



DEPARTMENT OF HOMELAND SECURITY
ICE Health Service Corps



FINAL REPORT OF FINDINGS

Administrative Data

Date of Site-Visit: 05/20/2019	Date of previous Site-Visit: 09/24/2018	Name of Facility: Adelanto ICE Processing Center
Name of Reviewer: CAPT [REDACTED] & CDR [REDACTED]		Area of Responsibility/Field Office: Los Angeles
Accreditation Standard (check all that apply): <input type="checkbox"/> NDS <input type="checkbox"/> PBNDS 2008 <input checked="" type="checkbox"/> PBNDS 2011 <input checked="" type="checkbox"/> ACA <input checked="" type="checkbox"/> NCCCHC <input type="checkbox"/> Other:		

ICE Population Characteristics

Total ICE Population: 1,810	Male: 1,556	Female: 254	Transgender: 0	Pregnant: 0	
Total Housed in Segregation: 50	Administrative: 34	Disciplinary: 16	Disabled: 24	Medical: 4	Mental Health: 36

Facility Administration

Health Services Administrator	Clinical Director
Name: Vacant	Name: [REDACTED]
Email:	Email: [REDACTED]@correctcaresolution.com
Phone Number: +1 (760) 561-[REDACTED]	Phone Number: +1 (760) 561-[REDACTED]
Address: 10400 Rancho road Adelanto, CA 82301	Address: 10400 Rancho road Adelanto, CA 82301

Medical Care

Compliant Non-Compliant with: 1 – 2 Standards 3 Standards >3 Standards

Description of deficiencies:
PBNDS 4.3.U.5
Delivery of Medication
Detainees who arrive at a detention facility with prescribed medications or who report being on such medications, shall be evaluated by a qualified health care professional as soon as possible, but not later than 24 hours after arrival, and provisions shall be made to secure medically necessary medications.

FINDINGS:
Two of ten (20%) of the charts reviewed indicated that patients did not receive their first dose of medication in less than 24 hours from arrival to the facility. Two received their first dose of medication in 48 hours.

PBNDS 4.8: V.F.4.e
Disability Identification, Assessment, and Accommodation, F4. Multidisciplinary Team, e. Staff Notification- Where an accommodation is granted, facility policy or procedures will ensure that all relevant facility staff, including facility security staff, receive timely notification and, as needed, instructions for successful implementation of the accommodation. These procedures will also account for any applicable privacy and confidentiality considerations.

FINDINGS: Ten detainees were assessed for assistance with activities of daily living (ADL), and appropriate accommodations ordered. The facility does not clearly determine in the progress notes if the provider has assessed the detainees for assistance with activities of daily living.

No deficiencies noted

Chronic Care *Enter all detainees with chronic conditions on the IGSA/CDF chronic care tracking sheet and submit with report.*

Total number with chronic conditions: 255	Total number with unstable chronic conditions: 0
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Compliant Non-Compliant with: 1 – 2 Standards 3 Standards >3 Standards

Description of deficiencies:

PBNS 4.3.M

Comprehensive Health Assessment

Each facility's health care provider shall conduct a comprehensive health assessment, including a physical examination and mental health screening, on each detainee within 14 days of the detainee's arrival unless more immediate attention is required due to an acute or identifiable chronic condition. Physical examinations shall be performed by a physician, physician assistant, nurse practitioner, RN (with documented training provided by a physician) or other health care practitioner as permitted by law.

FINDINGS:

Two out of ten (20%) detainees were not seen in Chronic Care Clinic by an advanced practice provider or physician within 14 days of asthma identification. One detainee was seen on the 15th day and another on the 22nd day.

PBNS 4.3.C.4.

Clinical Evaluation and Management

Medical personnel shall provide all detainees diagnosed with HIV/AIDS medical care consistent with national recommendations and guidelines disseminated through the U.S. Department of Health and Human Services, the CDC and the Infectious Diseases Society of America.

NCCHC J-G-01 Chronic Disease Services

Patients with chronic diseases are identified and enrolled in a chronic disease program to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and foster improved function.

For patients enrolled in an HIV program, it is recommended that care be supervised by an HIV specialist who will initiate and change therapeutic regimens as medically indicated.

FINDINGS:

Two out of nine (22%) of detainees were not seen by an ID specialist within 30 days of HIV identification or arrival at the facility. One of the detainees arrived on March 8, 2019 and was scheduled to see ID. The ID's office rescheduled the appointment. The detainee was seen on May 24, 2019. One detainee arrived to the facility on September 28, 2018 and was seen by ID on December 5, 2018.

PBNS 4.3.AA.7

Informed Consent and Involuntary Treatment

If the detainee refuses to consent to treatment, medical staff shall make reasonable efforts to explain to the detainee the necessity for and propriety of the recommended treatment.

