAU interview with (b)(6); (b)(7)(C) August 8, 2017. (b)(6); did not recall which RN (b)(6); instructed to request the records, and (b)(6); (b)(7)(C) was terminated prior to ERAU's onsite review and was unavailable for interview.

[33] (b)(6); was not identified as a designee for (b)(6);

[34] *See* Exhibit 3: HCDCR Provider Intake Encounter, dated April 1, 2017.

- MEJIA reported a history of depression, type 2 diabetes,[35] cirrhosis of the liver,[36] and anemia.[37]
- MEJIA reported taking medication but could not remember the names of his medications.
- MEJIA's physical examination yielded normal results.
- MEJIA reported a history of anemia, depression, cirrhosis, hypertension, and diabetes.[38]
- (b)(6); (b)(7)(C) ordered Glucophage[39] 500 mg twice daily, and a 2200-calorie diabetic diet.

Although (b)(6); (b)(7)(C) included depression on MEJIA's problem list and noted he required referral for a mental health assessment, she did not schedule the mental health appointment. As a result, MEJIA was never evaluated or treated for his reported depression. Additionally, as noted by Creative Corrections, (b)(6); (b)(7)(C) practitioner plan of care did not address MEJIA's reported conditions of hypertension, anemia, and cirrhosis. CFG physician (b)(6); (b)(7)(C) stated (b)(6); (b)(7)(C) should have ordered blood pressure monitoring, a low sodium diet, and diagnostic testing, including testing to determine iron and liver function blood levels.[40] Creative Corrections notes that although (b)(6); (b)(7)(C) appropriately identified MEJIA as a chronic care patient, she failed to schedule him for a chronic care appointment. (b)(6); (b)(7)(C) also did not document if language interpretation assistance necessary or utilized during the encounter.

Neither (b)(6); nor her designee reviewed and signed the initial health appraisal. During her interview with ERAU, (b)(6); (b)(7)(C) stated she was unaware of the PBNDS 2008 requirement for the clinical medical authority to review all intake screenings and initial health appraisals to determine care priority.[41]

MEJIA's Medication Administration Records (MAR) show that he received his first dose of metformin the evening of April 1, 2017 and received all required subsequent doses during his detention at HCDCR.[42]

On April 2, 2017, at 6:24 a.m., HCDCR transferred MEJIA to housing unit Alpha 300 East, cell 414 while he awaited custody classification.[43] HCDCR designates this unit for pre-classification detainees.

On April 3, 2017, Classification Agent (b)(6); (b)(7)(C) completed MEJIA's initial custody classification and appropriately assigned him low custody based on the severity of his most

[35] Type two diabetes is a chronic condition where the body is resistant to insulin.
[36] Cirrhosis is a condition whereby chronic liver cell damage leads to scarring and liver failure.
[37] Anemia is a medical condition wherein the blood does not contain a sufficient number of healthy red blood cells.
[38] ERAU notes MEJIA never recieved medication to address his hypertension, anemia, or liver disease during his detention at HCDCR.
[39] Glucophage is a brand of metformin.
[40] ERAU interview with (b)(6); (b)(7)(C) August 8, 2017.
[41] ERAU interview with (b)(6); (b)(7)(C) August 8, 2017.
[42] *See* Medication Administration Record, April-June, 2017
[43] *See* NJCCIS Cell Assignment, accessed August 8, 2017; ERAU interview with (b)(6); (b)(7)(C) August 10, 2017.

recent charge and conviction history.[44] ERAU notes this classification was completed more than 24 hours after his arrival at HCDCR, in contravention of the ICE PBNDS 2008.

At 8:24 a.m., HCDCR faxed MEJIA's Release of Information Authorization, signed by the detainee on April 1, 2017, to Brentwood Pharmacy of Long Island, NY, for release of records to review and verify the detainee's existing medications.[45]

On this same date, MEJIA received a chest x-ray which showed no evidence of tuberculosis, pulmonary edema, or heart disease.[46]

On April 4, 2017, at 4:28 p.m., HCDCR transferred MEJIA from the pre-classification area to general population housing unit Alpha 300 West, cell 307.[47]

On April 6, 2017, HCDCR medical staff received MEJIA's medication list from Brentwood Pharmacy which included the following prescriptions:[48]

- Antihypertensive[49] medications spironolactone and lisinopril, once daily,
- Iron supplement Ferosol, twice daily,
- A multivitamin, once daily,
- Vitamin thiamine,[50] once daily, and;
- Metformin twice daily.

A provider did not review this information upon receipt.

On April 14, 2017, at approximately 11:55 a.m., HCDCR (b)(6); (b)(7)(C)[51] encountered MEJIA in response to two sick call requests for a blood test and complaints of feeling weak and needing eyeglasses to see, and documented the following:[52]

- MEJIA's vital signs were within normal limits, with the exception of a mildly-elevated blood pressure of 134/83.
- MEJIA reported experiencing nosebleeds.

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[44] *See* Exhibit 4: ICE Detainee Classification System – Primary Assessment Form, dated April 3, 2017. ERAU notes this classification was completed more than 24 hours after his arrival at HCDCR, in contravention of the ICE PBNDS 2008.
[45] *See* CFG Health Systems, LLC Release of Information Authorization, dated April 3, 2017.
[46] *See* Mobilex USA Radiology Report, dated April 3, 2017. ERAU notes the TB screening was completed more than 12 hours after the detainee's arrival at HCDCR, in contravention of the PBNDS 2008.
[47] *See* NJCCIS Cell Assignment, accessed August 8, 2017.
[48] *See* HCDCR Nurse Sick Call Encounter, dated April 14, 2017; *See* HCDCR Vision Exam Encounter, dated April 14, 2017.
[49] Hypertension refers to high blood pressure.
[50] Thiamine is vitamin B1, which is often depleted in liver disease related to alcohol abuse.
[51] Because (b)(6); (b)(7)(C) was no longer employed at HCDCR at the time of the site visit, ERAU was unable to determine her level of proficiency in Spanish.
[52] *See* HCDCR Nurse Sick Call Encounter, dated April 14, 2017.

- (b)(6); (b)(7)(C) assessed MEJIA's visual acuity using the Snellen eye test,[53] and found vision deficits of 20/50 in the left eye, 20/40 in the right eye, and 20/50 in both eyes.
  - (b)(6); (b)(7)(C) noted MEJIA wore prescription glasses but did not note whether the glasses were in the detainee's possession or worn during the acuity testing. ERAU notes eyeglasses were not listed on MEJIA's personal property inventory. Despite the visual acuity findings, (b)(6); (b)(7)(C) did not refer MEJIA for examination by an optometrist.[54]
- MEJIA reported a history of cataracts and vision changes in the past six months.

(b)(6); (b)(7)(C) did not document use of an interpreter and did not refer MEJIA to a provider.

On April 25, 2017, at approximately 10:00 a.m., HCDCR (b)(6); (b)(7)(C) encountered MEJIA in response to his sick call request for cough medicine and iron for his anemia, and documented the following:[55]

- MEJIA complained of a cough and sore throat.
- MEJIA's vital signs were within normal limits.
- MEJIA reported no pain.
- (b)(6); (b)(7)(C) ordered the following medication for MEJIA:
  - Tylenol twice daily as needed for pain;
  - Guaifenesin twice daily as needed for cough; and[56]
  - Chlorpheniramine maleate twice daily as needed for cold symptoms.[57]

(b)(6); (b)(7)(C) did not document use of an interpreter, and did not address MEJIA's request for an iron supplement.

On May 3, 2017, at 12:55 p.m., (b)(6); (b)(7)(C) encountered MEJIA in response to his sick call request for cough medicine and complaint of constipation and feeling ill.[58] MEJIA's vital signs were within normal limits and (b)(6); (b)(7)(C) provided the detainee Tylenol for his pain and guaifenesin for his cough. (b)(6); (b)(7)(C) did not address MEJIA's complaints of constipation, sleep difficulty, and stomach problems, nor did she refer him to a provider. (b)(6); (b)(7)(C) did not document use of an interpreter.

On May 11, 2017, at approximately 1:00 p.m., (b)(6); (b)(7)(C) encountered MEJIA in response to his sick call complaint of a chest and throat infection and an itchy rash, and documented the following:[59]

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[53] The Snellen test assesses vision by way of an eye chart.
[54] The failure to refer MEJIA for examination by an optometrist is in contravention of the PBNDS 2008.
[55] *See* HCDCR Nurse Sick Call Encounter, dated April 25, 2017. MEJIA submitted this sick call request on April 23, 2017; *see* HCDCR Medical Department Request Form, dated April 23, 2017.
[56] Guaifenesin is a cold and cough medicine also known under the brand Mucinex.
[57] Chlorpheniramine maleate is an antihistamine used to prevent allergy symptoms.
[58] MEJIA submitted this sick call request on April 30, 2017; *see also* HCDCR Medical Department Request Form, dated April 30, 2017 and HCDCR Nurse Sick Call Encounter, dated May 3, 2017.
[59] MEJIA submitted this sick call request on May 8, 2017; *see* HCDCR Nurse Sick Call Encounter, dated May 11, 2017.

