

# Office of Professional Responsibility

## Nevada Southern Detention Center Inspection 2024-002-379

September 17-19, 2024



U.S. Immigration  
and Customs  
Enforcement



**U.S. Department of Homeland Security**  
U.S. Immigration and Customs Enforcement  
Office of Professional Responsibility  
ICE Inspections  
Washington, DC 20536-5501

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**Office of Detention Oversight  
Follow-Up Compliance Inspection  
2024-002-379**

**Enforcement and Removal Operations  
ERO Salt Lake City Field Office**

**Nevada Southern Detention Center  
Pahrump, Nevada**

**September 17-19, 2024**

**FOLLOW-UP COMPLIANCE INSPECTION**  
**of the**  
**NEVADA SOUTHERN DETENTION CENTER**  
Pahrump, Nevada

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## FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS

[REDACTED]	Team Lead	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Senior Inspections and Compliance Specialist	ODO
[REDACTED]	Section Chief	ODO
[REDACTED]	Unit Chief	ODO
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections
[REDACTED]	Contractor	Creative Corrections

## FACILITY OVERVIEW

The U.S. Immigration and Customs Enforcement (ICE) Office of Professional Responsibility (OPR) Office of Detention Oversight (ODO) conducted a follow-up compliance inspection of the Nevada Southern Detention Center (NSDC) in Pahrump, Nevada, from September 17 to 19, 2024.<sup>1</sup> This inspection focused on the standards found deficient during ODO’s last inspection of NSDC from March 19 to 21, 2024. The facility opened in 2010 and is owned and operated by CoreCivic. The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at NSDC in 2016 under the oversight of ERO’s Field Office Director in Salt Lake City (ERO Salt Lake City). ICE is an authorized user of this facility under a United States Marshals Service Intergovernmental Agreement contract, which does not specify an ICE National Detention Standard (NDS), and ODO inspected to the NDS listed on the ERO Custody Management Division Authorized Facility List as of September 16, 2024. NSDC was inspected against the NDS 2019, and ODO’s assigned rating is for ERO’s informational purposes only.

[REDACTED]. A warden handles daily facility operations and manages [REDACTED] support personnel. Trinity Services provides food services, CoreCivic provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in August 2018 and the National Commission on Correctional Health Care in December 2018.

Capacity and Population Statistics	Quantity
ICE Bed Capacity <sup>2</sup>	[REDACTED]
Average ICE Population <sup>3</sup>	[REDACTED]
Adult Male Population (as of September 17, 2024)	[REDACTED]
Adult Female Population (as of September 17, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 3 deficiencies in the following areas: Medical Care (1) and Significant Self-Harm and Suicide Prevention and Intervention (2).

<sup>1</sup> This facility holds male and female detainees with low, medium-low, medium-high and high security classification levels for periods greater than 72 hours.

<sup>2</sup> Data Source: ERO Custody Management Division Authorized Facility List as of September 16, 2024.

<sup>3</sup> *Ibid.*

## **FOLLOW-UP COMPLIANCE INSPECTION PROCESS**

ODO conducts biannual oversight inspections of ICE detention facilities with an average daily population (ADP) of 10 or more detainees, and where detainees are housed for longer than 72-hours, to assess compliance with ICE National Detention Standards. In FY 2021, to meet congressional requirements, ODO began conducting follow-up inspections at all over 72-hour ICE detention facilities with an ADP of 10 or more detainees that ODO conducted a full inspection of earlier in the FY. Follow-up inspections focus on facility compliance with detention standards that directly affect detainee life, health, safety, and/or well-being, and other standards ODO found deficient during the previous rated inspection to assess the facility's corrective actions taken to address those previously cited deficiencies.<sup>4</sup>

ODO identifies violations of ICE detention standards, ICE policies, or operational procedures, as "deficiencies." ODO highlights instances when the facility resolves deficiencies prior to completion of the ODO inspection. Where applicable, these corrective actions are annotated with "C" under the Compliance Inspection Findings section of this report.

