

Office of Professional Responsibility

Port Isabel Service Processing Center Inspection 2024-002-387

September 10-12, 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
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**Office of Detention Oversight
Follow-Up Compliance Inspection
2024-002-387**

**Enforcement and Removal Operations
ERO Harlingen Field Office**

**Port Isabel Service Processing Center
Los Fresnos, Texas**

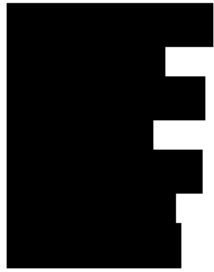
September 10-12, 2024

FOLLOW-UP COMPLIANCE INSPECTION
of the
PORT ISABEL SERVICE PROCESSING CENTER
Los Fresnos, Texas

TABLE OF CONTENTS

FACILITY OVERVIEW	4
FOLLOW-UP COMPLIANCE INSPECTION PROCESS.....	5
FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES.....	6
DETAINEE RELATIONS	7
FOLLOW-UP COMPLIANCE INSPECTION FINDINGS.....	7
CARE	7
HUNGER STRIKES.....	7
MEDICAL CARE.....	7
SIGNIFICANT SELF-HARM AND SUICIDE PREVENTION AND INTERVENTION	9
ADMINISTRATION AND MANAGEMENT	10
DETAINEE TRANSFERS	10
CONCLUSION	10

FOLLOW-UP COMPLIANCE INSPECTION TEAM MEMBERS



Team Lead

Senior Inspections and Compliance Specialist

Senior Inspections and Compliance Specialist

Contractor

Contractor

Contractor

Contractor

ODO

ODO

ODO

Creative Corrections

Creative Corrections

Creative Corrections

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 Port Isabel Service Processing Center (PISPC) in Los Fresnos, Texas, from September 10 to 12, 2024.¹ This inspection focused on the standards found deficient during ODO’s last inspection of PISPC from March 26 to 28, 2024. The facility opened in 1977 and is owned by ICE and operated by Akima Global Services (AGS). The ICE Office of Enforcement and Removal Operations (ERO) began housing detainees at PISPC in 2003 under the oversight of ERO’s Field Office Director in Harlingen (ERO Harlingen). The facility operates under the Performance-Based National Detention Standards (PBNDS) 2011 (Revised 2016).

[REDACTED] A facility administrator handles daily operations and manages [REDACTED] support personnel. AGS provides food services, STG International provides medical care, and Keefe Commissary provides commissary services at the facility. The facility was accredited by the American Correctional Association in June 2021 and the National Commission on Correctional Health Care in February 2023. In June 2024, PISPC was audited for the Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) and was DHS PREA certified.

Capacity and Population Statistics	Quantity
ICE Bed Capacity ²	[REDACTED]
Average ICE Population ³	[REDACTED]
Adult Male Population (as of September 10, 2024)	[REDACTED]
Adult Female Population (as of September 10, 2024)	[REDACTED]

During its last rated inspection, in Fiscal Year (FY) 2024, ODO found 7 deficiencies in the following areas: Food Service (1); Grievance System (2); Medical Care (1); and Significant Self-harm and Suicide Prevention and Intervention (3).

¹ This facility holds male and female detainees with low and medium-low security classification levels for periods greater than 72 hours.

² Data Source: ERO Custody Management Division Authorized Facility List as of September 9, 2024.

³ *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.⁴

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 non-compliant during both the full and follow-up inspection are annotated as "Repeat Deficiencies" in this report.

⁴ ODO reviews the facility's compliance with selected standards in their entirety.

FINDINGS BY PERFORMANCE-BASED NATIONAL DETENTION STANDARDS 2011 (REVISED 2016) MAJOR CATEGORIES

PBNDs 2011 (Revised 2016) Standards Inspected ^{5,6}	Deficiencies
Part 1 – Safety	
Emergency Plans	0
Environmental Health and Safety	0
Sub-Total	0
Part 2 – Security	
Admission and Release	0
Custody Classification System	0
Facility Security and Control	0
Funds and Personal Property	0
Special Management Units	0
Staff-Detainee Communication	0
Use of Force and Restraints	0
Sub-Total	0
Part 4 – Care	
Food Service	0
Hunger Strikes	2
Medical Care	11
Medical Care (Women)	0
Personal Hygiene	0
Significant Self-harm and Suicide Prevention and Intervention	4
Sub-Total	17
Part 5 – Activities	
Recreation	0
Telephone Access	0
Sub-Total	0
Part 6 – Justice	
Grievance System	0
Sub-Total	0
Part 7 – Administration and Management	
Detainee Transfers	1
Sub-Total	1
Total Deficiencies	18

⁵ For greater detail on ODO’s findings, see the *Follow-up Compliance Inspection Findings* section of this report.

⁶ 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 27 detainees, who each voluntarily agreed to participate. ODO requested interviews with two additional detainees; however, both detainees declined ODO's request for an interview. None of the detainees made allegations of discrimination, mistreatment, or abuse. All detainees reported satisfaction with facility services.