- MEJIA reported nasal congestion, a sore throat, and an itchy rash on his upper body.
- MEJIA presented with skin dryness and pen-point size redness on his upper chest and bilateral upper extremities.
- MEJIA's vital signs were within normal limits.
- (b)(6); (b)(7)(C) ordered the following medication for MEJIA:
  - Clotrimazole, an antifungal cream, applied twice daily to rash area;
  - Chlorpheniramine maleate twice daily as needed for allergy symptoms; and,
  - Tylenol twice daily as needed for pain.

(b)(6); (b)(7)(C) did not document if an interpreter was used for this encounter,[60] nor did she document whether she examined MEJIA's throat for his complaint of pain.

On May 18, 2017, at 12:08 p.m., (b)(6); (b)(7)(C) encountered MEJIA in response to his sick call complaint of recurring dizziness and documented the following.[61]

- MEJIA's vital signs were within normal limits.
- MEJIA reported no pain.
- MEJIA reported a history of anemia[62] with recurring dizziness.
- RN Bernardo encouraged MEJIA to drink fluids and told the detainee he would be seen by a provider. ERAU notes (b)(6); (b)(7)(C) did not refer MEJIA to a provider for follow-up.

(b)(6); (b)(7)(C) did not document if an interpreter was used for this encounter.

On May 30, 2017, (b)(6); (b)(7)(C) renewed MEJIA's order of metformin twice daily.[63] (b)(6); completed this order without evaluating MEJIA or his medical record.[64]

On June 6, 2017, at 10:35 a.m., MEJIA arrived in the medical unit complaining of left elbow pain resulting from a fall in the shower the previous day.[65] HCDCR (b)(6); (b)(7)(C) observed the detainee's elbow was red and swollen with limited range of motion. (b)(6); (b)(7)(C) did not document MEJIA's pain level. (b)(6); (b)(7)(C) also addressed MEJIA's complaint of fever during the encounter. She noted MEJIA's vital signs were within normal limits, with the exception of an abnormally elevated blood pressure and pulse of 160/90 and 102, respectively. (b)(6); (b)(7)(C) did not document use of an interpreter during this encounter.

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[60] ERAU was unable to determine how MEJIA communicated these detailed medical complaints to (b)(6); (b)(7)(C) given his limited English proficiency and (b)(6); (b)(7)(C) omission of documentation of the language used during this encounter.

[61] *See* HCDCR Nurse Sick Call Encounter, dated May 18, 2017.

[62] Common symptoms of anemia include tiredness, fatigue, shortness of breath, rapid heartbeat, dizziness, and pale skin.

[63] *See* HCDCR Chart Maintenance note, dated May 30, 2017.

[64] ERUA interview with (b)(6); (b)(7)(C) August 9, 2017.

[65] *See* HCDCR General Note, dated June 6, 2017.

Following the encounter, (b)(6); (b)(7)(C) stated she referred MEJIA to (b)(6); (b)(7)(C) HCDCR's part-time orthopedic[66] physician, as he was the available provider at the time.[67]

(b)(6); examined MEJIA's elbow and observed some swelling, redness, and increased skin temperature. To prevent the possible development of cellulitis,[68] (b)(6); placed MEJIA on the antibiotics clindamycin 300 mg, once daily, and Bactrim DS, twice daily.[69] (b)(6); noted MEJIA should receive a follow-up assessment with (b)(6); the following day, but he did not schedule an appointment, and therefore (b)(6); did not examine MEJIA the following day.[70]

Later that morning, when (b)(6); arrived for his shift, (b)(6); (b)(7)(C) briefed him on MEJIA's general health. After the conversation with (b)(6); (b)(7)(C) (b)(6); ordered an elbow x-ray and blood tests for MEJIA, and prescribed the detainee enteric-coated naproxen twice daily for pain.[71] (b)(6); received the blood test results the following day and noted they were inconclusive because the samples contained clots and could not be processed.[72]

At 11:17 a.m., MEJIA received the x-ray which showed the detainee's left elbow joint was intact and without any fracture or dislocation.[73]

June 8, 2017, Day of Medical Emergency

At approximately 4:30 a.m., detainees in Alpha 300 West scheduled for court and diabetic medical checks began exiting their cells to the unit's dayroom to await escort from an officer.[74] As MEJIA exited his cell, at approximately 4:33 a.m., he stumbled and had difficulty walking. As two nearby detainees assisted MEJIA to a table in the dayroom, housing unit (b)(6); (b)(7)(C) (b)(6); observed and approached the table.[75] MEJIA informed (b)(6); (b)(7)(C) in Spanish he was diabetic and did not feel well.[76]

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[66] Orthopedics is a medical discipline focused on the skeletal (bone) system.
[67] ERAU interview with (b)(6); (b)(7)(C) August 8, 2017.
[68] Cellulitis is a potentially serious bacterial skin infection.
[69] *See* HCDCR Orthopedic Practitioner Exam, dated June 6, 2017.
[70] ERAU interview with (b)(6); (b)(7)(C) August 8, 2017; during her interview with ERAU, (b)(6); confirmed (b)(6); did not correctly schedule the intended appointment.
[71] *See* HCDCR Chart Maintenance: LABS, dated June 6, 2017; Naproxen is also known by the brand name Aleve. Blood tests ordered were a complete blood count (CBC) with differential (part of a complete blood count which looks at the various subtypes of blood cells for greater diagnostic ability), an eight-test chemistry panel (a comprehensive group of blood tests to assess various physical and chemical processes in the body), and a diabetes panel.
[72] (b)(6); received and reviewed the blood test results the morning following the lab order, after MEJIA was transferred to the hospital on June 8, 2017.
[73] *See* Mobilex USA Radiology Report, dated June 6, 2017.
[74] *See* video surveillance footage, June 8, 2017. ERAU viewed HCDCR's video surveillance footage during the onsite review.
[75] *See* video surveillance footage, June 8, 2017.
[76] *See* (b)(6); (b)(7)(C) Incident Report, dated June 8, 2017. (b)(6); (b)(7)(C) speaks and understands Spanish.

At 4:38 a.m., (b)(6); (b)(7)(C) called a Code White (medical emergency) via radio. [77]

At 4:39 a.m., HCDCR (b)(6); (b)(7)(C) arrived in the unit, followed seconds later by CFG (b)(6); (b)(7)(C) and HCDCR (b)(6); (b)(7)(C) who brought a gurney,[78] and (b)(6); (b)(7)(C) (b)(6); who observed MEJIA appeared shaky and disoriented.[79] As evidenced in the video surveillance footage, the medical responders had difficulty lifting and securing the gurney into place, but at 4:42 a.m., they assisted MEJIA onto the gurney, and at 4:43 a.m., medical staff exited the housing unit with MEJIA.

At 4:46 a.m., the medical responders entered the medical unit with MEJIA.[80] Medical staff took MEJIA's vital signs, provided him Gatorade to drink, and started an intravenous (IV) line.[81] (b)(6) (b)(6); documented the following:[82]

- Upon response to the Code White, MEJIA appeared weak and pale and moved with a slow steady gait.
- MEJIA denied chest pain, palpitations,[83] shortness of breath, or nausea and vomiting.
- Medical staff provided MEJIA with intravenous (IV) fluids.
- MEJIA's vital signs were within normal limits with the exception of an abnormally low blood pressure of 80/50, an elevated and irregular pulse of 108, and an elevated blood sugar level of 146.
- Medical staff provided MEJIA with supplemental oxygen via cannula.[84]

At 5:42 a.m., (b)(6); (b)(7)(C) attended to MEJIA after he requested to use the bathroom to urinate and stated he could walk there.[85] At 5:43 a.m., (b)(6); (b)(7)(C) attempted to help MEJIA off of the gurney into a standing position but had to support the detainee to prevent him from collapsing.[86] (b)(6); (b)(7)(C) noticed MEJIA was bleeding from his rectum, called out for assistance, and directed nurses to call 911.[87] At 5:44 a.m., other medical staff responded and assisted MEJIA into a seated position on the gurney.[88] (b)(6); (b)(7)(C) one of the responding nurses, stated she immediately noticed a bloody melena[89] substance on the floor next to the gurney.[90] At approximately 5:45 a.m., (b)(6); (b)(7)(C) called 911 per (b)(6); (b)(7)(C) order.[91]