While follow-up inspections are intended to focus on previously identified deficiencies, ODO will conduct a complete review of several core standards, which include but are not limited to Medical Care, Hunger Strikes, Suicide Prevention, Food Service, Environmental Health and Safety, Emergency Plans, Use of Force and Restraints/Use of Physical Control Measures and Restraints, Admission and Release, Classification, and Funds and Personal Property. ODO may decide to conduct a second full inspection of a facility in the same FY based on additional information obtained prior to ODO's arrival on-site. Factors ODO will consider when deciding to conduct a second full inspection will include the total number of deficiencies cited during the first inspection, the number of deficient standards found during the first inspection, the completion status of the first inspection's uniform corrective action plan (UCAP), and other information ODO obtains from internal and external sources ahead of the follow-up compliance inspection. Conditions found during the inspection may also lead ODO to assess new areas and identify new deficiencies or areas of concern should facility practices run contrary to ICE standards. Any areas found noncompliant during both the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

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<sup>4</sup> ODO reviews the facility's compliance with selected standards in their entirety.

## FINDINGS BY NATIONAL DETENTION STANDARDS 2019 MAJOR CATEGORIES

NDS 2019 Standards Inspected <sup>5,6</sup>	Deficiencies
<b>Part 1 - Safety</b>	
Environmental Health and Safety	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 2 - Security</b>	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Use of Force and Restraints	1
Special Management Units	1
Staff-Detainee Communication	0
<b>Sub-Total</b>	<b>2</b>
<b>Part 4 - Care</b>	
Food Service	0
Hunger Strikes	1
Medical Care	7
Personal Hygiene	0
Significant Self-Harm and Suicide Prevention and Intervention	1
<b>Sub-Total</b>	<b>9</b>
<b>Part 5 - Activities</b>	
Recreation	0
Telephone Access	0
<b>Sub-Total</b>	<b>0</b>
<b>Part 6 - Justice</b>	
Grievance System	0
<b>Sub-Total</b>	<b>0</b>
<b>Total Deficiencies</b>	<b>11</b>

<sup>5</sup> For greater detail on ODO's findings, see the *Follow-up Compliance Inspection Findings* section of this report.

<sup>6</sup> Beginning in FY 2024, ODO instituted a process of rotating all standards every other year. As a result, some standards may not be present in all inspections.

## DETAINEE RELATIONS

ODO interviewed 29 detainees, who each voluntarily agreed to participate. None of the detainees made allegations of discrimination, mistreatment, or abuse. All interviewed detainees reported satisfaction with facility services.

## FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

### SECURITY

#### USE OF FORCE AND RESTRAINTS (UOFR)

ODO reviewed four facility immediate UOF records and found in four out of four files, the facility did not forward a copy of the after-action report to the ERO Salt Lake City within 7 days of completion (**Deficiency UOFR-93**<sup>7</sup>).

#### SPECIAL MANAGEMENT UNITS (SMU)

ODO reviewed █ detainee disciplinary segregation (DS) records and found in █ out of █ records, no documented date and time of the detainees' release from DS by the facility's releasing officer (**Deficiency SMU-42**<sup>8</sup>).

### CARE

#### HUNGER STRIKES (HS)

ODO reviewed █ facility medical staff training records and found in █ out of █ records, no annual training to recognize the signs of a hunger strike and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike (**Deficiency HS-1**<sup>9</sup>).

#### MEDICAL CARE (MC)

ODO reviewed █ detainee medical records and found in █ out of █ records, a detainee did not receive his tuberculosis screening prior to being placed in general population (**Deficiency MC-18**<sup>10</sup>). **This is a priority component.**

ODO reviewed █ detainee medical records and found in █ out of █ records, a licensed practical

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<sup>7</sup> "The facility shall forward a copy of the After-Action Report to the local ICE/ERO Field Office Director within seven days of completion." See ICE NDS 2019, Standard, Use of Force and Restraints, Section (II)(J)(5).

<sup>8</sup> "When the detainee is released from disciplinary segregation, the releasing officer shall indicate the date and time of release on the disciplinary segregation order." See ICE NDS 2019, Standard, Special Management Unit, Section (II)(B)(2)(c).

<sup>9</sup> "All staff shall be trained initially and annually thereafter to recognize the signs of a hunger strike, and to implement the procedures for referral for medical assessment and for management of a detainee on a hunger strike." See ICE NDS 2019, Standard, Hunger Strikes, Section (II)(A).