FOLLOW-UP COMPLIANCE INSPECTION FINDINGS

CARE

HUNGER STRIKES (HS)

ODO reviewed the medical files of █ detainees declared hunger strikes and found in █ files, a nurse practitioner (NP) ordered the detainees' release from hunger strike treatment (**Deficiency HS-19⁷**).

ODO reviewed the medical files of █ detainees who declared hunger strikes and found in █ files, an NP ordered the termination of their hunger strike treatment (**Deficiency HS-35⁸**).

MEDICAL CARE (MC)

ODO reviewed █ detainee medical files, and found in █ out of █ files, the detainee arrived at PISPC on June 6, 2024, but did not receive an initial mental health screening by facility medical staff until June 11, 2024 (**Deficiency MC-103⁹**). **This is a priority component.**

ODO reviewed █ detainee medical files with immediate referrals and found in █ out of █ files, the detainee was referred on August 29, 2024, but not seen by the facility provider until September 8, 2024 (**Deficiency MC-116¹⁰**).

ODO reviewed █ detainee medical files with mental health referrals and found in █ out of █ files, the detainees received mental health referrals on August 29, 2024, and June 1, 2024, but did not receive mental health evaluations until September 4, 2024, and June 5, 2024, respectively (**Deficiency MC-120¹¹**).

⁷ "Only a physician may order a detainee's release from hunger strike treatment and shall document that order in the detainee's medical record." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(C)(8).

⁸ "Only the physician may order the termination of hunger strike treatment." See ICE PBNDS 2011 (Revised 2016), Standard, Hunger Strikes, Section (V)(F).

⁹ "As soon as possible, but no later than 12 hours after arrival, all detainees shall receive, by a health care provider or a specially trained detention officer, an initial medical, dental and mental health screening and be asked for information regarding any known acute or emergent medical conditions." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹⁰ "Where there is a clinically significant finding as a result of the initial screening, an immediate referral shall be initiated, and the detainee shall receive a health assessment no later than two working days from the initial screening." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹¹ "Mental health evaluations must be conducted within the timeframes prescribed in "O. Mental Health Program" of this standard." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, the detainee arrived, and facility staff placed him in housing unit A310 at PISPC on June 4, 2024, but facility medical staff did not complete the IHSC Intake Screening Form (IHSC 795A) or equivalent until June 11, 2024 (**Deficiency MC-122**¹²).

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, the facility clinical medical authority did not review the comprehensive health assessment to assess the priority for treatment (**Deficiency MC-140**¹³).

ODO reviewed [REDACTED] medical files of detainees with mental health referrals and found in [REDACTED] out of [REDACTED] files, the detainees received mental health referrals on August 29, 2024, and June 1, 2024, but did not receive a mental health evaluation until September 4, 2024, and June 5, 2024, respectively (**Deficiency MC-150**¹⁴). **This is a priority component.**

ODO reviewed [REDACTED] detainee medical files with mental health referrals and found in [REDACTED] out of [REDACTED] files, the detainee was seen by a registered nurse for an urgent mental health matter on August 31, 2024, and referred to the mental health provider on September 1, 2024; however, was not seen by the mental health provider until September 4, 2024 (**Deficiency MC-151**¹⁵).

ODO reviewed [REDACTED] detainee medical files with mental health referrals and found in [REDACTED] out of [REDACTED] files, the detainee was seen by a registered nurse for an urgent mental health matter on August 31, 2024, and referred to the mental health provider on September 1, 2024; however, was not seen by the mental health provider until September 4, 2024 (**Deficiency MC-157**¹⁶).

ODO reviewed [REDACTED] medical files of detainees with a history of sexual assault and found in [REDACTED] out of [REDACTED] files, the detainee was referred to a mental health follow-up on June 1, 2024, but did not receive the mental health evaluation until June 5, 2024 (**Deficiency MC-171**¹⁷).

ODO reviewed [REDACTED] medical transfer summaries with medications listed and found in [REDACTED] out of [REDACTED] transfer summaries, a detainee was transferred from PISPC on June 13, 2024, with no supply

¹² “The health intake screening shall be conducted using the IHSC Intake Screening Form (IHSC 795A) or equivalent and shall be completed prior to the detainee’s placement in a housing unit.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(J).

¹³ “The CMA shall be responsible for review of all comprehensive health assessments to assess the priority for treatment.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(M).

¹⁴ “Based on intake screening, the comprehensive health assessment, medical documentation, or subsequent observations by detention staff or medical personnel, any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

¹⁵ “If the practitioner is not a mental health provider and further referral is necessary, the detainee will be evaluated by a mental health provider within the next business day.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(3).

¹⁶ “Any detainee referred for mental health treatment shall receive an evaluation by a qualified health care provider no later than 72 hours after the referral, or sooner if necessary.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(O)(4).

