

U.S. Department of Homeland Security
500 12th St., NW
Washington, D.C. 20536



U.S. Immigration
and Customs
Enforcement

March 20, 2023

Jacqueline Stevens
Political Science and Legal Studies Board NW Unive
601 University Place
Department of Political Science, Northwestern University
Evanston, IL 60208

RE: ICE FOIA Case Number 2020-ICAP-00063

Dear Dr. Stevens:

This letter is the final response to your Freedom of Information Act (FOIA) Appeal on remand to the U.S. Department of Homeland Security (DHS), Immigration and Customs Enforcement (ICE) where you appealed the adverse determination of your request dated November 04, 2019. You have requested appealing withholdings

1. All contracts and associated attachments, memorandums of understanding, e-mail, and all other items associated with the submission; acceptance, and review of the CFG Health Systems, LLC contracts with Hudson County for health care provided to people held under immigration laws.
2. All logs of grievances (oral and written) submitted by people detained at the Hudson County facility.
3. All medical expense reports submitted to ICE, including via Hudson County.
4. All reviews and reports on health care services provided to people held under immigration laws at the Hudson County facility, including regular reports, ad hoc reports, and those based on specific grievances or complaints generated by any source.
5. All reports of hunger strikes.
6. All reports of hospitalization outside of the Hudson County facility for people held under immigration laws by Hudson County.

The time frame of this request is January 1, 2015 to the present.

We have considered your request under the both the FOIA, 5 U.S.C. § 552, and the Privacy Act Privacy Act, 5 U.S.C. § 552a. After review of the documents, I have determined that portions of documents will be withheld pursuant to Exemptions (b)(6), (b)(7)(C), (b)(7)(E) and Non-Responsive Record of the FOIA as described below.

FOIA Exemption 6 exempts from disclosure personnel or medical files and similar files the release of which would cause a clearly unwarranted invasion of personal privacy. This requires a

balancing of the public's right to disclosure against the individual's right privacy. The types of documents and/or information that we have withheld may consist of social security numbers, home addresses, dates of birth, or various other documents and/or information belonging to a third party that are considered personal. The privacy interests of the individuals in the records you have requested outweigh any minimal public interest in disclosure of the information. Any private interest you may have in that information does not factor into the aforementioned balancing test.

FOIA Exemption 7(C) protects records or information compiled for law enforcement purposes that could reasonably be expected to constitute an unwarranted invasion of personal privacy. This exemption takes particular note of the strong interests of individuals, whether they are suspects, witnesses, or investigators, in not being unwarrantably associated with alleged criminal activity. That interest extends to persons who are not only the subjects of the investigation, but those who may have their privacy invaded by having their identities and information about them revealed in connection with an investigation. Based upon the traditional recognition of strong privacy interest in law enforcement records, categorical withholding of information that identifies third parties in law enforcement records is ordinarily appropriate. As such, I have determined that the privacy interest in the identities of individuals in the records you have requested clearly outweigh any minimal public interest in disclosure of the information. Please note that any private interest you may have in that information does not factor into this determination.

Exemption 7(E) protects records compiled for law enforcement purposes, the release of which would disclose techniques and/or procedures for law enforcement investigations or prosecutions, or would disclose guidelines for law enforcement investigations or prosecutions if such disclosure could reasonably be expected to risk circumvention of the law. I determined that disclosure of law enforcement systems checks could reasonably be expected to risk circumvention of the law. Additionally, the techniques and procedures at issue are not well known to the public.

Provisions of the FOIA allow us to recover part of the cost of complying with your request. In this instance, because the cost is below the \$14 minimum, there is no charge.¹

If you need to contact our office about this matter, please refer to FOIA case number **2020-ICAP-00063**. You may send an e-mail to ice-foia@ice.dhs.gov, call toll free (866) 633-1182, or you may contact our FOIA Public Liaison, Marcus Francis, in the same manner.”

Sincerely,

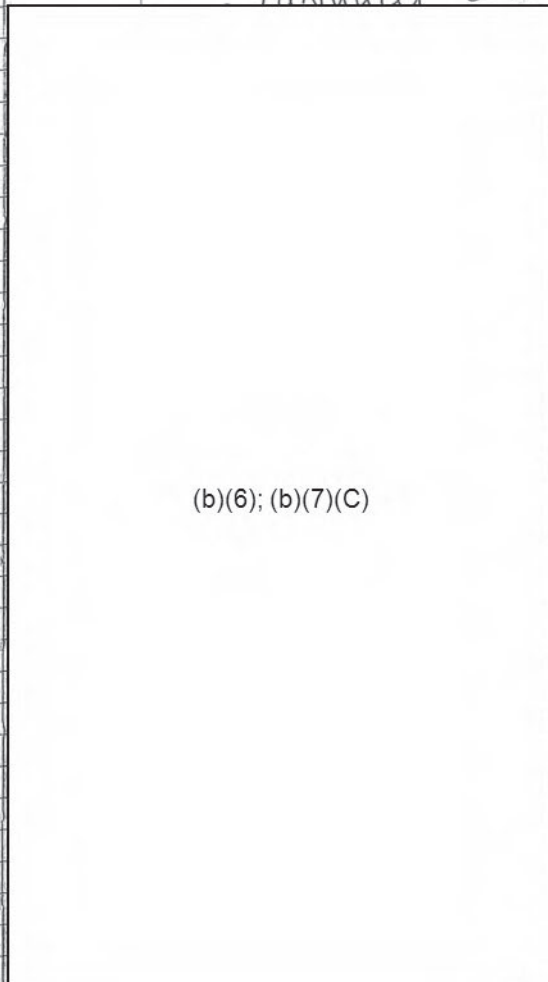
Angela M. Flores

Supervisory Paralegal Specialist

¹ 6 CFR § 5.11(d)(4).

January 2017

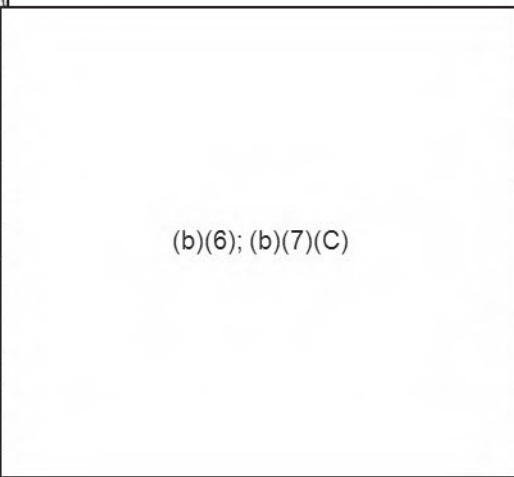
12/21/16



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

| | | |
|-----|---------|--------|
| E4N | 1/1/17 | 1/1/17 |
| E4W | 1/1/17 | 1/5/17 |
| E6W | 1/2/17 | |
| E6W | 1/2/17 | |
| E3W | 1/3/17 | |
| E5W | 1/5/17 | 1/6/17 |
| E3S | 1/6/17 | |
| E4W | 1/8/17 | 1/9/17 |
| E4W | 1/6/17 | |
| E4W | 1/6/17 | |
| A5 | 1/8/17 | |
| E3S | 1/9/17 | ✓ |
| E5W | 1/9/17 | |
| E5W | 1/10/17 | |
| E4W | 1/10/17 | |
| E4W | 1/3/17 | |

12/31/16



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

| | | | |
|---------|-----|---------|-------------------|
| 1/10/17 | E4W | 1/11/17 | |
| | E4W | 1/11/17 | |
| | 46 | 1/13/17 | |
| | 58 | 1/13/17 | |
| | E3S | 1/15/17 | (b)(6); (b)(7)(C) |
| | E4S | 1/15/17 | 1/17/17 |

12/30/16

2

January 2017 (continued)

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

| | | |
|-----|--------|--------|
| ESN | '16/17 | '17/17 |
| ESS | '16 | |
| ESN | '11/16 | |
| AN | '16/17 | |
| ESN | '16/17 | |
| ESN | '14/17 | '17/17 |
| ESN | '18/17 | '18/17 |
| AN | '17/17 | |
| ESS | '17/17 | |

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

| | | |
|-----|--------|---------|
| EAN | '19/17 | *'19/17 |
| ESS | '18/17 | |
| EN | '19/17 | |
| EN | '19/17 | |
| EAN | '18/17 | |

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

| | | |
|-----|--------|---------|
| EAN | '22/17 | *'23/17 |
| EAN | '23/17 | |
| EAN | '24/17 | '26/17 |
| | '30/17 | '31/17 |
| | '30/17 | |

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

| | | |
|--|--------|--------|
| | '30/17 | |
| | '30/17 | |
| | '28/17 | '31/17 |

January 2017 Continued

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

| | | |
|-----|---------|---------|
| E3N | 1/31/17 | 1/31/17 |
| E3N | 1/30/17 | 1/31/17 |
| E3N | 1/29/17 | 1/31/17 |
| E4N | 1/19/17 | 1/31/17 |

Sick Cal (35)
 Meal (3)
 Food (1)
 97 Klock

(b)(7)(E)

FEBRUARY 2017

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

| | | |
|-----------|---------|--------|
| E4N | 1/31/17 | 2/6/17 |
| Discharge | 2/1/17 | |
| E6N | 2/2 | |
| E4S | 2/2 | |
| 4N | 2/2 | |
| 4N | 2/3 | |

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

| | | |
|-----|-----|--------|
| E9N | 2/4 | |
| D3W | 2/5 | 2/6/17 |
| E6N | 2/6 | |
| E6N | 2/7 | |

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

| | | |
|-----|--------|--------|
| E5S | 2/7 | 2/8/17 |
| E4N | 2/8/17 | |
| FIN | 2/8/17 | |

January 2017

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

| | | |
|-----|--------|--------|
| EAN | 1/1/17 | 1/1/17 |
| EAN | 1/1/17 | 1/5/17 |
| EW | 1/2/17 | |
| EW | 1/2/17 | |
| E3W | 1/3/17 | |
| ESW | 1/5/17 | 1/6/17 |
| E3S | 1/6/17 | |
| EAN | 1/8/17 | 1/9/17 |
| EAN | 1/6/17 | |
| EAN | 1/6/17 | |

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

| | | |
|-----|--------|---|
| AS | 1/8/17 | |
| E3S | 1/9/17 | ✓ |
| ESW | 1/9/17 | |

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

| | | |
|-----|---------|--|
| ESW | 1/11/17 | |
| E4W | 1/10/17 | |
| EAN | 1/3/17 | |

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

| | | |
|-------------------------|---------|-------------------|
| ^{16/16} EAW | 1/11/17 | |
| AW | 1/11/17 | |
| 16 | 1/13/17 | |
| 5S | 1/13/17 | |
| E3S | 1/15/17 | (b)(6); (b)(7)(C) |
| E4S | 1/15/17 | 1/17/17 |

February 2017

Continued

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

| | | |
|-----|---------|---------|
| EAS | 2/9/17 | 2/13/17 |
| EAN | | |
| FIS | 2/11/17 | |
| EAS | | |
| EAN | 2/12/17 | 2/13/17 |
| EBS | 2/13/17 | 2/14/17 |
| ESN | 2/14/17 | |
| ESN | | |
| ESN | | |

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

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

| | | |
|-----|---------|---------|
| ESN | 2/16 | |
| ESN | 2/16 | 2/17/17 |
| ESN | 2/14/17 | |
| EAN | 2/21/17 | |
| EAS | 2/23/17 | |
| ESN | 2/23/17 | |
| EBS | 2/23/17 | |
| EAS | 2/23/17 | |
| EAN | 2/24/17 | |
| EAN | 2/17/17 | |

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

| | | |
|-----|---------|--|
| EAN | 2/17/17 | |
| EAN | 2/18/17 | |

February 2017

(CONTINUED)

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

E4N 2/10/17 2/21/17

E4N 2/19/17

36

(30) Sick Ails (1) PREA

(3) Mail

(2) ~~1~~ Food Service

MARCH 2017

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

ESN 2/23/17 3/2/17

E6S 2/23/17

SS 3/3 3/5 3/6/17

E4W 3/4 3/6/17

ESN 3/3

E4N 3/7

E6S 3/8

E3S 3/8

ESS 3/9 3/10/17

ESS 3/9

E4W 3/10

E4S 3/9 3/10/17

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

E3S 3/10/17 3/13/17

E4S 3/10

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

ADN 3/11/17 3/13/17

3/13/17 *
3/11

March 2017

CONTINUED

EAS 3/13/17 3/13/17

EAS

ESW 3/14/17 3/15/17

EES 3/15/17

EAN 3/13

ASN 3/15

ESW 3/16 3/16/17

EES 3/16

ESW 3/15/17 3/16/17

EES 3/16/17 3/17/17

EES 3/16/17

EES 3/17/17

EEN 3/17 3/21/17

EAS 3/20/17

EES 3/22/17

ESW 3/23/17 3/24/17

3/23/17

3/23/17 3/24/17

3/20/17 3/20/17

3/21/17 3/27/17

3/24/17

3/26

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

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

March 2017

CONTINUED

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

| | | |
|-----|---------|---------|
| SS | 3/27/17 | 3/28 |
| " | " | |
| E6N | 3/28/17 | 3/30/17 |
| E6S | 3/28/17 | 4/3/17 |
| E4N | 3/29/17 | |
| E6N | 3/29/17 | |
| E6S | 3/29/17 | |

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

Medical (31) Mail (1)
 Property (1) FOOD (1)
 Market (8) Price (6)
 JA (4)

April 2017

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

| | | |
|-----|--------|---------|
| E3S | 4/2/17 | 4/5/17 |
| DSE | 4/1/17 | 4/5/17 |
| E4N | 4/4/17 | |
| E2N | 4/5/17 | |
| E3S | 4/4/17 | |
| E3S | 4/5/17 | |
| E6S | 4/5/17 | 4/5/17 |
| E4N | 4/6/17 | 4/7/17 |
| E2S | 4/7/17 | |
| E3N | 4/7/17 | 4/1/17 |
| | 4/7/17 | 4/10/17 |

April 2017 Continued

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

E6W 4/7/17 4/10/17

E4W 4/10/17

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

E4W 4/10/17

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

E6W 4/10/17 4/12/17

4/21 4/13/17

4/15/17 4/17/17

4/16/17

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

A3W 4/17/17

C1C 4/16/17

E2S 4/15/17

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

E4S 4/15/17

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

E2S 4/15/17

E3S 4/13/17

E2S 4/15/17 4/17/17

E3W 4/17/17

E3W 4/19/17 4/19/17

E6W 4/19/17

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

E2W 4/20/17 4/20/17

Compliance
E6W 4/20/17

E6W 4/20/17

E4W 4/19/17

E4W 4/19/17 4/20/17

April 2017

CONTINUED

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

ESN 4/21/17

EGS 4/21/17 4/21/17

ESZSRS EGN 4/21/17

E4S 4/21/17

EGS 4/24/17

ESS 4/26/17 4/28/17

E4N 4/27/17

E4N 4/27/17

4/26/17

E4N 4/26/17 4/28/17

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

(Medical) 30

(Mail) 2

(FOOD) 1

(OTHER) 5

(b)(7)(E)

39 kiosk 5 manual = 44

May 2017

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

E4N 4/21/17 5/1/17

~~ESN~~ P.D.

EGS 5/1/17 5/2/17

EGN 5/2/17 5/3/17

A3N 5/3/17 5/4/17

E4N 5/6/17 5/8/17

EGS 5/7/17 5/8/17

May 2017

CONTINUED

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

ELS 5/5/17 5/8/17

ELN 5/8/17 5/9/17

ESS 5/11/17

ASN 5/11/17

EAS 5/15/17 5/15/17

ABE 5/15/17 5/15/17

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

E3S 5/21/17

E6S 5/21/17

ESS 5/14/17 5/15/17

ELN 5/17/17

ELN 5/17/17

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

5/17/17 5/18/17

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

E3S 5/18/17

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

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

ABE 5/18/17 5/19/17

E3N 5/19/17 5/23/17

ASS 5/21/17

E3S 5/20/17 5/23/17

ABE 5/21/17

ESS 5/24/17

E3S 5/21/17 5/25/17

E3S 5/21/17 5/21/17

May 2017 (continued)

| | | | |
|-------------------|-----|---------|---------|
| (b)(6); (b)(7)(C) | E3S | 5/20/17 | 5/21/17 |
| (b)(6); (b)(7)(C) | A3E | 5/21/17 | |
| | E3N | 5/27/17 | |
| (b)(6); (b)(7)(C) | E6N | 5/28/17 | |
| | E6N | 5/30/17 | |
| | E4N | 5/28/17 | |
| (b)(6); (b)(7)(C) | E4N | 5/30/17 | 5/30/17 |
| | A3E | 5/30/17 | 5/31/17 |
| | E4S | 5/21/17 | |
| | E3S | 5/31/17 | |
| | E3N | 5/21/17 | 5/31/17 |
| | | | |

38

- Mco (21)
- Journal (1)
- CLASS (3)
- Mail (1)

(b)(7)(E)

JUNE 2017

| | | | |
|-------------------|-----|-------------|--------|
| (b)(6); (b)(7)(C) | E3N | 5/31/17 | 6/1/17 |
| (b)(6); (b)(7)(C) | E3N | 6/2/17 | 6/2/17 |
| | E3S | 6/5/17 | 6/5/17 |
| (b)(6); (b)(7)(C) | E3S | distributed | |
| | E3S | 6/5/17 | 6/7/17 |
| | E4N | 6/6/17 | 6/7/17 |

June 2017

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

Continued
E4N 6/8/17 6/9/17

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

ESS 6/8/17

ESS 6/9/17 6/9/17

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

E4N 6/9/17 6/12/17

ESS 6/10/17

ESS 6/10/17

ESS 6/10/17

ASN 6/11/17

ESS 6/11/17

E3N 6/12/17 6/12/17

ESS 6/12/17 6/13/17

ESS 6/13/17 6/14/17

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

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

ASN 6/10/17 6/16/17

ASN 6/15/17

E6N 6/15/17 6/16/17

E2S 6/17/17 6/16/17

E4S 6/16/17 6/16/17

E6S 6/17/17 6/19/17

E3S 6/18/17 6/19/17

E6S 6/20/17 6/21/17

E3S 6/20/17 6/21/17

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

JUNE 2017 CONTINUED

| | | | | |
|------|-------------------|---|---------|---------|
| 6/17 | (b)(6); (b)(7)(C) | BE | 6/19/17 | 6/20/17 |
| 6/17 | | ESS | 6/20/17 | 6/20/17 |
| 6/17 | | ELN | 6/20/17 | 6/22/17 |
| 6/17 | (b)(6); (b)(7)(C) | ASE | 6/27/17 | 6/28/17 |
| 6/17 | | ESN | 6/27/17 | 6/28/17 |
| 6/17 | (b)(6); (b)(7)(C) | ELN | 6/28/17 | 6/28/17 |
| 6/17 | (134) | Sick Call (12) Tx (2) Medication (2) Injury (2) Food (1) Food Service (3) Language (2) Meat (2) Maintenance (1) Other (6) Comm (1) / 4 normal (19) Medical Issues (8) PERS (8) APPEALS 30 Luck | | |

JULY 2017

| | | | | |
|------|-------------------|------|---------|--------|
| 7/17 | (b)(6); (b)(7)(C) | ESS | 7/2/17 | 7/5/17 |
| 7/17 | | ASE | 7/2/17 | |
| 7/17 | | ELN | 7/2/17 | |
| 7/17 | | ELN | 7/2/17 | |
| 7/17 | | ESN | 7/1/17 | |
| 7/17 | (b)(6); (b)(7)(C) | ASE | 6/3/17 | 7/3/17 |
| 7/17 | | ESS | 7/3/17 | 7/5/17 |
| 7/17 | | ELN | 6/30/17 | |
| 7/17 | | ELN | 6/21/17 | |
| 7/17 | | ESS | 6/18/17 | |
| 7/17 | | ELN | 6/15/17 | 7/5/17 |
| 7/17 | | Vero | | |

July 2017 Returns

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

5/2/17 7/5/17

A3E 5/2/17 7/5/17

E6W 7/6/17 7/6/17

E6S 7/7/17 7/2/17

A3G 7/1/17 7/1/17

E6W 7/1/17 7/12/17

E3S 7/2/17 7/10/17

E6S 7/7/17 7/10/17

E6S 7/12/17 7/14/17

E3S 7/13/17 7/14/17

A3E 7/13/17

E6S 7/17/17 7/7/17

E3N 7/17/17 7/17/17

E3N

7/21/17 7/1/17

7/23/17 7/21/17

7/25/17 about the 7/25/17

7/25/17 7/25/17

7/31/17 7/31/17

7/30/17

7/30/17

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

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

(b)(7)(E)

(3) MARR (10) MARR (2) FROM SERVICE (5) DELIVERY 7/20/17
(4) GE/IA (4) REPORT

August 2017

8/5/17

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

ASN 8/1/17 8/1/17

8/5/17

ESS 8/2 8/3/17

8/6/17

ESS 8/3 8/3/17

8/7/17

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

Use. Neal 8/3/17
(First Person Component)

8/8/17

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

8/9/17

ESS 8/1/17 8/3/17

8/10/17

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

8/11/17

ESS 8/4/17 8/4/17

8/12/17

ESS 8/4/17

8/13/17

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

ESS 8/8/17

8/14/17

ESS 8/8/17 8/8/17

8/15/17

ASN 8/11/17 8/11/17

DISCIPLINARY INTERVIEWS

8/16/17

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

ESS 8/11 - 8/11

8/17/17

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

ESS 8/9

8/18/17

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

ESS 8/9/17

8/19/17

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

INF 7/26/17
change 8/1/17

8/20/17

ASN 7/25/17

8/21/17

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

Complete 7/27/17

8/22/17

ASN 8/11/17 8/11/17

8/23/17

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

ASE 8/14/17

8/24/17

ASN 8/14/17

8/25/17

ESS 8/14/17

August 2017 CONTINUED

Disciplinary lock / c

| | | | |
|-------------------|----------------|---------|---------|
| (b)(6); (b)(7)(C) | ESS | 8/14/17 | |
| (b)(6); (b)(7)(C) | CIE | 8/12/17 | % |
| (b)(6); (b)(7)(C) | 8/8/17 ESS | 8/13/17 | % |
| (b)(6); (b)(7)(C) | 8/15/17 | 8/13/17 | % |
| (b)(6); (b)(7)(C) | 24/17 ESS | 8/13/17 | % |
| (b)(6); (b)(7)(C) | 29/17 ESS | 8/9/17 | |
| (b)(6); (b)(7)(C) | 22/17 ESS | 8/14/17 | % |
| (b)(6); (b)(7)(C) | 4/10/17 A3W | 8/15/17 | % |
| (b)(6); (b)(7)(C) | 9/13/17 | | |
| (b)(6); (b)(7)(C) | ESS | 8/2/17 | 8/3/17 |
| (b)(6); (b)(7)(C) | A2 | 8/16/17 | 8/16/17 |
| (b)(6); (b)(7)(C) | ESS | 8/15/17 | |
| (b)(6); (b)(7)(C) | ESS | 8/15/17 | 8/16/17 |
| (b)(6); (b)(7)(C) | E3W | 8/4/17 | |
| (b)(6); (b)(7)(C) | E4S | 8/16/17 | |
| (b)(6); (b)(7)(C) | ESS | 8/16/17 | 8/17/17 |
| (b)(6); (b)(7)(C) | E4S | 8/17/17 | |
| (b)(6); (b)(7)(C) | ESS | 8/21/17 | |
| (b)(6); (b)(7)(C) | B2 | 8/11/17 | |
| (b)(6); (b)(7)(C) | 123/17 ESS | 8/22/17 | |
| (b)(6); (b)(7)(C) | 8/28/17 E4W | 8/23/17 | |
| (b)(6); (b)(7)(C) | 9/5/17 ESS | 8/22/17 | |
| (b)(6); (b)(7)(C) | 9/19/17 | | |

August 2017 (continued)

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

ECS 8/1/17 8/4/17
ECS 8/4/17 8/7/17
ECS 8/6 8/8/17
ECS 8/67
ASN 8/7/17
MIS)

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

ASE 8/8/17 8/28/17
ASE 8/14/17
ASE 8/19/17
ECS 8/18/17
ASN 8/19/17

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

ASN 8/24/17 8/24/17

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

ECS 8/26/17
CIE 8/24/17 8/28/17

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

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

ASN 8/23/17

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

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

8/23/17
8/4 8/5

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

ECS 8/27/17

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

8/28/17

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

August 2017

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

ESS 8/21/17 8/22/17

EAS 8/26/17 8/30/17

ESN 8/29/17 8/30/17

EAS 8/29/17

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

E3N #514072 8/29

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

EAS 8/30

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

CIE 8/31/17

8/31/17

Sick (19)
 Food (3)
 Comm. (20)
 (6) Manual

Total ~~155~~ - 6
 155 + 20
 135 + ~~100~~

(b)(7)(E)

SEPTEMBER 2017

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

E3N 9/4/17 9/5/17

E3S 9/2/17

A3W 9/2/17

E3N 9/5/17 9/5/17

E3N 9/5/17 9/6/17

EAS 9/5/17

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

SEPTEMBER 2017 CONTINUED

DISCIPLINARIAN

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

E3S 9/1 - 9/7

E3N 9/2 - 9/11

A3E 9/5 - 9/14

E6S 9/4 - 9/11

E4S 9/6/17 9/6/17

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

E5L 9/7/17

DISCIPLINARIAN

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

9/6/17

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

E6S

E4S 9/6/17 9/8/17

E5N 9/7/17

E5S 9/10/17 9/11/17

E5N 9/11/17

E6S 9/11/17 9/12/17

E6S 9/13/17 9/13/17

E4N 9/12/17

E3N 9/2/17

E6S 9/12/17 9/13/17

E6S 9/13/17 9/15/17

E3N 9/14/17 9/14/17

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

E5N 9/15 - 9/26

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

ASN 9/10/17 9/18/17
SSS 9/17/17 9/18/17

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

ESS 9/5 - 9/20/17
SE 9/17 - 9/30/17
AE 9/17 - 9/30/17

Disciplinary

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

E3N 9/19 - 10/3/17

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

E3N 9/19 10/2/17

ASN 9/19 - 10/5/17

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

EAS 9/20/17 9/21/17

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

ESS 9/20/17
E3S 9/21/17
E3N 9/22/17

Disciplinary

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

9/22
9/21 - 9/28
9/21 - 9/22
9/20/17 9/24/17
9/22 - 9/25

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

E3S 9/21/17 9/25/17
E3S 9/23/17
ASG 9/24/17 9/25/17

SEPTEMBER 2017 (CONTINUED)

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

EAS 9/26/17 9/27/17
ASE 9/27/17
EAS 9/27/17

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

EAS 9/19/17 9/27/17
ESN 9/21/17

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

BSN 9/28/17
See Site Log Book
ESN 9/27/17
ES 9/27/17
ASE 9/28/17
ESN 9/28/17

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

ESN 9/27/17

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

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

EAS 9/29/17

(8) dies (2) died (3) food TA (2)
(3) down (1) other (1) down (1) down

(b)(7)(E)

OCTOBER 2017

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

DSN 10/2/17 10/6/17
DJE 10/3/17
ASN 10/3/17
E4N 10/5/17
EAS 10/2/17 10/6/17
EAS 10/4/17 10/8/17

NOTE: DIF
10/1, 2, 3

OCTOBER 2018

Fiscal Yr.
10/18 - 9/30/19

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

| | | | | |
|-----|------|------|------|--|
| DSE | 10/4 | 10/4 | 10/4 | |
| CIE | 10/2 | 10/4 | 10/4 | |
| D3C | 10/2 | 10/4 | 10/4 | |
| EAS | 10/2 | 10/4 | 10/4 | |
| DSE | 10/1 | 10/3 | 10/4 | |

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

| | | | | |
|-----|------|------|------|---|
| DSE | 10/1 | 10/4 | 10/4 | * |
| EAS | 10/3 | 10/4 | 10/4 | |

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

| | | | | |
|-----|------|------|------|------|
| EAS | 10/3 | 10/4 | 10/4 | 10/4 |
| E3C | 9/29 | 10/5 | 10/5 | |
| E6A | 10/4 | 10/5 | 10/5 | 10/5 |

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

| | | | | |
|-----|------|------|------|------|
| DSE | 10/5 | 10/5 | 10/5 | 10/5 |
|-----|------|------|------|------|

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

| | | | | |
|-----|------|------|------|--|
| DSE | 10/5 | 10/5 | 10/5 | |
|-----|------|------|------|--|

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

| | | | | |
|--------------|------|------|------|------|
| CIE | 10/8 | 10/9 | 10/9 | |
| E3N | 10/7 | 10/9 | 10/9 | |
| Working FROM | 10/9 | 10/9 | 10/9 | 10/9 |

GRIEVANCE Form Revision

DMATE RETIREE GRIEVANCE FORM

To: Bureau of Administration, Director

DMATE RETIREE'S INFORMATION

Last Name: _____ First Name: _____ Identification No: _____

COMPLAINANT: _____ ** BUREAU USE **

COMPLAINT: _____

SECURITY CHECKED: _____

Date: _____ Signature of Bureau Director: _____

DMATE RETIREE ADVOCATE (ACTION RESPONSE): _____

Date: _____ Signature of Bureau Director: _____

COMMENTS: _____

Date: _____ Signature of Director or Senior Designee: _____

EFFECTIVE DATE
CONFIRMATION box

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

OFF SITE 10/14th, 15th, 16th

October 2018

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

| | | | |
|-----|-------|-------|-------|
| DSW | 10/10 | 10/11 | 10/11 |
| DSW | 10/16 | 10/17 | 10/17 |
| DSW | 10/16 | 10/17 | 10/17 |
| DSW | 10/16 | 10/17 | 10/17 |

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

| | | | |
|-----------|-------|-------|-------|
| DSW | 10/17 | 10/17 | 10/17 |
| DSW | 10/17 | 10/17 | 10/17 |
| interview | | | |
| DSE | 10/17 | 10/17 | 10/17 |
| DSE | 10/18 | 10/18 | 10/18 |

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

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

| | | | |
|-----|-------|-------|-------|
| DSE | 10/14 | 10/18 | 10/18 |
|-----|-------|-------|-------|

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

| | | | |
|-----------------------|------|-------|-------|
| DSW | 10/2 | 10/18 | 10/18 |
| E NO Break In Service | | | |

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

| | | | |
|-----|-------|-------|-------|
| DSW | 10/22 | 10/22 | 10/22 |
| DSE | 10/22 | 10/22 | 10/22 |
| DSW | 10/17 | 10/18 | 10/18 |

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

| | | | |
|-----|-------|-------|-------|
| DSW | 10/19 | 10/22 | 10/22 |
| B3W | 10/22 | 10/22 | 10/22 |
| B3W | 10/22 | 10/23 | 10/23 |
| DSE | 10/27 | 10/29 | 10/29 |
| B3W | 10/28 | 10/29 | 10/29 |

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

| | | | |
|-----|-------|-------|-------|
| DSE | 10/30 | 10/31 | 10/31 |
|-----|-------|-------|-------|

Manual (A) in favor of (A)
 MCO (B) DENT (1) MH (1)
 Case (3) IA (3) PUA (3)
 Plan (3) Property (5) Other (10)

(b)(7)(E)

