

Stevens v. ICE,
No. 20-cv-02725
ICE
2020-ICLI-00042;
ICE response no.
2018-
ICFO-59138

From: (b)(6); (b)(7)(C)
Sent: 8 Mar 2019 16:34:56 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6);
Subject: FOIA Request Emails
Attachments: RE: USMS Agreement # 89-00-0133 Kenosha County, WI, RE Kenosha County Jail 2016.msg, FW USMS Agreement # 89-00-0133 Kenosha County WI.msg, Kenosha County.msg

Emails regarding Kenosha medical.

From: (b)(6); (b)(7)(C)
Sent: 27 Jan 2016 14:49:11 -0500
To: (b)(6); (b)(7)(C)
Subject: RE: Kenosha County Jail

Thanks

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 27, 2016 1:03 PM
To: (b)(6); (b)(7)(C)
Subject: RE: Kenosha County Jail

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

(b)(5)

Thanks.

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 27, 2016 11:47 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Kenosha County Jail

(b)(6); (b)(7)(C) (b)(5)
(b)(5)
(b)(5)
(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, January 27, 2016 11:37 AM
To: (b)(6); (b)(7)(C)
Subject: FW: Kenosha County Jail

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

(b)(5)

r/

CDR William R. Waldron, MBA, MHA
Chief, IHSC Resource Management Unit
ICE Health Service Corps
201 Varick St.
4th Floor ICE Medical
New York, NY 10014
Phone: (b)(6); (b)(7)(C)
Fax:
Cell:
Email: (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: Thursday, January 07, 2016 4:51 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Kenosha County Jail

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

(b)(5)

Thanks

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

Provider Relations Liaison
Resource Management Unit
ICE Health Service Corps

500 12th Street, S.W., 2nd Floor
Washington, DC 20536

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

(office)

(efax)

(cell)

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

From: (b)(6); (b)(7)(C)
Sent: 19 Aug 2015 11:41:18 -0400
To: (b)(6); (b)(7)(C)
Cc:
Subject: Kenosha County

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

(b)(5)

Thanks.

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

Management and Program Analyst
COR, Chicago Field Office
DHS / ICE / ERO
101 W. Congress Pkwy., Room 5309
Chicago, IL 60605

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

KENOSHA COUNTY DETENTION CENTER
Compliance Inspection
September 12-14, 2017

MEDICAL CARE (MC)

ODO reviewed the Medical Care standard at KCDC to determine if detainees have access to healthcare and emergency services to meet health needs in a timely manner, in accordance with the ICE NDS. ODO reviewed policies, interviewed staff, inspected 28 detainee medical records, and toured all areas where medical services are provided, including the processing and medical observation areas at the Kenosha County Jail (KCJ).

Kenosha Visiting Nurses Association (KVNA), with headquarters in Kenosha, is contracted to provide 24-hour nursing coverage and to coordinate shared clinical provider, mental health, and dental services between KCDC and KCJ. The Director of Correctional Health (DCH), a nurse practitioner, assumed the position of Administrative Health Authority approximately one month preceding the inspection. In addition to providing clinical services at both facilities, The DCH provides supervision over the two department managers (DM), whose positions were added in 2015. KCDC's DM is a registered nurse (RN) who has worked with KVNA for 11 years. The DM supervises six full-time RNs and one part time RN. There was one RN vacancy at the time of the inspection and according to the DM, this has resulted in no on-site medical coverage for two night shifts per week. The DCH stated that during times when nurses are not available, detainees with medical problems are sent to an outside hospital. ODO determines the staffing plan, once complete with no vacancies, is adequate to perform basic exams and treatments for the detainee population. ODO verified professional credentials were current and primary source verified. Although KCDC does not hold any healthcare accreditations, the DCH and the DMs for both KCDC and KCJ have earned individual National Commission on Correctional Health Care (NCCHC) certification.