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[77] ERAU interview with (b)(6); (b)(7)(C) August 9, 2017. (b)(6); (b)(7)(C) did not recall what accounted for the delay in calling a medical emergency.
[78] *See* video surveillance footage, June 8, 2017; *see also* (b)(6); (b)(7)(C) Incident Report, dated June 8, 2017.
[79] ERAU interview with (b)(6); (b)(7)(C) August 9, 2017.[80] *See* video surveillance footage, June 8, 2017.
[80] *See* video surveillance footage, June 8, 2017.
[81] *See* HCDCR Progress Note, dated June 8, 2017.
[82] *See* HCDCR Progress Note, dated June 8, 2017.
[83] A sensation that the heart is racing, pounding, fluttering, or skipping beats.
[84] A cannula is a thin tube placed inside the nostrils to administer supplemental oxygen.
[85] ERAU interview with (b)(6); (b)(7)(C) August 9, 2017; *see* video surveillance footage, June 8, 2017.
[86] *See* video surveillance footage, June 8, 2017.
[87] ERAU interview with (b)(6); (b)(7)(C) August 9, 2017.
[88] *See* video surveillance footage, June 8, 2017.
[89] Melena is dark, black, tarry stool.
[90] ERAU interview with (b)(6); (b)(7)(C) August 9, 2017.
[91] *See id.*

(b)(6); (b)(7)(C) was assigned to the medical unit during this time and upon hearing the nurses call for an ambulance, he alerted shift supervisor (b)(6); (b)(7)(C) [92] (b)(6); (b)(6); notified (b)(6); (b)(7)(C), the assigned transportation supervisor, that two officers were needed to accompany MEJIA to the hospital.[93] (b)(6); (b)(7)(C) assigned (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) to ride in the ambulance and (b)(6); (b)(7)(C) to follow in the chase vehicle.[94]

At 5:58 a.m., an ambulance arrived at HCDCR. At 5:59 a.m., Emergency Medical Technicians (EMT) (b)(6); (b)(7)(C) arrived in the medical unit.[95] At 6:01 a.m., medical staff assisted MEJIA into a wheelchair, and (b)(6); (b)(7)(C) escorted the detainee and EMTs to the ambulance.[96] The EMTs placed MEJIA in the ambulance, and at 6:20 a.m., the ambulance departed HCDCR en route to JCMC.

According to (b)(6); (b)(7)(C) officers who transport and supervise detainees at the hospital do not maintain a logbook.[97] Further, HCDCR medical staff did not obtain hospital updates from JCMC regarding MEJIA's condition. Consequently, information related to events after MEJIA departed HCDCR and while admitted at JCMC is documented only in the JCMC emergency department record.[98] During his interview with ERAU, (b)(6); (b)(7)(C) stated MEJIA was alert during the transport to JCMC and remained so while in the emergency room.[99]

At approximately 9:08 a.m., JCMC admitted MEJIA to the intensive care unit (ICU) with an upper gastrointestinal bleed.[100]

At approximately 11:25 p.m., (b)(6); (b)(7)(C) (assigned to MEJIA's hospital post) notified (b)(6); (b)(7)(C) that hospital staff did not expect MEJIA to live through the night.[101] (b)(6); (b)(7)(C) also mentioned MEJIA was in medical distress and bleeding internally. (b)(6); (b)(7)(C) notified HCDCR (b)(6); (b)(7)(C) and ordered (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) to notify ICE. At approximately 11:45 p.m., (b)(6); (b)(7)(C) spoke with ICE (b)(6); (b)(7)(C) and informed him of the detainee's condition.

Between the time of his admission to the ICU and his death on June 10, 2017, MEJIA's blood pressure continued to fall, and he received a total of 13 blood transfusions as episodic blood loss in his stool persisted.[102] JCMC medical staff suspected the bleeding was the result of a

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[92] ERAU interview with (b)(6); (b)(7)(C) August 10, 2017.
[93] ERAU interview with (b)(6); (b)(7)(C) August 8, 2017.
[94] *See* Sergeant (b)(6); Incident Report, dated June 8, 2017.
[95] *See* Intake Control Logbook, dated June 8, 2017; *see also* video surveillance footage, June 8, 2017.
[96] *See* Intake Control Logbook, dated June 8, 2017; *see also* video surveillance footage, June 8, 2017.
[97] ERAU interview with (b)(6); (b)(7)(C) August 9, 2017.
[98] HCDCR medical staff also failed to document the 911 call and eventual death in MEJIA's medical record.
[99] ERAU interview with (b)(6); (b)(7)(C) August 10, 2017.
[100] *See* JCMC Emergency Department record, received June 12, 2017.
[101] *See* (b)(6); (b)(7)(C) Incident Report, dated June 8, 2017.
[102] *See* JCMC Emergency Department record, received June 12, 2017.

variceal[103] bleed related to advanced liver cirrhosis.[104] JCMC also performed an endoscopy[105] which showed MEJIA had blood clots in his esophagus, and that the bleeding was active. Liver function tests indicated MEJIA was experiencing liver shock.[106]

On June 10, 2017, at 11:12 p.m., JCMC physician (b)(6); (b)(7)(C) pronounced MEJIA dead.[107] (b)(6); (b)(7)(C) who was assigned to MEJIA at the hospital at the time, called (b)(6); (b)(7)(C) and informed him of the detainee's death.[108] (b)(6); (b)(7)(C) notified (b)(6); (b)(7)(C) of MEJIA'S death.[109]

On June 11, 2017, at 2:09 a.m., the New Jersey Regional Medical Examiner's (ME) Office accepted custody of MEJIA's body.[110]

On July 26, 2017, the New Jersey Department of Health issued a Certificate of Death documenting MEJIA's cause of death as gastrointestinal hemorrhage due to chronic alcoholism and the manner of death to be natural.[111] An autopsy was not performed.

After Action Review

Following MEJIA's death, CFG conducted an after-action review and developed a corrective action plan addressing practice and procedures in several areas, including intake, sick calls, referrals, medication verification, test orders and review, and documentation.[112] The corrective actions were implemented on an ongoing basis, beginning in June 2017.

On July 3, 2017, (b)(6); (b)(7)(C) issued a memorandum to CFG Medical Director (b)(6); (b)(6); providing the following procedural updates regarding chronic care inmates and detainees, effective immediately:[113]

1. Medical staff will cross-reference all new intakes' medical charts with the [Electronic Medical Record] to ensure all information is accurate and consistent.
2. CFG will modify the [Electronic Medical Record] to send alerts to the provider whenever medication or referrals need to be ordered.

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[103] Variceal refers to abnormal veins in the esophagus.
[104] *See* JCMC Emergency Department record, received June 12, 2017.
[105] An endoscopy is a procedure in which an instrument is introduced into the body to give a view of its internal parts.
[106] Liver shock is an acute liver injury caused by lack of blood and oxygen to the liver, usually due to low blood pressure.
[107] *See* (b)(6); (b)(7)(C) Incident Report, dated June 11, 2017.
[108] *See* (b)(6); (b)(7)(C) Incident Report, dated June 11, 2017.
[109] *See* (b)(6); (b)(7)(C) Incident Report, dated June 11, 2017.
[110] *See* (b)(6); (b)(7)(C) Incident Report, dated June 11, 2017.
[111] *See* Exhibit 5: Certificate of Death, New Jersey Department of Health, dated July 26, 2017.
[112] *See* HCDCR/CFG Corrective Action Plan, not dated.
[113] *See* Chronic Care Inmates/Detainees Memorandum, dated July 3, 2017.

3. Medical staff will review the medical charts of all new intakes referred for medical/psychological appointments to ensure that they are scheduled for speedy follow-up examination.
4. Medical staff will review the medical charts of inmates/detainees currently housed at the HCDCR who are classified as 'Chronic Care' to ensure continuity of care.
5. CFG will immediately notify ICE officials of all new detainees that are identified as 'Chronic Care' and will record the date, time and name of the ICE official to whom the notification was made in the detainee's medical chart.
6. CFG will regularly communicate with ICE officials to discuss all 'Chronic Care' and clinical detainee cases.
7. CFG will invite representatives from ICE to attend all Medical Audit Committee meetings.

During his interview with ERAU, (b)(6); (b)(7)(C) stated that when deemed appropriate and ordered by the HCDCR Deputy Director, the facility also conducts multi-disciplinary reviews including both medical and security personnel.[114] (b)(6); (b)(7)(C) did not order a multi-disciplinary review in MEJIA's case.

MEDICAL CARE AND SECURITY REVIEW

ERAU reviewed the medical care HCDCR provided MEJIA, as well as the facility's efforts to ensure that he was safe and secure while detained at the facility. ERAU found deficiencies in HCDCR's compliance with certain requirements of the ICE PBNDS 2008:[115]

1. ICE PBNDS 2008, *Medical Care*, section (V)(A) states, "Every facility shall directly or contractually provide its detainee population: initial medical, mental health, and dental screening, primary medical and dental care, emergency care, specialty healthcare, timely responses, mental health care, and hospitalization as needed within the local community."

    - Despite MEJIA's report of anemia, hypertension, diabetes, and cirrhosis, the provider conducting the initial health appraisal did not order blood pressure monitoring or laboratory studies to determine treatment needs.
    - A provider did not review the list of medications received from MEJIA's outside pharmacy. As a result, MEJIA was not ordered medication for anemia, hypertension, and liver disease, creating a break in the continuity of his chronic disease treatment.
    - MEJIA submitted four sick call requests referencing his medical history of anemia, high blood pressure, and cirrhosis, but RNs never referred him to a provider for assessment.
    - On April 14, 2017, MEJIA's eye examination showed significant vision deficits but (b)(6); (b)(7)(C) did not refer him to a provider or eye doctor.
    - On May 11, 2017, (b)(6); (b)(7)(C) did not examine MEJIA's throat despite his complaint of throat pain.