NOVEMBER 2018

| | | | | | |
|-------------------|-----|-------|-------|-------|-------|
| (b)(6); (b)(7)(C) | B3E | 11/2 | 11/5 | 11/5 | * |
| | D3E | 11/3 | 11/5 | 11/6 | |
| (b)(6); (b)(7)(C) | | | | | |
| (b)(6); (b)(7)(C) | DSE | 11/7 | 11/7 | 11/7 | |
| | DSW | 11/7 | 11/7 | 11/7 | |
| (b)(6); (b)(7)(C) | | | | | |
| (b)(6); (b)(7)(C) | DSW | 11/7 | 11/8 | 11/8 | 11/8 |
| (b)(6); (b)(7)(C) | | | | | |
| (b)(6); (b)(7)(C) | E1E | 11/8 | 11/8 | 11/8 | |
| | E3S | 11/10 | 11/13 | 11/13 | |
| | E4N | 11/12 | 11/13 | 11/13 | |
| | E4N | 11/12 | 11/13 | 11/13 | |
| | E4N | 11/12 | 11/13 | 11/13 | |
| (b)(6); (b)(7)(C) | DSW | 11/10 | 11/13 | 11/13 | 11/13 |
| | B3E | 11/13 | 11/13 | 11/13 | |
| (b)(6); (b)(7)(C) | E6N | 11/12 | 11/13 | 11/13 | 11/14 |
| | E6N | 11/12 | 11/13 | 11/13 | 11/14 |
| | E3N | 11/19 | 11/20 | 11/20 | |
| | E3N | 11/19 | 11/20 | 11/20 | |
| (b)(6); (b)(7)(C) | | 11/16 | 11/16 | 11/16 | 11/19 |
| | E3S | | | | |
| (b)(6); (b)(7)(C) | | 11/26 | 11/26 | 11/26 | 11/26 |
| (b)(6); (b)(7)(C) | DSW | 11/26 | 11/26 | 11/26 | 11/26 |
| | DSW | 11/26 | 11/26 | 11/26 | 11/26 |
| | E3N | 11/26 | 11/26 | 11/26 | |

NOVEMBER 2018 CONTINUED

11/24
11/25
11/26
11/27
11/28
11/29
11/30

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

| | | | |
|-------|-------|-------|-------|
| 11/24 | 11/24 | 11/24 | 11/24 |
| 11/28 | 11/28 | 11/28 | 11/28 |
| 11/28 | 11/28 | 11/28 | 11/28 |
| 11/27 | 11/27 | 11/27 | 11/27 |
| 11/26 | 11/26 | 11/26 | 11/26 |
| 11/21 | 11/21 | 11/21 | 11/21 |
| 11/22 | 11/22 | 11/22 | 11/22 |
| 11/22 | 11/22 | 11/22 | 11/22 |
| 11/20 | 11/20 | 11/20 | 11/20 |

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

| | | | |
|-----|-------|-------|-------|
| ESN | 11/21 | 11/21 | 11/21 |
| BIE | 11/21 | 11/21 | 11/21 |
| CSE | 11/22 | 11/23 | 11/26 |
| BIE | 11/21 | 11/26 | 11/26 |
| CSE | 11/25 | 11/26 | 11/26 |
| ESS | 11/24 | 11/25 | 11/26 |
| ESS | 11/22 | 11/26 | 11/26 |
| ESN | 11/26 | 11/27 | 11/27 |
| ESS | 11/26 | 11/26 | 11/26 |
| ESS | 11/27 | 11/27 | 11/27 |

November 2018 *Continued*

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

| | | | | |
|-----|------|------|------|------|
| ESC | "/07 | "/07 | "/07 | |
| DIE | "/28 | "/28 | "/28 | "/29 |
| S | "/07 | "/08 | "/08 | |
| ESW | "/08 | "/08 | "/08 | "/09 |
| ESW | "/07 | "/08 | "/08 | "/09 |
| EX | "/07 | "/08 | "/08 | "/09 |
| BIC | "/07 | "/08 | "/08 | " |
| DIC | "/07 | "/08 | "/08 | |
| BIE | "/08 | "/08 | "/08 | |
| ESW | "/07 | "/08 | "/08 | "/29 |
| BIG | "/29 | "/30 | "/30 | "/09 |

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

| | | | |
|------|------|------|--|
| "/29 | "/09 | "/09 | |
| "/28 | "/09 | "/09 | |
| "/08 | "/09 | "/09 | |
| "/08 | "/09 | "/09 | |

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

| | | | |
|------|------|------|------|
| "/29 | "/09 | "/09 | "/09 |
| "/30 | "/30 | "/30 | |

NOVEMBER 2018 (CONTINUED)

Disciplinary (8) ~~Internal (1)~~
 GIL (15) Comm (2) MAIL (8)
 des (5) Dent (8) MH (1)
 Food (8) Examin (8) Hospital (2)
 Manu (8) Chass (8) other (7)
 PRA (1) IA (3) Appeals (8)

(b)(7)(E)

DECEMBER 2018

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

| | | | |
|-------|-------|-------|-------|
| 12/3 | 12/3 | 12/3 | 12/3 |
| 12/6 | 12/6 | 12/6 | |
| 12/5 | 12/6 | 12/6 | 12/6 |
| 12/5 | 12/6 | 12/6 | 12/6 |
| 12/6 | 12/6 | 12/6 | |
| 12/6 | 12/7 | 12/7 | 12/7 |
| 12/7 | 12/10 | 12/10 | |
| 12/6 | 12/10 | 12/10 | 12/10 |
| 12/7 | 12/10 | 12/10 | |
| 12/7 | 12/10 | 12/10 | |
| 12/11 | 12/11 | 12/11 | |
| 12/11 | 12/11 | 12/11 | |
| 12/10 | 12/11 | 12/11 | |

DECEMBER 2019 CONTINUED

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

| 12/11 | 12/11 | 12/11 | 12/11 |
|-------|---------|-------|-------|
| | | | |
| | | | |
| | | | |
| 12/17 | 12/17 | 12/17 | 12/17 |
| 12/12 | 12/12 | 12/12 | 12/12 |
| 12/14 | 12/14 | 12/14 | |
| 12/14 | 12/17 | 12/17 | * |
| 12/15 | 12/17 | 12/17 | 12/17 |
| / DOE | NOT USE | K | work |
| 12/18 | 12/19 | 12/19 | 12/19 |
| 12/21 | 12/21 | 12/21 | 12/21 |
| 12/19 | 12/20 | 12/20 | |
| 12/30 | 12/31 | 12/31 | |
| | | | |
| | | | |
| 12/1 | 12/3 | 12/3 | |

(b)(7)(E)

Disciplinary (1) ~~_____~~
 Gail (1) Coram (2) mail (3)
 Mos (2) Dental (2) MH (1)
 Food (2) Envision (2) Property (1)
 Mani (1) Chast (2) Office (7)
 Rega (2) JA (2) Appeals (2)

(b)(7)(E)

January 2019

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

| | | | | |
|-----|-----|-----|-----|-----|
| DSW | 1/3 | 1/4 | 1/4 | |
| 33E | 1/6 | 1/7 | 1/7 | |
| EAS | 1/4 | 1/7 | 1/7 | |
| DSE | 1/6 | 1/7 | 1/7 | 1/9 |
| EAS | 1/4 | 1/7 | 1/7 | 1/9 |

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

| | | | | |
|--|------|------|------|------|
| | 1/18 | 1/18 | 1/18 | 1/18 |
| | 1/7 | 1/7 | 1/7 | 1/7 |

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

| | | | | |
|---------|------|-----|-----|--|
| 33E | 1/5 | 1/7 | 1/7 | |
| E3S (F) | 1/5 | 1/7 | 1/7 | |
| EAN | 1/6 | 1/7 | 1/7 | |
| EAN | 1/11 | 1/7 | 1/7 | |
| E3S (F) | 1/12 | 1/7 | 1/7 | |
| E3S (F) | 1/12 | 1/7 | 1/7 | |
| E3S | 1/12 | 1/7 | 1/7 | |

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

| | | | | |
|--|------|------|------|-----|
| | 1/7 | 1/7 | 1/7 | 1/7 |
| | 1/20 | 1/20 | 1/20 | |

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

| | | | | |
|-----|------|------|------|------|
| EAS | 1/28 | 1/28 | 1/28 | |
| EAN | 1/30 | 1/30 | 1/30 | 1/30 |

(b)(7)(E)

(1) MMS (2) Mail (2) Food
 (4) Disp. (2) Comm. (5) Other
 [Redacted]

FEBRUARY 2019

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

| | | | | |
|-----|------|-----|-----|-----|
| DSE | 2/3 | 2/4 | 2/4 | |
| DSE | 2/2 | 2/4 | 2/4 | 2/7 |
| | 1/20 | 2/4 | 2/4 | 2/4 |

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

| | | | | |
|-----|------|-----|-----|-----|
| DSE | | | | |
| | 1/22 | 2/4 | 2/4 | 2/4 |
| | 1/22 | 2/4 | 2/4 | 2/4 |
| | 1/22 | 2/4 | 2/4 | 2/4 |
| | 2/5 | 2/5 | 2/5 | 2/5 |
| | 2/5 | 2/5 | 2/5 | 2/5 |
| | 2/5 | 2/5 | 2/5 | 2/5 |

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

| | | | | |
|-----|-----|-----|-----|-----|
| E38 | 2/5 | 2/5 | 2/5 | |
| DSE | 2/6 | 2/7 | 2/7 | |
| DSE | 2/7 | 2/7 | 2/7 | 2/7 |

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

| | | | | |
|--|------|------|------|------|
| | | | | |
| | 2/8 | 2/8 | 2/8 | 2/8 |
| | 2/8 | 2/8 | 2/8 | 2/8 |
| | 2/9 | 2/11 | 2/11 | |
| | 2/8 | 2/11 | 2/11 | |
| | 2/8 | 2/11 | 2/11 | |
| | 2/4 | 2/6 | 2/11 | 2/12 |
| | 2/12 | 2/12 | 2/12 | 2/12 |
| | 2/11 | 2/12 | 2/12 | 2/12 |
| | 2/12 | 2/12 | 2/12 | 2/12 |

FEBRUARY 2019 (CONTINUED)

| | | | |
|------|------|------|------|
| 2/2 | 2/3 | 2/3 | |
| 2/3 | 2/3 | 2/3 | |
| 2/3 | 2/3 | 2/3 | 2/4 |
| 2/4 | 2/4 | 2/4 | |
| 2/5 | 2/5 | 2/5 | 2/5 |
| 2/12 | 2/5 | 2/5 | 2/5 |
| 2/4 | 2/5 | 2/5 | 2/5 |
| 2/13 | 2/5 | 2/5 | 2/5 |
| 2/18 | 2/9 | 2/9 | |
| 2/16 | 2/9 | 2/9 | |
| 2/14 | 2/9 | 2/9 | |
| 2/18 | 2/9 | 2/9 | 2/20 |
| 2/18 | 2/9 | 2/9 | 2/20 |
| 2/16 | 2/9 | 2/9 | 2/20 |
| 2/14 | 2/9 | 2/9 | 2/20 |
| 2/19 | 2/9 | 2/9 | 2/20 |
| 2/19 | 2/9 | 2/9 | 2/20 |
| 2/19 | 2/9 | 2/9 | 2/20 |
| 2/19 | 2/9 | 2/9 | 2/20 |
| 2/19 | 2/9 | 2/9 | 2/20 |
| 2/8 | 2/20 | 2/20 | 2/20 |
| 2/21 | 2/21 | 2/21 | 2/21 |
| 2/16 | 2/21 | 2/21 | 2/21 |
| 2/16 | 2/21 | 2/21 | 2/21 |
| 2/21 | 2/21 | 2/21 | 2/21 |
| 2/25 | 2/25 | 2/25 | 2/25 |

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

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

FEBRUARY 2000

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

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

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

(b)(7)(E)

| | | | |
|------|------|------|------|
| 2/24 | 2/25 | 2/26 | 2/27 |
| 2/24 | 2/25 | 2/26 | |
| | 2/26 | 2/27 | |
| 2/25 | 2/26 | 2/27 | 2/28 |
| 2/26 | 2/27 | 2/28 | 2/29 |
| 2/25 | 2/26 | 2/27 | 2/28 |

Let's
New Supervisor
Assignments

- (10) Disp.
- (1) MED / Dents / MH
- (1) OTHER
- (2) TA
- (2) program
- (1) GTR

MEDICAL - 6 = (4) medication (2) conduct
 DENTAL - 1 = (1) treatment
 MH - -
 Billing - -

March 2019

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

| | | | |
|------|------|------|------|
| 3/4 | 3/4 | 3/5 | 3/5 |
| 3/6 | 3/6 | 3/6 | 3/6 |
| 3/5 | 3/6 | 3/6 | |
| 3/28 | 3/6 | 3/6 | |
| 3/7 | 3/7 | 3/7 | 3/7 |
| 3/4 | 3/7 | 3/7 | 3/7 |
| 3/6 | 3/6 | 3/6 | 3/8 |
| 3/8 | 3/8 | 3/8 | 3/8 |
| 3/11 | 3/12 | 3/12 | |
| 3/12 | 3/2 | 3/2 | |
| 3/10 | 3/13 | 3/13 | 3/13 |
| 3/4 | 3/13 | 3/13 | 3/13 |
| 3/10 | 3/13 | 3/13 | 3/13 |
| 3/13 | 3/15 | 3/15 | |
| 3/15 | 3/15 | 3/15 | 3/15 |
| 3/13 | 3/15 | 3/15 | 3/18 |
| 3/15 | 3/18 | 3/18 | 3/18 |
| 3/16 | 3/18 | 3/18 | 3/18 |
| 3/18 | 3/18 | 3/18 | 3/18 |
| 3/18 | 3/18 | 3/18 | |

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

ending

March 2019 CONTINUED

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

| | | | |
|------|------|------|------|
| 3/18 | 3/19 | 3/19 | |
| 3/19 | 3/19 | 3/19 | |
| 3/19 | 3/19 | 3/19 | 3/19 |
| 3/19 | 3/19 | 3/19 | 3/19 |
| 3/19 | 3/20 | 3/20 | 3/21 |
| 3/21 | 3/21 | 3/21 | 3/21 |
| 3/19 | 3/21 | 3/21 | 3/21 |
| 3/11 | 3/21 | 3/21 | 3/21 |
| 3/21 | 3/21 | 3/21 | 3/21 |

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

| | | | |
|------|------|------|------|
| 3/21 | 3/22 | 3/22 | |
| 3/22 | 3/22 | 3/22 | 3/22 |
| 3/22 | 3/25 | 3/25 | |
| 3/23 | 3/25 | 3/25 | |
| 3/24 | 3/25 | 3/25 | |
| 3/23 | 3/25 | 3/25 | 3/27 |
| 3/25 | 3/25 | 3/25 | 3 |
| 3/25 | 3/25 | 3/25 | |

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

| | | | |
|------|------|------|------|
| 3/25 | 3/25 | 3/25 | 3/25 |
|------|------|------|------|

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

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

| | | | |
|------|------|------|------|
| 3/25 | 3/25 | 3/25 | 3/25 |
| 3/25 | 3/25 | 3/25 | 3/25 |
| 3/28 | 3/28 | 3/28 | 3/28 |

MARCH 2019 Totals

(1) PER
 (12) Manual
 (7) DEP. (5) NON-GRANDAGE

(b)(7)(E)

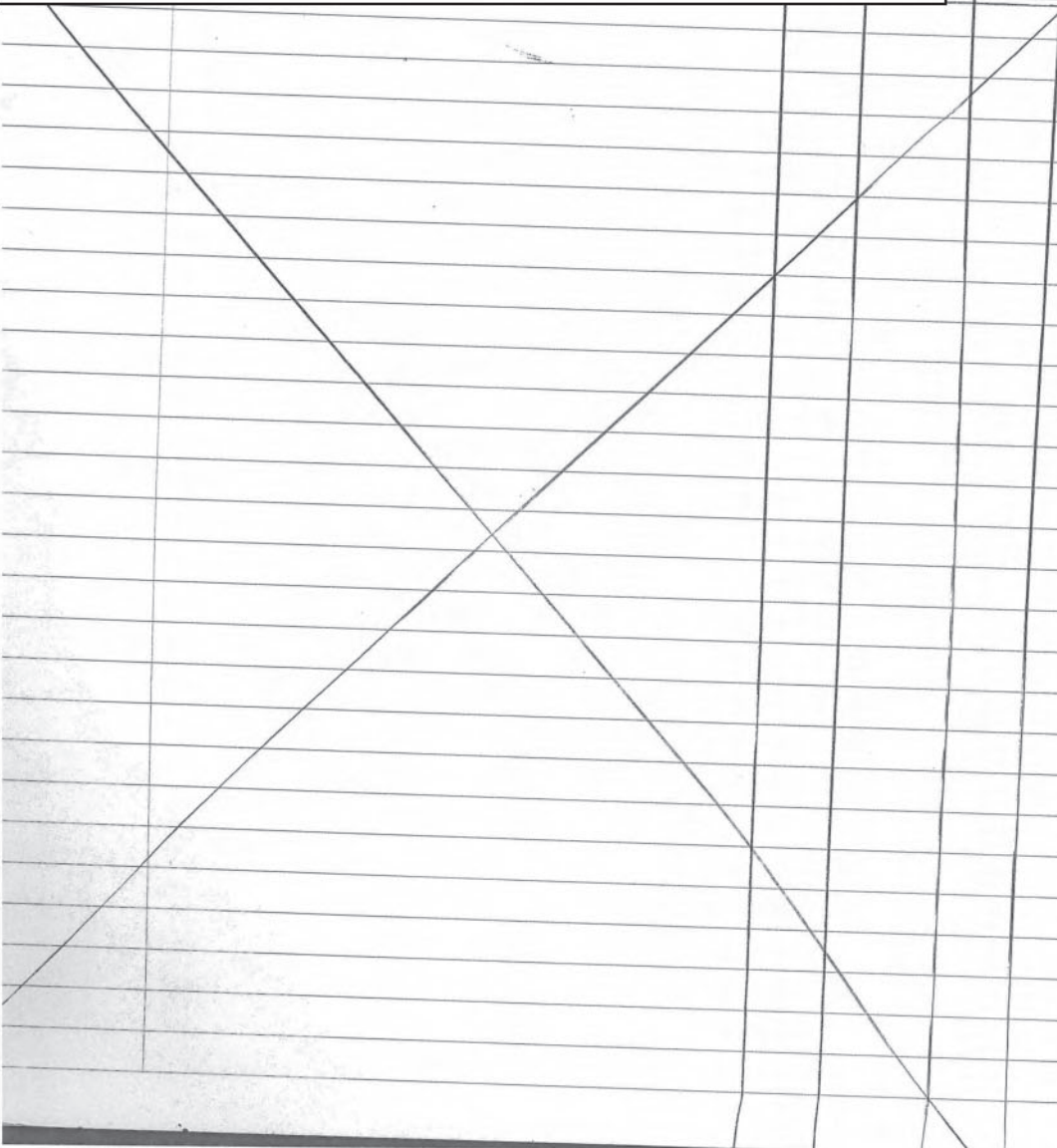
MED - (9) ^{4 x 1000}
 DENIAL - 0
 MH - 0
 Billing - 0

MEDICATION - 1
 CONSENTS - 1
 PRENUMS - 6
 OFFSITE - 1

(2 sub)

COMM (0) IA (2) ETL (3)
 Proposa (0) Man (0) Class (1)
 Mail (0) Other (2)
 Dupl. records (13) appeal (1) returned w X

(b)(7)(E)



April 2019

| | | | | | |
|-------------------|-----|------|-----|-----|-----|
| (b)(6); (b)(7)(C) | | 3/30 | 4/1 | 4/1 | 4/1 |
| | | 3/29 | 4/1 | 4/1 | 4/1 |
| | | 3/29 | 4/1 | 4/1 | 4/1 |
| | | | | | |
| (b)(6); (b)(7)(C) | | | | | |
| (b)(6); (b)(7)(C) | ECS | 3/31 | 4/1 | 4/1 | |
| | D3W | 3/31 | 4/1 | 4/1 | |
| | D3E | 4/2 | 4/3 | 4/3 | |
| | D3N | 4/2 | 4/3 | 4/3 | 4/3 |
| | | | | | |
| (b)(6); (b)(7)(C) | D3E | 4/2 | 4/3 | 4/3 | 4/3 |
| | D3K | 4/2 | 4/3 | 4/3 | |
| | D3N | 4/2 | 4/3 | 4/3 | |
| | D3K | 4/2 | 4/3 | 4/3 | |
| | D3K | 4/3 | 4/3 | 4/3 | |
| (b)(6); (b)(7)(C) | | | | | |
| (b)(6); (b)(7)(C) | | 4/5 | 4/5 | 4/5 | 4/5 |
| | | 4/5 | 4/5 | 4/5 | |
| | | 4/8 | 4/8 | 4/8 | 4/8 |
| | | 4/7 | 4/8 | 4/8 | 4/8 |
| | | 4/6 | 4/7 | 4/8 | |
| | | 4/5 | 4/8 | 4/8 | |
| | | 4/7 | 4/8 | 4/8 | |
| | | 4/9 | 4/9 | 4/9 | |
| | | 4/8 | 4/9 | 4/9 | |
| | | | | | |

April 2019 CONTINUED

| | | |
|------|------|------|
| 4/11 | 4/11 | 4/11 |
| 4/15 | 4/17 | 4/17 |
| 4/16 | 4/22 | 4/22 |
| 4/22 | 4/23 | 4/23 |
| 4/18 | 4/22 | 4/26 |
| 4/22 | 4/23 | 4/23 |
| 4/20 | 4/22 | 4/22 |
| 4/18 | 4/22 | 4/22 |
| 4/18 | 4/22 | 4/22 |
| 4/24 | 4/25 | 4/25 |
| 4/25 | 4/25 | 4/25 |

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

Disciplinary Fees (1) In Favor of (0)
 JA (1) CTR (2) Class (2) Program (1)
 Rent (1) Law Library (2) Med Files (3)
 PRR (1) Other (8) SWS - 0
 1 - Billing
 1 - Dental
 1 - TX -

(b)(7)(E)

Plan 2019

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

| | | | | |
|-----------|--------|-----|-----|-----|
| ELS | 5/28 | 5/2 | 5/2 | 5/4 |
| Discharge | 5/6/19 | | | |
| D3E | 5/30 | 5/2 | 5/2 | |
| 3E | 5/29 | 5/2 | 5/2 | |
| E5N | 5/28 | 5/2 | 5/2 | 5/4 |

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

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

| | | | | |
|-----|------|-----|-------|-----|
| | | | Fixed | |
| D3E | 5/26 | 5/2 | 5/2 | 5/4 |

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

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

| | | | |
|------|-----|-----|-----|
| 5/3 | 5/3 | 5/3 | 5/3 |
| 5/2 | 5/3 | 5/3 | 5/3 |
| 5/5 | 5/3 | 5/3 | 5/3 |
| 5/27 | 5/3 | 5/3 | 5/3 |
| 5/2 | 5/3 | 5/3 | 5/3 |
| 5/5 | 5/3 | 5/3 | 5/3 |

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

| | | | |
|-----|-----|-----|-----|
| 5/4 | 5/6 | 5/6 | 5/6 |
| 5/5 | 5/6 | 5/6 | |
| 5/3 | 5/6 | 5/6 | 5/6 |
| 5/6 | 5/6 | 5/6 | 5/7 |
| 5/7 | 5/7 | 5/7 | |
| 5/7 | 5/7 | 5/7 | |
| 5/8 | 5/8 | 5/8 | 5/8 |
| 5/6 | 5/6 | 5/6 | 5/8 |
| 5/7 | 5/9 | 5/9 | |
| 5/9 | 5/9 | 5/9 | 5/9 |
| 5/9 | 5/9 | 5/9 | 5/9 |
| 5/9 | 5/9 | 5/9 | |
| 5/9 | 5/9 | 5/9 | 5/9 |

May 2019 *Continued*

5/6 5/10 5/13

5/10 5/13 5/13 5/13

5/11 5/13 5/13

5/10 5/13 5/13 5/13

5/10 5/13 5/13 5/13

5/14

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

5/14

5/14 5/14 5/14 5/14

5/16 5/16 5/16 5/16

5/15 5/16 5/17 5/17

~~5/21 5/21 5/21~~

~~5/21 5/21 5/21 5/21~~

5/21 5/21 5/21

5/21 5/21 5/21

5/21 5/21 5/21

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

5/22 5/23 5/23

5/22 5/22 5/22

5/22 5/23 5/23

JUNE 2019

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

| | | | |
|------|-----|-----|-----|
| 5/31 | 6/3 | 6/3 | |
| 6/3 | 6/3 | 6/3 | 6/3 |
| 6/3 | 6/4 | 6/4 | 6/4 |
| 6/31 | 6/3 | 6/3 | 6/3 |

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

| | | | | |
|-----|------|------|------|------|
| EBN | 6/1 | 6/4 | 6/4 | 6/4 |
| EAS | 6/7 | 6/7 | 6/7 | 6/7 |
| EGS | 6/7 | 6/7 | 6/11 | 6/11 |
| D3E | 6/7 | 6/7 | 6/7 | |
| D3E | 6/7 | 6/7 | 6/11 | |
| D3E | 6/7 | 6/7 | 6/11 | 6/11 |
| ERS | 6/23 | 6/11 | 6/11 | 6/11 |
| EGS | 6/12 | 6/17 | 6/17 | |
| EGS | 6/14 | 6/17 | 6/17 | |
| EGS | 6/18 | 6/19 | 6/20 | 6/20 |

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

| | | | |
|------|------|------|------|
| 6/18 | 6/19 | 6/24 | 6/24 |
| 6/14 | 6/19 | 6/19 | |
| 6/19 | 6/19 | 6/19 | 6/19 |
| 6/19 | 6/20 | 6/20 | 6/20 |
| 6/19 | 6/20 | 6/20 | 6/20 |
| 6/26 | 6/27 | 6/27 | 6/27 |
| 6/24 | 6/26 | 6/26 | 6/26 |

JUNE 2019 CONTINUED

| | | | | |
|--|------|------|------|------|
| (b)(6); (b)(7)(C) | 6/18 | 6/24 | 6/24 | 6/24 |
| NYLPT LAW FIRM - INVESTIGATION PENDING | DSE | 6/20 | 6/26 | 6/26 |
| | DSE | 6/20 | 6/26 | 6/26 |
| | E3N | 6/27 | 6/27 | 6/27 |
| (b)(6); (b)(7)(C) | | 6/27 | 6/27 | 6/27 |
| | | 6/27 | 6/27 | 6/27 |
| (b)(6); (b)(7)(C) | DS | 6/24 | 6/27 | 6/28 |
| | DSW | 6/24 | 6/27 | 6/27 |
| | DS | 6/23 | 6/25 | 6/27 |
| | DSW | 6/27 | 6/28 | 6/28 |
| | ESW | 6/27 | 6/28 | 6/28 |
| | E3N | 6/27 | 6/28 | 6/28 |
| | E3N | 6/25 | 6/28 | 6/28 |
| | | 6/25 | 6/28 | 6/28 |
| | | | | |
| | | | | |

- 8 MEDICAL (3) DENTAL (3) MEDICATION (3) TREATMENTS
- (1) COMM. (4) FOOD (2) MAIL
- (3) STAFF CONDUCT (1) CLASS
- (1) MAINT (2) RITL (5) OFFICE

July 2019

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

| | | | |
|------|------|-----|-----|
| 6/29 | 7/1 | 7/1 | |
| 6/29 | 7/1 | 7/1 | 7/1 |
| 6/28 | 7/1 | 7/1 | |
| 6/29 | 6/30 | 7/1 | |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 7/1 | 7/2 | 7/2 | 7/1 |
| 7/1 | 7/2 | 7/2 | 7/2 |

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

| | | | |
|-----|-----|-----|-----|
| EGN | 7/1 | 7/2 | 7/2 |
| EGN | 7/1 | 7/2 | 7/2 |
| EGN | 7/1 | 7/2 | 7/2 |
| EGS | 7/2 | 7/2 | 7/2 |
| EGN | 7/2 | 7/2 | 7/2 |

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

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

| | | | |
|-----|-----|-----|-----|
| 7/3 | 7/8 | 7/8 | 7/8 |
| 7/1 | 7/8 | 7/8 | |
| 7/3 | 7/8 | 7/8 | 7/8 |
| 7/4 | 7/8 | 7/8 | 7/8 |

July 2019

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

| | | |
|-----------------|-----|-----|
| 7/9 | 7/9 | 7/9 |
| 6/27 | 7/8 | |

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

| | | | |
|------|------|------|------|
| 7/8 | 7/9 | 7/9 | ✓ |
| 7/9 | 7/9 | 7/9 | 7/10 |
| 7/8 | 7/9 | 7/9 | 7/10 |
| 7/9 | 7/10 | 7/10 | |
| 7/10 | 7/10 | 7/10 | 7/11 |

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

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

| | | |
|------|------|------|
| 7/10 | 7/10 | 7/10 |
|------|------|------|

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

| | |
|------|------|
| 7/11 | 7/11 |
|------|------|

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

| | | | |
|------|------|------|------|
| 7/11 | 7/11 | 7/11 | 7/11 |
| 7/11 | 7/11 | 7/11 | 7/12 |
| 7/12 | 7/12 | 7/12 | |
| 7/12 | 7/12 | 7/12 | |
| 7/12 | 7/12 | 7/12 | |
| 7/12 | 7/12 | 7/12 | |
| 7/15 | 7/15 | 7/15 | |
| 7/16 | 7/16 | 7/16 | 7/16 |
| 7/15 | 7/15 | | |
| 7/16 | 7/16 | 7/16 | 7/16 |

July 2019

Continued

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

| | | | | |
|-----|------|------|------|------|
| DSE | 7/13 | 7/16 | 7/16 | |
| | 7/16 | 7/17 | 7/17 | 7/17 |

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

| | | | | |
|-----|------|------|------|------|
| RES | 7/16 | 7/16 | 7/16 | |
| DSE | 7/16 | 7/16 | 7/16 | 7/17 |

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

| | | | | |
|--|------|------|------|------|
| | 7/16 | 7/16 | 7/16 | 7/16 |
| | 7/16 | 7/16 | 7/16 | 7/16 |
| | 7/17 | 7/17 | 7/17 | 7/17 |
| | 7/15 | | | |
| | 7/15 | | | |
| | 7/17 | 7/17 | 7/17 | 7/17 |
| | 7/17 | 7/17 | 7/17 | |
| | 7/16 | 7/18 | 7/18 | |

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

| | | | | |
|-----------|------|------|------|------|
| DSE | 7/16 | 7/17 | 7/17 | |
| RES | 7/17 | 7/18 | 7/18 | |
| BSN | 7/17 | 7/17 | 7/17 | |
| BSN | 7/18 | 7/18 | 7/18 | |
| DSE | 7/18 | 7/18 | 7/18 | 7/18 |
| RES | 7/18 | 7/19 | 7/19 | |
| RES | 7/18 | 7/19 | 7/19 | |
| Overnight | 7/19 | 7/19 | 7/19 | 7/19 |

July 2019 CONTINUED

| | | | | |
|--|------|------|------|------|
| | 7/21 | 7/22 | 7/22 | |
| | 7/20 | 7/22 | 7/22 | |
| | 7/19 | 7/22 | 7/22 | |
| | 7/21 | 7/22 | 7/22 | |
| | 7/20 | 7/23 | 7/23 | |
| | 7/24 | 7/24 | 7/24 | 7/24 |
| | 7/21 | | | |
| | 7/18 | | | |
| | 7/21 | | | |
| | 7/19 | | | |
| | 7/22 | | | |
| | 7/24 | 7/24 | 7/24 | 7/24 |
| | 7/27 | 7/25 | 7/25 | 7/25 |
| | | | | |
| | 7/26 | 7/26 | 7/26 | 7/26 |
| | 7/27 | 7/29 | 7/29 | |
| | 7/22 | 7/23 | 7/26 | 7/29 |
| | 7/28 | 7/29 | 7/31 | 8/1 |

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

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

Med } 4
 Det } 8 SUB 5 IN FAVOR
 mt }
 Discipline (7)
 Fees (5) } Law Library (3)
 Maint (4) } Class (1)
 Rec (2) } Property (6)
 Staff Comm (TB) } COMM (3)
 Appeal (1) } Other (1)

(Change) NEED 1st 9/16
 AND MONTHLY REPORT FOR SUPERVISOR

(b)(7)(E)

Handwritten scribbles at the top of the page.