Emergency and clinical care required beyond KCDC's scope of services are provided by St. Catherine's Medical Center in Pleasant Prairie, Aurora Medical Center in Kenosha, or Rogers Memorial Hospital in Kenosha. The Kenosha Fire Department's Med Seven provides emergency response with a five to ten minute response time. An emergency medical bag with a breakaway lock and inventory is located in the clinic. A review of training files of all medical staff and ten randomly selected correctional staff found all were current in CPR/AED, first aid, and four-minute response training. A total of five AEDs are distributed throughout the facility, including medical, the cafeteria, and between housing units. Numerous first aid kits, monitored and stocked by medical staff, are located throughout the facility.

The clinic consists of two examination rooms, a pharmacy storage room, laboratory, medical records room, biohazard waste closet and an administrative office. A waiting area is in close proximity to the examination rooms, with access to a restroom and drinking fountain. KCDC does not have a functioning negative pressure room; therefore, detainees requiring respiratory isolation are transferred to KCJ or to the local hospital. According to the DM, there have been no detainees with active tuberculosis during the year preceding the inspection, nor have there been any varicella outbreaks. KCDC has a large medical observation unit that has not been

utilized since the construction of the facility. Detainees who require medical observation are housed at KCJ. ODO determines adequate space and equipment are provided by KCDC for basic health and privacy of treatment.

Prior to transfer to KCDC, trained admission and release specialists (ARS) conduct medical, dental and mental health screening upon admission to KCJ. Detainees who answer affirmatively to medical or mental health issues are referred to the medical staff for evaluation. Lionbridge telephone interpretation services are used for detainees who have limited English proficiency, with access numbers posted in the medical intake area at KCJ and in the medical records office of the KCDC clinic. ODO reviewed 28 medical records and found each included signed consents for medical treatment and comprehensive intakes in accordance with NCCHC and JCAHO standards. Detainees are screened for tuberculosis (TB) by way of purified protein derivative (PPD) skin testing by nursing staff, with chest X-rays performed for detainees with positive screens. ODO's review of 28 medical records found six detainees had not been screened for TB at the time of intake (**Deficiency MC-1**). Four detainees received a PPD skin test two days after arrival, one received a chest x-ray six months after arrival, and one, although tested at a previous jail three months earlier, was never tested at KCJ or KCDC. Radiology services are contracted with Mobilex USA with same or next day reports.

Detainees receive hands-on physical examinations conducted by trained RNs at KCDC. ODO's review of 28 medical records confirmed physical examinations were conducted within 14 days of arrival and were reviewed by the provider. Although the provider reviews and initials the dental screening examinations, they are completed by RNs (**Deficiency MC-2**).¹ The RNs have been trained to conduct dental screening; however, the standard requires a mid-level provider or physician complete the screening in the absence of a dentist. Detainees who have dental complaints are scheduled for appointments at KCJ. ODO's review of documentation verified requests for dental attention were promptly addressed.

At the time of the inspection, 19 detainees were enrolled in the chronic care clinic, to include stabilized diabetes, hypertension, and asthma. Additionally, three detainees were being monitored in mental health clinic, all having received thorough psychological assessments and suicide precaution monitoring. **ODO cites a best practice for:** KCDC's use of the mental health assessment forms and the extensive comprehensive documentation, along with prompt and regular monitoring of detainees referred for the mental health clinic ensures detainees identified as needing mental health treatment are provided with a high quality of care. KCDC does not have a psychiatrist; however, according to the DCH, the KCJ psychologist is privileged in the state of Wisconsin to recommend psychotropic medication treatment to the health care providers who then prescribe stabilizing treatment. There were three detainees receiving psychotropic medication at the time of the inspection, none of whom had signed informed consent specific to the psychotropic medication prescribed (**Deficiency MC-3**). Although the detainees had signed the general consent form, there was no specific form for medication consent and the DCH started to develop a medication consent form as corrective action to this deficiency.