[114] ERAU interview with (b)(6); (b)(7)(C) August 9, 2017.
[115] *See* Exhibit 1: Creative Corrections Security and Medical Compliance Review.

- On June 6, 2017, (b)(6); noted MEJIA should receive a follow-up assessment with (b)(6); the following day, but (b)(6); (b)(7)(C) did not schedule the appointment and therefore (b)(6); did not examine MEJIA on June 7, 2017.

2. ICE PBNDS 2008, *Medical Care*, section (V)(C)(2) states, "All new arrivals shall receive TB screening within 12 hours of intake and using methods in accordance with CDC guidelines for non-minimal risk detention facilities."

   - MEJIA received a chest x-ray for tuberculosis clearance on April 3, 2017, more than 12 hours after his admission to HCDCR.

3. ICE PBNDS 2008, *Medical Care*, section (V)(I)(1) states, "The clinical medical authority shall be responsible for review of all health screening forms within 24 hours or next business day to assess the priority for treatment (for example, Urgent, Today, or Routine)."

   - MEJIA's medical intake screening was signed by a psychologist rather than the Clinical Director or designated medical provider.

4. ICE PBNDS 2008, *Medical Care*, section (V)(I)(1) states, "Non-English speaking detainees and detainees who are deaf or hard of hearing will be provided interpretation or translation services or other assistance as needed for medical care activities. Language assistance may be provided by another staff member competent in the language or by a professional service, such as a telephone translation service."

   - Available documentation and interviews conducted by ERAU indicate MEJIA had limited English language proficiency. However, there was no documentation evidencing that language interpretation assistance was used during any medical encounter.

5. ICE PBNDS 2008, *Medical Care*, section (V)(J) states, "The clinical medical authority shall be responsible for review of all health appraisals to assess the priority for treatment."

   - The clinical medical authority or designee did not review and sign MEJIA's initial health appraisal.

6. ICE PNBDS 2008, *Medical Care*, section (V)(K)(4) states, "Any detainee referred for mental health treatment shall receive a comprehensive evaluation by a licensed mental health provider as clinically necessary, but no later than 14 days of the referral."

   - MEJIA reported depression during his initial health appraisal but he did not receive a mental health assessment during his detention.

7. ICE PBNDS 2008, *Medical Care*, section (V)(M) states, "An initial dental screening

exam shall be performed within 14 days of the detainee's arrival. If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, registered dental hygienist, or registered nurse."

- MEJIA did not receive a dental examination.

8. ICE PBNDS 2008, *Medical Care*, section (V)(T) states, "Informed consent standards of the jurisdiction shall be observed, and consent forms shall either be in a language understood by the detainee or translation assistance shall be provided and documented on the form."

   - HCDCR provided MEJIA the informed consent form in English. The medical record does not contain documentation that medical staff translated the form for the detainee.

9. ICE PBNDS 2008, *Admission and Release*, section (V)(A) states, "Each detainee's identification documents shall be secured in the detainee's A-file."

   - HCDCR secured MEJIA's identification documents in his personal property rather than provide them to ERO for inclusion in the detainee's A-file.

10. ICE PBNDS 2008, *Classification System*, section (V)(B) states, "Detainees shall be processed for housing assignments within twelve (12) hours of arrival at the facility. Ordinarily, the initial assessment process shall be completed within twelve (12) hours of admission to the facility. If the process takes longer, documentation will be maintained as to what delayed the process and the detainee will be housed appropriately."

    - MEJIA arrived at HCDCR on April 1, 2017, but HCDCR completed his initial classification on April 3, 2017, more than 12 hours after his arrival and without documenting what delayed the process. He was transferred to a general population housing unit on April 4, 2017.

AREAS OF CONCERN

ERAU noted the following generalized concerns regarding MEJIA's medical care:

- The HSA did not exhibit knowledge of specific ICE PBNDS 2008 medical care standards, e.g. the HSA was not aware of the Clinical Medical Authority's responsibility to ensure intake screenings and initial health appraisals are reviewed to determine care priority.
- (b)(6); (b)(7)(C) and (b)(6); independently referred MEJIA to providers for evaluation, but neither scheduled the appointments; consequently, they were not conducted.
- The medical staff who responded to the Code White struggled with the gurney for two minutes.[116]

[116] HCDCR medical staff could not identify the cause or explanation for staff's difficulty with the gurney.

ERAU noted the following concerns related to documentation:

- MEJIA's medical record ended with his transfer to JCMC. HCDCR medical staff did not document in the medical record any hospital updates from JCMC, his death, or the time 911 was called at HCDCR.
- Although not required by the ICE PBNDS 2008, accountability and assurance of events is supported by transport and vigil officers maintaining a log.

ERAU noted the following concern related to after-action reviews:

- Although not required by the ICE PBNDS 2008, ERAU recommends HCDCR conduct multi-disciplinary after-action reviews following a death, as both medical and security staff play integral roles in the care and custody of detainees. After-action reviews allow determination of adherence to or non-compliance with policy and post orders, and identification of training needs.

EXHIBITS

1. Creative Corrections Security and Medical Compliance Review.
2. HCDCR Nurse Intake Encounter, dated April 1, 2017.
3. HCDCR Provider Intake Encounter, dated April 1, 2017
4. ICE Detainee Classification System – Primary Assessment Form, dated April 3, 2017.
5. Certificate of Death, New Jersey Department of Health, dated July 26, 2017.

Office of Enforcement and Removal Operations
ICE Health Service Corps

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

U.S. Immigration and Customs Enforcement

March 1, 2018

MEMORANDUM FOR: (b)(6); (b)(7)(C)
Assistant Director
ICE Health Service Corps

FROM: (b)(6); (b)(7)(C)
Deputy Assistant Director of Clinical Services/Medical Director
ICE Health Service Corps

(b)(6); (b)(7)(C)
Medical Executive Officer
ICE Health Service Corps

(b)(6); (b)(7)(C)
Program Manager
ICE Health Service Corps

(b)(6); (b)(7)(C)
Senior Investigator
ICE Health Service Corps

(b)(6); (b)(7)(C)
Investigator
ICE Health Service Corps

(b)(6); (b)(7)(C)
Regional Nurse Consultant-Eastern
ICE Health Service Corps

(b)(6); (b)(7)(C)
IHSC Investigations Unit Chief
ICE Health Service Corps

SUBJECT: Mortality Review - 2017SIR0014441
Carlos Armando MEJIA-Bonilla, (b)(6); (b)(7)(C)
(aka Rolando Arnulfo MEZA-Espinoza)

Executive Summary:

Mr. Carlos Armando MEJIA-Bonilla, a 43-year-old El Salvadorian male, was in U.S. Immigration and Customs Enforcement (ICE) custody from April 1, 2017 to June 10, 2017. Prior to ICE custody, he had a history of diabetes mellitus- type II, liver cirrhosis, anemia, and depression. During the course of his custody, he was treated for diabetes mellitus- type II, cold symptoms, and rash. On June 8, 2017, Hudson County Department of Corrections and Rehabilitation (HCDCR) medical staff responded to an emergency code in the dormitory. Upon arrival, Mr. MEJIA was found reporting generalized weakness, dizziness, and an episode of diarrhea. Medical staff transported Mr. MEJIA to the medical clinic for further evaluation. While in medical, intravenous fluids (IVF) were initiated. Mr. MEJIA had a high pulse (108) and a low blood pressure (80/50) and staff noticed dark colored, tarry, clotted blood from his rectum. Subsequently, HCDCR medical staff referred Mr. MEJIA via ambulance to Jersey City Medical Center (JCMC) emergency department. JCMC admitted Mr. MEJIA as an inpatient. After two days, Mr. MEJIA was pronounced dead on June 10, 2017 at 11:12 p.m. with a preliminary cause of death as upper gastrointestinal bleed (GI) and hemorrhagic shock (a condition of reduced blood volume, resulting in inadequate delivery of oxygen and nutrients essential for cell function, which leads to organ damage and death).

Mortality finding: Based on the overall findings of this review, Mr. MEJIA's progressively worsening physical status warranted a timely referral to a higher level of care for continuity and appropriate management of his medical care. Although it is reasonable to monitor a patient with multiple chronic conditions at HCDCR, Mr. MEJIA's symptoms were not addressed timely by a higher level of care (i.e., advanced practice provider (APP) or physician). Therefore, it would have been best practice to ensure processes were in place to initiate, refer, and manage Mr. MEJIA's chronic conditions without delay.