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

| | | | |
|------|------|-----|-----|
| 7/31 | 8/1 | 8/1 | |
| 8/1 | 8/1 | 8/1 | |
| 8/1 | 8/5 | 8/5 | 8/5 |
| 7/7 | 7/18 | 8/1 | 8/1 |

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

| | | | |
|-----|-----|-----|-----|
| DSE | 8/4 | 8/5 | 8/5 |
| DSE | 8/1 | 8/5 | 8/5 |
| EGS | 8/1 | 8/5 | 8/5 |
| D3N | 8/5 | 8/5 | 8/5 |
| EGS | 8/4 | 8/5 | 8/5 |
| 8/3 | 8/5 | 8/5 | |
| 8/3 | 8/5 | 8/5 | |
| 8/5 | 8/5 | 8/5 | 8/5 |

FVI - Comparison about dem rules.
 TIER CHANGE NOTIFICATION
 E3S → ASW
 E4N → E3S
 E6N → E4N

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

| | | | |
|-----|-----|-----|-----|
| 8/5 | 8/6 | 8/6 | 8/6 |
| 8/6 | 8/7 | 8/7 | 8/7 |
| 8/8 | 8/8 | 8/8 | 8/8 |
| 8/5 | | | |
| 8/5 | | | |
| 8/4 | | | |
| 8/9 | 8/9 | 8/9 | 8/9 |
| 8/9 | 8/9 | 8/9 | 8/9 |
| 8/9 | 8/9 | 8/9 | 8/9 |
| 8/9 | 8/9 | 8/9 | 8/9 |
| 8/9 | 8/9 | 8/9 | 8/9 |

August 2019

Continued

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

| | | | |
|------|------|------|------|
| 8/21 | 8/21 | 8/21 | 8/21 |
| 8/15 | 8/20 | 8/20 | 8/20 |
| 8/21 | 8/21 | 8/21 | |
| 8/21 | 8/22 | 8/22 | |

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

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

| | | | |
|------|------|------|------|
| 8/21 | 8/21 | 8/21 | 8/21 |
| 8/17 | 10/3 | | |
| 8/23 | 8/23 | 8/23 | 8/23 |
| 8/18 | | | |
| 8/18 | | | |
| 8/21 | | | |
| 8/21 | 8/21 | 8/21 | 8/21 |
| 8/20 | 8/20 | 8/20 | 8/20 |
| 8/21 | 8/22 | 8/22 | |
| 8/22 | 8/23 | 8/23 | |
| 8/22 | 8/23 | 8/23 | 8/23 |

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

| | | | |
|------|------|------|------|
| 8/25 | 8/26 | 8/26 | 8/26 |
| 8/25 | 8/26 | 8/26 | |
| 8/26 | 8/26 | 8/26 | 8/26 |
| 8/26 | 8/26 | 8/26 | 8/27 |
| 8/26 | 8/27 | 8/27 | 8/27 |
| 8/27 | 8/27 | 8/27 | 8/27 |
| 8/27 | 8/28 | 8/28 | 8/28 |

AUGUST 2019 CONTINUED

| | | | | | |
|-------------------|-----|------|------|------|------|
| (b)(6); (b)(7)(C) | DBE | 8/21 | 8/28 | 8/28 | 8/28 |
| | EBW | 8/21 | 8/28 | 8/28 | 8/28 |
| (b)(6); (b)(7)(C) | | 8/27 | 8/28 | 8/28 | 8/28 |
| | | 8/28 | 8/28 | 8/28 | 8/28 |
| | | 8/29 | 8/29 | 8/29 | |

(b)(7)(E)

in favor of.

Duplicates (5)

FYI - General Request (7)

MED (3) DENT () MA (1)

STAFF COUNCIL (1) CLASS (1) FOOD (6)

HALL (2) Support Services (3)

MAINT (4) GATE (2) Other (5)

MED 3 SUBMITTED in favor.

Disciplinary (6)

(3) Female Complaints (0) Group Complaints

CLASS/SICK CALL / GATE

(b)(7)(E)

SEPTEMBER 2019

| | | | |
|---------|------|------|--------|
| 9/3 | 9/3 | 9/3 | |
| 9/4 | 9/4 | 9/4 | |
| 8/31 | 9/3 | 9/3 | ✓ |
| 8/31 | 9/3 | 9/3 | ✓ |
| 9/1 | 9/3 | 9/5 | ✓ |
| 9/4 | 9/4 | 9/4 | 10/6 |
| 9/3 | 9/4 | 9/4 | 2 10/6 |
| 9/3 | 9/4 | 9/4 | 3 10/6 |
| 9/3 | 9/4 | 9/4 | 4 9/12 |
| 9/5 | 9/5 | 9/5 | 5 10/6 |
| 9/5 | 9/5 | 9/5 | 6 |
| 9/9 | 9/9 | 9/9 | 9/6 |
| 9/12 | 9/12 | 9/12 | 9/12 |
| 9/11 | 9/11 | 9/11 | 9/12 |
| \$33.95 | | | |
| \$41.00 | | | |
| 9/11 | 9/12 | 9/12 | 9/15 |
| 9/13 | 9/13 | 9/13 | 6 10/6 |
| 9/15 | 9/16 | 9/16 | |
| 9/16 | 9/16 | 9/16 | |
| 9/13 | 9/16 | 9/16 | 9/15 |
| 9/14 | 9/16 | 9/16 | |
| 9/14 | 9/16 | 9/16 | 9/17 |

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

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

SEPTEMBER 2019 CONTINUED

| | | | | |
|-------------------|-----------------|-----------------|-----------------|-----------------|
| (b)(6); (b)(7)(C) | 9/17 | 9/17 | 9/17 | 9/17 |
| | 9/13 | | | |
| | 9/12 | | | |
| | 9/13 | | | |
| | 9/13 | | | |
| | 9/13 | | | |
| | 9/16 | | | |
| | 9/17 | 9/17 | 9/17 | 9/17 |
| (b)(6); (b)(7)(C) | 9/17 | 9/17 | 9/17 | 9/18 |
| | 9/16 | 9/16 | 9/16 | 9/16 |
| | 9/16 | 9/16 | 9/16 | 10/2 |
| | 9/17 | 9/17 | 9/17 | 9/17 |
| | 9/18 | 9/18 | 9/18 | 9/18 |
| | 9/13 | | | |
| | 9/13 | | | |
| | 9/13 | | | |
| | 9/13 | | | |
| | 9/16 | | | |
| (b)(6); (b)(7)(C) | 9/13 | 9/19 | 9/19 | 10/2 |
| | 9/18 | 9/18 | 9/19 | |
| | 9/19 | 9/19 | 9/19 | |
| | 9/19 | 9/19 | 9/19 | 9/19 |
| | 9/19 | 9/20 | 9/20 | 9/20 |
| | 9/19 | 9/20 | 9/20 | 9/20 |
| | 9/16 | 9/17 | 9/20 | 9/20 |
| | 9/19 | 9/20 | 9/20 | |
| | 9/27 | 9/27 | 9/27 | 9/27 |
| | 9/25 | | | |
| | 9/23 | | | |
| | 9/23 | 9/24 | 9/24 | 9/24 |

#4102 (Food Service)

SEPTEMBER 2019 CONTINUED

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

| | | | |
|------|------|------|------|
| 9/24 | 9/24 | 9/24 | 9/24 |
| 9/24 | 9/25 | 9/25 | 9/25 |
| 9/24 | 9/25 | 9/25 | 9/25 |
| 9/27 | 9/27 | 9/27 | 9/27 |
| 9/27 | 9/27 | 9/27 | |
| 9/27 | 9/27 | 9/27 | 10/1 |
| 9/26 | 9/27 | 9/27 | 9/30 |
| 9/27 | 9/27 | 9/27 | |
| 9/27 | 9/30 | 9/30 | 10/1 |
| 9/26 | 9/27 | 9/27 | 9/27 |
| 9/27 | 9/30 | 9/30 | 9/30 |

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

ACA COUNT 9/23-9/25

GAO - 9/27/19

Mes - FYI = 3 MPO Dup = 3 Mes Hx Request = 1

Mes - 5 Inval - 3 MH - 8

HAIL - 5 Pann - 3 GIL - 12

Propag - 1 Staff Count - 6 Fas - 1

on/HL - 3 Group Complains - 0

Duplicates - 2 Discipline - 8

(Records Request) FYI - 2

1

-1 dup of mes

(b)(7)(E)

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

Re: Grievance Logs Oct.2014-Sept.2015 / Oct.2015- Sept. 2016

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

Tue 12/3/2019 2:55 PM

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

Categories: Orange Category

1 attachment (11 MB)

doc07202920191203032225.pdf

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

Hudson County Corrections & Rehabilitation Center

Inmate Advocate / PREA Coordinator

201-395-(b)(6); Fax:201-395-5643

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

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

Sent: Tuesday, December 3, 2019 2:50 PM

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

Subject: Fw: Grievance Logs Oct.2014-Sept.2015 / Oct.2015- Sept. 2016

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

MA - CCHP

Hudson County Corrections & Rehabilitation Center

Inmate Advocate / PREA Coordinator

201-395-(b)(6); Fax:201-395-5643

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

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From: (b)(6); (b)(7)(C)
Sent: Tuesday, December 3, 2019 6:56 AM
To: (b)(6); (b)(7)(C)
Subject: Re: Grievance Logs Oct.2014-Sept.2015 / Oct.2015- Sept. 2016

As per your request

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

Hudson County Corrections & Rehabilitation Center
Inmate Advocate / PREA Coordinator
201-395-(b)(6); Fax:201-395-5643

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

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From: (b)(6); (b)(7)(C)
Sent: Monday, December 2, 2019 2:58 PM
To: (b)(6); (b)(7)(C)
Subject: Grievance Logs

***** CAUTION: This email originated from outside the County of Hudson *****

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

ICE is required by the Freedom of Information Act (FOIA), 5 U.S.C. Section 552 to produce all logs of grievances (oral and written) submitted by individuals detained at the Hudson County during FY15 until present. ICE has requested this information recently for the GAO inquiry and will be forwarding the same information to FOIA. So, we will only need to obtain the grievance logs for FY 15 and FY16.

The timeframe for this request is December 03, 2019.

Thank you again for your continued support.

Kind Regards,

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

Detention Services Manager

DHS | Immigration and Customs Enforcement

ERO|CMD| Detention Monitoring Unit

Hudson County (201) 395- (b)(6); (b)(7)(C)

Bergen County (201) 336- (b)(6);

iPhone (202) 465- (b)(6);

E-mail (b)(6); (b)(7)(C)

Warning: This document is UNCLASSIFIED//FOR OFFICIAL USE ONLY (U//FOUO). It contains information that may be exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, distributed, and disposed of in accordance with DHS policy relating to FOUO information and is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of an authorized DHS official. No portion of this report should be furnished to the media, either in written or verbal form.

July 2014

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

E3N

7.9.14

7.8.14

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

June 2014

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

7/10/14

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

7/9/14 7/10/14

7/22/14 7/22/14

7/28/14 7/29/14

AUGUST 2014

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

8/26/14

8/2/14

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

1

8/27/14

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

E39

8/21/14

8/27/14

E3N

8/2/14

8/27/14

E3S

8/21/14

8/27/14

E3N

8/27/14

8/27/14

All forward to G. Burke 8/27/14

SEPTEMBER 2014

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

E3S

9/10/14

9/10/14

E4S

9/10/14

9/10/14

OCTOBER 2014

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

10/3/14

10/8/14

10/8/14

OCTOBER 2014 CONTINUED

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

NOVEMBER 2014

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

NOVEMBER 2014

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

Handwritten text at the top of the page, possibly a name or date, which is mostly illegible.

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

March 2015 Continuation

15

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

April 2015 (CONTINUED)

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

E9W 4/13/15 4/13/15

E9W 4/12/15 4/12/15

ESN 4/10/15 4/18/15

ESN 4/13/15 4/13/15

E3S 4/20/15 4/20/15

E3S 4/20/15 4/20/15

E6S / See Reg - duplicate
Imm. Bureau Log

A3E 4/6/15 4/20/15

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

A3W 4/20/15 4/6/15

E9W 4/22/15 4/22/15

A3W 4/22/15 4/22/15

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

4/29/15 4/29/15

May 2015

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

E3S 5/4/15 5/4/15

C1W 5/2/15 5/2/15

E9W 5/5/15 5/5/15

A3W 5/7/15 5/7/15

JUNE 2015

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

A3W 6/8/15 6/9/15

E3S 6/5/15 6/11/15

ESN 6/10/15

A3W 6/17/15 6/18/15

July 2015

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

7/1/15 7/2/15
7/2/15 7/2/15
7/5/15 7/6/15
7/8/15 7/8/15
7/7/15 7/8/15
7/10/15 7/10/15
7/22/15 7/29/15
7/31/15 7/31/15

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

August 2015

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

E3S 8/1/15 8/19/15

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

September 2015

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

SS 8/30/15 9/1/15
8/30/15 9/1/15

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

A3E
A3C

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

A3E 9/13/15 9/14/15
A3C 9/14/15 9/15/15
NSW 9/22/15 9/22/15
A3E 9/22/15 9/22/15
A3E 9/25/15 9/25/15

SEPTEMBER 2015 CONTINUED

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

EBS 9/21/15 9/28/15
DS 9/30/15 9/30/15

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

10/2/15 10/7/15
10/9/15 10/9/15

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

10/13/15 10/13/15
10/14/15
10/14/15

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

October 2015 See ABOVE ↑

NOVEMBER 2015

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

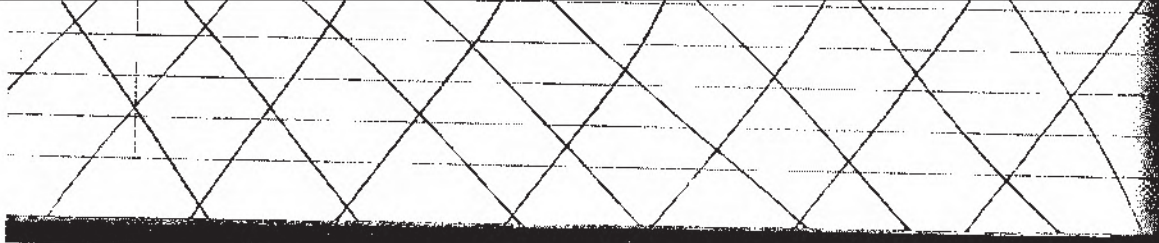
E3N 11/4/15 11/4/15
A3E 11/4/15 11/4/15

DECEMBER 2015

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

OCTOBER 2015

10/20/15
11/9/2016



January 2016

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

FEBRUARY 2016

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

MARCH 2016

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

3/8/16

3/10/16

3/11/16

3/14/16

3/15/16

April 2016

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

4/1/16

4/1/16

4/1/16

4/1/16

May 2016

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

May 2016 CONTINUED

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

June 2016

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

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

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

ESS 5/21/16 6/1/16
 ESS 6/1/16 6/7/16
 (P)
 ESN 6/1/16 6/7/16
 ESN 6/2/16 6/7/16
 ESS (P) 6/2/16 6/7/16
 1/16 about Medical Admission
 ESN 6/4/16 6/7/16
 ESS (P) 6/2/16 6/8/16
 ESN 6/2/16 6/8/16
 ESS (P) 6/8/16 6/8/16
 ESS 6/7/16 6/8/16
 ESN 6/8/16 6/8/16
 ESS 6/9/16 6/15/16
 ESN 6/8/16 6/14/16
 ESN 6/9/16
 ESS 6/9/16 6/15/16

JULIE 2010

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

June 2016 CONTINUED

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

ESN 6/20/16
ESS 6/22/16 7/1/16

July 2016

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

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

ESS 7/1/16 7/5/16
ELS 7/2/16 7/5/16
ESN 7/4/16 7/5/16

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

2/16 7/5/16
7/5/16 7/6/16
S 7/5/16 7/4/16
7/5/16
7/5/16
7/6/16
7/7/16
7/7/16
7/7/16
7/9/16 7/11/16
4/16
7/11/16 7/14/16

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

7/13/16 7/14/16
7/14/16 7/14/16

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

July 2016

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

| | | |
|-----|---------|---------|
| CSW | 7/13/16 | 7/14/16 |
| CSW | 7/15/16 | |
| CSW | | |
| BSE | | |

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

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

ESS 7/14/16 7/15/16

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

| | | |
|--|---------|---------|
| | 7/18/16 | 7/19/16 |
| | 7/18/16 | 7/15/16 |
| | 7/19/16 | 7/20/16 |
| | 7/22/16 | 7/26/16 |
| | 7/25/16 | 7/26/16 |
| | 7/24/16 | 7/26/16 |
| | 7/26/16 | 7/27/16 |
| | 7/26/16 | 7/27/16 |
| | 7/28/16 | 7/28/16 |

AUGUST 2016

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

| | | |
|-----|---------|---------|
| ESS | 7/27/16 | 7/28/16 |
| FIN | 7/31/16 | 8/1/16 |
| FIN | 7/31/16 | 8/1/16 |
| EAN | 7/31/16 | 8/1/16 |
| ESN | 8/3/16 | |

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

August 2016

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

8/1/16 8/2/16
8/2/16 8/4/16
8/4/16
8/5/16 8/8/16
8/4/16 8/8/16
8/4/16 8/8/16

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

E4N 8/4/16 8/9/16
8/8/16 8/10/16

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

E4S 8/9/16 8/10/16

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

S4N 8/9/16 8/10/16
E3N 8/10/16 8/11/16
E4S 8/10/16 8/11/16
E4S 8/10/16 8/11/16
E3N 8/11/16 8/12/16
E2N 8/11/16 8/11/16
E4N 8/12/16 8/15/16
E4S 8/13/16
E2N 8/14/16
E6N 8/16/16 8/17/16
E4S 8/17/16 8/18/16
E5S 8/17/16 8/18/16
E5N 8/18/16 8/19/16

August 2016 Continued

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

E3S 8/18/16 8/19/16

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

E3S 8/21/16 8/22/16

E3N 8/22/16 8/22/16

E3N 8/22/16 8/22/16

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

8/23/16 8/23/16

FIN & FIS Continued 8/23/16 8/23/16

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

FIN 8/24/16

FIN

FIN

E3N 8/23/16

FIN 8/24/16

FIN 8/24/16

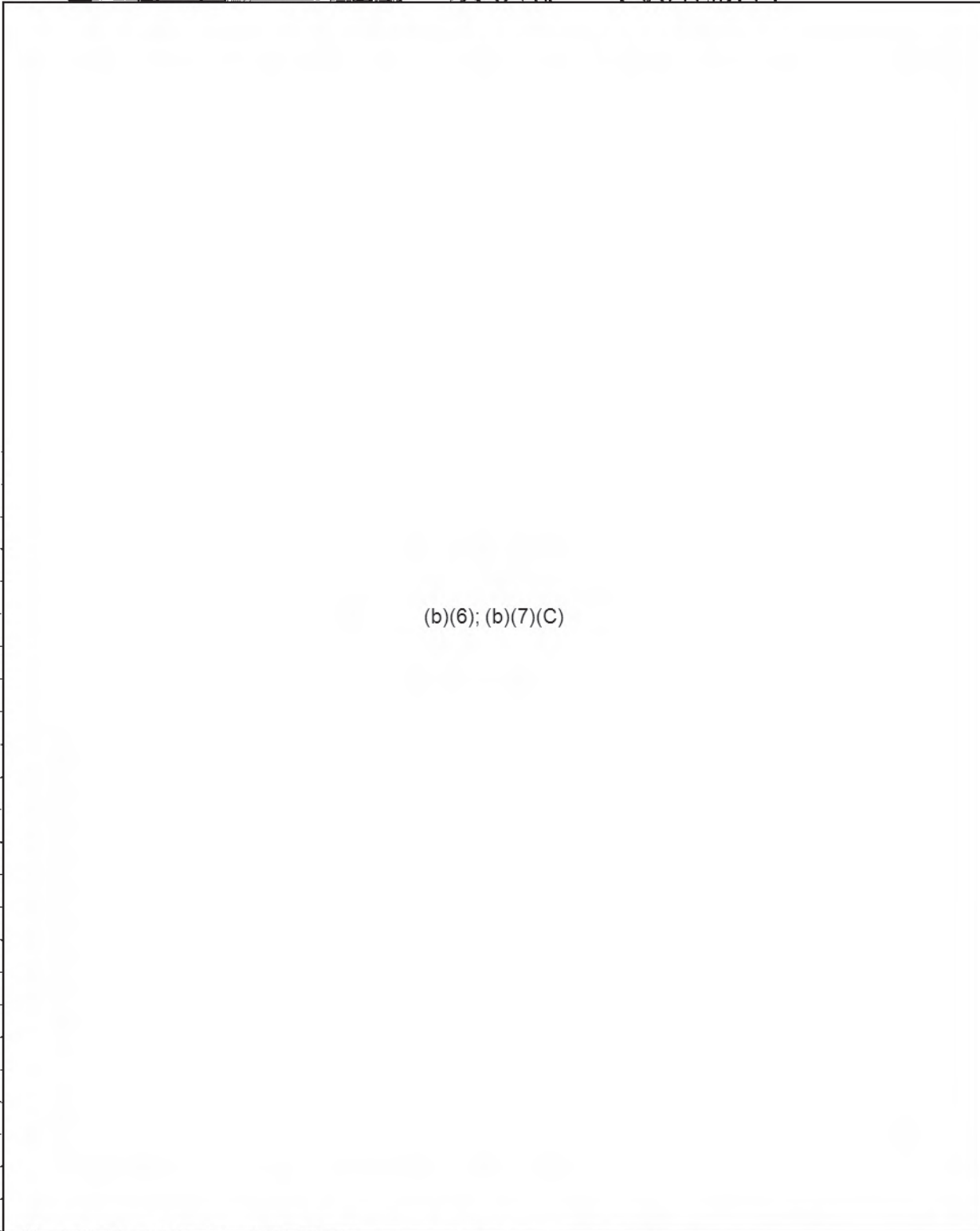
(b)(6); (b)(7)(C)

8/24/16

FIN 8/24/16

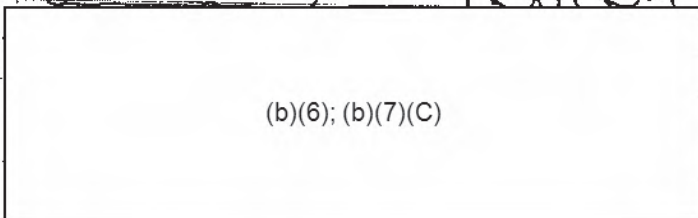
FIN 8/24/16

August 2016 Continuum



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

SEPTEMBER 2016



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

E3W 9/1/16

E3S 9/4/16

1 SEPTEMBER 2016

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

R3N 9/1/16 9/6/16
E3N 9/5/16
E3N 9/3/16

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

ESS 9/1/16

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

ESS 9/2/16

E3N 9/2/16

E3N 9/4/16

E4D 9/6/16

FIN 9/8/16 9/9/16

E6C 9/9/16

EAS 9/11/16 9/12/16

E1N 9/9/16

EAS 9/12/16

ESS 9/13/16

E3S 9/12/16

E3N 9/13/16

E3N 9/14/16

E3S 9/15/16

E6N 9/15/16 9/20/16

E4N 9/16/16

R3N 9/16/16

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

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

Stamps in [redacted]

[redacted]
(b)(6); (b)(7)(C)

| | 9/21/16 | 9/21/16 |
|-----|---------|---------|
| E3S | 9/4/16 | |
| E4S | 9/21/16 | |
| E4S | 9/22/16 | |
| E6W | 9/23/16 | |
| E3W | 9/23/16 | |
| E3S | 9/23/16 | |
| E6W | 9/25/16 | |

[redacted]
(b)(6); (b)(7)(C)

| | 9/21/16 | 9/24/16 |
|-----|---------|---------|
| E4S | 9/21/16 | |
| E6W | 9/21/16 | |
| FIN | 9/21/16 | |
| W | 9/28/16 | 9/30/16 |

[redacted]
(b)(6); (b)(7)(C)

| | 9/29/16 | 9/29/16 |
|-----|---------|---------|
| E6W | 9/29/16 | |

[redacted]
(b)(6); (b)(7)(C)

| | | |
|-----|---------|---------|
| E3S | 9/29/16 | |
| E6W | 9/30/16 | |
| E4S | 9/30/16 | |
| E4S | 9/30/16 | |
| E6W | 9/30/16 | 9/31/16 |

(1) 403

(2) Manual
Other (2)

No Area

Classification (1)

Commissary (2)
Property (2)

No lock out

Mail (4)

Change (2)
Manual (2)

No Appeals

Condition of Confinement Inspection Worksheet
 (This document must be attached to each G-324A Inspection Worksheet)
 This Form is to be used for Inspections of Facilities Used Over 72 Hours



**ICE Performance-Based National Detention Standards 2011
 Inspection Worksheet for Over 72 Hour Facilities**

REVIEW TEAM USE: (Edits Permitted, ALL FIELDS REQUIRED)

| | | | |
|---|--------------------|------------------------------|------|
| Facility Information | | | |
| Facility Name: | | Review Purpose: Not Selected | |
| Facility Type: CDF <small>Intergovernmental Service Agreement (IGSA), ICE Service Processing Center (SPC), ICE Contract Detention Facility (CDF)</small> | | | |
| Address: | | | |
| City: | | State: | Zip: |
| County: | | | |
| CEO Name: | | CEO Title: | |
| Review Information (Use following format for dates: mm/dd/yyyy) | | | |
| Start Date: 1/1/2000 | End Date: 1/1/2000 | Review Type: Headquarters | |
| Lead Name: | | Lead Title: | |
| Review Document Issue Summary (See Document Check Section to Review/Update) | | | |
| Error(s) Found: | Items Not Rated: | | |

ICE HQ USE ONLY: (DO NOT EDIT*)

| | | |
|-------------------------------------|--------------------------|--------------------------------|
| Form Name: PBNDS_2011_G324_O72_LYON | Form Key: 25 | Form Date: 5/9/2017 |
| Form Type: PBNDS 2011 | Form Review Type: Annual | Form Over/Under 72 Status: O72 |

*If Edits are required, contact ICE HQ for an updated form.

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| STANDARD 6.1. DETAINEE HANDBOOK – Reviewer Summary | |
|---|------------------|
| <i>(Use following format for dates: mm/dd/yyyy)</i> | |
| Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.) (5000 Character Max)</i> | |
| Overall Rating: Not Rated | |
| Reviewer Name (Printed): | Completion Date: |
| Reviewer Signature (for printed form submission): | |

STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ)

This detention standard protects a detainee’s rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care.

| Components | Rating | Remarks (1000 Char Max) |
|---|------------------|-------------------------|
| <p>1. PRIORITY: Each facility shall have written policy and procedures for a detainee grievance system that:</p> <ul style="list-style-type: none"> • Establishes a procedure for any detainee to file a formal grievance; • Establishes a procedure to track or log all ICE detainee grievances separately from other facility populations; • Establishes reasonable time limits for: <ul style="list-style-type: none"> ○ Processing, investigating, and responding to grievances; ○ Convening a grievance committee (or actions of a single designated grievance officer) to review formal complaints; and ○ Providing written responses to detainees who filed formal grievances, including the basis for the decision. • Ensures a procedure in which all medical grievances are received by the administrative health authority within 24 hours or the next business day, with a response from medical staff within five working days, where practicable; • Establishes a special procedure for time-sensitive, emergency grievances, including having a mechanism by which emergency medical grievances are screened as soon as practicable by appropriate personnel; • Ensures each grievance receives appropriate review; • Provides at least one independent appeal that excludes individuals previously involved in the decision making process for the same grievance; • Includes guarantees against reprisal; and • Ensures information, advice, and directions are provided to detainees in a language or manner they can understand, or that interpretation/translation services are utilized. | <p>Not Rated</p> | |
| <p>2. Detainees are informed about the facility’s informal and formal grievance system in a language or manner they understand.</p> | <p>Not Rated</p> | |
| <p>3. The grievance section of the handbook explains all steps in the grievance process.</p> | <p>Not Rated</p> | |

| STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ) | | |
|--|-----------|-------------------------|
| This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care. | | |
| Components | Rating | Remarks (1000 Char Max) |
| 4. Written procedures allow for the informal oral presentation and resolution of grievances. A detainee is free to bypass or terminate the informal grievance process at any point and proceed directly to the formal grievance stage. | Not Rated | |
| 5. Detainees may submit a formal written grievance to a Grievance Officer at any time during, after, or in lieu of lodging an information complaint. To prepare a grievance, a detainee may obtain assistance from another detainee, the housing officer or other facility staff, family members, legal representatives, or non-governmental organizations. | Not Rated | |
| 6. Formal written grievances regarding medical care shall be submitted directly to medical personnel designated to receive and respond to medical grievances at the facility. | Not Rated | |
| 7. Each facility shall implement written procedures for identifying and handling a time-sensitive emergency grievance that involves an immediate threat to a detainee's health, safety or welfare. | Not Rated | |
| 8. All staff will be trained to appropriately respond to emergency grievances in an expeditious matter. | Not Rated | |
| 9. A designated Grievance Officer (GO) shall conduct the initial adjudication of a grievance. The detainee shall have the option to file an appeal with a Grievance Appeals Board (GAB) if dissatisfied with a GO decision, and with the facility administrator if dissatisfied with a GAB decision. At all stages, detainees shall receive a decision on the grievance within five days of receipt of the appeal by the reviewing entity. | Not Rated | |
| 10. Facilities shall allow any ICE/ERO detainee dissatisfied with the facility's response to a grievance, or fearing retaliation, to appeal to or communicate directly with ICE/ERO. | Not Rated | |
| 11. PRIORITY: Each facility shall maintain a Detainee Grievance Log. The documentation shall include: the date the grievance was filed, the name of the detainee that filed the grievance, the nature of the grievance, the date the decision was provided to the detainee, and the outcome of the adjudication. A copy of the grievance disposition shall be placed in the detainee's detention file and provided to the detainee. Medical grievances are maintained in the detainee's medical file. | Not Rated | |

| STANDARD 6.2. GRIEVANCE SYSTEM (Key: AJ) | | |
|---|-----------|-------------------------|
| This detention standard protects a detainee's rights and ensures they are treated fairly by providing a procedure for them to file both informal and formal grievances, which shall receive timely responses relating to any aspect of their detention, including medical care. | | |
| Components | Rating | Remarks (1000 Char Max) |
| 12. <u>PRIORITY</u> : Upon receipt, facility staff must forward all detainee grievances containing allegations of staff misconduct to a supervisor or higher-level official in the chain of command. While such grievances are to be processed through the facility's established grievance system, CDFs and IGSA facilities must also forward a copy of any grievances alleging staff misconduct to ICE/ERO in a timely manner. | Not Rated | |
| 13. Staff shall not harass, discipline, punish, or otherwise retaliate against a detainee who files a complaint or grievance or who contacts the Inspector General. Immediately following any indication or allegation of retaliation, the facility and ICE/ERO shall conduct an investigation of alleged acts of retaliation in a timely manner, and take all steps necessary to remedy any retaliation determined to have occurred. | Not Rated | |

| STANDARD 6.2. GRIEVANCE SYSTEM – Reviewer Summary | |
|---|------------------|
| <i>(Use following format for dates: mm/dd/yyyy)</i> | |
| Overall Remarks: <i>(Record significant facts, observations, other sources used, etc.) (5000 Character Max)</i> | |
| Overall Rating: Not Rated | |
| Reviewer Name (Printed): | Completion Date: |
| Reviewer Signature (for printed form submission): | |

Hudson County Department of Corrections & Rehabilitation

I.C.E. DETAINEE HANDBOOK ENGLISH

Issued 06/2005

Revised: 10/2015

Revised: 01/2016

Revised: 12/2017

Revised: 01/2018

Revised: 06/2018

Revised: 12/2018

Revised: 05/2019

Revised: 07/2019

Revised: 08/2019

***NOTE: The ICE Detainee Handbook, updated and reissued,
Is also available in a Spanish-language version**

YOU ARE CURRENTLY IN THE TEMPORARY CUSTODY OF THE UNITED STATES
DEPARTMENT OF HOMELAND SECURITY, IMMIGRATION AND CUSTOMS
ENFORCEMENT, AT 30-35 HACKENSACK AVE., KEARNY, NEW JERSEY 07032.