¹⁷ “When a referral for mental health follow-up is initiated, the detainee shall receive a mental health evaluation no later than 72 hours after the referral.” See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(P).

of his human immunodeficiency virus medications (**Deficiency MC-231**).¹⁸

ODO reviewed the medical records of [REDACTED] detainees prescribed psychotropic medications and found in [REDACTED] out of [REDACTED] records, medical staff did not obtain separate documented informed consent forms that included a description of the medications' side effects prior to administering (**Deficiency MC-241**).¹⁹

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

ODO reviewed [REDACTED] detainee medical files and found in [REDACTED] out of [REDACTED] files, the detainee arrived at PISPC on June 6, 2024, and did not receive a mental health screening until June 11, 2024 (**Deficiency SSHSP-13**).²⁰

ODO reviewed [REDACTED] medical files of detainees on suicide watch and found in [REDACTED] out of [REDACTED] files, in [REDACTED] instances where documented continuous monitoring was between 16 and 20 minutes (**Deficiency SSHSP-34**).²¹ **This is a priority component.**

ODO reviewed [REDACTED] medical files of detainees on suicide watch and found in [REDACTED] out of [REDACTED] files, the detainee was on suicide watch for 21 hours and received a single 1-to-1 monitoring welfare check by clinical staff at 10 hours and 30 minutes (**Deficiency SSHSP-35**).²²

ODO reviewed [REDACTED] medical summary reports of [REDACTED] detainees who transferred from the facility and found in all [REDACTED] reports, the facility did not document the detainees' histories of suicide watch on their transfer summaries (**Deficiency SSHSP-58**).²³

¹⁸ "In addition, the medical provider shall ensure that at least 7-day (or, in the case of TB medications, 15 day and in the case of HIV/AIDS medications, 30 day) supply of medication shall accompany the detainee as ordered by the prescribing authority." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(Z).

¹⁹ "Prior to the administration of psychotropic medications, a separate documented informed consent, that includes a description of the medication's side effects, shall be obtained." See ICE PBNDS 2011 (Revised 2016), Standard, Medical Care, Section (V)(AA)(4).

²⁰ "All detainees shall receive an initial mental health screening within 12 hours of admission by a qualified health care professional or health-trained correctional officer who has been specially trained, as required by 'J. Medical and Mental Health Screening of New Arrivals' in Standard 4.3 'Medical Care'." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(B)(1).

²¹ "The qualified mental health professional may place the detainee in a special isolation room designed for evaluation and treatment with continuous monitoring that must be documented every 15 minutes or more frequently if necessary." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

²² "All suicidal detainees placed in an isolated confinement setting will receive continuous one-to-one monitoring, welfare checks at least every 8 hours conducted by clinical staff, and daily mental health treatment by a qualified clinician." See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(F).

²³ "The patient's 'medical summary report' shall be transferred in accordance with standard '7.4 Detainee Transfers.'" See ICE PBNDS 2011 (Revised 2016), Standard, Significant Self-harm and Suicide Prevention and Intervention, Section (V)(G)(1).

ADMINISTRATION MANAGEMENT

DETAINEE TRANSFERS (DT)

ODO reviewed [REDACTED] medical summary reports of [REDACTED] detainees who transferred from the facility and found in all [REDACTED] reports, the facility did not document the detainees' histories of suicide watch on their transfer summaries (**Deficiency DT-29**).²⁴

CONCLUSION

During this inspection, ODO assessed the facility's compliance with 19 standards under PBNDS 2011 (Revised 2016) and found the facility in compliance with 15 of those standards. ODO found 18 deficiencies in the remaining 4 standards. Since PISPC's last rated compliance inspection in March 2024, the facility's compliance with ICE PBNDS 2011 (Revised 2016) trended downward. PISPC went from 4 deficient standards and 7 deficiencies in March 2024 to 4 deficient standards and 18 deficiencies, which included 2 priority component deficiencies in MC and 1 in SSHSPI. ODO has not received a UCAP for the ODO's last full inspection in March 2024, which likely contributed to the increase in deficiencies in medical care and in SSHSPI. ODO recommends ERO Harlingen continue to work with the facility to resolve the deficiencies that remain outstanding in accordance with contractual obligations.

Compliance Inspection Results Compared	FY 2024 Full Inspection (PBNDS 2011) (Revised 2016)	FY 2024 Follow-Up Inspection (PBNDS 2011) (Revised 2016)
Standards Reviewed	29	19
Deficient Standards	4	4
Overall Number of Deficiencies	7	18
Priority Component Deficiencies	0	3
Repeat Deficiencies	1	0
Areas Of Concern	0	0
Corrective Actions	0	0
Facility Rating	Good	N/A

²⁴ "The Medical Transfer Summary shall include, at a minimum, the following items: ...

3) current mental, dental, and physical health status, including all significant health issues, and highlighting any potential unstable issues or conditions which require urgent feedback." See ICE PBNDS 2011 (Revised 2016), Standard, Detainee Transfers, Section (V)(E)(1)(a).



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