The following is a summary of health care delivery/program weaknesses found during the course of this review:

1. **Timely access to necessary and appropriate medical care.**

   - Throughout the course of Mr. MEJIA's HCDCR detention, he submitted seven sick call requests (April 10, 11, 23, 30, May 9, 17, and June 5, 2017) indicating he needed his medications, blood work, and that his condition was becoming progressively worse. Despite the frequent sick call requests, Mr. MEJIA was not referred to a higher level of care for timely and necessary medical care.

2. **Timely medical follow up for chronic conditions.**

- Although, Mr. MEJIA was identified with a chronic condition during intake screening and the physical health assessment, the provider did not initiate the appropriate follow-up process.

3. Patients with special health needs.

- The APP did not complete an initial assessment for a chronic disease or special needs.
- An individualized treatment plan addressing all of Mr. MEJIA's reported conditions was not developed.
- Mr. MEJIA was not listed on the chronic disease or the special needs log.
- Mr. MEJIA's special needs treatment plan was not filed in his medical record.

4. Communication regarding appropriate notification of a patient with special health needs.

- During the initial health assessment, the APP did not complete the medical-psychiatric alert that initiates the notification process to the health services administrator, clinical medical authority, facility administrator, and ICE, nor was a medical-psychiatric alert documented in Mr. MEJIA's medical record.

5. Prescribing continuity medications.

- A qualified health care professional (physician, APP, or nurses) did not review and or continue medications, in accordance with safe medication reconciliation practices.

6. Language access.

- Based on the intake and sick call documentation of numerous nurses, it appears that Mr. MEJIA had limited English proficiency (LEP). It was incumbent upon the nurse to communicate with Mr. MEJIA in a language that he understood during "vital" times in his care, e.g., sick call or assessments. The HCDCR nursing staff generally did not communicate with Mr. MEJIA in Spanish; therefore, they did not communicate with Mr. MEJIA in a manner which ensured he understood and could fully participate in his nursing care.

7. Nonemergency health care requests and services.

- Mr. MEJIA was seen numerous times during nurse sick call and requested to be seen by a provider; he was not referred to a higher level of care in a timely manner.

- Per HCDCR guidance, detainees should be seen within 24 hours after the submission of a sick call request. Mr. MEJIA was seen up to four days after submission of sick call requests.

8. Policy guidance.

- HCDCR's medical unit policies do not include clinical care guidelines or nursing protocols addressing management of GI disorders and comprehensive alcohol/drug screening questions.

9. Documentation.

- The provider did not document vital signs or obtain a comprehensive history of Mr. MEJIA's reported chronic conditions.
- There was no documentation of the time that emergency medical services (EMS) called arrival to and departure from the facility.

The following is a summary of the mortality review committee's recommendations:

- Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and create a corrective action plan (CAP) for each of the individual findings.

- Forward these findings and recommendations to ICE and HCDCR for review. ICE and HCDCR should ensure that the HCDCR CAP is implemented and sustained.

Mortality Review Detailed Report:

On June 11, 2017, ICE Health Service Corps (IHSC) received notification of the death of ICE detainee Carlos Armando MEJIA-Bonilla, (b)(6); (b)(7)(C) Mr. MEJIA, a 43-year old El Salvadorian male, was in ICE custody from April 1, 2017 to June 10, 2017, and assigned to HCDCR, Kearny, New Jersey (NJ), on the date of his death. Mr. MEJIA passed away at JCMC on June 10, 2017.

The IHSC Assistant Director requested a mortality review to learn from Mr. MEJIA's death by reviewing the care provided and the circumstances leading up to his death. The goal of the mortality review is to determine the appropriateness of clinical care; ascertain whether changes to policies, procedures, or practices are warranted; and identify issues that require further study.

The following report is based on the findings and recommendations of the mortality peer review committee, which convened on November 7, 2017. The review was based on the following information: 1) Mr. MEJIA's HCDCR medical records, EMS, and community hospital records; 2) incident and notification reports; 3) ICE ENFORCE Removal Module (EARM) and ICE ENFORCE Alien Detention Module (EADM) database records; 4) Mr. MEJIA's death certificate and autopsy report; 5) an on-site review and staff interviews conducted by fact-finder, (b)(6); (b)(6); (b)(7)(C), at HCDCR on August 18-20, 2017; and 6) applicable HCDCR and ICE Detention Standards.

Observations and Recommendations

Sequence of Events

On April 1, 2017, Mr. MEJIA entered ICE Enforcement and Removal Operations (ERO) custody and was held at the Varick Staging Facility (VSF), New York (NY).

On the same day, Mr. MEJIA was transferred to HCDCR. During HCDCR's custody intake risk assessment, Mr. MEJIA reported a history of health problems and taking prescribed medications. A registered nurse (RN) performed Mr. MEJIA's medical intake screening. During this encounter, Mr. MEJIA denied having medical, mental health, or dental conditions; however, he did report use of prescribed medications for blood pressure, but did not know the name of the medication, and reported taking metformin. Mr. MEJIA was assigned priority and referred to a provider due to his blood sugar of 253. His intake screening was otherwise unremarkable.

An APP completed Mr. MEJIA's health assessment examination. Mr. MEJIA reported a history of depression, diabetes mellitus-type II, hypertension, liver cirrhosis, and anemia. Mr. MEJIA could not recall the names of his medications, but stated the pharmacy he used was "Brentwood Pharmacy in Islip, NY." The examination was otherwise unremarkable. Mr. MEJIA was prescribed metformin 500 mg, one tablet, twice daily, and ordered a 2200-calorie American Diabetic Association (ADA) diet. Although, the documented individualized treatment plan, orders, or follow up appointments were not entered into the system.

On April 6, 2017, Mr. MEJIA's list of medications was received from Brentwood Pharmacy. Prior to Mr. MEJIA's arrest, his current medications were: thiamine (B1 vitamin supplement) 100 mg- one tablet, daily; multi-vitamin (MVI)- one capsule, daily; spironolactone (diuretic) 25 mg- four tablets, daily; lisinopril (anti-hypertensive) 10mg- one tablet, daily; ferosul (iron supplement) 325mg- one tablet, twice daily; omeprazole (decreases gastric acid) 40mg- one tablet, daily; docusate sodium (stool softener) 100 mg- one tablet, three times daily; metformin 500 mg- one tablet, daily; lactulose (laxative) 10 gm/15ml solution- 15 milliliters, four times, daily; and aspirin 81 mg- one tablet, daily. A medical provider did not review this list.

On April 10, 2017, Mr. MEJIA submitted a sick call request stating he needed to have a blood test done, because he takes pills for anemia, hypertension, and "sugar." He also reported feeling weak and needing glasses. A nurse received the medical request on April 12, 2017.

On April 10, 2017, Mr. MEJIA submitted an additional sick call request stating "I need my blood examined, because I take pills for my pressure and sugar." "My blood levels are high." "I feel weak and I use glasses to see." Medical received the sick call request on April 12, 2017.

On April 11, 2017, Mr. MEJIA submitted a sick call slip stating, he needed to see a doctor to check his blood pressure and "sugar," because he is a diabetic and he feels very bad. An RN reviewed the sick call request on April 12, 2017. Medical staff's response to Mr. MEJIA was "your request will be reviewed and you will be scheduled accordingly."

On April 14, 2017, an RN saw Mr. MEJIA face-to-face for a nose bleed. His vital signs (VS) were: temperature (T) 98.1, pulse (P) 74, respirations (R) 16, blood pressure (BP) 134/83, and oxygen saturation (SaO2) 99%. The Snellen eye test results were: OS (left) 20/50, OD (right) 20/40, OU (both) 20/50. Mr. MEJIA reported a two-year history of cataracts and, prior to his arrest, he wore prescription eye glasses. Mr. MEJIA reported changes in his vision within the past six months. [*Investigator's note: No referral was submitted to a medical provider for follow up.*]

On April 23, 2017, Mr. MEJIA submitted a sick call request stating, "I need medicine for cough and iron pills for anemia."

On April 25, 2017, an RN saw and evaluated Mr. MEJIA for complaints of nasal congestion, sore throat, and a non-productive cough. Mr. MEJIA requested his blood work to be done. During this encounter, the RN treated Mr. MEJIA with the following: guaifenesin 200 mg, one tablet, daily, as needed for cough; allergy 4 mg, one tablet, as needed for congestion, and; acetaminophen 325 mg, one tablet, as needed for pain.

On April 30, 2017, Mr. MEJIA submitted a sick call request stating "I need to see you very badly," "I am not sleeping well," and "I have constipation and my stomach hurts." Medical staff reviewed the sick call request on May 3, 2017, and Mr. MEJIA was scheduled for nurse sick call.

On May 9, 2017, Mr. MEJIA submitted a sick call request stating, "I need to see the doctor, because I have an infection in my chest and throat, and I am itching." Medical received the sick call request on May 10, 2017.