- E. THEFT: No stealing of any kind within facility.
- F. CONTRABAND: No contraband, such as: cigarettes, tobacco or smoking paraphernalia, alcoholic beverages, cardboard boxes, and excessive magazines. No pictures of any kind on dormitory walls. All items must be purchased through the commissary only.
- G. FIGHTING: No fighting of any kind in facility.
- H. BED TIME: Regular lights out shall be 11:00 p.m. daily. All detainees must be at their bed at this time. Detainees will not be allowed to visit with each other after lights are out but must stay at their own beds. No one will be allowed in the day rooms after lights out.
- I. RESTRICTED AREAS: No detainee will be allowed to make physical contact with the glass window areas of the dormitories or the fence in the outside recreation areas. You will always remain behind the painted lines in the dorm and outside recreation.
- J. MEALS: Detainees must follow the instructions of the Supervisors. No butting in lines, grabbing trays or glasses or taking trays to the dormitory area is permitted.
- K. GAMBLING: No gambling of any kind in facility.
- L. SELLING PERSONAL ARTICLES: No black-market activities shall take place within facility. (Selling candies, food, clothing etc.)
- M. VERBAL AND PHYSICAL ABUSE: Verbal or physical abuse toward staff.
- N. DESTRUCTION OF H.C.D.O.C. & R PROPERTY: No destruction, alteration, unauthorized use, or wasting of property belonging to H.C.D.O.C. & R or another person.
- O. SEXUAL ACTIVITIES: No engaging in, or pressuring others to engage in sexual activities.
- P. RULES AND REGULATIONS: Detainees shall follow all orders given by H.C.D.O.C. &R staff.

NN. DETAINEE GRIEVANCE PROCEDURES

Any Detainee residing at H.C.D.O.C &R has the opportunity to file a formal complaint which is considered a Grievance. The process will be explained below. It is important that the procedure listed be followed correctly in order to ensure adequate and appropriate resolutions. Grievances filed improperly will be returned without review.

OO. GRIEVANCE PROCEDURE:

You have the right to pursue a grievance in accordance with the following procedures. When you have a complaint or grievance, every effort should be made to resolve it at the lowest level possible. You must present your grievance within five days. You should first attempt to resolve a grievance with the Housing Unit Officer. If an informal grievance is made orally to an officer or

other staff member, he/she will first attempt to resolve it at that level. If an oral grievance is resolvable at any of the levels, it may be answered orally and documented on the Hudson County Inmate Request form. A copy of the form will be placed in the detainee's detention file. If the attempt to resolve the grievance informally is unsuccessful, you can request a grievance form by asking the Unit Officer for one. In the event a written grievance cannot be resolved by the Supervisor, it will be forwarded to the appropriate department for review and resolution. If it is still not resolved at this level, the request can be forwarded to the ICE. It can also be forwarded to the Director of Corrections or designee within five business days.

The Director or Designee will have five business days to render a decision. If the Detainee does not accept the decision of the Director, he can appeal the decision to ICE/ERO AFOD by notifying the Ombudsman. The Ombudsman will forward the appeal to ICE/ERO AFOD. Place all grievances in the grievance box located near the entry door of the housing unit.

(Emergency Grievances)

If a Detainee experiences a situation that is an immediate threat to their health or safety, the Detainee should notify the Officer on duty. The Detainee should explain the severity of the situation to the Officer and request that a supervisor be notified. The Officer on duty will immediately notify the supervisor of the situation. When the supervisor responds the Detainee should present the Emergency Grievance to the supervisor. If the supervisor concurs that the grievance represents an emergency, it shall receive the immediate attention of the Facility Administrator or his designee. If it is determined that the grievance is not an emergency, standard grievance procedures shall apply.

(Emergency Medical Grievances)

If a Detainee experiences a situation that is an immediate threat to their health or safety the detainee should notify the Officer on Duty and request a Supervisor be notified. When the Supervisor arrives on Post the detainee should present the Emergency Medical Grievance to the Supervisor. The Supervisor will bring the emergency medical grievance directly to the Health Service Administrator, who will act as the Facility Directors designee.

The HSA will review medical grievances and respond within 24 hours. ***DO NOT*** use the grievance process for routine sick calls as this may delay medical care.

NOTE: All appeals of formal medical grievances and responses shall be reported to ICE.

You may not submit a grievance on behalf of another detainee. You may, however, seek assistance from another detainee or staff member in preparing your grievance. Detainees that are illiterate, disabled, or non-English speaking that require assistance in completing and filing a Grievance will be provided special assistance by notifying the Grievance Coordinator. Your need to obtain assistance will not allow for an extension of the time limit for submission.

No harassment, punishment, or disciplinary action will result to you if you are seeking resolution of legitimate complaints in good faith. However, if you demonstrate a pattern of abuse of the grievance system, resulting in unnecessary burdens at the expense of legitimate complaints, such grievances will be returned unprocessed. A copy of your detainee grievance will be maintained in your detention file for a period of three years.

Classification

All detainees are classified upon arrival, before being admitted to general population. A color coded wrist band is used to identify a detainee's classification level.

Classification Levels

Level 1 (RED)

- a. May not be housed with Level 3 detainees
- b. May not include any detainee with a felony conviction that includes an act of physical violence
- c. May not include any detainee with aggravated felony conviction.
- d. May include detainees with minor criminal records and non-violent felonies.

Level 2 (BLUE)

- a. May not include any detainee whose most recent conviction was for any offense listed under HIGHEST section of the severity of offense guideline.
- b. May not include any detainee with a pattern or history of violent behavior whether convicted or not.
- c. May not include any detainee convicted for assault on a Correctional Officer while in custody or where previous institutional records suggest a pattern of assaults while in custody.

Level 3 (GREEN)

- a. May include those detainees reclassified from level one to two due to incidents in facility or changes in classification information.
- b. May be reclassified to Level 2 only based institutional behavior.
- c. Level three detainees are considered a high risk category requiring medium to maximum security housing.
- d. Level three detainees are always monitored and escorted.

Classification Appeal

All new arrivals classified as level two and three may appeal their classification.

All appeals will be directed to the classification unit.

All appeals will be investigated and reconsidered by the classification committee.

All recommendations will be reviewed by the Director or designee.

A written response will be returned to detainee within 30 business days

CONTACTING YOUR ICE DEPORTATION OFFICER OR CONSULAR OFFICIAL:

You may contact your deportation officer by completing a Detainee request form or by following the posted telephone instructions to call their office free of charge.

The request form can be obtained from your Housing Unit Officer. The form must specify a particular concern or question in order to receive a response. The completed form will be forwarded to your deportation officer who will reply to you in writing or in person.

As a non-U.S. citizen who is being arrested or detained, you are entitled to have us notify your country's consular representatives here in the United States. A consular official from your country may be able to help you obtain legal counsel, and may contact your family and visit you in detention, among other services. If you want us to notify your country's consular officials, you can request this notification now or at any time in the future with your deportation officer. After



THOMAS A. DeGISE
COUNTY EXECUTIVE

DEPARTMENT OF CORRECTIONS
AND REHABILITATION
30 Hackensack Avenue
Kearny, NJ 07032
201-395-5600



RONALD P. EDWARDS
DIRECTOR

INMATE/ DETAINEE GRIEVANCE FORM

TO: RONALD P. EDWARDS , DIRECTOR

INMATE/DETAINEE'S INFORMATION:

| LAST NAME | FIRST NAME | INMATE/DETAINEE'S NO. | LOCATION |
|-----------|------------|-----------------------|----------|
| ***** | | | |

(PLEASE PRINT CLEARLY)

**** PART "A" ****

COMPLAINT: _____

REMEDY SOUGHT: _____

| Date | Signature of Inmate/Detainee |
|-------|------------------------------|
| ***** | |

****PART B****

INMATE /DETAINEE ADVOCATE (ACTION /RESPONSE): _____

| Date | Signature of Inmate /Detainee Advocate | Grievance Number |
|-------|--|------------------|
| ***** | | |

**** RECEIVED BY****

COMMENTS: _____

DATE SIGNATURE OF INMATE /DETAINEE ADVOCATE GRIEVANCE NUMBER
RECEIVED BY
COMMENTS: _____

Signature of Director or his/her Designee _____ Date _____

N. TAREP 2016

FISCAL YR
2016 - 2017
10/1/16 - 9/30/17



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

EGW 9/30/16

ESW 10/8/16

EGW 10/3/16

EGW 10/4/16

FIN 10/4/16

FIN 10/4/16

EGW 10/4/16

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

E3N 10/5/16

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

EGW 10/4/16

E3N 10/3/16

10/4/16

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

E3N 10/5/16

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

E3S 10/6/16 10/7

EGW 10/6/16

E3N 10/6/16

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

EGW 10/6/16

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

E3S 10/6/16 10/7/16

E3N 10/6/16

EGW 10/6/16

FIS 10/7/16

E3S 10/6/16

E4S 10/8/16

Debit 2011. (continued)

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

| | | |
|-----|---------|----------|
| ESN | 10/8/16 | 10/11/16 |
| FIS | 10/9/16 | |
| ELN | 10/9/16 | |
| FIS | 10/9/16 | |

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

| | | |
|-----|----------|--|
| ESN | 10/10/16 | |
|-----|----------|--|

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

| | | |
|-----|----------|----------|
| ESS | 10/8/16 | |
| ESS | 10/12/16 | |
| ELN | 10/11/16 | |
| ESS | 10/11/16 | |
| DIE | 10/11/16 | 10/12/16 |
| ESN | 10/12/16 | |
| ESS | 10/11/16 | |
| ELN | 10/12/16 | |
| ESN | 10/12/16 | |
| ELN | 10/15/16 | |
| ELN | 10/15/16 | |

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

| | | |
|-----|----------|----------|
| EAS | 10/14/16 | |
| ELN | 10/16/16 | |
| ESS | 10/16/16 | |
| ESS | 10/14/16 | |
| ELN | 10/14/16 | 10/17/16 |
| ESS | 10/14/16 | 10/17/16 |

October 2016

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

EJS 10/15/16 10/17/16

EGW 10/16/16

EJS 10/18/16

EJS 10/18/16

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

EJS 10/17/16

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

EJN 10/19/16

EW 10/19/16

EW 10/20/16

FW 10/19/16

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

EW 10/20/16

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

EJS 10/21/16

EJN 10/25/16

EJN

EW 10/21/16

AJE 10/29/16

AJE 10/29/16

AJE 10/29/16

AJN 10/29/16

EJS 10/29/16

EJS 10/29/16

(b)(7)(E)

| | | | |
|--------------|----------------|-------------|------------|
| Medical (27) | Class (1) | LOAH (8) | Party (8) |
| Personal (6) | Mail (6) | Cherry (6) | Other (27) |
| Home (4) | lock out - (6) | Appeals (6) | Food (2) |

NOVEMBER 2016

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

EAJN 11/1/16 11/2/16
ABE 11/1/16
E3S 11/2/16
E3N 11/2/16
E3S 11/4/16
E3S 11/3/16 11/4/16

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

E3N 11/4/16
E3S 11/4/16
E3S 11/4/16
E3S 11/5/16
E3S 11/6/16

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

EAJN 11/7/16

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

E3N 11/7/16
E6N 11/7/16
E6N
E6N
E6N
E6N
E6N
EAJN

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

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

E6N /
E6N
E6N 11/7/16 11/9/16

NOVEMBER 2011 CONTINUED

[Redacted]

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

| | | |
|-----|-----------|-----------|
| ESS | "11/13/16 | "11/21/16 |
| E4N | "11/11/16 | |
| ESS | "11/11/16 | |
| E4N | "11/11/16 | |
| E4N | "11/13/16 | |
| E3N | "11/15/16 | |
| ESS | "11/21/16 | |
| ESS | "11/21/16 | |
| E4N | "11/21/16 | |
| E4N | "11/11/16 | |
| E4N | "11/11/16 | |
| ESS | "11/15/16 | |
| ESS | "11/15/16 | |
| E4N | "11/15/16 | |
| ESS | "11/15/16 | |
| E3N | "11/15/16 | |
| FIS | "11/15/16 | |
| ESS | "11/16/16 | |
| FIN | "11/21/16 | |
| ESS | "11/27/16 | |

[Redacted]

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

| | | |
|-----|-----------|--|
| ESS | "11/17/16 | |
| ESS | "11/17/16 | |

November 2016 CONTINUED

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

E3N "17/16 "18/16
 E6N "17/16
~~E3N "17/16 "18/16~~
 E3N "18/16
 E4N "21/16
 E3S "21/16
 E6N "21/16
 E6S "21/16 "22/16
 E3N "28/16
 E6S "23/16
 E4N "24/16
 FIS "26/16
 FIS "27/16
 E3S "27/16 "28/16

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

"24
 "26
 "23
 "19

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

FIS "24/16 "24/16
 FIS "26/16
 E3S "28/16
 E3S "29/16

(b)(7)(E)

| | | |
|-----------|---------------|--------------|
| MED. (28) | Mail (3) | Lockdown (0) |
| COMM (9) | Inventory (0) | Energy (0) |
| CLASS (1) | OTAC (18) | Supplies (0) |
| JA (9) | Area (1) | Food (1) |

December 2016 CONTINUED

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

| DIG | 12/2/16 | 12/8/16 |
|-----|---------|---------|
| E6N | 12/1/16 | |
| E3N | 12/1/16 | |
| E3S | 12/1/16 | |
| E4N | 12/2 | |
| E5N | 12/2 | |
| E6N | 12/2 | |
| E4N | 12/2/16 | |
| E4N | 12/3/16 | |
| E4N | 12/2/16 | |

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

| | | |
|-----|----------|---------|
| E3N | | |
| FIS | | |
| E3N | | |
| E4N | | |
| E6N | | |
| E3N | 12/6/16 | 12/6/16 |
| E5S | 12/7/16 | |
| E4N | 12/8/16 | |
| E3S | 12/11/16 | |
| E6S | | |
| E5N | 12/10/16 | |
| E5S | 12/12/16 | |

December 2016 CONTINUED

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

E6S 12/11/16 12/19/16
E3N

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

E3N 12/6/16

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

E3S 12/1/16
E4N
E6S 12/11/16 12/12/16
EAS 12/12/16
E6S 12/14/16
E5S 12/18/16
EAS

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

E5S 12/18/16
A3N 12/18/16
A3N 12/16/16
A3N 12/14/16
A3N 12/16/16
E4N 12/16/16
FW 12/19/16
A3N 12/19/16

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

FIN 12/19/16
E4N 12/20/16
E3N 12/20/16
E5S 12/19/16

November 2018

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

| | | | |
|-----|-----|-----|-----|
| "/2 | "/5 | "/5 | * |
| "/3 | "/5 | "/6 | |
| "/7 | "/7 | "/7 | |
| "/7 | "/7 | "/7 | |
| "/7 | "/8 | "/8 | "/8 |
| "/8 | "/8 | "/8 | |

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

| | | | | |
|-----|------|------|------|------|
| E3S | "/10 | "/13 | "/13 | |
| E4N | "/12 | "/13 | "/13 | |
| E4N | "/12 | "/13 | "/13 | |
| E4N | "/12 | "/13 | "/13 | |
| DSN | "/10 | "/13 | "/13 | "/13 |
| R3E | "/13 | "/13 | "/13 | |
| E6N | "/12 | "/13 | "/13 | "/14 |
| E6N | "/12 | "/13 | "/13 | "/14 |

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

| | | | | |
|-----|------|------|------|------|
| E3N | "/19 | "/20 | "/20 | |
| E3N | "/19 | "/20 | "/20 | |
| | "/16 | "/16 | "/16 | "/19 |

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

| | | | | |
|-----|--|--|--|--|
| E3S | | | | |
|-----|--|--|--|--|

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

| | | | | |
|-----|------|------|------|------|
| | "/26 | "/26 | "/26 | "/26 |
| DSN | "/26 | "/26 | "/26 | "/26 |
| DSN | "/26 | "/26 | "/26 | "/26 |
| E3N | "/26 | "/26 | "/26 | |

NOVEMBER 2018 CONTINUED

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

| | | | |
|------|------|------|------|
| "/24 | "/24 | "/24 | "/24 |
| "/28 | "/28 | "/28 | "/28 |
| "/28 | "/28 | "/28 | "/28 |
| "/27 | "/27 | "/27 | "/27 |
| "/26 | "/26 | "/26 | "/26 |
| "/21 | "/21 | "/21 | "/21 |
| "/22 | "/22 | "/22 | "/22 |
| "/22 | "/22 | "/22 | "/22 |
| "/20 | "/20 | "/20 | "/20 |

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

| | | | |
|-----|------|------|------|
| ESN | "/21 | "/21 | "/21 |
| BIE | "/21 | "/21 | "/21 |
| CSE | "/22 | "/23 | "/26 |
| BIE | "/21 | "/26 | "/26 |
| CSE | "/25 | "/26 | "/26 |
| ESS | "/24 | "/25 | "/26 |
| ESS | "/22 | "/26 | "/26 |
| ESN | "/26 | "/27 | "/27 |
| ESS | "/26 | "/26 | "/26 |
| ESS | "/27 | "/27 | "/27 |

November 2018

[Redacted]

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

| | | | |
|-------|-------|-------|-------|
| 11/27 | 11/27 | 11/27 | |
| 11/28 | 11/28 | 11/28 | 11/29 |
| 11/27 | 11/28 | 11/28 | |
| 11/28 | 11/28 | 11/28 | 11/29 |
| 11/27 | 11/28 | 11/28 | 11/29 |
| 11/27 | 11/28 | 11/28 | 11/29 |
| 11/27 | 11/28 | 11/28 | " |
| 11/27 | 11/28 | 11/28 | |
| 11/28 | 11/28 | 11/28 | |
| 11/27 | 11/28 | 11/28 | 11/29 |
| 11/29 | 11/30 | 11/30 | 11/29 |
| 11/29 | 11/29 | 11/29 | |
| 11/28 | 11/29 | 11/29 | |
| 11/28 | 11/29 | 11/29 | |
| 11/28 | 11/29 | 11/29 | |

Informational documents on pages (142) Line 225 is in the inmate log book see page (234) = 235 of inmate grievance log.

[Redacted]

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

| | | | |
|-------|-------|-------|-------|
| 11/29 | 11/29 | 11/29 | 11/29 |
| 11/30 | 11/30 | 11/30 | |

NOVEMBER 2018 (CONTINUED)

Disciplinary (8) ~~Internal (1)~~
 GIL (15) Comm (2) MAIL (8)
 des (5) Demer (8) MH (1)
 Food (8) Exemption (8) Hospital (2)
 Manu (8) Chass (8) other (7)
 DRA (1) IA (3) Appeals (8)

(b)(7)(E)

DECEMBER 2018

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

| | | | |
|-------|-------|-------|-------|
| 12/3 | 12/3 | 12/3 | 12/3 |
| 12/6 | 12/6 | 12/6 | |
| 12/5 | 12/6 | 12/6 | 12/6 |
| 12/5 | 12/6 | 12/6 | 12/6 |
| 12/6 | 12/6 | 12/6 | |
| 12/6 | 12/7 | 12/7 | 12/7 |
| 12/7 | 12/10 | 12/10 | |
| 12/6 | 12/10 | 12/10 | 12/10 |
| 12/7 | 12/10 | 12/10 | |
| 12/7 | 12/10 | 12/10 | |
| 12/11 | 12/11 | 12/11 | |
| 12/11 | 12/11 | 12/11 | |
| 12/10 | 12/11 | 12/11 | |

DECEMBER 2018 CONTINUED

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

| 12/11 | 12/11 | 12/11 | 12/11 |
|-------|---------|-------|-------|
| | | | |
| | | | |
| 12/17 | 12/17 | 12/17 | 12/17 |
| 12/12 | 12/12 | 12/12 | 12/12 |
| 12/14 | 12/14 | 12/14 | |
| 12/14 | 12/17 | 12/17 | * |
| 12/15 | 12/17 | 12/17 | 12/17 |
| / DOE | NOT USE | KNOW | |
| 12/18 | 12/19 | 12/19 | 12/19 |
| 12/21 | 12/21 | 12/21 | 12/21 |
| 12/19 | 12/20 | 12/20 | |
| 12/30 | 12/31 | 12/31 | |

(b)(7)(E)

Disciplinary (1)
 Gail (1) Gram (2) mail (3)
 Mrs (2) Dental (2) MH (1)
 Food (2) Envision (2) Property (1)
 Mami (1) Cheryl (2) Office (7)
 REG (2) JA (2) Appeals (2)

(b)(7)(E)

January 2019

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

| | | | |
|------|------|------|------|
| 1/3 | 1/4 | 1/4 | |
| 1/6 | 1/7 | 1/7 | |
| 1/4 | 1/7 | 1/7 | |
| 1/6 | 1/7 | 1/7 | 1/9 |
| 1/4 | 1/7 | 1/7 | 1/9 |
| 1/18 | 1/18 | 1/18 | 1/18 |
| 1/7 | 1/7 | 1/7 | 1/7 |

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

| | | | |
|---------|------|-----|-----|
| BSC | 1/5 | 1/7 | 1/7 |
| E3S (F) | 1/15 | 1/7 | 1/7 |
| E4N | 1/6 | 1/7 | 1/7 |
| E4W | 1/11 | 1/7 | 1/7 |
| E3S (F) | 1/12 | 1/7 | 1/7 |
| E3S (F) | 1/12 | 1/7 | 1/7 |
| E3S | 1/12 | 1/7 | 1/7 |

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

| | | | |
|------|------|------|------|
| 1/7 | 1/7 | 1/7 | 1/7 |
| 1/20 | 1/20 | 1/20 | |
| 1/28 | 1/28 | 1/28 | |
| 1/30 | 1/30 | 1/30 | 1/30 |

FEBRUARY 2019

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

| | | | |
|------|-----|-----|-----|
| 12/3 | 2/4 | 2/4 | |
| 12 | 2/4 | 2/4 | 2/7 |
| 20 | 2/4 | 2/4 | 2/4 |
| 1/22 | 2/4 | 2/4 | 2/4 |
| 1/22 | 2/4 | 2/4 | 2/4 |
| 1/22 | 2/4 | 2/4 | 2/4 |
| 2/5 | 2/5 | 2/5 | 2/5 |
| 2/5 | 2/5 | 2/5 | 2/5 |
| 2/5 | 2/5 | 2/5 | 2/5 |
| 2/5 | 2/5 | 2/5 | 2/5 |

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

| | | | |
|-----|-----|-----|-----|
| DSE | 2/6 | 2/7 | 2/7 |
| DSE | 2/7 | 2/7 | 2/7 |

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

Filed

| | | | |
|------|------|------|------|
| 2/8 | 2/8 | 2/8 | 2/8 |
| 2/8 | 2/8 | 2/8 | 2/8 |
| 2/9 | 2/11 | 2/11 | |
| 2/8 | 2/11 | 2/11 | |
| 2/8 | 2/11 | 2/11 | |
| 2/4 | 2/6 | 2/11 | 2/12 |
| 2/12 | 2/12 | 2/12 | 2/12 |
| 2/11 | 2/12 | 2/12 | 2/12 |
| 2/11 | 2/12 | 2/12 | 2/12 |

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

| | | | |
|--------|-------|-------|-------|
| $3/4$ | $3/4$ | $3/5$ | $3/5$ |
| $3/6$ | $3/6$ | $3/6$ | $3/6$ |
| $3/5$ | $3/6$ | $3/6$ | |
| $3/28$ | $3/6$ | $3/6$ | |
| $3/7$ | $3/7$ | $3/7$ | $3/7$ |
| $3/4$ | $3/7$ | $3/7$ | $3/7$ |
| $3/6$ | $3/6$ | $3/6$ | $3/8$ |
| $3/8$ | $3/8$ | $3/8$ | $3/8$ |

| | | | |
|--------|--------|--------|--|
| $3/11$ | $3/12$ | $3/12$ | |
| $3/12$ | $3/2$ | $3/2$ | |

| | | | |
|--------|--------|--------|--------|
| $3/10$ | $3/13$ | $3/13$ | $3/13$ |
| $3/4$ | $3/13$ | $3/13$ | $3/13$ |
| $3/10$ | $3/13$ | $3/13$ | $3/13$ |
| $3/13$ | $3/15$ | $3/15$ | |
| $3/15$ | $3/15$ | $3/15$ | $3/15$ |

| | | | |
|--------|--------|--------|--------|
| $3/13$ | $3/15$ | $3/15$ | |
| $3/15$ | $3/18$ | $3/18$ | $3/18$ |

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

| | | | |
|--------|--------|--------|--------|
| $3/16$ | $3/18$ | $3/18$ | $3/18$ |
| $3/18$ | $3/18$ | $3/18$ | $3/18$ |
| $3/18$ | $3/18$ | $3/18$ | |

ending

MARCH 2019 Totals

(1) PER
 (12) Manual
 (7) DEP.

(b)(7)(E)

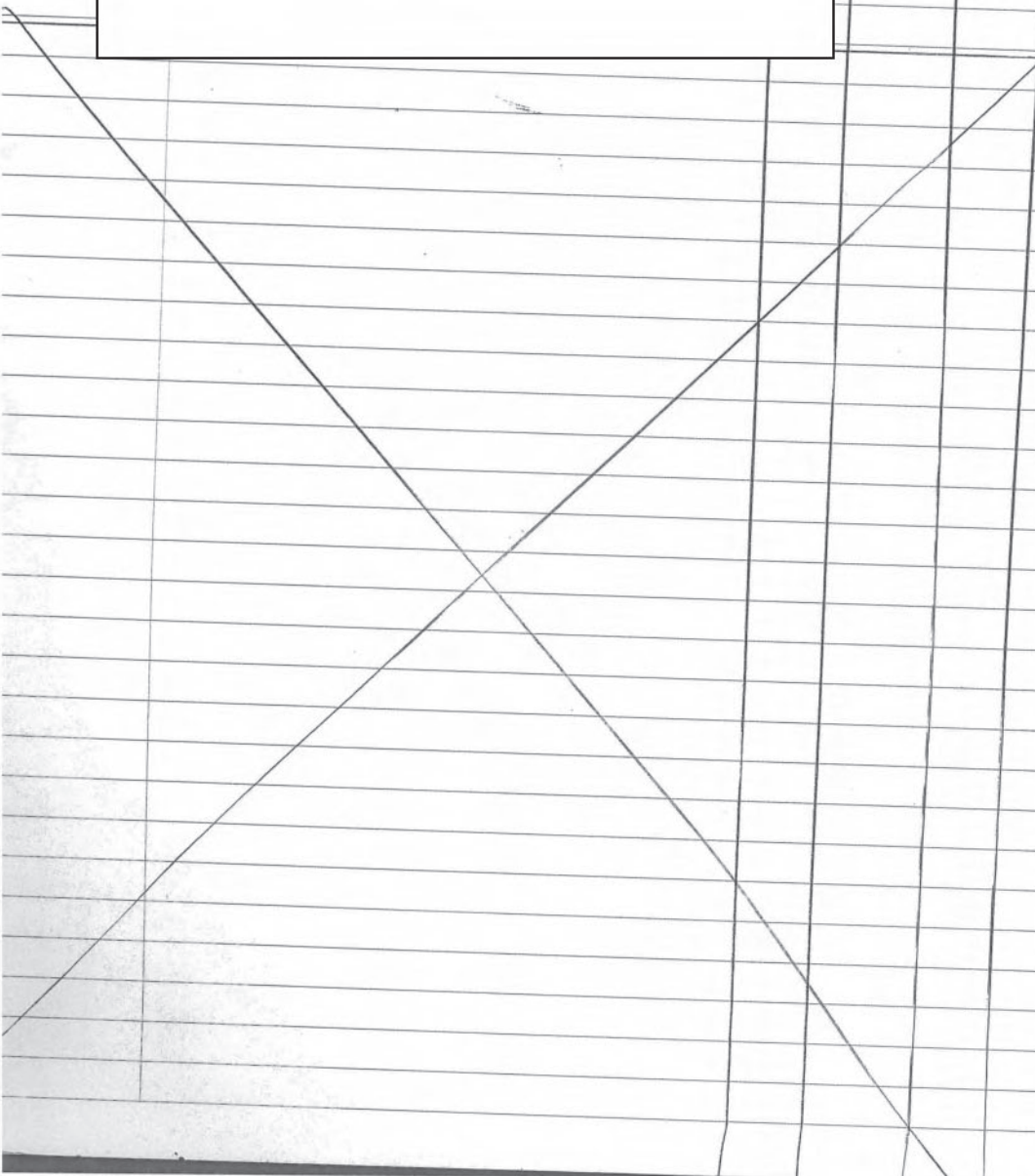
(5) NON-GRANDAGE

MED - (9) ^{4 KROG} _{5 HANNA}
 DENTAL - 0
 MH - 0
 Billing - 0

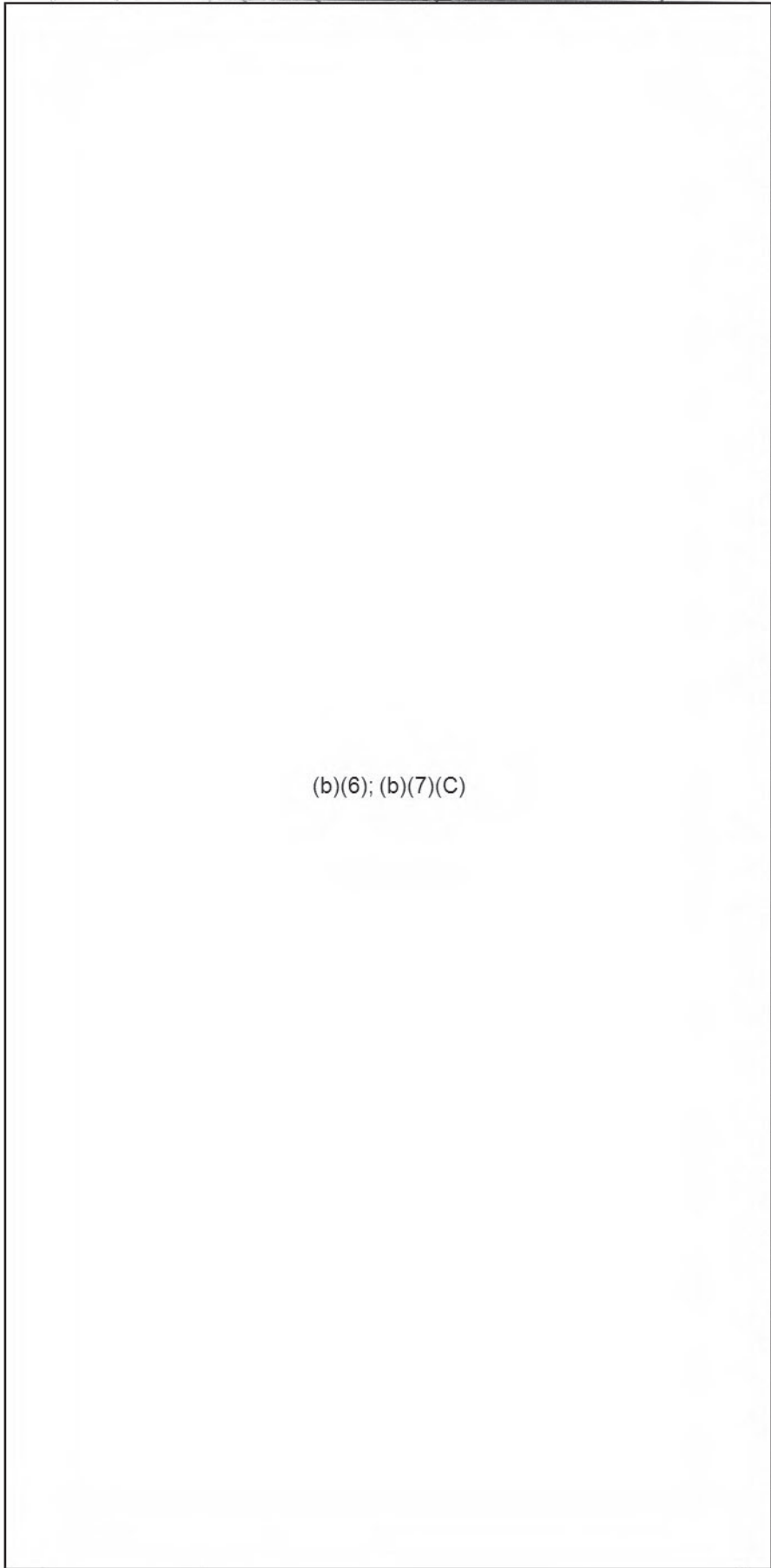
MEDICATION - 1
 CONSULTS - 1
 PRENUMS - 6
 OFFSITE - 1