<sup>10</sup> "All new arrivals shall receive tuberculosis (TB) screening in accordance with the most current Centers for Disease Control and Prevention (CDC) guidelines, including, but not limited to, CDC Guidelines for Correctional Facilities, prior to being placed in general population." See ICE NDS 2019, Standard, Medical Care, Section (II)(D)(1).



nurse conducted the initial dental screening (**Deficiency MC-44**<sup>11</sup>).

ODO reviewed [REDACTED] facility medical staff training records, and found in [REDACTED] out of [REDACTED] training records, a non-dental clinician did not receive annual training on how to conduct a dental exam by a dentist (**Deficiency MC-45**<sup>12</sup>).

ODO reviewed [REDACTED] detainee medical records and found the following deficiencies:

- In [REDACTED] out of [REDACTED] records, facility medical staff did not obtain signed and dated consent forms from the detainees prior to providing nonemergency medical examinations or treatment (**Deficiency MC-92**<sup>13</sup>). **This is a priority component;**
- In [REDACTED] out of [REDACTED] records, the facility did not provide a medical care summary to the detainee before transfer to another facility (**Deficiency MC-109**<sup>14</sup>);
- In [REDACTED] out of [REDACTED] records, the facility did not provide a medical care summary to the detainee before being released (**Deficiency MC-111**<sup>15</sup>); and
- In [REDACTED] out of [REDACTED] records, the facility did not provide a 30-day supply of medications to the detainee before being released (**Deficiency MC-118**<sup>16</sup>).

## **SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION (SSHSP)**

ODO reviewed [REDACTED] facility medical staff training records and found in [REDACTED] out of [REDACTED] records, no documented, annual suicide prevention refresher training (**Deficiency SSHSP-2**<sup>17</sup>). **This is a priority component.**

## **CONCLUSION**

During this inspection, ODO assessed the facility's compliance with 16 standards under NDS 2019 and found the facility in compliance with 11 of those standards. ODO found 11 deficiencies in the remaining 5 standards. Since NSDC's last rated compliance inspection in March 2024, the facility's compliance with NDS 2019 has trended downward. NSDC went from 2 deficient

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<sup>11</sup> "If no on-site dentist is available, the initial dental screening may be performed by a physician, physician assistant, nurse practitioner, or registered nurse." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>12</sup> "Such non-dental clinicians shall be trained annually on how to conduct the exam by a dentist." See ICE NDS 2019, Standard, Medical Care, Section (II)(H).

<sup>13</sup> "The facility health care practitioner will obtain specific signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances." See ICE NDS 2019, Standard, Medical Care, Section (II)(O).

<sup>14</sup> "When a detainee is transferred to another detention facility, the sending facility shall ensure that a medical transfer summary accompanies the detainee." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(3)(a).

<sup>15</sup> "Upon removal or release from ICE/ERO custody, the detainee shall be provided medication (in quantities specified below), referrals to community-based providers as medically appropriate, and a detailed medical care summary." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(3)(b).

<sup>16</sup> "Upon removal or release from ICE custody, the detainee shall receive up to a 30-day supply of medication as ordered by the prescribing authority and a medical care summary." See ICE NDS 2019, Standard, Medical Care, Section (II)(Q)(4).

<sup>17</sup> "All facility staff members who interact with and/or are responsible for detainees shall receive comprehensive suicide prevention training during orientation and refresher training at least annually thereafter." See ICE NDS 2019, Standard, Significant Self-Harm and Suicide Prevention and Intervention, Section (II)(B).

standards and 3 deficiencies in March 2024 to 5 deficient standards and 11 deficiencies during this most recent inspection, which included 2 priority component deficiencies in MC and 1 in SSHSPI. NSDC completed its UCAP for its last inspection in March 2024, which likely resolved the previous deficiencies cited by ODO. ODO recommends ERO Salt Lake City continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

<b>Compliance Inspection Results Compared</b>	<b>FY 2024 Full Inspection (NDS 2019)</b>	<b>FY 2024 Follow-Up Inspection (NDS 2019)</b>
Standards Reviewed	24	16
Deficient Standards	2	5
Overall Number of Deficiencies	3	11
Priority Component Deficiencies	1	3
Repeat Deficiencies	0	0
Areas Of Concern	1	0
Corrective Actions	0	0
Facility Rating	Good	N/A



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