FINDINGS:

Two out of eight (25%) detainees with a history of seizures did not have a serum drug level performed and acknowledged in the medical record every 3 months. Two of the detainees refused labs initially and the labs were rescheduled. One detainee arrived November 12, 2018; the lab was refused on March 7, 2019; lab reordered for June 12, 2019. Another detainee arrived October 31, 2019; refused labs May 14, 2019; labs reordered for June 11, 2019. There was no documentation that reasonable efforts were made to explain the necessity for the recommended labs.

Previous findings from 09/24/2018 FMC Site Visit

No deficiencies noted

Hunger Strike

Total number on active hunger strike:
0

Total number of hunger strikes in last 12 months:
5

Compliant Non-Compliant with: 1 – 2 Standards 3 Standards >3 Standards

Description of deficiencies:

There were a total of 5 hunger strikes in the last 12 months. A review of the facility hunger strike policy noted to follow NCCHC and PBNDS standards.

Previous findings from 09/24/2018 FMC Site Visit

There were a total of 3 hunger strikes in the last 12 months. A review of the facility hunger strike policy noted to follow NCCHC and PBNDS standards.

Suicide Prevention and Intervention

Total number on suicide watch: 1	Total number of suicide watches in last 12 months: 271
<input checked="" type="checkbox"/> Compliant Non-Compliant with: <input type="checkbox"/> 1 – 2 Standards <input type="checkbox"/> 3 Standards <input type="checkbox"/> >3 Standards	
Description of deficiencies: There was one suicide watch at the time of the site visit. No deficiencies were noted regarding this standard. Detainees who are determined to be suicidal are evaluated by a mental health provider and are either placed on a constant or staggered (15 minute checks) suicide watch at the facility. Detainees on suicide watch are evaluated by a mental health provider daily. The facility has 2 cells available for suicide watch. If the cells are occupied or if a serious suicide attempt is made, the detainee is sent out to the local hospital for further evaluation and treatment. The facility continues to use Anaheim Global Medical Center (AGMC) as the primary mental health facility. If no beds are available then, Alvarado Parkway Institute (API) is utilized. Previous findings from 09/24/2018 FMC Site Visit There were no deficiencies noted regarding this section of the standard.	

Terminal Illness, Advance Directives, and Death

Total number of active DNR cases: 0	Total number of deaths in last 12 months: 0
<input checked="" type="checkbox"/> Compliant Non-Compliant with: <input type="checkbox"/> 1 – 2 Standards <input type="checkbox"/> 3 Standards <input type="checkbox"/> >3 Standards	
Description of deficiencies: There were no reported deaths, detainees with terminal illness, or detainees with advance directives since the last FMC site visit. Previous findings from 09/24/2018 FMC Site Visit There were no reported deaths, detainees with terminal illness, or detainees with advance directives since the last FMC site visit.	

Other Observations

The Adelanto ICE Processing Center (AIPC) IHSC Site visit was conducted May 20, 2019 through May 24, 2019. The site visit was completed by CAPT [REDACTED] and CDR [REDACTED] the Los Angeles Field Medical Coordinators.

AIPC is a dedicated IGSA with only ICE detainees. The facility currently houses approximately 254 female detainees and 1556 male detainees. AIPC operates under The Geo Group Inc. which contracts with Wellpath, formally known as Correct Care Solutions (CCS) to provide on-site medical care. Wellpath has provided medical care at the facility since March 1, 2016. The facility operates under the 2011 Performance Based National Detention Standards (PBNDS). AIPC has had several audits to include American Correctional Association (ACA) Accreditation January 23, 2017 (upcoming audit in October 2019); Nakamoto Annual Audit October 9-11, 2018; Disability Rights California (DRC) visit August 13-14, 2018; NCCHC February 11-13, 2019; and ODO inspection March 12-14, 2019.

AIPC utilizes both paper and electronic medical records. AIPC began utilizing eClinical Works (eCW) for their electronic health record on August 30, 2016. Documentation prior to August 30, 2016 remains on paper and is scanned into eCW. Consents and refusals are paper records and are scanned into the electronic record. Effective February 19, 2019, AIPC began utilizing an electronic medication administration record, sMART.

AIPC has had several administrative changes. Since the retiring of the Health Services Administrator (HSA) on August 31, 2018, there have been two succeeding HSA's. The first HSA started on September 4, 2018. January 15, 2019, the HSA went on Family and Medical Leave and did not return to the facility. The term for the second HSA was April 1, 2019 - May 15, 2019. During the interim periods, the Assistant Health Services Administrator (AHSA) was the Acting HSA. May 13, 2019, the AHSA resigned. The week of the site visit, the Medical Director was

the Acting HSA and the DON was the Acting AHSA. Effective May 28, 2019, Wellpath's Regional Director of Compliance assumed as Acting HSA and will remain until the HSA position is filled. The Wellpath staffing is currently at 91.67% with 92.42% supplemental Wellpath funded staff.