(2 SUB)

(b)(7)(E)



April 2019



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

| | | | |
|----|-----|-----|-----|
| 30 | 4/1 | 4/1 | 4/1 |
| 39 | 4/1 | 4/1 | 4/1 |
| 69 | 4/1 | 4/1 | 4/1 |
| 31 | 4/1 | 4/1 | |
| 1 | 4/1 | 4/1 | |
| 2 | 4/3 | 4/3 | |
| 2 | 4/3 | 4/3 | 4/3 |
| 2 | 4/3 | 4/3 | 4/3 |
| 2 | 4/3 | 4/3 | |
| 2 | 4/3 | 4/3 | |
| 2 | 4/3 | 4/3 | |
| 3 | 4/3 | 4/3 | |
| 3 | 4/3 | 4/3 | |
| 5 | 4/5 | 4/5 | 4/5 |
| 5 | 4/5 | 4/5 | |
| 18 | 4/8 | 4/8 | 4/8 |
| 4 | 4/8 | 4/8 | 4/8 |
| 6 | 4/7 | 4/8 | |
| 5 | 4/8 | 4/8 | |
| 7 | 4/8 | 4/8 | |
| 9 | 4/9 | 4/9 | |
| 18 | 4/9 | 4/9 | |

April 2019 CONTINUED

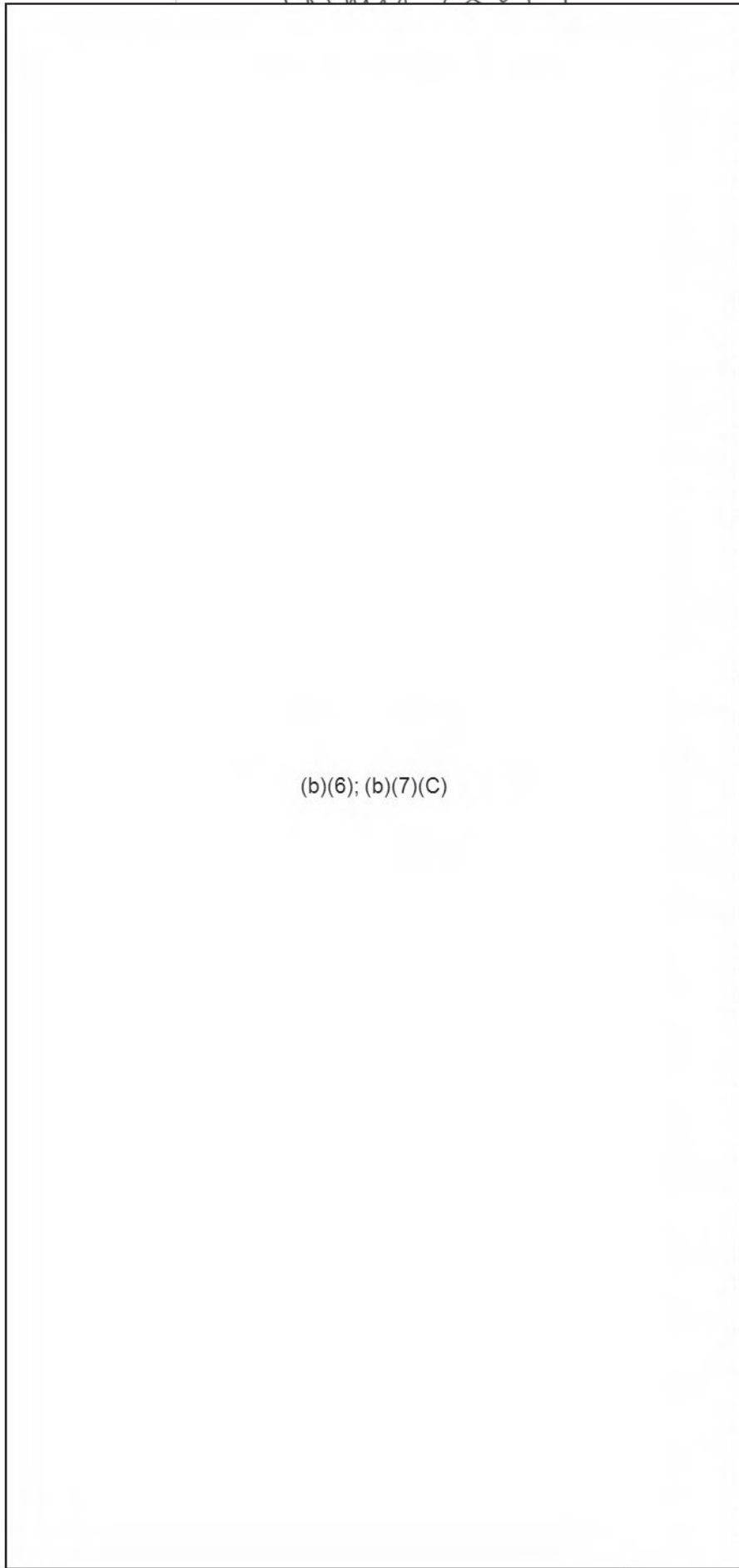
| | | |
|------|------|------|
| 4/11 | 4/11 | 4/11 |
| 4/15 | 4/17 | 4/17 |
| 4/16 | 4/22 | 4/22 |
| 4/22 | 4/23 | 4/23 |
| 4/18 | 4/22 | 4/26 |
| 4/22 | 4/23 | 4/23 |
| 4/20 | 4/22 | 4/22 |
| 4/18 | 4/22 | 4/22 |
| 4/18 | 4/22 | 4/22 |
| 4/24 | 4/25 | 4/25 |
| 4/25 | 4/25 | 4/25 |

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

Manual = 1
 Duplicate = 1
 * Also *

(b)(7)(E)

Plan 2019



| | | | |
|-----------------|----------------|-------|-----|
| 5/28 | 5/2 | 5/2 | 5/4 |
| 5/26/19 | | | |
| 5/30 | 5/2 | 5/2 | |
| 5/29 | 5/2 | 5/2 | |
| 5/28 | 5/2 | 5/2 | 5/4 |
| es line burd | | Fixed | |
| 5/26 | 5/2 | 5/2 | 5/4 |
| 5/3 | 5/3 | 5/3 | 5/3 |
| 5/2 | 5/3 | 5/3 | 5/3 |
| 5/5 | 5/3 | 5/3 | 5/3 |
| 5/27 | 5/3 | 5/3 | 5/3 |
| 5/2 | 5/3 | 5/3 | 5/3 |
| 5/5 | 5/5 | 5/6 | 5/6 |
| 5/4 | 5/6 | 5/6 | 5/6 |
| 5/5 | 5/6 | 5/6 | |
| 5/3 | 5/6 | 5/6 | 5/6 |
| 5/6 | 5/6 | 5/6 | 5/7 |
| 5/7 | 5/7 | 5/7 | |
| 5/7 | 5/7 | 5/7 | |
| 5/8 | 5/8 | 5/8 | 5/8 |
| 5/6 | 5/6 | 5/6 | 5/8 |
| 5/7 | 5/9 | 5/9 | |
| 5/9 | 5/9 | 5/9 | 5/9 |
| 5/9 | 5/9 | 5/9 | 5/9 |
| 5/9 | 5/9 | 5/9 | |
| 5/9 | 5/9 | 5/9 | 5/9 |

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

May 2019 *Continued*

| | | | | |
|--|-----------------|-----------------|-----------------|------|
| | 5/6 | 5/10 | 5/13 | |
| | 5/10 | 5/13 | 5/13 | 5/13 |
| | 5/11 | 5/13 | 5/13 | |
| | 5/10 | 5/13 | 5/13 | 5/13 |
| | 5/10 | 5/13 | 5/13 | 5/13 |
| | 5/14 | | | |
| | 5/14 | | | |
| | 5/14 | 5/14 | 5/14 | 5/14 |
| | 5/16 | 5/16 | 5/16 | 5/16 |
| | 5/15 | 5/16 | 5/17 | 5/17 |
| | 5/21 | 5/21 | 5/21 | |
| | 5/21 | 5/21 | 5/21 | 5/21 |
| | 5/21 | 5/21 | 5/21 | |
| | 5/21 | 5/21 | 5/21 | |
| | 5/21 | 5/21 | 5/21 | |
| | 5/22 | 5/23 | 5/23 | |
| | 5/22 | 5/22 | 5/22 | |
| | 5/22 | 5/23 | 5/23 | |

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

JUNE 2019

| | | | |
|----------------------|------|------|------|
| 5/31 | 6/3 | 6/3 | |
| 6/3 | 6/3 | 6/3 | 6/3 |
| 6/3 | 6/4 | 6/4 | 6/4 |
| 5/31 | 6/3 | 6/3 | 6/3 |
| 6/1 | 6/4 | 6/4 | 6/4 |
| 6/7 | 6/7 | 6/7 | 6/7 |
| 6/7 | 6/7 | 6/11 | 6/11 |
| 6/7 | 6/7 | 6/7 | |
| 6/7 | 6/7 | 6/11 | |
| 6/7 | 6/7 | 6/11 | 6/11 |
| 5/23 | 6/11 | 6/11 | 6/11 |
| 6/12 | 6/17 | 6/17 | |
| 6/14 | 6/17 | 6/17 | |
| 6/18 | 6/19 | 6/20 | 6/20 |
| 6/18 | 6/19 | 6/24 | 6/24 |
| 6/14 | 6/19 | 6/19 | |
| 6/19 | 6/19 | 6/19 | 6/19 |
| 6/29 | 6/20 | 6/20 | 6/20 |
| (b)(6); (b)(7)(C) | 6/20 | 6/20 | 6/27 |
| 6/26 | 6/27 | 6/27 | 6/27 |
| 6/24 | 6/26 | 6/26 | 6/26 |

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

JUNE 2019 CONTINUED

| | | | | | | | |
|-------------------|--|--|--|------|------|------|------|
| (b)(6); (b)(7)(C) | | | | 6/18 | 6/24 | 6/24 | 6/24 |
| | | | | 6/20 | 6/26 | 6/26 | 6/26 |
| | | | | 6/20 | 6/26 | 6/26 | |
| | | | | 6/27 | 6/27 | 6/27 | |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |
| | | | | 6/27 | 6/27 | 6/27 | 6/27 |

11 MONITOR (3) IN FRONT OF
 16 KWSK

8 MEDICAL (3) DENTAL (3) MEDICATION (3) TREATMENTS
 (1) COMM. (4) FOOD (2) MAIL
 (3) STAFF CONDUCT (1) CLASS
 (1) MAINT (2) UTIL (5) OFFICE

July 2019

| | | | |
|------|------|-----|-----|
| 6/29 | 7/1 | 7/1 | |
| 6/29 | 7/1 | 7/1 | 7/1 |
| 6/28 | 7/1 | 7/1 | |
| 6/29 | 6/30 | 7/1 | |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 6/30 | 7/1 | 7/1 | 7/1 |
| 7/1 | 7/2 | 7/2 | 7/1 |
| 7/1 | 7/2 | 7/2 | 7/2 |
| 7/1 | 7/2 | 7/2 | |
| 7/1 | 7/2 | 7/2 | |
| 7/2 | 7/2 | 7/2 | |
| 7/2 | 7/2 | 7/2 | |
| any | | | |
| 7/3 | 7/8 | 7/8 | 7/8 |
| 7/1 | 7/8 | 7/8 | |
| 7/3 | 7/8 | 7/8 | 7/8 |
| 7/4 | 7/8 | 7/8 | 7/8 |

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

July 2019

Continued

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

| | | | |
|------|------|------|------|
| 7/13 | 7/16 | 7/16 | |
| 7/16 | 7/17 | 7/17 | 7/17 |
| 7/16 | 7/16 | 7/16 | |
| 7/16 | 7/16 | 7/16 | 7/17 |
| 7/16 | 7/16 | 7/16 | 7/16 |
| 7/16 | 7/16 | 7/16 | 7/16 |
| 7/17 | 7/17 | 7/17 | 7/17 |
| 7/15 | | | |
| 7/15 | | | |
| 7/17 | 7/17 | 7/17 | 7/17 |
| 7/17 | 7/17 | 7/17 | |

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

| | | | |
|------|------|------|------|
| 7/16 | 7/18 | 7/18 | |
| 7/16 | 7/17 | 7/17 | |
| 7/17 | 7/18 | 7/18 | |
| 7/17 | 7/17 | 7/17 | |
| 7/18 | 7/18 | 7/18 | |
| 7/18 | 7/18 | 7/18 | 7/18 |
| 7/18 | 7/19 | 7/19 | |
| 7/18 | 7/19 | 7/19 | |
| 7/19 | 7/19 | 7/19 | 7/19 |

July 2019 CONTINUED

| | | | | |
|--|------|------|------|------|
| | 7/21 | 7/22 | 7/22 | |
| | 7/20 | 7/22 | 7/22 | |
| | 7/19 | 7/22 | 7/22 | |
| | 7/21 | 7/22 | 7/22 | |
| | 7/20 | 7/23 | 7/23 | |
| | 7/24 | 7/24 | 7/24 | 7/24 |
| | 7/21 | | | |
| | 7/18 | | | |
| | 7/21 | | | |
| | 7/19 | | | |
| | 7/22 | | | |
| | 7/24 | 7/24 | 7/24 | 7/24 |
| | 7/27 | 7/25 | 7/25 | 7/25 |
| | | | | |
| | 7/26 | 7/26 | 7/26 | 7/26 |
| | 7/27 | 7/29 | 7/29 | |
| | 7/22 | 7/23 | 7/26 | 7/29 |
| | 7/28 | 7/29 | 7/31 | 8/1 |

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

was for [unclear] [unclear] [unclear]

Med
 Det } 8 SUB 7 IN FAVOR
 mt }
 Disciplinary (7)
 Fees (5) Law Library (3)
 Maint (4) Class (1)
 Rec (2) Property (6)
 Staff Comm (TB) COMM (3)
 Appeal (1) Other (1)

Change NOTED in 9/16
 AND MONTHLY REPORT FOR SUPERVISOR

(b)(7)(E)

August 2010

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

| | | | |
|------|------|-----|-----|
| 8/31 | 8/1 | 8/1 | |
| 8/1 | 8/1 | 8/1 | |
| 8/1 | 8/5 | 8/5 | 8/5 |
| 7/7 | 7/18 | 8/1 | 8/1 |

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

| | | | |
|-----|-----|-----|-----|
| DSE | 8/4 | 8/5 | 8/5 |
| DSE | 8/1 | 8/5 | 8/5 |
| ELG | 8/1 | 8/5 | 8/5 |
| DJN | 8/5 | 8/5 | 8/5 |
| ELG | 8/4 | 8/5 | 8/5 |

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

| | | | |
|-----|-----|-----|-----|
| 8/3 | 8/5 | 8/5 | |
| 8/3 | 8/5 | 8/5 | |
| 8/5 | 8/5 | 8/5 | 8/5 |
| 8/5 | 8/6 | 8/6 | 8/6 |
| 8/6 | 8/7 | 8/7 | 8/7 |
| 8/8 | 8/8 | 8/8 | 8/8 |
| 8/5 | | | |
| 8/5 | | | |
| 8/4 | | | |

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

| | | | | |
|-----|-----|-----|-----|-----|
| DSE | 8/9 | 8/9 | 8/9 | 8/9 |
| DSE | 8/9 | 8/9 | 8/9 | 8/9 |
| DSE | 8/9 | 8/9 | 8/9 | 8/9 |
| DSE | 8/9 | 8/9 | 8/9 | 8/9 |

August 2019 CONTINUED

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

| | | | |
|-------|------|------|------|
| 8/12 | 8/12 | 8/12 | |
| 8/13 | 8/13 | 8/13 | |
| 8/26 | 8/27 | 8/13 | 8/14 |
| | | | |
| names | Dept | | |
| 8/14 | 8/14 | 8/14 | 8/14 |
| 8/13 | 8/14 | 8/14 | |
| 8/12 | 8/14 | 8/14 | 8/14 |
| 8/13 | 8/13 | 8/14 | |

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

| | | | | |
|-----|------|------|------|------|
| 626 | 8/14 | 8/15 | 8/15 | 8/15 |
|-----|------|------|------|------|

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

| | | | | |
|------|------|------|------|------|
| 03C | 8/14 | 8/15 | | |
| 636 | 8/13 | 8/15 | 8/15 | |
| 321 | 8/18 | 8/19 | 8/19 | 8/19 |
| 0321 | 8/16 | 8/19 | 8/19 | 8/19 |
| 625 | 8/16 | 8/19 | 8/19 | |
| | | | | 8/21 |
| 0321 | 8/18 | 8/19 | 8/19 | 8/21 |
| | 8/19 | 8/19 | 8/19 | |

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

| | | | | |
|--|------|------|------|------|
| | 8/18 | 8/19 | 8/19 | 8/21 |
| | 8/19 | 8/19 | 8/19 | |

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

| | | | | |
|--|------|------|------|------|
| | 8/19 | 8/19 | 8/19 | 8/19 |
| | 8/19 | 8/19 | 8/19 | 8/21 |
| | 8/20 | 8/21 | 8/21 | 8/21 |
| | 8/19 | 8/20 | 8/20 | 8/21 |

August 2019

Continued

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

| | | | |
|------|------|------|------|
| 8/21 | 8/21 | 8/21 | 8/21 |
| 8/15 | 8/20 | 8/20 | 8/20 |
| 8/21 | 8/21 | 8/21 | |
| 8/21 | 8/22 | 8/22 | |

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

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

| | | | |
|------|------|------|------|
| 8/21 | 8/21 | 8/21 | 8/21 |
| 8/17 | 10/3 | | |
| 8/23 | 8/23 | 8/23 | 8/23 |
| 8/18 | | | |
| 8/18 | | | |
| 8/21 | | | |
| 8/21 | 8/21 | 8/21 | 8/21 |
| 8/20 | 8/20 | 8/20 | 8/20 |
| 8/21 | 8/22 | 8/22 | |
| 8/22 | 8/23 | 8/23 | |
| 8/22 | 8/23 | 8/23 | 8/23 |

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

| | | | |
|------|------|------|------|
| 8/25 | 8/26 | 8/26 | 8/26 |
| 8/25 | 8/26 | 8/26 | |
| 8/26 | 8/26 | 8/26 | 8/26 |
| 8/26 | 8/26 | 8/26 | 8/27 |
| 8/26 | 8/27 | 8/27 | 8/27 |
| 8/27 | 8/27 | 8/27 | 8/27 |
| 8/27 | 8/28 | 8/28 | 8/28 |

AUGUST 2019 CONTINUED

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

| | | | |
|------|------|------|------|
| 8/21 | 8/28 | 8/28 | 8/28 |
| 8/21 | 8/28 | 8/28 | 8/28 |
| 8/27 | 8/28 | 8/28 | 8/28 |
| 8/28 | 8/28 | 8/28 | 8/28 |
| 8/29 | 8/29 | 8/29 | |

(b)(7)(E)

Manual = 7 Duplicates (5)
 FYI - General Request (7)
 MED (3) DENT () MA (1)
 Staff Growth (1) CLASS (1) Food (6)
 Hall (2) Support Services (3)
 Maint (4) GRL (2) Other (5)

MED 3 SUBMITTED & IN FORCE
 Disciplinary (6)
 (3) Female Complaints (0) Group Complaints
 CLASS/Sick Call / GRL

SEPTEMBER 2019

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

| | | | |
|-------|------|------|--------|
| 9/3 | 9/3 | 9/3 | |
| 9/4 | 9/4 | 9/4 | |
| 8/31 | 9/3 | 9/3 | ✓ |
| 8/31 | 9/3 | 9/3 | ✓ |
| 9/1 | 9/3 | 9/5 | ✓ |
| 9/4 | 9/4 | 9/4 | 10/6 |
| 9/3 | 9/4 | 9/4 | 2 10/6 |
| 9/3 | 9/4 | 9/4 | 3 10/6 |
| 9/3 | 9/4 | 9/4 | 4 9/12 |
| 9/5 | 9/5 | 9/5 | 5 10/6 |
| 9/5 | 9/5 | 9/5 | 6 |
| 9/9 | 9/9 | 9/9 | 9/6 |
| 9/12 | 9/12 | 9/12 | 9/12 |
| 9/11 | 9/11 | 9/11 | 9/12 |
| 33.95 | | | |
| 41.00 | | | |
| 9/11 | 9/12 | 9/12 | 9/15 |
| 9/13 | 9/13 | 9/13 | 6 10/6 |
| 9/15 | 9/16 | 9/16 | |
| 9/16 | 9/16 | 9/16 | |
| 9/13 | 9/16 | 9/16 | 9/15 |
| 9/14 | 9/16 | 9/16 | |
| 9/14 | 9/16 | 9/16 | 9/17 |

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

SEPTEMBER 2019 CONTINUED

| | | | | | |
|-------------------------|-------|-----------------|-----------------|-----------------|-----------------|
| (b)(6); (b)(7)(C) | 9/17 | 9/17 | 9/17 | 9/17 | |
| | 9/13 | | | | |
| | 9/12 | | | | |
| | 9/13 | | | | |
| | 9/13 | | | | |
| | 9/13 | | | | |
| | 9/16 | | | | |
| | 9/17 | 9/17 | 9/17 | 9/17 | |
| (b)(6); (b)(7)(C) | E3d | 9/17 | 9/17 | 9/17 | 9/18 |
| | E3d | 9/16 | 9/16 | 9/16 | 9/16 |
| | D3E | 9/16 | 9/16 | 9/16 | 10/2 |
| Group Complaint | | 9/17 | 9/17 | 9/17 | 9/17 |
| | D3E/W | | | | |
| | E3S | | | | |
| Disciplinary SAME AS | E6S | | | | |
| | | 9/13 | 9/13 | 9/13 | 9/13 |
| (b)(6); (b)(7)(C) | | 9/13 | | | |
| | | 9/13 | | | |
| | | 9/16 | | | |
| | | 9/13 | 9/19 | 9/19 | 10/2 |
| | | 9/18 | 9/18 | 9/19 | |
| | | 9/19 | 9/19 | 9/19 | |
| | | 9/19 | 9/19 | 9/19 | 9/19 |
| | | 9/19 | 9/20 | 9/20 | 9/20 |
| | | 9/19 | 9/20 | 9/20 | 9/20 |
| | | 9/16 | 9/17 | 9/20 | 9/20 |
| | | 9/19 | 9/20 | 9/20 | |
| | | 9/27 | 9/27 | 9/27 | 9/27 |
| | | 9/25 | | | |
| | | 9/23 | | | |
| | | 9/23 | 9/24 | 9/24 | 9/24 |

SEPTEMBER 2019 CONTINUED

| | | | |
|------|------|------|------|
| 9/24 | 9/24 | 9/24 | 9/24 |
| 9/24 | 9/25 | 9/25 | 9/25 |
| 9/24 | 9/25 | 9/25 | 9/25 |
| 9/27 | 9/27 | 9/27 | 9/27 |
| 9/27 | 9/27 | 9/27 | |
| 9/27 | 9/27 | 9/27 | 10/1 |
| 9/26 | 9/27 | 9/27 | 9/30 |
| 9/27 | 9/27 | 9/27 | |
| 9/27 | 9/30 | 9/30 | 10/1 |
| 9/26 | 9/27 | 9/27 | 9/27 |
| 9/27 | 9/30 | 9/30 | 9/30 |

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

To Determine

ACA COUNT 9/23-9/25
 GAO - 9/27/19
 Med - FYI = 3 MPO Dep = 3 Med Hx Request = 1
 Med - 5 Inval - 3 MH - 8
 Mail - 5 Comm - 3 GTC - 12
 Propag - 1 Staff Complaint - 6 Fax - 1
 Other - 3 Group Complaint - 0
 Duplicates - 2 Disciplinary - 8
 (Records Request) FYI - 2
 1

- 1 dup of memo 9/4

(b)(7)(E)

From: (b)(6); (b)(7)(C)
Sent: 6 Nov 2019 19:41:07 +0000
To:
Subject: (b)(6); (b)(7)(C)

It appears the alien ate lunch today. Please continue to go forward with the subject's TD/removal. Thank you

(b)(6); (b)(7)(C)
Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Telephone: (212) 863-(b)(6);

From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 06, 2019 12:46 PM

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

All,

I (DSM) spoke with the detainee. He ate some food from a lunch tray. (b)(6); (b)(7)(C) was notified for confirmation and documentation purposes.. (b)(6);

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)
Date: Wednesday, Nov 06, 2019, 11:25 AM

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

Sorry all. He is 6'3".

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: 201-395-(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Wednesday, November 6, 2019 11:17 AM

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

Here you go.

Weight - 206

Height - 7' 3"

| | | | |
|------------|---------------|----------------------------------|---------------|
| 11-04-2019 | Acute | Musculoskeletal | Low back pain |
| 08-16-2019 | Chronic Psych | Adjustment disorder with anxiety | |
| 08-16-2019 | Chronic Psych | Alcohol abuse, uncomplicated | |

(Naproxen) Naprosyn 500 mg tablet: give 1 tablet by mouth BID AM & HS PRN for 14 days. PRN Reason: Pain..

Clotrimazole 1 % Topical Cream: give 1 cream Topical BID AM & HS for 7 days. KOP.

doxycycline monohydrate 100 mg capsule: give 1 capsule by mouth BID AM & HS for 7 days.

(Sertraline) Zoloft 50 mg tablet: give 1 tablet by mouth Q AM for 30 days .

(Hydroxyzine Pamoate) Vistaril 50 mg capsule: give 1 capsule by mouth Q HS for 60 days give with 25mg.

(Hydroxyzine Pamoate) Vistaril 25 mg capsule: give 1 capsule by mouth Q HS for 60 days .

calcium citrate-vitamin D3 315 mg-200 unit tablet: give 1 unit by mouth Q AM for 90 days .

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

Assistant Health Services Administrator

Wellpath

Hudson County Corrections and Rehabilitation Center

35 South Hackensack Ave

Kearny, NJ 07032

Phone: 201-395 (b)(6); (b)(7)(C)

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

From: (b)(6); (b)(7)(C)

Sent: Wednesday, November 6, 2019 10:52 AM

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

Also if he has any medical/mental health diagnoses and medications?

(b)(6); (b)(7)(C) RN FMC NYC

~~Ofc: 212-863-(b)(6); MOBL: 202-302-(b)(6); Fax (secure): 866-511-4702~~

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From: (b)(6); (b)(7)(C)

Sent: Wednesday, November 6, 2019 10:49 AM

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

Good Morning,

Detainee (b)(6); was brought down to medical this morning around 9am because he verbalized he is going on a hunger strike. His last meal was dinner last night. He was seen by both medical and medical health staff and he will be admitted to the infirmary.

BP - 169/89

Pulse - 106

Temp - 97.6

Pluse Ox - 98

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

Phone: 201-395-(b)(6); (b)(7)(C)

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

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From: (b)(6); (b)(7)(C)
Sent: 6 Nov 2019 15:50:36 +0000
To: (b)(6); (b)(7)(C)
Subject: (b)(6); (b)(7)(C)
Attachments: Hunger Strike.pdf

All,

Any chance we could get the TD in time to place him on the Nov. charter? Please have case officer reach out to the Consulate for a status update, update comments.

Thank you,

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

Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Telephone: (212) 863-(b)(6)

From: (b)(6); (b)(7)(C)

Sent: Wednesday, November 06, 2019 10:46 AM

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

Thank you for the notification.

1st meal missed - 11/6/2019 Breakfast

Noted.

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

Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Telephone: (212) 863-(b)(6)

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

Sent: Wednesday, November 06, 2019 10:42 AM

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

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

Please see attached report. Detainee states that he is on a hunger strike.