Detainees access medical services by completing sick call request forms available in English and Spanish and handing them to the correctional officer in the housing units. The officers review

¹ Repeat Deficiency

the forms and sign them to verify the request is not of an urgent or emergent nature. The forms are placed in the facility's mailbox to be picked up by medical personnel. The mail boxes are accessible by non-medical personnel and this practice compromises confidentiality and requires non-medical personnel to triage medical complaints (**Deficiency MC-4**). Additionally it is not consistent with the procedure outlined in the detainee handbook, which instructs detainees to complete the sick call request and hand it to a nurse during one of the three scheduled pill calls. The nurse is to review the request at the time of receipt to ensure it is not of an urgent or emergent nature. The medical record review found RNs conduct sick call within 24 to 48 hours of receipt of the request, using current physician-approved protocols. KCDC has a co-pay program, however, ODO confirmed it is not applicable to detainees.

Omnicare Pharmaceutical Services, based in Crystal, Minnesota provides detainee medication in blister packs. Nurses are responsible for administering medications, which are delivered to the housing units by way of medication carts. ODO's inspection found the medication carts were well organized, and documentation reflects the carts were inventoried three times a day between shifts. ODO reviewed ten medication administration records (MAR) and found five did not document all administered medication (**Deficiency MC-5**). On four MARs staff did not document medication administration for two to four doses and on one MAR there were seven instances where medication administration was not documented. Documentation is crucial for the accountability of medication. The DM stated the accurate completion of the MAR had already been identified and was included in their quality improvement program to provide greater administrative oversight. ODO's review of the MAR also found a seven day delay for an order to increase the dosage of hypertensive medication. The DM and DCH planned to contact the pharmacy to discuss the issue related to the change of medication dosages.

Medical records are securely maintained in accordance with the standard. KCDC is in the early planning stages of developing an electronic medical record. Detainees are provided copies of their health records following a written request to authorize their release. To ensure continuity of care when a detainee is transferred to another facility, a medical summary and copies of pertinent laboratory or other diagnostic studies are transferred with the detainee in a sealed envelope marked as "Medical Confidential".

KCDC medical leadership conducts monthly meetings with medical staff to address various identified improvement needs and corrective action follow-up. During the review ODO observed the DCH and the DMs from KCDC and KCJ working collaboratively to develop corrective action plans for each deficiency cited.

STANDARD/POLICY REQUIREMENTS FOR DEFICIENT FINDINGS

DEFICIENCY MC-1

In accordance with ICE NDS, Medical Care, section (III)(D), the FOD must ensure, "All new arrivals receive TB screening by PPD (mantoux method) or chest x-ray. The PPD shall be the primary screening method unless this diagnostic test is contraindicated; then a chest x-ray is obtained."

DEFICIENCY MC-2

In accordance with ICE NDS, Medical Care, section (III)(E), the FOD must ensure, “An initial dental screening exam should 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’s assistant or nurse practitioner.”

DEFICIENCY MC-3

In accordance with ICE NDS, Medical Care, section (III)(L), the FOD must ensure, “As a rule, medical treatment will not be administered against the detainee's will. The facility health care provider will obtain signed and dated consent forms from all detainees before any medical examination or treatment, except in emergency circumstances. If a detainee refuses treatment, the INS will be consulted in determining whether forced treatment will be administered, unless the situation is an emergency. In emergency situations, the INS shall be notified as soon as possible.”

DEFICIENCY MC-4

In accordance with ICE NDS, Medical Care, section (III)(M), the FOD must ensure, “All medical providers shall protect the privacy of detainee’s medical information to the extent possible while permitting the exchange of health information required to fulfill program responsibilities and to provide for the well being of detainees.”

DEFICIENCY MC-5

In accordance with ICE NDS, Medical Care, section (III)(I), the FOD must ensure, “Distribution of medication will be according to the specific instructions and procedures established by the health care provider. Officers will keep written records of all medication given to detainees.”

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

Creative Corrections