Deficiencies for Areas Evaluated

PBND 2011:

See Medical Care and Chronic Care Deficiencies above.

QUALITY OF CARE

Diabetes:

One of three (33%) of detainees did not have aspirin prescribed, as clinically indicated. In one instance aspirin was not prescribed for a 54 year old detainee with hypertension and elevated lipids.

Medical Recordkeeping Practices:

Two of ten (20%) charts did not have the problem list updated.

One out of three (33%) charts reviewed did not have the MAR in the record within 2 weeks of previous month.

Diagnostic Services and Specialty Care Access:

Two out of ten (20%) charts reviewed did not have the appointment accomplished within 45 days of the order or within the ordered time frame.

Two out of ten (20%) charts reviewed did not have clinician acknowledgment of the specialist's report in the medical record within 7 days of the date the service was performed.

Treatment of Disability:

Disability Accommodations Notification (DAN) Forms are not being scanned into the medical record.

ASSESSMENT OF QUALITY OF HEALTH SERVICES

Suicide Screening

See QCM Tool

Health Assessment

See QCM Tool

Urgent Care (Sick Call)

See QCM Tool

Evaluation of Care Provider to ED/Hospital Visit for Conditions Sensitive to Ambulatory Care

See QCM Tool

Medication Administration Practices

See QCM Tool

ASSESSMENT OF QUALITY OF HEALTH SERVICES (continued)

Continuity of Medication

See QCM Tool

Mental Health Screen

See QCM Tool

Medical Recordkeeping Practices

See QCM Tool

Pregnant Women

See QCM Tool

Dental Care

See QCM Tool

ASSESSMENT OF QUALITY OF HEALTH SERVICES (continued)

Acute Laboratory Testing

See QCM Tool

Diagnostic Services and Specialty Care Access

See QCM Tool

Mental Health Treatment Planning

See QCM Tool

Treatment of Disability

See QCM Tool

Complaints and Grievances

See QCM Tool

**ASSESSMENT OF QUALITY OF HEALTH SERVICES
CHRONIC DISEASES**

Diabetes

See QCM Tool

Human Immunodeficiency Virus (HIV)

See QCM Tool

Hypertension

See QCM Tool

Asthma

See QCM Tool

Seizure Disorder

See QCM Tool

Recommendations

- 1) Standardize and systematize medication policies and procedures as it relates to SMART and MARs
- 2) Educate providers regarding Disability Assessment to ensure that assistance with activities of daily living is assessed and documented.
- 3) Implement a plan and study to monitor compliance with ensuring patients with chronic conditions are evaluated by a provider within 14 days.
- 4) Implement a plan and study to ensure detainees with HIV/AIDS are seen by an ID specialist within 30 days of identification or arrival to the facility.
- 5) Review with providers to ensure that reasonable efforts are made and documented to explain the necessity for refusal of recommended treatment.
- 6) Review Diabetic Guidelines with providers to ensure all diabetic detainees who have a clinical indication for aspirin are prescribed aspirin.
- 7) Review with providers problem list updates
- 8) Implement a plan and study to ensure diagnostic and specialty services are accomplished with the ordered time frame.
- 9) Implement a plan and study to ensure providers are reviewing and acknowledging specialty reports/recommendations within 7 days of the date the service was performed.
- 10) Implement a plan and study to ensure that new arrivals receive medically necessary medications within 24 hours.
- 11) Implement a plan and study to ensure that patients with chronic conditions have a history and physical completed by a provider within 14 days of arrival.

Facility Actions

- 1) The facility is in the process of interviewing candidates for the HSA position.
- 2) The facility is in the process of advertising for the AHSA position.
- 3) The facility implemented an eMAR system, SMART in February 2019. The facility contacted their IT to determine how eCW and SMART can communicate so that the MARs can be uploaded into eCW. The facility will continue to review SMART for improvements.
- 4) The Medical Grievance Coordinator will begin ensuring that the Disability Accommodations Notification (DAN) Form is scanned into the detainee's medical record.

Additional Comments

The facility is scheduled for ACA audit in October 2019



End of Report

IHSC, Field Medical Coordinator	
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IHSC, Headquarters	
Name: CAPT [REDACTED]	Title: Western Regional Field Medical Coordinator
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Signature: [REDACTED]	Final Approval Date: 07/09/2019
<p>Recommendations:</p> <ol style="list-style-type: none"> 1. FMC to share the approved site visit report and QMC tools with the local field office leadership to share with the facility leadership. 2. FMC to request a corrective action plan (CAP) to address the PBNDS deficiencies noted in the report. CAP response is due in 30 days. 3. FMC to verify CAP implementation within 30 days of facility's stated expected completion of corrective actions. FMC to verify implementation of corrective actions and to verify if corrective actions corrected the deficiencies noted. 4. FMCs to conduct a follow-up site visit in 6 months from date of this site visit. 	