THOMAS A. DeGISE
COUNTY EXECUTIVE

COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
AND REHABILITATION
30 Hackensack Avenue
Kearny, NJ 07032



RONALD P. EDWARDS
DIRECTOR

INCIDENT REPORT

| | | | |
|------------------|---------------|---------------|-------------------------|
| Date: 11-06-2019 | Time: 7:45 AM | Location: C1E | Incident Log: (b)(7)(E) |
|------------------|---------------|---------------|-------------------------|

Type of Incident
 Code White Code Yellow Code Blue Code Orange Code Red Property Damage Other

If Property Damage or other, please specify:
 Detainee stated their intention to engage in a Hunger Strike

Officer Information

| | | | | |
|--|--------|---------------|----------------|-------------------|
| Name (Last, First, MI): (b)(6); (b)(7)(C) | Badge: | Rank: Ofc. | Injured: No | Used Force: No |
|--|--------|---------------|----------------|-------------------|

Persons Involved

| | | | | |
|--|---------------------------|--------------------------|----------------|------------------------------|
| Name (Last, First, MI): (b)(6); (b)(7)(C) | I.D. #: (b)(6); | Weapon: No | Injured: No | Taken to Medical: Yes |
| Resisted Officer: No | Threatened Officer: No | Assaulted Officer: No | Charged: No | Pre-Hearing Detention: No |

| | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|
| Name (Last, First, MI): | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: |

(If additional subjects were involved, refer to reverse side)

On November 6, 2019 I, Officer (b)(6); was assigned to Charlie 100 East during the 6-2 Tour. At approximately 7:30AM Detainee (b)(6); (b)(7)(C) informed me that he is starting a Hunger Strike and refused his breakfast then locked back into his cell (211). I notified (b)(6); (b)(7)(C)

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

| | |
|-------------------|--|
| (b)(6); (b)(7)(C) | Date: 11-6-19 |
| | Supervisor Signature: (b)(6); (b)(7)(C) |

Incident Log:

Persons Involved, Cont.

| | | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|-------------------|
| Name (Last, First, MI): | | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: | |

| | | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|-------------------|
| Name (Last, First, MI): | | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: | |

Supervisory Action

I, Sergeant (b)(6); was notified by Officer (b)(6); of Detainee (b)(6); Hunger Strike. I immediately spoke to Detainee (b)(6); and confirmed that he was engaging in a Hunger Strike and today's (11-06-19) breakfast was his first refused meal. I notified Captain (b)(6); of the incident after speaking with Detainee (b)(6); I contacted Medical, spoke to (b)(6); (b)(7)(C) and notified her of the Hunger Strike as well. I then ordered Officer (b)(6); to have Detainee (b)(6); pack his belongings. At 8:10am I escorted Detainee (b)(6); to Medical where he began his evaluation from (b)(6); (b)(7)(C) Detainee (b)(6); will be placed on Close Watch on Alpha 100 East (Medical).

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

11-06-2019
Date

Officer in Charge (O.I.C) Tour Commander Action

after medical assessment, detainee admitted to the infirmary. Detainee will be monitored and weighed regularly.

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

11-6-19
Date

Cc: (Check all that apply):

- Director
- Deputy Director
- Internal Affairs
- Law Department

- Maintenance
- Classification
- Mail Room
- Medical

- ICE (NY) ICE
- (NJ)
- Disciplinary
- Other (Specify)

From:

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

Sent:

6 Nov 2019 17:47:04 +0000

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

Great news. Thank you

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

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

Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Telephone: (212) 863-(b)(6); (b)(7)(C)

From:

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

Sent: Wednesday, November 06, 2019 12:46 PM

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

All,

I (DSM) spoke with the detainee. He ate some food from a lunch tray (b)(6); (b)(7)(C) was notified for confirmation and documentation purposes. (b)(6); (b)(7)(C)

Sent with BlackBerry Work
(www.blackberry.com)

From:

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

Date: Wednesday, Nov 06, 2019, 11:25 AM

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

Sorry all. He is 6'3".

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: 201-395-(b)(6); (b)(7)(C)

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

Sent: Wednesday, November 6, 2019 11:17 AM

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

Here you go.

Weight - 206

Height - 7' 3"

| | | | |
|------------|---------------|----------------------------------|---------------|
| 11-04-2019 | Acute | Musculoskeletal | Low back pain |
| 08-16-2019 | Chronic Psych | Adjustment disorder with anxiety | |
| 08-16-2019 | Chronic Psych | Alcohol abuse, uncomplicated | |

(Naproxen) Naprosyn 500 mg tablet: give 1 tablet by mouth BID AM & HS PRN for 14 days. PRN Reason: Pain..

Clotrimazole 1 % Topical Cream: give 1 cream Topical BID AM & HS for 7 days. KOP.

doxycycline monohydrate 100 mg capsule: give 1 capsule by mouth BID AM & HS for 7 days.

(Sertraline) Zoloft 50 mg tablet: give 1 tablet by mouth Q AM for 30 days .

(Hydroxyzine Pamoate) Vistaril 50 mg capsule: give 1 capsule by mouth Q HS for 60 days give with 25mg.

(Hydroxyzine Pamoate) Vistaril 25 mg capsule: give 1 capsule by mouth Q HS for 60 days .

calcium citrate-vitamin D3 315 mg-200 unit tablet: give 1 unit by mouth Q AM for 90 days .

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

Assistant Health Services Administrator

Wellpath

Hudson County Corrections and Rehabilitation Center

35 South Hackensack Ave

Kearny, NJ 07032

Phone: 201-395- (b)(6); (b)(7)(C)

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

From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 6, 2019 10:52 AM

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

Also if he has any medical/mental health diagnoses and medications?

(b)(6); (b)(7)(C) RN FMC NYC
Ofc: 212-863-(b)(6) MOBL: 202-302-(b)(6); Fax (secure) : 866-511-4702

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From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 6, 2019 10:49 AM

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

Good Morning,

Detainee (b)(6); (b)(7)(C) was brought down to medical this morning around 9am because he verbalized he is going on a hunger strike. His last meal was dinner last night. He was seen by both medical and medical health staff and he will be admitted to the infirmary.

BP - 169/89

Pulse - 106

Temp - 97.6

Pluse Ox - 98

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: 201-395-(b)(6); (b)(7)(C)

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

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From:

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

Sent:

15 Nov 2019 18:25:51 +0000

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

Please see attached report. Be advised, the above mentioned detainee stated three separate times that he is not on a hunger strike, and will eat his dinner meal this evening.

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



THOMAS A. DeGISE
COUNTY EXECUTIVE

COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
AND REHABILITATION
30 Hackensack Avenue
Kearny, NJ 07032



RONALD P. EDWARDS
DIRECTOR

INCIDENT REPORT

| | | | |
|------------------|---------------|-------------------|-------------------------|
| Date: 11-15-2019 | Time: 12:00PM | Location: Medical | Incident Log: (b)(7)(E) |
|------------------|---------------|-------------------|-------------------------|

Type of Incident
 Code White Code Yellow Code Blue Code Orange Code Red Property Damage Other

If Property Damage or other, please specify:
 Precautionary Hunger Strike

Officer Information

| | | | | |
|--|--------|--------------|----------|-------------|
| Name (Last, First, MI): (b)(6); (b)(7)(C) | Badge: | Rank: Sgt | Injured: | Used Force: |
|--|--------|--------------|----------|-------------|

Persons Involved

| | | | | |
|--|---------------------|--------------------|----------|--------------------------|
| Name (Last, First, MI): (b)(6); (b)(7)(C) | I.D. # (b)(6); | Weapon: | Injured: | Taken to Medical: yes |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: |

| | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|
| Name (Last, First, MI): | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: |

(If additional subjects were involved, refer to reverse side)

On 11-15-2019 my presence was requested in Medical. Upon arrival I was greeted by Detainee (b)(6); (b)(7)(C) Detainee (b)(6); stated to us that he did not receive his Kosher Tray this morning and was refusing to eat. Detainee further stated that he did consume some snacks from his commissary last night. At this time it was (b)(6); (b)(7)(C) request to have Detainee placed in Medical to be observed. I then responded to the gym to search for (b)(6); (b)(6); with Negative Result's. After this I responded to the Kitchen and retrieved a sheet (attached to report) signed by (b)(6); (b)(7)(C) advising that Detainee's (b)(6); would no longer receive Kosher Trays (signed by (b)(6); (b)(7)(C) on 11/14/2019). Upon returning to Medical to speak with Detainee (b)(6); I was advised that he was returned to Echo400North because his kosher tray was on post. I responded to the Kitchen and was advised by Corporal Wells that this tray was sent in error and Detainee (b)(6); would no longer be receiving a kosher tray. At this time I went to Echo400 North and spoke to Detainee (b)(6); and asked if he ate the kosher tray that was sent in error to which he replied he hadnt. I further advised him that he would not be receiving anymore kosher trays as per (b)(6); (b)(7)(C) and if he was continuing to refuse to eat.

| | | |
|--------------|-------------------|---------------------------|
| Signature: | (b)(6); (b)(7)(C) | Date: 11/15/19 |
| Reviewed By: | (b)(6); (b)(7)(C) | Superv: (b)(6); (b)(7)(C) |

Incident Log:

Persons Involved, Cont.

| | | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|-------------------|
| Name (Last, First, MI): | | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: | |

| | | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|-------------------|
| Name (Last, First, MI): | | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: | |

Supervisory Action

Signature

Date

Officer in Charge (O.I.C) Tour Commander Action

I interviewed the detainee along with (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C). The detainee admitted he was not Jewish, and wanted a kosher tray because the food is better and he has a sensitive stomach. I asked the detainee three different times if he was on a hunger strike. Each time he responded "NO", and assured me he will eat his dinner tray. I also notified (b)(6); (b)(7)(C) who will talk to the detainee about different diets available if his stomach bothers him in the future.

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

Date 11-15-19

Cc: (Check all that apply):

- Director
- Deputy Director
- Internal Affairs
- Law Department
- Maintenance
- Classification
- Mail Room
- Medical
- ICE (NY) ICE
- (NJ)
- Disciplinary
- Other (Specify)



THOMAS A. DeGISE
COUNTY EXECUTIVE

COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
AND REHABILITATION
30 Hackensack Avenue
Kearny, NJ 07032



RONALD P. EDWARDS
DIRECTOR

INCIDENT REPORT

| | | | |
|------------------|---------------|-------------------|------------------------|
| Date: 11-15-2019 | Time: 12:00PM | Location: Medical | Incident Log (b)(7)(E) |
|------------------|---------------|-------------------|------------------------|

Type of Incident
 Code White Code Yellow Code Blue Code Orange Code Red Property Damage Other

If Property Damage or other, please specify:
 Precautionary Hunger Strike

Officer Information

| | | | | |
|--|--------|--------------|----------|-------------|
| Name (Last, First, MI): (b)(6); (b)(7)(C) | Badge: | Rank: Sgt | Injured: | Used Force: |
|--|--------|--------------|----------|-------------|

Persons Involved

| | | | | |
|--|---------------------|--------------------|----------|--------------------------|
| Name (Last, First, MI): (b)(6); (b)(7)(C) | I.D. # | Weapon: | Injured: | Taken to Medical: yes |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: |

| | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|
| Name (Last, First, MI): | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: |

(If additional subjects were involved, refer to reverse side)

Detainee (b)(6); advised me that if he did not receive his Kosher Tray he would refuse to eat as he has a sensitive stomach and only Kosher food agrees with him. I had Detainee (b)(6); put on his jail issued clothing and escorted him to Medical. Once in Medical I relayed all over the above information to (b)(6); (b)(7)(C).
 As of writing of this report Detainee (b)(6); was still in Medical awaiting a final decision by Dr. (b)(6); in regards to his housing placement.
 (b)(6); (b)(7)(C) advised of above.

| | |
|-------------------------------------|----------------------------------|
| Signature: (b)(6); (b)(7)(C) | Date: 11/15/19 |
| Reviewed By: S (b)(6); (b)(7)(C) | Supervisor: (b)(6); (b)(7)(C) |

Incident Log:

Persons Involved, Cont.

| | | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|-------------------|
| Name (Last, First, MI): | | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: | |

| | | | | | |
|-------------------------|---------------------|--------------------|----------|------------------------|-------------------|
| Name (Last, First, MI): | | I.D. # | Weapon: | Injured: | Taken to Medical: |
| Resisted Officer: | Threatened Officer: | Assaulted Officer: | Charged: | Pre-Hearing Detention: | |

Supervisory Action

Signature Date

Officer in Charge (O.I.C) Tour Commander Action

Signature Date

Cc: (Check all that apply):

- Director
- Deputy Director
- Internal Affairs
- Law Department

- Maintenance
- Classification
- Mail Room
- Medical

- ICE (NY) ICE
- (NJ)
- Disciplinary
- Other (Specify)



COUNTY OF HUDSON
DEPARTMENT OF CORRECTIONS
35 S. Hackensack Avenue
Kearny, NJ 07032-4690
201-395-5600



Special Diet Sign-Up Form

Any inmate wishing to sign-up for a special diet may do so. The chaplain shall verify the religious diet requirement by reviewing files and consulting with religious representatives. The chaplain and Facility Services Administrator (FSA) shall collectively verify the requirement and issue specific written instructions for the implementation of the diet as soon as practicable but within 10 business days of verification.

Kosher – Jewish Faith Only

Vegan

Vegetarian

Other _____

Print Name

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

Location: E4N

Signature

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

Date: 10-30-2019

Authorized Signatur

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

Exp

Form # SS 001

no more Kosher

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

From: (b)(6); (b)(7)(C)
Sent: 6 Nov 2019 16:24:50 +0000

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

Sorry all. He is 6'3".

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: 201-395 (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: Wednesday, November 6, 2019 11:17 AM

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

Here you go.

Weight - 206
Height - 7' 3"

| | | | |
|------------|---------|-----------------|----------------------------------|
| 11-04-2019 | Acute | Musculoskeletal | Low back pain |
| 08-16-2019 | Chronic | Psych | Adjustment disorder with anxiety |
| 08-16-2019 | Chronic | Psych | Alcohol abuse, uncomplicated |

(Naproxen) Naprosyn 500 mg tablet: give 1 tablet by mouth BID AM & HS PRN for 14 days. PRN Reason: Pain..

Clotrimazole 1 % Topical Cream: give 1 cream Topical BID AM & HS for 7 days. KOP.

doxycycline monohydrate 100 mg capsule: give 1 capsule by mouth BID AM & HS for 7 days.

(Sertraline) Zoloft 50 mg tablet: give 1 tablet by mouth Q AM for 30 days .

(Hydroxyzine Pamoate) Vistaril 50 mg capsule: give 1 capsule by mouth Q HS for 60 days give with 25mg.

(Hydroxyzine Pamoate) Vistaril 25 mg capsule: give 1 capsule by mouth Q HS for 60 days .

calcium citrate-vitamin D3 315 mg-200 unit tablet: give 1 unit by mouth Q AM for 90 days .

(b)(6); (b)(7)(C)
Assistant Health Services Administrator

Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

Phone: 201-395- (b)(6); (b)(7)(C)

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

From: (b)(6); (b)(7)(C)

Sent: Wednesday, November 6, 2019 10:52 AM

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

Also if he has any medical/mental health diagnoses and medications?

(b)(6); (b)(7)(C) RN FMC NYC

Ofc: 212-863-(b)(6); (b)(7)(C) MOBL: 202-302-(b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)

Sent: Wednesday, November 6, 2019 10:49 AM

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

Good Morning,

Detainee (b)(6); (b)(7)(C) was brought down to medical this morning around 9am because he verbalized he is going on a hunger strike. His last meal was dinner last night. He was seen by both medical and medical health staff and he will be admitted to the infirmary.

BP - 169/89

Pulse - 106

Temp - 97.6

Pluse Ox - 98

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

Assistant Health Services Administrator

Wellpath

Hudson County Corrections and Rehabilitation Center

35 South Hackensack Ave

Kearny, NJ 07032

Phone: 201-395 (b)(6); (b)(7)(C)

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

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From: (b)(6); (b)(7)(C)
Sent: 21 Jun 2018 11:06:58 +0000

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

That's good for being proactive, we all have to keep our eyes and ears open. (GOOD JOB).

From: (b)(6); (b)(7)(C)
Sent: Wednesday, June 20, 2018 8:17 PM

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

Good afternoon (b)(6); (b)(7)(C)

Detainee (b)(6); stated that he was going on a hunger strike. He was interviewed by (b)(6); and Doctor (b)(6); Detainee (b)(6); then stated that he was not really on a hunger strike, he just wanted to be moved off of the unit because he was having problems with another detainee whom he identified as (b)(6); (b)(7)(C) believed that detainee (b)(6); was telling the truth so he had him reclassified to D500East and put in a keep separate order for both detainees. Detainee (b)(6); was given a food tray which he ate in the presence of (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)
Hudson County Department of
Corrections and Rehabilitation
35 South Hackensack Avenue
Kearny, N.J. 07032
1-201-395-(b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 17 Jan 2018 15:16:02 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:FW: Hunger Strike (b)(6); (b)(7)(C)

Yes we just did rounds in the infirmary he did not eat breakfast, and lunch was just given to him. We will continue to monitor.

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov
Sent: Wednesday, January 17, 2018 9:53 AM
To: (b)(6); (b)(7)(C) [redacted]
Subject: RE: EXTERNAL:FW: Hunger Strike (b)(6); (b)(7)(C) [redacted]

Great, thank you, I understand (b)(6); (b)(7)(C) [redacted] tried speaking to him and he is still refusing.

CDR (b)(6); (b)(7)(C) [redacted], RN FMC NYC
Ofc: (b)(6); (b)(7)(C) [redacted] MOBL (b)(6); (b)(7)(C) [redacted] Fax (secure) : (b)(6); (b)(7)(C) [redacted]

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From: (b)(6); (b)(7)(C) [redacted]@cfgpc.com
Sent: Tuesday, January 16, 2018 4:59 PM
To: (b)(6); (b)(7)(C) [redacted]
Subject: RE: EXTERNAL:FW: Hunger Strike (b)(6); (b)(7)(C) [redacted]

The patient states he had breakfast and lunch time he had coffee. Alt in comfort; VS T 98.4 P94 R14 BP140/80 Sao2 99% room air

01/16/2018 WT 192 lb—192lbs

10/05/2016 1:33:21 AM Weight: 180lbs

We will keep him down in the infirmary overnight for observation.

Thanks (b)(6); (b)(7)(C) [redacted] RN MSN DON

Medication

* **HYDROCORTISONE CREAM** 1 % Apply to affected area twice daily

Diagnosis

Musculoskeletal pain

Deviated nasal septum Tinea versicolor

From: (b)(6); (b)(7)(C) @ice.dhs.gov

Sent: Tuesday, January 16, 2018 4:00 PM

To: (b)(6); (b)(7)(C)

Subject: EXTERNAL:FW: Hunger Strike (b)(6); (b)(7)(C)

Has he missed any meals? Any chronic c medical or mental health issues/medications?

Please also send admission weight and latest weight taken, thank you!

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

Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) @ice.dhs.gov>

Date: Tuesday, Jan 16, 2018, 3:49 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>

(b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>

(b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: FW: Hunger Strike (b)(6); (b)(7)(C)

Fyi

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

DO

DHS/ICE/ERO/NYC

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

From: (b)(6); (b)(7)(C) @hcnj.us>

Date: Tuesday, Jan 16, 2018, 3:47 PM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>

(b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>

(b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) @hcnj.us>

Subject: Hunger Strike (b)(6); (b)(7)(C)

Good Afternoon,

Detainee (b)(6); (b)(7)(C) located on Echo 400 South, has declared his intention to begin a hunger strike, due to his current Immigration situation. In accordance with our policy, the detainee will be kept in isolation in the medical infirmary.

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

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From: (b)(6); (b)(7)(C)
Sent: 15 Aug 2017 01:51:32 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Re: EXTERNAL:hunger strike (b)(6); (b)(7)(C)
Attachments: image002.png

No, he did not eat.

(b)(6); (b)(7)(C) **RN**
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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Sent from my iPhone

On Aug 14, 2017, at 9:29 PM, (b)(6); (b)(7)(C)@ice.dhs.gov wrote:

Thank you. Do you know if he ate?

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

Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Monday, Aug 14, 2017, 9:27 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@cfgpc.com> (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Re: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Detainee (b)(6); (b)(7)(C) has returned from the Hospital. He is pending follow up with mental health tomorrow.

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

RN

Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

Cell: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C) [@cfgpc.com](mailto:(b)(6); (b)(7)(C)@cfgpc.com)

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Sent from my iPhone

On Aug 14, 2017, at 5:12 PM, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) [@ice.dhs.gov](mailto:(b)(6); (b)(7)(C)@ice.dhs.gov) wrote:

Can you please advise if/when the alien is admitted to the hospital?

Thank you,

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

Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

From: (b)(6); (b)(7)(C) [@cfgpc.com](mailto:(b)(6); (b)(7)(C)@cfgpc.com)

Date: Monday, Aug 14, 2017, 10:08 AM

To: (b)(6); (b)(7)(C) [@ice.dhs.gov](mailto:(b)(6); (b)(7)(C)@ice.dhs.gov); (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) [@cfgpc.com](mailto:(b)(6); (b)(7)(C)@cfgpc.com)

Cc: (b)(6); (b)(7)(C) [@ice.dhs.gov](mailto:(b)(6); (b)(7)(C)@ice.dhs.gov)

Subject: RE: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Good morning commander,

It's against the policy to force feed Inmates/ detainees at HCC.

(b)(6); (b)(7)(C) has refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his treatment.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**

Medical Director



<image001.png>

Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

From: (b)(6); (b)(7)(C) @ice.dhs.gov]

Sent: Monday, August 14, 2017 9:04 AM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

Subject: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?

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

CDR, USPHS

Field Medical Coordinator

New York Field Office

201 Varick St. (b)(6); (b)(7)(C)

New York, NY, 10014

Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)

Fax (secure) : (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov

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Non Responsive Record

of the Freedom of Information and Privacy Act

From: (b)(6); (b)(7)(C)
Sent: 15 Aug 2017 01:27:51 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Re: EXTERNAL:hunger strike (b)(6); (b)(7)(C)
Attachments: image001.png, image002.png

Detainee (b)(6); (b)(7)(C) has returned from the Hospital. He is pending follow up with mental health tomorrow.

(b)(6); (b)(7)(C) **RN**

Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C) @cfgpc.com

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Sent from my iPhone

On Aug 14, 2017, at 5:12 PM, (b)(6); (b)(7)(C) @ice.dhs.gov wrote:

Can you please advise if/when the alien is admitted to the hospital?

Thank you,

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

Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

From: (b)(6); (b)(7)(C) @cfgpc.com>

Date: Monday, Aug 14, 2017, 10:08 AM

To: (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@cfgpc.com>

Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: RE: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Good morning commander,

It's against the policy to force feed Inmates/ detainees at HCC.

(b)(6); (b)(7)(C) has refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his treatment.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**
Medical Director



<image001.png>

Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Monday, August 14, 2017 9:04 AM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

Subject: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?

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

CDR, USPHS
Field Medical Coordinator

New York Field Office
201 Varick St. (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 14 Aug 2017 21:31:55 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

He is still at the hospital in the psych ER pending evaluation.

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Monday, August 14, 2017 5:11 PM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Can you please advise if/when the alien is admitted to the hospital?

Thank you,

(b)(6); (b)(7)(C)
Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Monday, Aug 14, 2017, 10:08 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@cfgpc.com>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Good morning commander,

It's against the policy to force feed Inmates/ detainees at HCC.

(b)(6); (b)(7)(C) has refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his treatment.

Best Regards,

(b)(6); (b)(7)(C) M.D.

Medical Director



Hudson County Correctional Center
35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C)@cfgpc.com

From: (b)(6); (b)(7)(C)@ice.dhs.gov

Sent: Monday, August 14, 2017 9:04 AM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

Subject: EXTERNAL:hunger strike hussain

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?

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

CDR, USPHS

Field Medical Coordinator

New York Field Office

201 Varick St. (b)(6); (b)(7)(C)

New York, NY, 10014

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)

Fax (secure) : (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 14 Aug 2017 14:08:20 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:hunger strike (b)(6); (b)(7)(C)
Importance: High

Good morning commander,

It's against the policy to force feed Inmates/ detainees at HCC.

(b)(6); (b)(7)(C) has refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his treatment.

Best Regards,

(b)(6); (b)(7)(C) M.D.

Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com

From: (b)(6); (b)(7)(C) [ice.dhs.gov]
Sent: Monday, August 14, 2017 9:04 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?

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

Field Medical Coordinator
New York Field Office
201 Varick St. (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure) (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 14 Aug 2017 21:52:08 -0400
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Thank you and have a good night.

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

Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Monday, Aug 14, 2017, 9:51 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@cfgpc.com>, (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Re: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

No, he did not eat.

(b)(6); (b)(7)(C) **RN**

Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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Sent from my iPhone

On Aug 14, 2017, at 9:29 PM, (b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

Thank you. Do you know if he ate?

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

Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Monday, Aug 14, 2017, 9:27 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@cfgpc.com> (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Re: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Detainee (b)(6); (b)(7)(C) has returned from the Hospital. He is pending follow up with mental health tomorrow.

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

RN

Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6);@cfgpc.com

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Sent from my iPhone

On Aug 14, 2017, at 5:12 PM, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

Can you please advise if/when the alien is admitted to the hospital?

Thank you,

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

Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

From: (b)(6); (b)(7)(C)@cfgpc.com>

Date: Monday, Aug 14, 2017, 10:08 AM

To: (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@cfgpc.com>

Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: RE: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Good morning commander,

It's against the policy to force feed Inmates/ detainees at HCC.

(b)(6); (b)(7)(C) has refused to be examined , and refused to have labs done this morning.

We are in the process to have him transferred to ED JCMC. You could attempt to use the court order at JCMC for his treatment.

Best Regards,

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

M.D.

Medical Director



<image001.png>

Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Monday, August 14, 2017 9:04 AM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

Subject: EXTERNAL:hunger strike (b)(6); (b)(7)(C)

Good morning, in preparation our legal people are considering the possibility of obtaining a court order for administration of nutrients and medical monitoring, if they do obtain a court order is this something you can do there, force feeding and/or attempting to obtain vital signs and labwork?

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

CDR, USPHS

Field Medical Coordinator

New York Field Office

201 Varick St. (b)(6); (b)(7)(C)

New York, NY, 10014

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)

Fax (secure) : (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 4 Apr 2018 14:59:29 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:Hunger strike

He was transferred last night.

Respectfully,

(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**
Regional Manager
CFG Health Systems

From: (b)(6); (b)(7)(C) [ice.dhs.gov]
Sent: Wednesday, April 04, 2018 6:53 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:Hunger strike

Good morning, I haven't received any information on the hunger striker, what's his status, is he still there not eating/drinking?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 16 Aug 2017 13:41:26 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:hussain hunger strike

Thank you.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**

Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

From: (b)(6); (b)(7)(C) @ice.dhs.gov]
Sent: Wednesday, August 16, 2017 9:40 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL (b)(6); hunger strike

Yes I believe they are working that out now-he may not go back to Hudson.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) @cfgpc.com]
Sent: Wednesday, August 16, 2017 9:39 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:hussain hunger strike

Thank you.

Will he be transferred to a different ICE facility ?

Best Regards,

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

M.D.

Medical Director



Hudson County Correctional Center
35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

From: (b)(6); (b)(7)(C) @ice.dhs.gov

Sent: Wednesday, August 16, 2017 9:17 AM

To: (b)(6); (b)(7)(C)

Subject: EXTERNAL (b)(6); hunger strike

Fyi-saw him this morning at Varick:

: Weight today 149.2# he drank one nutritional shake with DSM (b)(6); (b)(7)(C) and another at 0100 this am, refused other evaluations. DO (b)(6); and I spoke to the detainee at Varick this AM, I was able to get vital signs and weight on him, strong radial pulse felt, strong grip, ambulates without difficulty, AAO, BP 148/89, P84, spo2 99%RA T 98.1. I explained the risks associated with not eating. After speaking with (b)(6); and I he stated he does not intend to eat food or drink the nutritional supplements until he is released from custody.

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

CDR, USPHS

Field Medical Coordinator

New York Field Office

201 Varick St. (b)(6); (b)(7)(C)

New York, NY, 10014

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)

Fax (secure) : (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 8 Aug 2017 14:13:49 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:potential hunger strike

Good Morning,

Detainee (b)(6); (b)(7)(C) – Seen by medical states he wants a place to pray on Fridays and until a place is found he will not eat. We will weigh him daily every evening using the infirmary scale. Last weight 11/14/16 – 140 lbs.

Detainee (b)(6); (b)(7)(C) – Seen by medical states he wants a place to pray on Fridays and until a place is found he will not eat. We will weigh him daily every evening using the infirmary scale . Last weight 6/8/17 – 140 lbs.

Detainee (b)(6); (b)(7)(C) – Seen by medical states he wants a place to pray on Fridays and until a place is found he will not eat. We will weigh him daily every evening using the infirmary scale. Last weight 3/6/17 – 187 lbs.

Detainee (b)(6); (b)(7)(C) – Seen by medical states he feels he does not belong here and will go on a hunger strike until released. We will weigh him daily every evening using the infirmary scale. Last weight 8/7/17 – 115lbs, initial weight 7/8/17 118 lbs.

Please feel free to contact (b)(6); (b)(7)(C) or myself for any questions.

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

(b)(6); (b)(7)(C) RN, MSN, CCHP-RN
Regional Manager, CFGHS
771 W Route 70

(b)(6); (b)(7)(C)
Marlton, NJ 08053
Ph.: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
Email: (b)(6); @cfgpc.com



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From: (b)(6); (b)(7)(C)@ice.dhs.gov
Sent: Monday, August 07, 2017 8:36 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:potential hunger strike

Good morning, I understand there are 4 detainees that skipped a meal and may eventually be a hunger strike, can you please send to me their admission or most recent height/weight as well as a list of any diagnosis or medications they are taking.

Thank you,

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

(b)(6);
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. (b)(6);
New York, NY, 10014
Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)
Fax (secure) (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 7 Aug 2017 23:43:34 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:potential hunger strike

Just doing emails now while at home. We will have this to you in am.

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

(b)(6); (b)(7)(C) RN, MSN, CCHP-RN

Regional Manager, CFGHS
771 W Route 70

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

Marlton, NJ 08053

Ph.: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

Cell: (b)(6); (b)(7)(C)

Email (b)(6); @cfgpc.com



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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Monday, August 07, 2017 8:36 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:potential hunger strike

Good morning, I understand there are 4 detainees that skipped a meal and may eventually be a hunger strike, can you please send to me their admission or most recent height/weight as well as a list of any diagnosis or medications they are taking.

Thank you,

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

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

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

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

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

CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 8 Aug 2017 18:26:48 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:potential hunger strike

Thank you, we will remove him from the list but I believe (b)(6); (b)(7)(C) may have already spoken to him. Please let us know if he decides to resume a Hunger Strike.

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

Please inform the evening shift to remove (b)(6); (b)(7)(C) from the daily weights.

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

(b)(6); (b)(7)(C) MSN, RN, CCHP-RN
Regional Manager CFGHS
765 East Route 70
(b)(6); (b)(7)(C)
Marlton NJ 08053
C (b)(6); (b)(7)(C)
F (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Tuesday, August 08, 2017 1:33 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:potential hunger strike

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

Detainee (b)(6); (b)(7)(C) ate lunch and dinner yesterday, and apparently ate today. He should no longer be on this list.

Detainee (b)(6); (b)(7)(C) received his lunch tray yesterday and was observed taking a nutritional bar from the tray. He then handed the rest of the food to (b)(6); (b)(7)(C). He subsequently refused his dinner tray.

Both detainees (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) refused all three of their food trays yesterday.

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

Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement

From: (b)(6); (b)(7)(C) [redacted]@cfgpc.com
Sent: Tuesday, August 08, 2017 10:59 AM
To: (b)(6); (b)(7)(C) [redacted]
Cc: (b)(6); (b)(7)(C) [redacted]
Subject: RE: EXTERNAL:potential hunger strike

Good Morning,

Detainee (b)(6); (b)(7)(C) [redacted] He has no medical or mental health problems and is not on any medications

Detainee (b)(6); (b)(7)(C) [redacted] He has no chronic medical or mental health problems. He was started 8/7/17 on an antifungal cream for a rash; the order is for 30 days.

Detainee (b)(6); (b)(7)(C) [redacted] He has no medical or mental health problems and is not on any medications

Detainee (b)(6); (b)(7)(C) [redacted] He has no chronic medical or mental health problems. He was started 8/8/17 on Tylenol for a headache; the order is for 5 days.

I spoke with Dr (b)(6); [redacted] who will be seeing the detainees to assess their mental health status at this time.