On May 11, 2017, an RN saw and evaluated Mr. MEJIA for complaints of sore throat, nasal congestion, and rash/itching. The examination revealed: scattered, pinpoint size redness on his upper chest and bilateral upper extremities, and dry skin. The nurse treated Mr. MEJIA with vitamin E/A&D ointment to apply at bedtime; clotrimazole 1% ointment to apply, twice daily, as needed; allergy 4 mg- one tablet, twice daily, as needed; and acetaminophen 325 mg- one tablet, twice daily, as needed. [*Investigator's note: The RN did not refer Mr. MEJIA to a medical provider.*]

On May 17, 2017, Mr. MEJIA submitted a sick call request stating, "I need something for sleep, and I am dizzy." "I have anemia."

On June 6, 2017, Mr. MEJIA submitted a sick call request stating, "I would like to see the doctor, because I have a fever." Medical reviewed the sick call request on June 6, 2017. Medical staff's response to Mr. MEJIA was, "Your request will be reviewed, and you will be scheduled accordingly."

On June 6, 2017, an RN saw and evaluated Mr. MEJIA for complaints of pain with swelling and

redness to his left elbow. Mr. MEJIA reported he had fallen in the shower yesterday and hit his elbow. VS were: T 98.8, P 102, R 16, and BP 160/90. Exam: limited range of motion to the affected extremity. Mr. MEJIA was referred to a medical provider.

On the same day, an on-site orthopedic physician saw and evaluated Mr. MEJIA. Exam: some swelling, redness, increased skin temperature, and range of motion- good. X-ray of left extremity: elbow joint intact, ossification pattern normal, no fracture, no dislocation. Clinical impression: rule out cellulitis. The orthopedic medical doctor (MD) ordered Mr. MEJIA the following treatment: clindamycin (antibiotic) 300 mg, one capsule, twice daily, and sulfamethoxazole/trimethoprim DS (antibiotic) 800/160 mg, one capsule, twice daily, and referred Mr. MEJIA for an urgent follow up with the primary care provider (PCP) the next day.

On the same day, the PCP ordered the following laboratory tests: complete blood count (CBC) with differential, chemistry-8 and a diabetic panel. The PCP also ordered naproxen (enteric coated) 500 mg, one capsule, twice daily, as needed. [*Investigator's note: The PCP did not conduct a face-to-face encounter/evaluation with Mr. MEJIA prior to submitting orders.*]

On June 8, 2017, medical staff (licensed practical nurse (LPN), RN, and APP) responded to an emergency code white called by the dormitory custody officer stating, "Mr. MEJIA was feeling weak and dizzy." Medical staff responded with emergency equipment and the stretcher. Upon arrival to the dormitory, Mr. MEJIA was sitting in the chair in the general area. Mr. MEJIA reported feeling dizzy, weak, one episode of diarrhea earlier and he had not eaten. Medical staff obtained his VS (BP 80/50, P 108). Mr. MEJIA was transported to medical for further evaluation.

The APP completed an assessment and initiated one liter (L) IVF of 0.9% normal saline and ordered the following: finger stick blood sugar (146); maalox 30 cc, now; and, ibuprofen 600 mg, one tablet, now. The APP stated Mr. MEJIA reported feeling better after the first L of IVF and requested to use the bathroom. As Mr. MEJIA was assisted to a standing position, he became incontinent of urine, followed by a large amount of dark colored clotted blood from the rectum and appeared to be in mild distress. Oxygen was applied via nasal cannula at 3L/minute and 911 was called. Upon EMS arrival, Mr. MEJIA was assessed and transported to JCMC. [*Investigator's note: During the time frame of Mr. MEJIA's arrival to the medical clinic, he was on the stretcher in the medical clinic hallway outside the APP's office*].

Cause of death

- GI hemorrhage due to chronic alcoholism.

Manner of death

- Natural.

Strengths and Best Practices

During the course of this review, it was readily apparent that the HCDCR health care staff are earnest and dedicated professionals. After Mr. MEJIA's death and prior to this review, additional program strengths included, a local administrative review of all detainee records within the past three months to identify any detainees with chronic conditions that may have been missed, and the implementation of a process study to determine and/or identify any problematic areas related to chronic care services and continuity of care. Another strength identified during this review, was the responsiveness of custody staff in notifying medical of Mr. MEJIA's deteriorating condition on June 8, 2017. Finally, and most important, the HCDCR medical staff were very receptive to this review process and looked forward to receiving constructive feedback.

Weakness, Lessons Learned, and Process Improvement Recommendations

A review of Mr. MEJIA's HCDCR medical records revealed care and health services issues were delivered outside the safe limits of practice, which either directly or indirectly contributed to his death.

Mortality finding: Based on the overall findings of this review, Mr. MEJIA's progressively worsening physical status warranted a timely referral to a higher level of care for continuity and appropriate management of his medical care. Although it is reasonable to monitor a patient with multiple chronic conditions at HCDCR, a higher level of care (i.e., APP or physician) did not address Mr. MEJIA's symptoms timely. Therefore, it would have been best practice to ensure processes were in place to initiate, refer, and manage Mr. MEJIA's chronic conditions without delay.

ICE detention standard used for this review: ICE Performance-Based National Detention Standards (PBNDS), 2008.

1. **Timely access to necessary and appropriate medical care.**

   Throughout the course of Mr. MEJIA's HCDCR detention, he submitted seven sick call requests (April 10, 11, 23, 30, May 10, 17, and June 5, 2017), in Spanish, with multiple complaints to include, requesting his medications, blood work, and progressively worsening of his condition. Despite the frequent sick call requests, Mr. MEJIA was not referred to a higher level provider for appropriate level of care.

   - On April 10, 2017, Mr. MEJIA submitted a sick call request stating "I need my blood examined because I take pills for my pressure and sugar" "My levels are high, I feel weak" and "I use glasses to see." The RN did not appropriately triage the sick call request. The RN saw Mr. MEJIA on April 14, 2017, and all complaints were not addressed, and Mr. MEJIA was not referred to a higher level of care.

- On May 18, 2017, Mr. MEJIA was seen for dizziness, decreased blood pressure, and anemia; however, the nurse instructed Mr. MEJIA to increase fluids and did not refer him to a provider.

- On June 6, 2017, Mr. MEJIA complained of pain with swelling and redness to his left elbow. He was seen by the on-site orthopedic physician who provided antibiotic treatment and referred him to the PCP for an urgent, next-day follow-up. The PCP ordered laboratory tests and pain medication, but did not evaluate or assess Mr. MEJIA.

[*Investigator's note: During the interview, the PCP stated "after reviewing Mr. MEJIA's problem list, he requested the nurse to pull his laboratory results, but the laboratory tests had not been ordered. The PCP ordered the laboratory tests and anticipated seeing Mr. MEJIA the next day per the orthopedic physician's referral.*]

Applicable standards of care for this finding:

- PBNDS 2008: Part 4 *Medical Care,* section V, *Expected Practices*, states "every facility shall directly or contractually provide its detainee population: initial medical, mental health and dental screening; primary medical and dental care; emergency care; specialty health care; timely responses, mental health care, and hospitalization as needed within the local community."

- National Commission on Correctional Health Care (NCCHC): Standards for Health Services in Jails, 2014: J-A-01: *Access to care*, states "inmates have access to care to meet their serious medical, dental, and mental health needs."

Findings:

Throughout the course of Mr. MEJIA's HCDCR detention, he repeatedly requested, via sick call, to be seen by a doctor for evaluation of his condition. Despite Mr. MEJIA's repeated requests and worsening symptoms, HCDCR failed to provide Mr. MEJIA with timely access and appropriate medical care.

Before reviewing the medical record or evaluating Mr. MEJIA, the PCP ordered laboratory tests and medication for pain without an appropriate assessment.

Recommendations:

1. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a corrective action plan (CAP). The CAP should ensure that: 1) HCDCR nursing staff have sufficient knowledge and competency to recognize when detainees require referral to a higher level of care provider; and 2) all nurses should review and acknowledge competency of all nursing protocols.

2. Forward these findings and recommendations to ICE and HCDCR for review. ICE and HCDCR should ensure that the HCDCR CAP is implemented and sustained.

2. Timely medical follow up for chronic conditions.

On April 1, 2017, an APP performed Mr. MEJIA's initial health assessment; however, the APP did not appropriately enroll Mr. MEJIA in a chronic care program to appropriately manage his care, in accordance with PBNDS 2008 and HCDCR policy and procedures.

The APP documented a treatment plan for diabetes in Mr. MEJIA's medical record; however, the treatment plan did not address Mr. MEJIA's reported depression, hypertension, and anemia. Mr. MEJIA was never entered on the chronic disease log, and therefore, was not scheduled or evaluated for a chronic care baseline evaluation.

The responsible physician (medical director) is required to review the medical record when a detainee has been added to the chronic disease log and assures the patient is tracked for adequate follow up and monitoring. The APP failed to enter Mr. MEJIA on the chronic disease log; therefore, the responsible physician was not able to review and monitor Mr. MEJIA's medical conditions.

Applicable standard of care for this finding:

- PBNDS 2008: Part 4 *Medical Care*, section R, *Special Needs and Close Medical Supervision,* states "when a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review."