(b)(6); (b)(7)(C) [redacted]

(b)(6); (b)(7)(C) [redacted] RN, MSN, CCHP-RN

Regional Manager, CFGHS
771 W Route 70

(b)(6); (b)(7)(C) [redacted]

Marlton, NJ 08053

Ph: (b)(6); (b)(7)(C) [redacted]

Fax: (b)(6); (b)(7)(C) [redacted]

Cell (b)(6); (b)(7)(C) [redacted]

Email: (b)(6); [redacted]@cfgpc.com



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From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov
Sent: Tuesday, August 08, 2017 10:36 AM
To: (b)(6); (b)(7)(C) [redacted]
Cc: (b)(6); (b)(7)(C) [redacted]
Subject: RE: EXTERNAL:potential hunger strike

Thank you, please let me know if any of them have any current medical/mental health issues, and if they are on any medications. I will be requesting updates daily for this information once they reach the 72hr/9 meal mark.

For your assistance, below is what we do in IHSC sites, of course there are other guidance's such as your own policy/procedure and detention standards :

Medical providers must complete an initial medical and psychiatric evaluation of the detainee, and repeat as necessary.

Medical Evaluation: The CD or designee must perform an initial evaluation of the detainee to include:

Medical history; Physical examination to include height, weight, and orthostatic blood pressures;

Vital signs; Urinalysis; Clinically necessary laboratory tests deemed appropriate (e.g., complete metabolic panel, pre-albumin, complete blood count, etc.);

Weight and orthostatic vital sign measurement must be recorded at least once every 24 hours during the hunger strike, and other procedures as medically indicated; and standard treatment protocols should be modified or augmented when medically indicated, monitoring I&O. When clinically indicated, medical staff may refer the detainee to a hospital.

Psychiatric Evaluation: A behavioral health provider (BHP) must evaluate the detainee to assess for possible psychiatric causes for the hunger strike, and to provide supportive counseling that may help end the hunger strike.

Detainee Education of Medical Risks: The CD, designee, or other healthcare providers, along with a BHP, should counsel the detainee in a language and a manner that the detainee understands regarding medical risks of continuing the hunger strike and encourage the termination of the hunger strike. The healthcare providers must document this counseling in the detainee's health record.

Document any refusals of care.

CDR (b)(6); (b)(7)(C), FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) [redacted]@cfqpc.com]
Sent: Tuesday, August 08, 2017 10:14 AM
To: (b)(6); (b)(7)(C) [redacted]
Cc: (b)(6); (b)(7)(C) [redacted]
Subject: RE: EXTERNAL:potential hunger strike

Good Morning,

Detainee (b)(6); (b)(7)(C) [redacted] - Seen by medical states he wants a place to pray on Fridays and until a place is found he will not eat. We will weigh him daily every evening using the infirmary scale. Last weight 11/14/16 – 140 lbs.

Detainee (b)(6); (b)(7)(C) [redacted] - Seen by medical states he wants a place to pray on Fridays and until a place is found he will not eat. We will weigh him daily every evening using the infirmary scale. Last weight 6/8/17 – 140 lbs.

Detainee (b)(6); (b)(7)(C) [redacted] - Seen by medical states he wants a place to pray on Fridays and until a place is found he will not eat. We will weigh him daily every evening using the infirmary scale. Last weight 3/6/17 – 187 lbs.

Detainee (b)(6); (b)(7)(C) [redacted] - Seen by medical states he feels he does not belong here and will go on a hunger strike until released. We will weigh him daily every evening using the infirmary scale. Last weight 8/7/17 – 115lbs, initial weight 7/8/17 118 lbs.

Please feel free to contact (b)(6); (b)(7)(C) or myself for any questions.

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

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

RN, MSN, CCHP-RN

Regional Manager, CFGHS

771 W Route 70

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

Marlton, NJ 08053

Ph.: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

Cell: (b)(6); (b)(7)(C)

Email: (b)(6); (b)(7)(C)@cfgpc.com



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From: (b)(6); (b)(7)(C) [mailto:(b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Monday, August 07, 2017 8:36 AM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

Subject: EXTERNAL:potential hunger strike

Good morning, I understand there are 4 detainees that skipped a meal and may eventually be a hunger strike, can you please send to me their admission or most recent height/weight as well as a list of any diagnosis or medications they are taking.

Thank you,

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

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

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

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

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

CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 29 Jan 2018 15:18:40 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Hunger Strike

Admission Weight from 12-19-2018 Weight (lbs): 210, Height (in.): 68 Current Weight: 205 (01/28/2018 4:45:42 PM), Height (in.): 68

No medications, no previous mental health issues. Frustrated about language and communication, Language line had to used, he does not like the food and water. Patient denied suicidal/homicidal ideations.

Have a Fabolous Day,

(b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); [redacted]fgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Monday, January 29, 2018 8:24 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: Hunger Strike

Thank you, can you please send his intake weight and height on arrival, and if he is on any medications or has any medical/mental health problems?

Thank you,

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]
Sent: Monday, January 29, 2018 7:27 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Hunger Strike

(b)(6); (b)(7)(C) --started on a hunger strike yesterday after lunch. He is only drinking fluids no food. He say he doesn't want to be here.

Have a Fabolous Day,

(b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 10 Jul 2017 17:28:08 +0000
To: (b)(6); (b)(7)(C)

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

Subject: RE: EXTERNAL:RE: ICE infirmary admission

Thank you! The infirmary nurse confirmed that he ate "100%" of his lunch

From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Monday, July 10, 2017 12:44 PM

To: (b)(6); (b)(7)(C)

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

Subject: EXTERNAL:RE: ICE infirmary admission

Crisis averted,

After allowing detainee (b)(6); (b)(7)(C) to speak with the consulate of Jamaica this morning to confirm his removal, the subject decided to eat his lunch this afternoon.

From: (b)(6); (b)(7)(C)@cfqpc.com]

Sent: Sunday, July 09, 2017 6:18 PM

To: (b)(6); (b)(7)(C)

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

Subject: ICE infirmary admission

ICE detainee (b)(6); (b)(7)(C) admitted to the infirmary. Detainee claims he has not eaten since Friday. As per the charge nurse, Detainee (b)(6); (b)(7)(C) stated that he was on a hunger strike because "he did not leave". He is refusing vital signs, to be weighed and food/ liquids.

Sent from my iPhone

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From: (b)(6); (b)(7)(C)
Sent: 28 Mar 2018 16:37:25 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Ice Pt. Up-date
Attachments: Ice Patients update 3-28-18.docx

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C) [ice.dhs.gov]
Sent: Wednesday, March 28, 2018 8:58 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: Ice Pt. Up-date

Thank you, I was also waiting on an update on these:

(b)(6); (b)(7)(C) went to ER for rec injury yesterday.

(b)(6); (b)(7)(C) results of cardiology consult done.

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

was being seen yesterday concerning reports of migraines and previous brain injury/surgery.

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>

Sent: Wednesday, March 28, 2018 8:44 AM

To: (b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)@cfgpc.com>; (b)(6); (b)(7)(C)@cfgpc.com>

Subject: Ice Pt. Up-date

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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Ice Patient's Up-Date

1. (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:**
29 Years Old DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: H NOR 202 01 Inmate Type: ICE
HLCN: HCCC A#:

Patient reports he has history of depression, schizophrenia and auditory hallucination. Patient also reports he has history of suicidal attempt June, 2017 by cutting his arms. Patient states he takes remeron 30mg at hs and risperidone 2mg daily. Patient is an ICE transfer from MDC, NY w/o transfer paperwork. Patient denies any suicidal ideation at this time. Case discussed with (b)(6); (b)(7)(C) the psychiatrist on phone, gave a telephone order to admit patient on Mental Health Observation until mental health clearance for GP and also to order patient psychotropic medications which include remeron 30mg daily, risperidone 2mg po x 7 days.

Standing BP: 134 / 78
Temperature: 98.2 **Temperature site:** Temporal
Pulse rate: 76 **Pulse rhythm:** Regular
Respirations: 17 **Respiration Type:** Regular
Pulse Ox% 98 Room Air: Yes

Medications

RISPERIDONE 2 MG ORAL TABLET (RISPERIDONE) Take 1 tablet orally daily
REMERON 30 MG ORAL TABLET (MIRTAZAPINE) Take 1 tablet orally at hs

2. (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** **39 Years Old**
DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: I INF 112 01 Inmate Type: ICE
HLCN: HCCC) A#:

Practitioner Assessment & Plan

Assessment Comments: 39 yr old male with history of right 5th metatarsal fx, seen today in infirmary; right feet with + cap refill noted, pt denies any issues at this time, no swelling noted in foot. Scheduled for cast removal JCMC

[Type text]

Ice Patient's Up-Date

Standing BP: 132 / 72

Temperature: 97.6 **Temperature site:** Temporal

Pulse rate: 78 **Pulse rhythm:** Regular

Respirations: 16 **Respiration Type:** Regular

Pulse O₂% 98 **Room Air:** Yes

3. (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **36 Years Old**
DOB: (b)(6); (b)(7)(C)
Race: Black or African American **Gender:** Male **LOC:** I INF 112 09 **Inmate Type:** ICE **HLCN:**
HCCC) A#: (b)(6); (b)(7)(C)

Vital Signs: BP 129/80, PR 100, RR 18, Temp 98.2F, O2 Sat 98%

Extremity: Wear a left boot with all toes warm to touched and with brisk capillary refill and sensation intact

A/P: S/P Left 5th Metatarsal bone fracture

Pt wants to be treated without surgery

Cast removed today-3-27-2018

Continue current medication and care

Encourage to elevate left foot daily or PRN

Return follow up in 3 weeks

See scanned ortho consult note

4. (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **35**
Years Old **DOB:** (b)(6); (b)(7)(C)
Race: White **Gender:** Male **LOC:** D 3E 311 02 **Inmate Type:** ICE **HLCN:** HCCC **A#:**
(b)(6); (b)(7)(C)

Date: 03/27/2018

Time Code Called: 9:10pm. Responded to code white, patient found sitting on a chair, by the sally port, complaining of chest pain, mid-sternum area, and patient observed guarding his chest area, no SOB, no diaphoresis, no acute distress observed.

Ice Patient's Up-Date

Pt seen today in the medical clinic for c/o epigastric pain that started today. Inmate reported he was on the phone anxious and started having epigastric pain. Inmate states the pain is subsiding. Maalox 30ml po stat given and inmate also referred to MH.

A/P:Epigastric pain

Maalox 30ml by mouth stat

Stat EKG - Wnl

Patient education:

Return to clinic as directed.

Seek medical attention if symptoms worsen.

Patient verbalized understanding.

Mental Health--Subjective

Presenting or Current Problems: The inmate was referred to mental health after being cleared by nursing and the language line was called for Greek interpretation. The inmate explained that he has been receiving ongoing advice from his attorney for which he admits that the attorney has indicated for him to remain patient and not get into elaborate conversations regarding the status of his case. The inmate explains that has had detailed conversations about his case with his wife for which he reports it was his decision to not follow the advice set forth by his attorney. The inmate explains that his wife keeps pressuring him to make a choice for which he reported here that he does not want to give any specific details. The inmate reports that the wife's pressuring causes him distress for which he admitted here he is choosing not to tell the attorney of the pressure his wife places on him. The inmate states that the staff at the facility asks him too many questions when he is feeling distressed and that he never requested the services, intervention and/or involvement of the mental health department. The inmate reports that the staff here at the facility often does not understand him for which he revealed here that it could be due to a language barrier. The inmate reports that he does not set, boundaries, parameters and/or limits with his wife regarding the depth of their discussions regarding his legal case even though he claims that it has been causing him stress. The inmate reported that he receives the attention from the officers, nursing and mental health by his prior verbiage of going on hunger strike or tonight when he grabbed his chest after a phone conversation with his wife. He states that he gets angry with the staff making assumptions, but he reported here that he chooses not to reveal the entire problem(s) that he is experiencing but he offered no specific examples of the staff's assumptions.

Ice Patient's Up-Date

Assessment

Impression: The inmate was offered and declined supportive counseling. He states that at times he does not understand what is being asked. Inmate was informed that moving forward mental health would recommend using the language line for any referral to the department. The inmate denied that the chest pain was related to panic symptoms. Inmate denies having a current mental health crisis, emergency and/or deterioration. Inmate denies suicidal and/or homicidal ideation, intent or plan. Inmate denies having a death wish. Inmate denies preoccupation with death or dying. Inmate denies current feelings of guilt, shame or doubt. Inmate denies crying spells. Inmate denies social withdrawal. Inmate denies despair. Inmate denies panic symptoms. Inmate denies racing thoughts. Inmate denies feelings of hopelessness or helplessness. Inmate denies paranoid ideation or suspicion. Inmate denies hallucinations.

Stable

Plan

No Mental Health Intervention

5. (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 33 Years Old DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: E 6N 01 40 Inmate Type: ICE HLCN: HCCC A#: (b)(6); (b)(7)(C)

Date: 03/27/2018

Time Code Called: 4:25p

Describe: S/P Sports Injury Right shoulder dislocation

Describe Code: Responded to code white, patient found sitting next to round table AAOX3, patient complaining pain right shoulder, patient complaining of severe pain 10 of 10 on pain scale, patient states: "I was playing soccer and I fell and hit my right shoulder."

Inmate Condition: Oriented/Alert

Patient AAOX3, patient complaining of severe pain right shoulder, s/p from playing soccer, unable to do ROM, sling applied. Ambulance called, for patient to transfer to JCMC-ER,

:

[Type text]

Ice Patient's Up-Date

Patient return from JCMC s/p close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation
Chief Complaint: Patient return from JCMC sp close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation

X-ray report from JCMC shows anteriorly dislocated shoulder with hill sachs deformity refer to OrthO

Active Medications: : ACETAMINOPHEN ER 650 MG ORAL TABLET EXTENDED RELEASE take 1 tablet PO BID, CTM 4 MG. 1 tab by mouth twice daily as needed x 5 days., MOTRIN 200 MG. 2 tabs by mouth twice daily as needed x 5 days..

6. (b)(6); (b)(7)(C) Commitment# (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 48 Years
Old DOB: (b)(6); (b)(7)(C)
Race: Unspecified Gender: Male LOC: D 5W 605 01 Inmate Type: ICE HLCN: HCCC A#:
(b)(6); (b)(7)(C)

Cardiology Consult

48 year old African-American male returns from Cardiology consult. Nuclear Stress Test was positive. LVEF 32%-38%. Cardiology recommends follow-up Catheterization. Plavix 300mg ordered as 1 time STAT dose for today 3/27/18, then Plavix 75mg PO daily for 90 days starts tomorrow 3/28/18. CBC and CMP recommended as PT is on unknown dose of Lisinopril-recommending monitoring Potassium and Creatine. Other orders include Aspirin 81 mg PO daily x 90 days, Lipitor 80 mg PO daily at night X 90 days, and Coreg 6.25 PO BID x 90 days

Pt return from St.Michael's Cardiology 3-27-2018 11:07AM-- B/P 158/89 P59 RR17 T96.7 SpO2 98%RA Alert verbally responsive ambulates with steady gait Denies NV Denies HA Pt sent with new scripts for Plavix 75mg Po Daily ,ASA 81 mg Po Daily Lipitor Po Daily 80mg Coreg 6.25 Mg BID

Orders:Added

Added new Test order of CBC with Differential (0053-9) - Signed
Added new Test order of Chem 8: Ca⁺⁺, Na⁺, K, CL⁻, CO₂, Glucose, BUN, Cr (2555-1) - Signed
Added new Test order of Outside Specialty (providerclinic)

[Type text]

Ice Patient's Up-Date

7. (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 36 Years Old DOB:
(b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: C 1E 113 03 Inmate Type: ICE HLCN: HCCC A#:
(b)(6); (b)(7)(C)

Brief Subject (20 Characters Max): provider sick call

S: 36 yrs old Hispanic male seen today for complaints of chronic headache not relieved by current pain regimen. Inmate appears stable, in no acute distress.

Communicated with inmate via a Spanish interpreter (b)(7)(E) Inmate reported that he had Hx of head trauma in 2015 and as a result was in coma for one month at Bay Shore hospital in NY. Inmate added that he was not having headache on the street but started having severe headache since incarceration -about 5 months now. States the headache starts from the occipital region of his head and radiates to the back of his right eye, forehead and parietal region of his head. Currently, inmate is on Excedrin twice daily as needed for headache but states it is not relieving his headache. Reported his pain scale is 10/10. No facial grimacing or any sign of pain observed during consultation. Mood, affect and vital signs are wnl.

Vitals: BP= 110 / 60 ,P= 63 ,RR= 16 ,T=98, 02 sat 99% r/a

A/Headache

Continue current regimen - Excedrin extra strength 250-250-65mg by mouth twice daily prn

- Add Ibuprofen 600mg by mouth twice daily as needed with meal for breakthrough pain
- Referral to UH Neurology for evaluation
- trip / CX sheets completed
- Patient education:
- Take all prescribed medications.
- Return to clinic as directed.
- Seek medical attention if symptoms worsen.

Patient verbalized understanding.

From: (b)(6); (b)(7)(C)
Sent: 6 Nov 2019 15:49:06 +0000
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@hcnj.us; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: (b)(6); (b)(7)(C)

Good Morning,
Detainee (b)(6); (b)(7)(C) was brought down to medical this morning around 9am because he verbalized he is going on a hunger strike. His last meal was dinner last night. He was seen by both medical and medical health staff and he will be admitted to the infirmary.
BP - 169/89
Pulse - 106
Temp - 97.6
Pluse Ox - 98

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)t@wellpath.us

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From: (b)(6); (b)(7)(C)
Sent: 15 Nov 2019 17:46:24 +0000
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @hcnj.us; (b)(6); (b)(7)(C) @hcnj.us; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: (b)(6); (b)(7)(C) - potential hunger strike

Good afternoon,
Patient (b)(6); (b)(7)(C) claimed he was on a Kosher diet since he arrived. The diet stopped yesterday. The patient claimed his last full meal was at 4pm. Since, he has had some snacks yesterday evening but has not eaten this morning and at lunch. Once we were notified, we brought him down to medical and gave him two boost. He drank one at noon. He was sent back to his housing unit.
He height is 5'8"; weight is 161lbs; bp 132/79; HR 66.
He is not on any current medication.
He refused to see mental health staff.

Please let me know if you have any questions.

(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @wellpath.us

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From: (b)(6); (b)(7)(C)
Sent: 29 Jan 2018 00:02:22 +0000
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Hunger strike watch

Detainee (b)(6); (b)(7)(C) verbally stated that he is on a hunger strike. He has been placed in the infirmary for observation. Last meal was breakfast and refused lunch and dinner. The detainee did drink 750ml of gatorade at 6pm. Baseline vitals: wright 205; b/p 135/88, pulse 85; Resp 14; temp 97.8; O2 98%.

(b)(6); (b)(7)(C) RN, CCHP
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 9 Aug 2017 16:56:14 +0000
To: (b)(6); (b)(7)(C)
Subject: ICE Hunger Strikes
Importance: High

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

Thank you for forwarding the information on the ICE Detainees who are on a hunger strike.

1. (b)(6); (b)(7)(C) refused to meet with me and even when I approached him directly he refused. He was polite and respectful, but refused emphatically.
2. (b)(6); (b)(7)(C) was very softspoken and appeared deflated. He denies any mental health hx. He denied any suicidal thoughts or intent. He said he will continue to refuse to eat unless released and given his freedom. He said it is unfair that he has been detained for almost three years and is without a criminal record. He said he traveled through 14 countries to get to the U.S. He declined any offer of mental health counseling or support.
3. (b)(6); (b)(7)(C) reports he has been in the U.S. for 25 years, committed no crime, has a wife, two children and a career in construction. No mental health hx, and denies any hx or current suicidality, but said he might accept a counseling follow up visit. He said most definitively that he will refuse to eat.

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From: (b)(6); (b)(7)(C)
Sent: 28 Mar 2018 12:44:21 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Ice Pt. Up-date
Attachments: Ice Patients update.docx

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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Ice Patient's Up-Date

1. (b)(6); (b)(7)(C) Commitment# (b)(7)(E) SBI#:
29 Years Old DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: H NOR 202 01 Inmate Type: ICE
HLCN: HCCC A#:

Patient reports he has history of depression, schizophrenia and auditory hallucination. Patient also reports he has history of suicidal attempt June, 2017 by cutting his arms. Patient states he takes remeron 30mg at hs and risperidone 2mg daily. Patient is an ICE transfer from MDC, NY w/o transfer paperwork. Patient denies any suicidal ideation at this time. Case discussed with Dr (b)(6); (b)(7)(C) the psychiatrist on phone, gave a telephone order to admit patient on Mental Health Observation until mental health clearance for GP and also to order patient psychotropic medications which include remeron 30mg daily, risperidone 2mg po x 7 days.

Standing BP: 134 / 78

Temperature: 98.2 **Temperature site:** Temporal

Pulse rate: 76 **Pulse rhythm:** Regular

Respirations: 17 **Respiration Type:** Regular

Pulse Ox% 98 Room Air: Yes

Medications

RISPERIDONE 2 MG ORAL TABLET (RISPERIDONE) Take 1 tablet orally daily

REMERON 30 MG ORAL TABLET (MIRTAZAPINE) Take 1 tablet orally at hs

2. (b)(6); (b)(7)(C) Commitment# (b)(7)(E) SBI#:
39 Years Old DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: I INF 112 01 Inmate Type: ICE
HLCN: HCCC) A#:

Practitioner Assessment & Plan

Assessment Comments: 39 yr old male with history of right 5th metatarsal fx, seen today in infirmary; right feet with + cap refill noted, pt denies any issues at this time, no swelling noted in foot. Scheduled for cast removal JCMC

[Type text]

Ice Patient's Up-Date

Standing BP: 132 / 72

Temperature: 97.6 **Temperature site:** Temporal

Pulse rate: 78 **Pulse rhythm:** Regular

Respirations: 16 **Respiration Type:** Regular

Pulse O₂% 98 **Room Air:** Yes

3. (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **36 Years Old**
DOB: (b)(6); (b)(7)(C)
Race: Black or African American **Gender:** Male **LOC:** I INF 112 09 **Inmate Type:** ICE **HLCN:**
HCCC) A#: (b)(6); (b)(7)(C)

Vital Signs: BP 129/80, PR 100, RR 18, Temp 98.2F, O2 Sat 98%

Extremity: Wear a left boot with all toes warm to touched and with brisk capillary refill and sensation intact

A/P: S/P Left 5th Metatarsal bone fracture

Pt wants to be treated without surgery

Cast removed today-3-27-2018

Continue current medication and care

Encourage to elevate left foot daily or PRN

Return follow up in 3 weeks

See scanned ortho consult note

4. (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **35**
Years Old **DOB:** (b)(6); (b)(7)(C)
Race: White **Gender:** Male **LOC:** D 3E 311 02 **Inmate Type:** ICE **HLCN:** HCCC **A#:**
(b)(6); (b)(7)(C)

Date: 03/27/2018

Time Code Called: 9:10pm. Responded to code white, patient found sitting on a chair, by the sally port, complaining of chest pain, mid-sternum area, and patient observed guarding his chest area, no SOB, no diaphoresis, no acute distress observed.

Ice Patient's Up-Date

Pt seen today in the medical clinic for c/o epigastric pain that started today. Inmate reported he was on the phone anxious and started having epigastric pain. Inmate states the pain is subsiding. Maalox 30ml po stat given and inmate also referred to MH.

A/P:Epigastric pain

Maalox 30ml by mouth stat

Stat EKG - Wnl

Patient education:

Return to clinic as directed.

Seek medical attention if symptoms worsen.

Patient verbalized understanding.

Mental Health--Subjective

Presenting or Current Problems: The inmate was referred to mental health after being cleared by nursing and the language line was called for Greek interpretation. The inmate explained that he has been receiving ongoing advice from his attorney for which he admits that the attorney has indicated for him to remain patient and not get into elaborate conversations regarding the status of his case. The inmate explains that has had detailed conversations about his case with his wife for which he reports it was his decision to not follow the advice set forth by his attorney. The inmate explains that his wife keeps pressuring him to make a choice for which he reported here that he does not want to give any specific details. The inmate reports that the wife's pressuring causes him distress for which he admitted here he is choosing not to tell the attorney of the pressure his wife places on him. The inmate states that the staff at the facility asks him too many questions when he is feeling distressed and that he never requested the services, intervention and/or involvement of the mental health department. The inmate reports that the staff here at the facility often does not understand him for which he revealed here that it could be due to a language barrier. The inmate reports that he does not set, boundaries, parameters and/or limits with his wife regarding the depth of their discussions regarding his legal case even though he claims that it has been causing him stress. The inmate reported that he receives the attention from the officers, nursing and mental health by his prior verbiage of going on hunger strike or tonight when he grabbed his chest after a phone conversation with his wife. He states that he gets angry with the staff making assumptions, but he reported here that he chooses not to reveal the entire problem(s) that he is experiencing but he offered no specific examples of the staff's assumptions.

Ice Patient's Up-Date

Assessment

Impression: The inmate was offered and declined supportive counseling. He states that at times he does not understand what is being asked. Inmate was informed that moving forward mental health would recommend using the language line for any referral to the department. The inmate denied that the chest pain was related to panic symptoms. Inmate denies having a current mental health crisis, emergency and/or deterioration. Inmate denies both suicidal and/or homicidal ideation, intent or plan. Inmate denies having a death wish. Inmate denies preoccupation with death or dying. Inmate denies current feelings of guilt, shame or doubt. Inmate denies crying spells. Inmate denies social withdrawal. Inmate denies despair. Inmate denies panic symptoms. Inmate denies racing thoughts. Inmate denies feelings of hopelessness or helplessness. Inmate denies paranoid ideation or suspicion. Inmate denies hallucinations.

Stable

Plan

No Mental Health Intervention

From: (b)(6); (b)(7)(C)
Sent: 5 Feb 2018 02:02:27 +0000
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Infirmiry Admission: Psych Observation and hunger strike

(b)(6); (b)(7)(C) Comit# (b)(7)(E) has been admitted on Psych observation. The detainee stated he will hang himself if he did not come out the cell as the building is on lock down. He was seen by the NP on duty and placed on psych observation as he stated he was only joking.

(b)(6); (b)(7)(C) comit# (b)(7)(E) admitted on hunger strike and psych observation. Detainee states he did not eat for 4 days. Last ate this morning a few crackers and drank water on the tier. Weight 162lbs, b/p 120/90, pulse 82, respect 15, O2 97%. Detainee thinks he is a snake and has been also placed on psych observation.

(b)(6); (b)(7)(C) RN, CCHP
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com<mailto:(b)(6); (b)(7)(C)@cfgpc.com>

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From: (b)(6); (b)(7)(C)
Sent: 6 Nov 2019 16:17:55 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C); (b)(6); (b)(7)(C); (b)(6); (b)(7)(C)
Subject: Re: (b)(6); (b)(7)(C)

Will do.

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @wellpath.us

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, November 6, 2019 11:03 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: [EXT] RE: (b)(6); (b)(7)(C)

Please keep us updated on any confirmed missed meals.

Thank you,

(b)(6); (b)(7)(C)
Supervisory Detention and Deportation Officer
ICE/ERO
201 Varick Street (b)(6); (b)(7)(C)
New York, NY 10014
(b)(6); (b)(7)(C) cell
(b)(6); (b)(7)(C) (office)

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Wednesday, November 06, 2019 10:52 AM
To: (b)(6); (b)(7)(C) @Wellpath.us>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @hcnj.us>
Cc: (b)(6); (b)(7)(C) @Wellpath.us>
Subject: RE: (b)(6); (b)(7)(C)

Also if he has any medical/mental health diagnoses and medications?

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Wednesday, November 6, 2019 10:49 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); @hcnj.us; (b)(6); (b)(7)(C)@hcnj.us>
Cc: (b)(6); (b)(7)(C)@Wellpath.us>
Subject: (b)(6); (b)(7)(C)

Good Morning,

Detainee (b)(6); (b)(7)(C) was brought down to medical this morning around 9am because he verbalized he is going on a hunger strike. His last meal was dinner last night. He was seen by both medical and medical health staff and he will be admitted to the infirmary.

BP - 169/89
Pulse - 106
Temp - 97.6
Pluse Ox - 98

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@wellpath.us

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From: (b)(6); (b)(7)(C)
Sent: 6 Nov 2019 16:17:31 +0000
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@hcnj.us; (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Re: (b)(6); (b)(7)(C)

Here you go.

Weight - 206
Height - 7' 3"

| | | | |
|------------|---------------|----------------------------------|---------------|
| 11-04-2019 | Acute | Musculoskeletal | Low back pain |
| 08-16-2019 | Chronic Psych | Adjustment disorder with anxiety | |
| 08-16-2019 | Chronic Psych | Alcohol abuse, uncomplicated | |

(Naproxen) Naprosyn 500 mg tablet: give 1 tablet by mouth BID AM & HS PRN for 14 days. PRN Reason: Pain..

Clotrimazole 1 % Topical Cream: give 1 cream Topical BID AM & HS for 7 days. KOP.

doxycycline monohydrate 100 mg capsule: give 1 capsule by mouth BID AM & HS for 7 days.

(Sertraline) Zoloft 50 mg tablet: give 1 tablet by mouth Q AM for 30 days .

(Hydroxyzine Pamoate) Vistaril 50 mg capsule: give 1 capsule by mouth Q HS for 60 days give with 25mg.

(Hydroxyzine Pamoate) Vistaril 25 mg capsule: give 1 capsule by mouth Q HS for 60 days .

calcium citrate-vitamin D3 315 mg-200 unit tablet: give 1 unit by mouth Q AM for 90 days .

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Wednesday, November 6, 2019 10:52 AM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: [EXT] RE: (b)(6); (b)(7)(C)

Also if he has any medical/mental health diagnoses and medications?

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>

Sent: Wednesday, November 6, 2019 10:49 AM

To: (b)(6); (b)(7)(C)

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

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

Cc: (b)(6); (b)(7)(C)@Wellpath.us>

Subject: (b)(6); (b)(7)(C)

Good Morning,

Detainee (b)(6); (b)(7)(C) was brought down to medical this morning around 9am because he verbalized he is going on a hunger strike. His last meal was dinner last night. He was seen by both medical and medical health staff and he will be admitted to the infirmary.

BP - 169/89

Pulse - 106

Temp - 97.6

Pluse Ox - 98

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@wellpath.us

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From: (b)(6); (b)(7)(C)
Sent: 28 Jun 2018 13:51:40 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C) Medical Records
Attachments: (b)(6); (b)(7)(C) ICE.docx

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

Not sure if you received a follow up on this gentleman so I am forwarding the most current information that I have available. Should you need anything further, please let me know.

Thank you

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

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov]
Sent: Wednesday, June 27, 2018 6:56 PM
To: (b)(6); (b)(7)(C) [redacted]
Cc: (b)(6); (b)(7)(C) [redacted]
Subject: EXTERNAL:RE: (b)(6); (b)(7)(C) [redacted] Medical Records

This detainees attorney is alleging improper care urgent medical emergency, to satisfy this can you have him seen in medical again and send out to an ER for evaluation.

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

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) [redacted]@cfgpc.com>
Date: Wednesday, Jun 27, 2018, 3:44 PM
To: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) [redacted]@cfgpc.com>, (b)(6); (b)(7)(C) [redacted]@cfgpc.com>
Subject: (b)(6); (b)(7)(C) [redacted] Medical Records

Commander (b)(6); (b)(7)(C) [redacted]

Per your request, please find medical records for the captioned. Should you have any questions, please feel free to contact me. Thank you.