- PBNDS 2008: Part 4 *Medical* Care, section S, *Continuity of C*are, states "the facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status."

- HCDCR Policy: G-01, *Chronic Disease Services,* states "when individuals are identified as having medical conditions requiring close supervision and/or long term chronic care will be entered on the chronic disease log, and followed through regularly scheduled chronic care clinics. A clinician will do the initial baseline evaluation in the chronic care clinic within 30 days of admission to the facility."

Findings:

Mr. MEJIA was not seen in the chronic care clinic within 30 days of admission for an initial baseline evaluation.

During the initial health assessment, the APP failed to enter Mr. MEJIA on to the chronic disease log, which initiates the process for initial and follow up chronic care clinic appointments, laboratory tests, and the responsible physician's review of the medical record.

HCDCR failed to provide Mr. MEJIA with a timely follow-up for his chronic conditions.

Recommendations:

a. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a CAP. The CAP should ensure that: 1) HCDCR initiates a quality assurance process to confirm detainees with chronic conditions are added to the chronic disease log and have appropriate orders and scheduled follow up appointments entered into the system, and 2) HCDCR medical authority will review and confirm all detainees with a chronic condition have appropriate orders and scheduled follow up appointments.

b. Forward these findings and recommendations to ICE and HCDCR for review. ICE and HCDCR should ensure that the HCDCR CAP is implemented and sustained.

3. Patients with special health needs.

On April 1, 2017, the APP documented Mr. MEJIA's current problems as: anemia, depression, cirrhosis, hypertension, and diabetes type II-uncomplicated. There was no documentation that Mr. MEJIA was included in the special needs clinic.

Applicable standard for this finding:

- PBNDS 2008: Part 4 *Medical* Care, section V.R., *Special Needs and Close Medical Supervision,* states "when a detainee requires close medical supervision, including chronic and convalescent care, a written treatment plan that includes access to health care and other personnel regarding care and supervision, shall be developed and approved by the appropriate physician, dentist, or mental health practitioner, in consultation with the patient, with periodic review. The written treatment plan will conform to NCCHC requirements."

- HCDCR Policy: G-02, *Patients with Special Health Needs,* states "inmates' special needs are met with special health conditions requiring close medical supervision or multidisciplinary care, including developmental deficits and chronic and convalescent care are met. The special needs clinic should include, but is not limited to: mental health, chronic conditions, and other needs, i.e., developmentally disabled, terminally ill, frail, elderly, pregnant and physically handicapped. The initial assessment for a chronic disease or special needs will be performed by a medical provider. Assignments are made to a special needs clinic at HCDCR by the treating clinician."

- HCDCR Policy: H-01, *Health Records,* states "special needs treatment plans will be filed in the inmate patient's health care record."

Findings:

The APP did not complete an initial chronic disease or special needs assessment. An individualized treatment plan addressing all of Mr. MEJIA's reported conditions was not developed, and Mr. MEJIA was not listed on the chronic disease or the special needs log, nor was a special needs treatment plan filed in Mr. MEJIA's patient's medical record.

Recommendations:

a. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a CAP. The CAP should include processes to ensure: 1) all clinicians have the knowledge and competency to identify detainees requiring special needs; 2) all clinicians complete the initial assessment for special needs accordingly, and; 3) all detainees meeting the criteria are adequately monitored.

b. Forward these findings and recommendations to ICE and HCDCR for review. ICE and HCDCR should ensure that the HCDCR CAP is implemented and sustained

4. Communication regarding appropriate notification of a patient with special health needs.

On April 1, 2017, during the health assessment, the APP documented Mr. MEJIA's current problems as: anemia, depression, cirrhosis, hypertension, and diabetes type II-uncomplicated.

Applicable policies for this finding:

- PBNDS 2008: Part 4 *Medical Care*, section 4.a, *Medical/Psychiatric alert*, states "medical staff shall notify the facility administrator in writing, when they determine that a detainee's medical or psychiatric condition requires: clearance by the medical staff prior to release or transfer, or medical escort during removal, deportation or transfer."

- PBNDS 2008: Part 4 *Medical Care*, section V.R, *Special Needs and Close Medical Supervision,* states "the health administrative authority for each facility must have a plan to notify ICE for any detainee with special needs. The written notification must become part of the detainee's health record file."

Findings:

During the initial health assessment, the APP did not complete the medical-psychiatric alert that initiates the notification process to the health services administrator, clinical medical

authority, facility administrator, and ICE. A medical-psychiatric alert was not documented in Mr. MEJIA's medical record.

Recommendations:

a. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a CAP. The CAP should ensure that: 1) HCDCR clinicians have sufficient knowledge and competency regarding the identification and notification process of detainees with chronic diseases and special needs, and 2) HCDCR clinicians will appropriately identify detainees requiring a medical-psychiatric alert in accordance with PBNDS 2008: Part 4 *Medical Care*, section 4.a, *Medical/Psychiatric alert.*

b. Forward these findings and recommendations to ICE and HCDCR for review. ICE and HCDCR should ensure that the HCDCR CAP is implemented and sustained.

5. Prescribing continuity of medications

On April 1, 2017, during Mr. MEJIA's intake and health assessment, he reported taking current medications, but did not remember the name. However, he did state the name of the pharmacy he used prior to his arrest. The APP prescribed metformin 500 mg, one tablet, twice daily, due to a blood sugar of 253, and requested Mr. MEJIA's medication list from the pharmacy. On April 6, 2017, HCDCR received Mr. MEJIA's list of medications from the Brentwood Pharmacy. There is no documentation indicating that a provider reviewed the medication list.

Applicable standards of care for this finding:

- PBNDS 2008: 4.3 *Medical Care;* section II, *Expected Outcomes,* states "detainees will have access to a continuum of health care services, including prevention, health education, diagnosis and treatment."

- PBNDS 2008: 4.3 *Medical Care;* section V.S, *Continuity of Care*, states "the facility administrative health authority must ensure that a plan is developed that provides for continuity of medical care in the event of a change in detention placement or status."

- NCCHC: Standards for Health Services in Jails, 2014: J-D-02: *Medication Services,* states "medication services are clinically appropriate and provided in a timely, safe, and sufficient manner...Inmates being admitted who report taking medications currently, or who bring the medications with them is to continue their medication unless there is a clinical reason to alter or discontinue the medication."

Findings:

On April 6, 2017, HCDCR's medical staff received Mr. MEJIA's list of medications. The APP did not review the list of medications or conduct medication reconciliation with Mr. MEJIA, in accordance with safe medication reconciliation practices.

Recommendations:

a. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a CAP. The CAP should ensure that: 1) a safe medication reconciliation process is established and proper training implemented, 2) HCDCR providers will review and sign all applicable medication related documents from outside entities, and 3) HCDR providers will reconcile medications with feedback from the patient in accordance with the appropriate guidance for prescribing continuity medication for new admissions.

b. Forward these findings and recommendations to ICE and HCDCR for review. ICE and HCDCR should ensure that the HCDCR CAP is implemented and sustained.

6. Language access.

During the intake screening, the RN documented that an interpreter was not needed. There was no additional supporting documentation, i.e., preferred language, nurse speaks Spanish.

Multiple nurses reported using "Google" translation during encounters instead of the required language lines. During interviews, multiple nurses stated "telephone translation services are available, but Google translation was used because it was much quicker." The medical administrators stated Google translation was not approved for use during patient encounters.

It is well described in research that "adverse effects affect LEP patients more frequently, are often caused by communication problems, and are more likely to result in serious harm compared to those that affect English-speaking patients. Effective provider-patient communication is vital, especially in areas as critical as medication reconciliation, hospital discharge, informed consent, and surgical care." Agency for Health Care Research and Quality [(AHRQ), 2012]

Applicable standard and reference for this finding:

- PBNDS 2008: 4.3 *Medical Care*, section II.37, *Expected Practices*, states "non-English speaking detainees and/or detainees who are deaf and/or hard at hearing will be provided interpretation/translation services or other assistance as needed for medical care activities."

- Umbdenstock, Rich, "Improving Patient Safety Systems for Patients with Limited English Proficiency," *Agency for Health care Research and Quality (AHRQ)*,

publication 12-0041 (2012).Accessed January 30, 2018, website:
(b)(7)(E)

Findings:

Based on the sick call documentation of numerous nurses, it appears that Mr. MEJIA had, or may have had, LEP. It was incumbent upon the nurse to communicate with Mr. MEJIA in a language that he understood during "vital" times in his care, e.g., intake, sick call, assessments. The HCDCR nursing staff generally did not communicate with Mr. MEJIA in Spanish, and therefore, did not communicate with Mr. MEJIA in a manner which ensured he understood and could fully participate in his nursing care.

Recommendations:

a. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a CAP. The CAP should ensure that: 1) HCDCR nursing staff has sufficient knowledge and competency to identify detainees with LEP; and 2) all nurses are required to communicate with detainees with LEP in a language that they understand during "vital" health care encounters, e.g., intake screening, sick call, provider visits.

b. Forward these findings and recommendations to ICE and HCDCR for review. ICE and HCDCR should ensure that the HCDCR CAP is implemented and sustained.

7. Nonemergency health care requests and services.

On April 23, 2017, Mr. MEJIA submitted a sick call request complaining of cough and needing iron pills for his anemia.

On April 25, 2017, Mr. MEJIA was seen and treated for nasal congestion, sore throat, and cough. Mr. MEJIA also requested blood work during this encounter.

On April 30, 2017, Mr. MEJIA submitted a sick call request complaining of problems sleeping, constipation, and a stomachache. On May 3, 2017, an appointment was scheduled for sick call and "cough" was added to problem list.

On May 9, 2017, Mr. MEJIA submitted a sick call request complaining of nasal congestion, excessive sputum, and rash to upper chest. On May 11, 2017, Mr. MEJIA was seen and treated for complaints.

On June 5, 2017, Mr. MEJIA submitted a sick call request complaining of a fever. On June 6, 2017, Mr. MEJIA was seen by the nurse. The nurse documented "patient came to medical c/o [complaints of] pain, with swelling and redness on left elbow. Patient [Mr. MEJIA] claimed he fell in shower, yesterday, and hit his elbow; Exam: alert and oriented x 3, not in distress;

limited range of motion on the affected side; VS: T 98.8, P 102, R 16, and BP 160/90. Mr. MEJIA was referred to the provider."

Applicable standards for this finding:

- PBNDS 2008: Part 4 *Medical* Care, section V.N, *Sick Call,* states "all facilities must have an established procedure in place to ensure that all sick call requests are received and triaged by appropriate medical personnel within 48 hours after the detainee submits the request. Medical personnel shall review the request slips and determine when the detainee will be seen."

- NCCHC: Standards for Health Services in Jails, 2014: J-E-07: *Nonemergency Health Care Requests and Services,* states "all inmates have the opportunity daily to request health care. Their requests are documented and reviewed for immediacy of need and the intervention required. Qualified health care professional respond to health services requests and conduct clinicians' clinic on a timely basis and in a clinical setting."

  "A disposition is made and noted on the patient's request form or in a log or appointment book. Not every nonemergency health services request requires an appointment; however, when a medical, dental, or mental health request describes a clinical symptom, a face-to-face encounter between the patient and a health care professional is required."

  "When indicated, referral to the clinicians' clinic is made for the inmate to see a physician or midlevel practitioner. In general, when a patient presents for nonemergency health services more than two times with the same complaint and has not seen a physician, he or she receives an appointment to do so."

- HCDCR Policy: E-07, *Nonemergency Health care Requests and Services,* states "all requests will be reviewed by the nurse and the date, time, and disposition of the review, along with the initials of the nurse will be indicated on the sick call request."

  "The sorted sick call slips will be given to the nurses for triage and disposition, nursing versus physician sick call lists. The Director of Nursing (DON) or designee will triage the slips and sort out the "must-see AM", "must-see STAT", and note the disposition on the sick call sheet. The sheet is returned to the charge nurse. The DON will confer with the clinician regarding problem. The clinician will triage the slips and sort out those cases with chronic stable diseases, make note on the sick call slip of the condition, refer to chronic care for evaluation and return the completed slip to nursing to have the inmate patient appropriately logged out and scheduled for chronic care clinic to be seen."

  "Sick call requests will be screened by clinical personnel within 24 hours of receipt and prioritized in a timely manner according to acuity. The inmate with non-emergent

complaints will be seen or a disposition rendered and the inmate notified with the next 24 hours.

Findings:

- On April 25, 2017, during the sick call encounter, Mr. MEJIA requested blood work; the nurse did not refer him to a higher level of care for evaluation

- On May 3, 2017, "cough" was added to the problem list, Mr. MEJIA was not seen by the nurse and his complaint of constipation and stomachache was not addressed. This was not in compliance with NCCHC J-E-07.

- On June 6, 2017, Mr. MEJIA was seen for complaint of fever; however, the nurse failed to address the following: BP 160/90, and P 102. During the interview, the nurse stated there was no intervention because Mr. MEJIA's elevated VS were related to Mr. MEJIA experiencing pain.

- During the course of detention, Mr. MEJIA was seen between one to four days after submission of sick call requests. Per HCDCR guidance, detainees should be seen within 24 hours after the submission of a sick call request.

- Mr. MEJIA reported chronic conditions were documented on the problem list of his medical record. Mr. MEJIA was given acetaminophen on April 25 and May 11, 2017. The nursing sick call protocols (16) states, "If a patient is Hepatitis C-positive, has chronic liver disease, has recently consumed alcohol, or is in the midst of withdrawal, use only ibuprofen 200 mg, two tablets. Do not give acetaminophen."

- Although Mr. MEJIA was seen numerous times during nurse sick call and requested to be seen by a provider, he was not referred to a higher level of care.

Recommendations:

a. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a CAP. The CAP should ensure: 1) the HCDCR nurses appropriately assess and develop nursing care plans for all significant clinical symptoms complaints made by detainees, and 2) HCDCR nursing staff has sufficient knowledge and competency to identify when a referral to the provider is warranted, 3) HCDCR nursing staff review, triage and document sick call requests in a timely manner, and 4) HCDCR nurses have a documented review all nursing sick call protocols.

b. Forward these findings and recommendations to ICE and IHSC for review. ICE and IHSC should ensure that the HCDCR CAP is implemented and sustained.

8. Policy Guidance

On April 1, 2017, during the intake and health assessment encounter, Mr. MEJIA reported a history of liver cirrhosis; although, he denied use of alcohol and substance abuse.

Upon receipt of Mr. MEJIA's medication list, it included omeprazole (decreases gastric acid).

On April 30, 2017, Mr. MEJIA complained of GI symptoms, and he was scheduled for nurse sick call.

Applicable standards for this finding:

- NCCHC: Standards for Health Services in Jails, 2014: J-A-05, *Policies and Procedures,* states "the facility has a manual or compilation of policies and defined procedures regarding health care services that addresses each applicable standard in the Standards for Health Services in Jails."

  All aspects of the standard are addressed by written policy and defined procedures.

Findings:

- On April 1, the nurse or the provider did not ask additional questions regarding Mr. MEJIA alcohol/drug history.

- On April 30, 2017, Mr. MEJIA complained of GI symptoms, but was never seen by the nurse and his complaints were not addressed.

- HCDCR's medical unit policies do not include clinical care guidelines, or nursing protocols addressing management of GI disorders and comprehensive alcohol/drug screening questions.

Recommendations:

a. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a CAP. The CAP should ensure: 1) HCDCR's medical policies include management of GI disorders, and 2) HCDCR's medical policies include a comprehensive screening questionnaire for drug and alcohol use when a detainee reports with a significant history, and 3) all HCDCR's medical policies will be reviewed and updated accordingly.

b. Forward these findings and recommendations to ICE and IHSC for review. ICE and IHSC should ensure that the HCDCR CAP is implemented and sustained.

9. Documentation

On April 1, 2017, the APP completed Mr. MEJIA's initial health assessment. A health history and physical examination was documented in the medical record.

On June 8, 2017, the APP completed an assessment and initiated one liter (L) IVF of 0.9% normal saline and ordered the following: finger stick blood sugar (146); maalox 30 cc, now; and, ibuprofen 600 mg, one tablet, now. The APP stated Mr. MEJIA reported feeling better after the first L of IVF and requested to use the bathroom. As Mr. MEJIA was assisted to a standing position, he became incontinent of urine, followed by a large amount of dark colored clotted blood from the rectum and appeared to be in mild distress. Oxygen was applied via nasal cannula at 3L/minute and 911 was called. Upon EMS arrival, Mr. MEJIA was assessed and transported to JCMC.

Applicable standards for this finding:

- NCCHC: Standards for Health Services in Jails, 2014: J-E-04, *Initial Health Assessment*, states "initial health assessments include, at a minimum, a qualified health care professional recording of vital signs (including height and weight)."

- HCDCR policy: E-04, *Initial Health Assessment*, states "The intake processing at HCDCR will include, but not limited to, 1) the collection of additional data to complete the medical, dental and mental health histories …", and 2) recording of height, weight, blood pressure, pulse, and temperature."

Findings:

The provider did not document vital signs or obtain a comprehensive history of Mr. MEJIA's reported chronic conditions.

On June 8, 2017, EMS was called; however, there is no documentation of the time EMS was called, arrival to and departure from the facility.

Recommendations:

a. Forward these findings via appropriate communication channels to the HCDCR administrator and health authority for review and to create a CAP. The CAP should ensure: 1) all medical staff conduct thorough histories and assessments, accordingly, on initial health assessments,2) all medical staff review HCDCR's initial health assessment policy and document accordingly, and 3) ensure all staff are reminded to thoroughly document EMS responses, accordingly .

b. Forward these findings and recommendations to ICE and IHSC for review. ICE and IHSC should ensure that the HCDCR CAP is implemented and sustained.

End of report.