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

**Medical Records Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032**

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Wednesday, June 27, 2018 2:20 PM

To: (b)(6); (b)(7)(C)

Subject: EXTERNAL:records

Please send these records when you can- case we looked at earlier:

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

(b)(6); (b)(7)(C), RN

CDR, USPHS

Field Medical Coordinator

New York Field Office

201 Varick St. 12th (b)(6); (b)(7)(C)

New York, NY, 10014

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)

Fax (secure) : (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov

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

Commitment# (b)(7)(E) SBI#: 35 Years Old DOB:

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

**Race: Hispanic Gender: Male LOC: E 6N 01 08 Inmate Type: ICE HLCN: HCCC
A#:**

Pt. came back from JCMC hosp. at 12:15am with s/p headache. Pt. is noted alert , oriented 3x, ambulatory with steady gait. V/S: BP=127/81, PR=76, RR=16, SPO2=99%, T=97.2 F. Pt. is referred to provider for return consult.

35 y.o male ICE detainee who was transferred to the hospital for medical evaluation return from JCMC with diagnosis of headache. Patient was medically cleared for incarceration w/o medication orders. As per patient " I was given 1 injection and 2 tablets in the emergency room". However, no indication of the treatments given to patient in his discharge summary. As per the hospital discharge instructions, patient to continue with his current medication. On exam, patient denies any headache and generalized body aches. Patient has no complaints at present. Patient was transferred back to GP in stable condition.

From: (b)(6); (b)(7)(C)
Sent: 1 May 2018 20:23:46 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

Patient was already scheduled for 5/21 at noon.

Appt for this AM was from the ER , did not make it .Possible transportation arrangements .

Best Regards,

(b)(6); (b)(7)(C) **M.D.**
Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C) @cfgpc.com

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov]
Sent: Tuesday, May 01, 2018 4:10 PM
To: (b)(6); (b)(7)(C) [redacted]
Cc: (b)(6); (b)(7)(C) [redacted]
Subject: EXTERNAL:RE: (b)(6); (b)(7)(C) [redacted]

Good afternoon, did he make the appointment today? What were the results?

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>

Date: Monday, Apr 30, 2018, 8:32 PM

To: (b)(6); (b)(7)(C)@cfgpc.com>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)s@cfgpc.com>

Subject: RE: (b)(6); (b)(7)(C)

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

Commitment#: (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **61 Years Old** **DOB:**

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

Race: Black or African American **Gender:** Male **LOC:** I INF 112 11 **Inmate Type:** ICE **HLCN:**
HCCC) A#: (b)(6); (b)(7)(C)

SOAP Note Form

Subjective:

Patient states: "I feel cold."

Objective:

Patient returning from UMDNJ ER, AAOX3, ambulatory with steady gait. No SOB, no acute distress observed.

Assessment:

Hospital Return from UMDNJ with findings of Glaucoma and for Ophto Clinic follow up at 8 am tomorrow.

Plan:

Refer to provider for further evaluation.

Schedule for Future Follow Up?: Yes. Follow up every 04/30/2018**Priority:** I

Comment to Scheduler: Hospital Return

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 61 Years Old

General Note

General Note Type: Nurse

Brief Subject (20 Characters Max): Hospital Return

TYLENOL 325 MG ORAL CAPSULE (ACETAMINOPHEN) 2 caps by mouth q 6 hrs prn

COGENTIN SOLUTION (BENZTROPINE MESYLATE SOLN) 0.5 mg by mouth bid

RISPERDAL 1 MG ORAL TABLET (RISPERIDONE) 1 by mouth q am

RISPERDAL 2 MG ORAL TABLET (RISPERIDONE) 1 by mouth q hs

GRX ANALGESIC BALM EXTERNAL OINTMENT (MENTHOL-METHYL SALICYLATE) apply to affected area daily

CYCLOBENZAPRINE HCL 10 MG ORAL TABLET (CYCLOBENZAPRINE HCL) one tab by mouth daily

* CVS SENNA 8.6 MG ORAL TABLET (SENNOSIDES) 2 tabs by mouth QHS PRN constipation

Constipation NOS (ICD-564.00) (ICD10-K59.00)

Exotropia Alternating (ICD-378.10) (ICD10-H50.10)

Presbyopia (ICD-367.4) (ICD10-H52.4)

Hyperopia (ICD-367.0) (ICD10-H52.00)

Cataracts (ICD-366.9) (ICD10-H26.9)

Low back pain (ICD-724.2) (ICD10-M54.5)
Psychotic DO NOS (ICD-298.9) (ICD10-F29)
Minor head injury (ICD-959.01) (ICD10-S09.90)
Tinea pedis (ICD-110.4) (ICD10-B35.3)
Examination, eyes/vision (ICD-V72.0) (ICD10-Z01.00)

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

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

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

e-mail (b)(6); (b)(7)(C)@cfgpc.com

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From: (b)(6); (b)(7)(C)

Sent: Monday, April 30, 2018 2:12 PM

To: (b)(6); (b)(7)(C)

Cc:

Subject: (b)(6); (b)(7)(C)

Importance: High

Patient transferred to ED UMDNJ for eval. left eye pain to r/o retinal detachment.

Best Regards,

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

M.D.

Medical Director



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 22 Nov 2017 14:05:33 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: ER Referral

We are obtaining his inpatient medical records now. As soon as it is received we will forward to you. The detainee is saying that he was scoped.

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Wednesday, November 22, 2017 8:16 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: ER Referral

Good morning, can you tell me more about what was done, diagnosis, treatments, etc?

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

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]
Sent: Tuesday, November 21, 2017 11:28 PM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: Re: EXTERNAL:RE: ER Referral

This detainee has returned from the Hospital. He was seen by the NP And admitted to the infirmary.

(b)(6); (b)(7)(C) RN
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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Sent from my iPhone

On Nov 21, 2017, at 1:29 PM, [redacted]@ice.dhs.gov> wrote:

Received, thank you

CDR [redacted] FMC NYC
Ofc: [redacted] MOBL: [redacted] Fax (secure) : [redacted]
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From: [redacted]@cfGPC.com]
Sent: Tuesday, November 21, 2017 12:25 PM
To: [redacted]
Cc: [redacted]
Subject: RE: EXTERNAL:RE: ER Referral

Commande [redacted]

Please find attached medical record for the captioned. If you should have any questions, please feel free to contact me. Thank you.

From: [redacted]@ice.dhs.gov]
Sent: Tuesday, November 21, 2017 11:22 AM
To: [redacted]
Subject: FW: EXTERNAL:RE: ER Referral

Can you send his medical record to me?

[redacted] Commitment# [redacted]

CDR [redacted] FMC NYC
Ofc: [redacted] MOBL: [redacted] Fax (secure) : [redacted]

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From: (b)(6); (b)(7)(C)@cfgpc.com]
Sent: Tuesday, November 21, 2017 8:26 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: ER Referral

He is admitted and waiting in the ER for a bed.

(b)(6); (b)(7)(C) RN
Health Services Administrator

<image001.png><image002.png>

Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Monday, November 20, 2017 4:29 PM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: ER Referral

Good afternoon, do you have an update on this one?

CDR (b)(6); (b)(7)(C), FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]
Sent: Monday, November 20, 2017 11:51 AM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: ER Referral

(b)(6); (b)(7)(C) Commitment#: (b)(7)(E) is being sent to JCMC ER for abnormal blood work. His hemoglobin is 7.2 and he is complaining of weakness.

(b)(6); (b)(7)(C) RN
Health Services Administrator

<image001.png><image002.png>

Hudson County Corrections & Rehabilitation Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

Cell: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 21 Mar 2018 17:56:18 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Hospital Visit

Patient return from JCMC at 11:45PM. Diagnosis of vaginal bleeding, hemaglobin12.6 and ultrasound was negative as per hospital discharge paperwork. Patient was medically cleared for incarceration with order for Tylenol 650mg by mouth as needed and to follow-up with OBGYN. Patient still complains of vaginal bleeding and mild lower abdominal cramp. Patient was examined and no bleeding noted on the pad. Patient was kept in medical for 6hrs observation and reexamine again for bleeding, noted red spot on the pad without active bleeding and that was witnessed by the charge nurse. Patient was transferred to GP in stable.

Vitals: BP=104/72 ,P=70 ,RR=14 ,T=97.4, O2 sat 98%RA

Have a Fabulous Day.

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C) @cfgpc.com

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From: (b)(6); (b)(7)(C) [ice.dhs.gov]
Sent: Wednesday, March 21, 2018 8:05 AM
To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: Hospital Visit

Good morning, what were the results of this ER visit?

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>
Sent: Tuesday, March 20, 2018 4:27 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@cfgpc.com>; (b)(6); (b)(7)(C)@cfgpc.com>; (b)(6); (b)(7)(C)@cfgpc.com>
(b)(6); (b)(7)(C)@cfgpc.com>
Subject: Hospital Visit

Hello, Detainee was transferred to the hospital.

(b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** 33 Years Old **DOB:**
(b)(6); (b)(7)(C)
Race: Hispanic **Gender:** Female **LOC:** E 3S 01 32 **Inmate Type:** ICE
HLCN: HCCC **A#:** (b)(6); (b)(7)(C)

Admission Date: 12-29-2017

Current Diagnosis: Peripheral edema (ICD-782.3) (ICD10-R60.9)

Symptom, headache (ICD-784.0) (ICD10-R51)
Vaginal bleeding (ICD-623.8) (ICD10-N93.9)
DUB (ICD-626.8) (ICD10-N93.8)
Bacterial vaginitis (ICD-616.10) (ICD10-N76.0)

Reason for hospital visit: Chronic Vaginal Bleeding

Current medications: Multivitamin

Vital Signs: Previous Height:

Sitting BP: 100 / 70
Temperature: 98.2 Temperature site: Oral
Pulse rate: 73 Pulse rhythms: Regular
Respirations: 18 Respiration Type: Unlabored

Pulse Ox% 98 Room Air: Yes

Hospital Name: JCMC

Admitting Diagnosis: Not admitted yet

Current Status: AAOx's4, Vaginal bleeding

Discharge Plan: None yet

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 18 Aug 2017 11:32:49 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: hudson new arrival

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

(b)(6); (b)(7)(C) was reasonably ok. Taking the Zoloft. Talked about his father fighting for the U.S. during WW2 in China and being loyal, etc.,. Less despondent (b)(6); (b)(7)(C) was doing better. I took him off Psych. Obs. and sent him to a regular housing unit in GP. He was very happy to do that. He asked to call his family, was allowed to do so and he successfully reached family on the phone.

Doc

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Friday, August 18, 2017 6:30 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: hudson new arrival

Thank you, how was the mental status for him and the other (b)(6); (b)(7)(C) yesterday?

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Friday, Aug 18, 2017, 6:24 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: EXTERNAL:RE: hudson new arrival

Currently taking Zoloft here for depression. (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Wednesday, August 16, 2017 3:16 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: hudson new arrival

Fyi I checked in the ICE database, there is a picture of him dated 10/26/2015, with facial drooping as well, but not as pronounced as his picture dated 8/8/2017

Thank you for the records, is he on any mental health medications, or has he seen the psychiatrist? I didn't see any in the records that were sent.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: Wednesday, August 16, 2017 8:31 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: hudson new arrival

Can someone please send his medical records to me? Thank you

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Tuesday, Aug 15, 2017, 2:53 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@cfgpc.com> (b)(6); (b)(7)(C)@cfgpc.com>
Subject: RE: EXTERNAL:RE: hudson new arrival

I gave the information that he sees (b)(6); (b)(7)(C) in Flushing Queens for an antidepressant, mood stabilizer and sleep meds. To the nurses to verify (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Tuesday, August 15, 2017 2:12 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: hudson new arrival

I understand (b)(6); (b)(7)(C) placed him on suicide watch, please let me know when you find out what medications he is on and if he had a stroke or bells palsy, or other medical problems, thank you.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: Tuesday, August 15, 2017 8:52 AM
To: (b)(6); (b)(7)(C)@cfgpc.com; (b)(6); (b)(7)(C)@cfgpc.com
Cc: Medina, Hector
Subject: FW: hudson new arrival

Good morning, I wanted to make sure you were aware of the following detainee new arrival for Hudson, 67 year old with medical and mental health needs.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: Tuesday, August 15, 2017 7:16 AM
To: (b)(6); (b)(7)(C)
(b)(6);
Cc: (b)(6); (b)(7)(C)
Subject: RE: HOSPITAL REFERRAL

Detainee returned from Mount Sinai Beth Israel Hospital, clear for custody, and transferred to Hudson county jail

ER referrals

Name: (b)(6); (b)(7)(C)
A#: (b)(6); (b)(7)(C)
DOB: (b)(6); (b)(7)(C)
COB: TAIWAN
DOA: (b)(6); (b)(7)(C)

Relevant Medical History: HTN, TYPE 2 DIABETIC, HIGH CHOLESTEROL AND DEPRESSION
Reason sent to ER: DETAINEE APPEARS TO BE SAD, AND VERY ANXIOUS. DETAINEE VERABLIZED SUICDAL THOUGHT BUT RFEUSED TO ELABORATE ON ANY PLAN. HE HAS A HISTORY OF SUICDAL THOUGHT 20 YEARS AGO, AS PER DETAINEE.
VITAL SIGNS TAKEN AND DOCUMENTED. B/P- 158/99, HR 99, R- 18, F/S- 200MG/DL.
PROVIDER ON CALL MADE AWARE WITH NO ORDER.
Current Status: PENDING DISPOSITION

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From: (b)(6); (b)(7)(C)
Sent: 16 Aug 2017 20:19:11 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: hudson new arrival

Good afternoon,

Patient was seen early on , he denies history of CVA or Bell's palsy. He is referred to Neuro for eval.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**
Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

From: (b)(6); (b)(7)(C) @ice.dhs.gov]
Sent: Wednesday, August 16, 2017 3:16 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: hudson new arrival

Fyi I checked in the ICE database, there is a picture of him dated 10/26/2015, with facial drooping as well, but not as pronounced as his picture dated 8/8/2017

Thank you for the records, is he on any mental health medications, or has he seen the psychiatrist? I didn't see any in the records that were sent.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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Sent: Wednesday, August 16, 2017 8:31 AM

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Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: hudson new arrival

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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Date: Tuesday, Aug 15, 2017, 2:53 PM
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I gave the information that he sees a Dr (b)(6); in Flushing Queens for an antidepressant, mood stabilizer and sleep meds. To the nurses to verify. Dr (b)(6);

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Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: hudson new arrival

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From: (b)(6); (b)(7)(C)
Sent: Tuesday, August 15, 2017 8:52 AM
To: (b)(6); @cfgpc.com; (b)(6); (b)(7)(C)@cfgpc.com)
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From: (b)(6); (b)(7)(C)

Sent: Tuesday, August 15, 2017 7:16 AM

To: (b)(6); (b)(7)(C)

(b)(6);

Cc: (b)(6); (b)(7)(C)

Subject: RE: HOSPITAL REFERRAL

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ER referrals

Name: (b)(6); (b)(7)(C)

A#: (b)(6); (b)(7)(C)

DOB: (b)(6); (b)(7)(C)

COB: TAIWAN

DOA: (b)(6); (b)(7)(C)

Relevant Medical History: HTN, TYPE 2 DIABETIC, HIGH CHOLESTEROL AND DEPRESSION

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VITAL SIGNS TAKEN AND DOCUMENTED. B/P- 158/99, HR 99, R- 18, F/S- 200MG/DL.

PROVIDER ON CALL MADE AWARE WITH NO ORDER.

Current Status: PENDING DISPOSITION

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From: (b)(6); (b)(7)(C)
Sent: 29 Jun 2018 14:41:31 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Ice Patient Issue (b)(7)(E)
Attachments: (b)(6); (b)(7)(C) ICE 6-29-18.docx

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Friday, June 29, 2018 6:59 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: Ice Patient Issue (b)(7)(E)

Good morning, can you send an update on this current status?

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)
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From: (b)(6); (b)(7)(C)@cfgpc.com>
Sent: Thursday, June 28, 2018 6:50 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@cfgpc.com>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@cfgpc.com>
Subject: Ice Patient Issue (b)(7)(E)

Le
(b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** 28
Years Old **DOB:** (b)(6); (b)(7)(C)
Race: Hispanic **Gender:** Male **LOC:** D 5E 601 02 **Inmate Type:** ICE **HLCN:** HCCC
A#:

6-29-2018-4:58am

General Note Type: Nurse
Brief Subject (20 Characters Max): Progress Note
Officer on pod reported that pt. did not eat for 2 days, pt. was brought to medical noted to be ambulatory, speaks Spanish unable to follow instruction. Pt. is noted with bizarre behavior, uncooperative, refuses vital signs taken. Pt. was offered sandwich, Gatorade and water but refused to all of it and stated "No"..

Pt. lips is noted dry and pale. Pt. is referred to provider for further evaluation.

6-29-2018-5:43am

28 y.o male with history of schizophrenia was brought down to medical for patient noted not eating and acting bizarre behavior. On exam, patient was uncooperative, very aggressive, agitated and combative. Patient will be transferred to JCMC crisis; Patient seen by (b)(6); (b)(7)(C) At 6:30am patient continues to be verbally abusive and attempting to bang his head.

Have a Fabulous Day,

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

R.N. M.S.N.

Acting Health Service Administrator



Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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

Commitment#: (b)(7)(E) SBI#: 28 Years Old

DOB: (b)(6); (b)(7)(C)

Race: Hispanic Gender: Male LOC: I INF 112 08 Inmate Type: ICE HLCN: HCCC A#:

Returned 6/28/18 Currently in the Infirmary

General Note 6/28/2018 8:51pm

Brief Subject

Patient back from psych ER

Patient alert; anxious and able to make needs known; patient with history of schizophrenia; and on Haldol dec; Patient just came from ER Psych JCMC; referred to provider and mental health for disposition

HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION (HALOPERIDOL DECANOATE) 125 mg IM every 4 weeks

Subjective

Presenting or Current Problems: Clinician met with pt for clearance from Psych ER JCMC. Pt at first was unable to effectively communicate in English. Clinician then retrieved a language line contact number. Pt started to speak and understand English once clinician asked if he would rather use language line. Pt denied hx of MH illness, MH medications, and psychiatric hospitalizations in the past. When asked why he was sent to JCMC, pt stated because someone sent me there because i was banging my head on the window. Clinician asked was he trying to hurt himself, pt stated yes. pt then denied currently suicidal/homicidal ideations. Pt denied current auditory and visual hallucinations. Pt appeared mildly intellectually impaired. Clinician placed pt on closewatch level 2 in the INF. Pt denied feelings of depression/anxiety. Pt stated that this was his first time going to JCMC psych ER and this is his first time incarcerated at HCCF. Clinician completed all necessary documentation.

Objective:

Appearance: Groomed

Motor Behavior: Normal

Speech: Poverty of Speech

Affect: Constricted / Blunted / Flat

Mood: Normal

Thought Content: Unable to Assess

Thought Process: Circumstantial

Sensorium: Drowsiness

Orientation: Mildly Impaired

Memory: Normal

Insight & Judgment: Unable to Assess

Medication and Lab Results (Psychiatry Only)

Active Medications:

BENZTROPINE MESYLATE 0.5 MG ORAL TABLET (BENZTROPINE MESYLATE) 1 tab by mouth QHS
HALDOL DECANOATE 100 MG/ML INTRAMUSCULAR SOLUTION (HALOPERIDOL DECANOATE) 150 mg IM every 4 weeks

Hx of schizophrenia (ICD-V11.0) (ICD10-Z86.59)

From: (b)(6); (b)(7)(C)
Sent: 28 Mar 2018 16:37:25 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Ice Pt. Up-date
Attachments: Ice Patients update 3-28-18.docx

Have a Fabulous Day,

(b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Wednesday, March 28, 2018 8:58 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: Ice Pt. Up-date

Thank you, I was also waiting on an update on these:

(b)(6); (b)(7)(C) - went to ER for rec injury yesterday.
(b)(6); (b)(7)(C) results of cardiology consult done.

(b)(6); (b)(7)(C) was being seen yesterday concerning reports of migraines and previous brain injury/surgery.

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>
Sent: Wednesday, March 28, 2018 8:44 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@cfgpc.com> (b)(6); (b)(7)(C)@cfgpc.com>
Subject: Ice Pt. Up-date

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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Ice Patient's Up-Date

1. (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: 29 Years Old DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: H NOR 202 01 Inmate Type: ICE
HLCN: HCCC A#:

Patient reports he has history of depression, schizophrenia and auditory hallucination. Patient also reports he has history of suicidal attempt June, 2017 by cutting his arms. Patient states he takes remeron 30mg at hs and risperidone 2mg daily. Patient is an ICE transfer from MDC, NY w/o transfer paperwork. Patient denies any suicidal ideation at this time. Case discussed with (b)(6); (b)(7)(C) the psychiatrist on phone, gave a telephone order to admit patient on Mental Health Observation until mental health clearance for GP and also to order patient psychotropic medications which include remeron 30mg daily, risperidone 2mg po x 7 days.

Standing BP: 134 / 78
Temperature: 98.2 **Temperature site:** Temporal
Pulse rate: 76 **Pulse rhythm:** Regular
Respirations: 17 **Respiration Type:** Regular
Pulse Ox% 98 **Room Air:** Yes

Medications

RISPERIDONE 2 MG ORAL TABLET (RISPERIDONE) Take 1 tablet orally daily

REMERON 30 MG ORAL TABLET (MIRTAZAPINE) Take 1 tablet orally at hs

2. (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: 39 Years Old
DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: I INF 112 01 Inmate Type: ICE
HLCN: HCCC) A#:

Practitioner Assessment & Plan

Assessment Comments: 39 yr old male with history of right 5th metatarsal fx, seen today in infirmary; right feet with + cap refill noted, pt denies any issues at this time, no swelling noted in foot. Scheduled for cast removal JCMC

[Type text]

Ice Patient's Up-Date

Standing BP: 132 / 72

Temperature: 97.6 **Temperature site:** Temporal

Pulse rate: 78 **Pulse rhythm:** Regular

Respirations: 16 **Respiration Type:** Regular

Pulse O₂% 98 **Room Air:** Yes

3. (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **36 Years Old**
DOB: (b)(6); (b)(7)(C)
Race: Black or African American **Gender:** Male **LOC:** I INF 112 09 **Inmate Type:** ICE **HLCN:**
HCCC) A#: (b)(6); (b)(7)(C)

Vital Signs: BP 129/80, PR 100, RR 18, Temp 98.2F, O2 Sat 98%

Extremity: Wear a left boot with all toes warm to touched and with brisk capillary refill and sensation intact

A/P: S/P Left 5th Metatarsal bone fracture

Pt wants to be treated without surgery

Cast removed today-3-27-2018

Continue current medication and care

Encourage to elevate left foot daily or PRN

Return follow up in 3 weeks

See scanned ortho consult note

4. (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **35**
Years Old **DOB:** (b)(6); (b)(7)(C)
Race: White **Gender:** Male **LOC:** D 3E 311 02 **Inmate Type:** ICE **HLCN:** HCCC **A#:**
(b)(6); (b)(7)(C)

Date: 03/27/2018

Time Code Called: 9:10pm. Responded to code white, patient found sitting on a chair, by the sally port, complaining of chest pain, mid-sternum area, and patient observed guarding his chest area, no SOB, no diaphoresis, no acute distress observed.

Ice Patient's Up-Date

Pt seen today in the medical clinic for c/o epigastric pain that started today. Inmate reported he was on the phone anxious and started having epigastric pain. Inmate states the pain is subsiding. Maalox 30ml po stat given and inmate also referred to MH.

A/P:Epigastric pain

Maalox 30ml by mouth stat

Stat EKG - Wnl

Patient education:

Return to clinic as directed.

Seek medical attention if symptoms worsen.

Patient verbalized understanding.

Mental Health--Subjective

Presenting or Current Problems: The inmate was referred to mental health after being cleared by nursing and the language line was called for Greek interpretation. The inmate explained that he has been receiving ongoing advice from his attorney for which he admits that the attorney has indicated for him to remain patient and not get into elaborate conversations regarding the status of his case. The inmate explains that has had detailed conversations about his case with his wife for which he reports it was his decision to not follow the advice set forth by his attorney. The inmate explains that his wife keeps pressuring him to make a choice for which he reported here that he does not want to give any specific details. The inmate reports that the wife's pressuring causes him distress for which he admitted here he is choosing not to tell the attorney of the pressure his wife places on him. The inmate states that the staff at the facility asks him too many questions when he is feeling distressed and that he never requested the services, intervention and/or involvement of the mental health department. The inmate reports that the staff here at the facility often does not understand him for which he revealed here that it could be due to a language barrier. The inmate reports that he does not set, boundaries, parameters and/or limits with his wife regarding the depth of their discussions regarding his legal case even though he claims that it has been causing him stress. The inmate reported that he receives the attention from the officers, nursing and mental health by his prior verbiage of going on hunger strike or tonight when he grabbed his chest after a phone conversation with his wife. He states that he gets angry with the staff making assumptions, but he reported here that he chooses not to reveal the entire problem(s) that he is experiencing but he offered no specific examples of the staff's assumptions.

Ice Patient's Up-Date

Assessment

Impression: The inmate was offered and declined supportive counseling. He states that at times he does not understand what is being asked. Inmate was informed that moving forward mental health would recommend using the language line for any referral to the department. The inmate denied that the chest pain was related to panic symptoms. Inmate denies having a current mental health crisis, emergency and/or deterioration. Inmate denies suicidal and/or homicidal ideation, intent or plan. Inmate denies having a death wish. Inmate denies preoccupation with death or dying. Inmate denies current feelings of guilt, shame or doubt. Inmate denies crying spells. Inmate denies social withdrawal. Inmate denies despair. Inmate denies panic symptoms. Inmate denies racing thoughts. Inmate denies feelings of hopelessness or helplessness. Inmate denies paranoid ideation or suspicion. Inmate denies hallucinations.

Stable

Plan

No Mental Health Intervention

5. (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 33 Years Old DOB:

(b)(6); (b)(7)(C) Race: **Hispanic** Gender: **Male** LOC: **E 6N 01 40** Inmate Type: **ICE** HLCN: **HCCC** A#:

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

Date: 03/27/2018

Time Code Called: 4:25p

Describe: S/P Sports Injury Right shoulder dislocation

Describe Code: Responded to code white, patient found sitting next to round table AAOX3, patient complaining pain right shoulder, patient complaining of severe pain 10 of 10 on pain scale, patient states: "I was playing soccer and I fell and hit my right shoulder."

Inmate Condition: Oriented/Alert

Patient AAOX3, patient complaining of severe pain right shoulder, s/p from playing soccer, unable to do ROM, sling applied. Ambulance called, for patient to transfer to JCMC-ER,

:

[Type text]

Ice Patient's Up-Date

Patient return from JCMC s/p close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation
Chief Complaint: Patient return from JCMC sp close reduction for a right shoulder dislocation, denies pain sling in situ placed by JCMC will admit to infirmary for observation

X-ray report from JCMC shows anteriorly dislocated shoulder with hill sachs deformity refer to OrthO

Active Medications: : ACETAMINOPHEN ER 650 MG ORAL TABLET EXTENDED RELEASE take 1 tablet PO BID, CTM 4 MG. 1 tab by mouth twice daily as needed x 5 days., MOTRIN 200 MG. 2 tabs by mouth twice daily as needed x 5 days..

6. (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 48 Years

Old DOB: (b)(6); (b)(7)(C)

Race: Unspecified Gender: Male LOC: D 5W 605 01 Inmate Type: ICE HLCN: HCCC A#:

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

Cardiology Consult

48 year old African-American male returns from Cardiology consult. Nuclear Stress Test was positive. LVEF 32%-38%. Cardiology recommends follow-up Catheterization. Plavix 300mg ordered as 1 time STAT dose for today 3/27/18, then Plavix 75mg PO daily for 90 days starts tomorrow 3/28/18. CBC and CMP recommended as PT is on unknown dose of Lisinopril-recommending monitoring Potassium and Creatine. Other orders include Aspirin 81 mg PO daily x 90 days, Lipitor 80 mg PO daily at night X 90 days, and Coreg 6.25 PO BID x 90 days

Pt return from St.Michael's Cardiology 3-27-2018 11:07AM-- B/P 158/89 P59 RR17 T96.7 SpO2 98%RA Alert verbally responsive ambulates with steady gait Denies NV Denies HA Pt sent with new scripts for Plavix 75mg Po Daily ,ASA 81 mg Po Daily Lipitor Po Daily 80mg Coreg 6.25 Mg BID

Orders:Added

Added new Test order of CBC with Differential (0053-9) - Signed

Added new Test order of Chem 8: Ca⁺⁺, Na⁺, K, CL⁻, CO₂, Glucose, BUN, Cr (2555-1) - Signed

Added new Test order of Outside Specialty (providerclinic)

[Type text]

Ice Patient's Up-Date

7. (b)(6); (b)(7)(C) Commitment# (b)(7)(E) SBI# (b)(6); (b)(7)(C) 36 Years Old DOB:

Race: Hispanic Gender: Male LOC: C 1E 113 03 Inmate Type: ICE HLCN: HCCC A#:

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

Brief Subject (20 Characters Max): provider sick call

S: 36 yrs old Hispanic male seen today for complaints of chronic headache not relieved by current pain regimen. Inmate appears stable, in no acute distress.

Communicated with inmate via a Spanish interpreter (b)(6); (b)(7)(C) Inmate reported that he had Hx of head trauma in 2015 and as a result was in coma for one month at Bay Shore hospital in NY. Inmate added that he was not having headache on the street but started having severe headache since incarceration -about 5 months now. States the headache starts from the occipital region of his head and radiates to the back of his right eye, forehead and parietal region of his head. Currently, inmate is on Excedrin twice daily as needed for headache but states it is not relieving his headache. Reported his pain scale is 10/10. No facial grimacing or any sign of pain observed during consultation. Mood, affect and vital signs are wnl.

Vitals: BP= 110 / 60 ,P= 63 ,RR= 16 ,T=98, 02 sat 99% r/a

A/Headache

Continue current regimen - Excedrin extra strength 250-250-65mg by mouth twice daily prn

- Add Ibuprofen 600mg by mouth twice daily as needed with meal for breakthrough pain
- Referral to UH Neurology for evaluation
- trip / CX sheets completed
- Patient education:
- Take all prescribed medications.
- Return to clinic as directed.
- Seek medical attention if symptoms worsen.

Patient verbalized understanding.

From: (b)(6); (b)(7)(C)
Sent: 24 Feb 2018 23:46:10 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: JCMC-ER-Visit

Hi,

(b)(6); (b)(7)(C) returned 2/23/18 at 624pm. Diagnostics at hospital were within normal limits.

(b)(6); (b)(7)(C) still at hospital, will make further attempts for update on status.

(b)(6); (b)(7)(C) RN, BSN, MBA/HA

Regional Director
CFG Healthsystems, LLC

(b)(6); (b)(7)(C) @cfgpc.com

771 East Route 70

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

Marlton, NJ 08053

P: (b)(6); (b)(7)(C)

Cell: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Saturday, February 24, 2018 11:45 AM

To: (b)(6); (b)(7)(C)

Subject: EXTERNAL:RE: JCMC-ER-Visit

Good day, do you have an update on these, did they return?

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

Ofc (b)(6); (b)(7)(C) MOBI (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>

Date: Friday, Feb 23, 2018, 1:59 PM

To: (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>

(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)@cfgpc.com>, (b)(6); (b)(7)(C)@cfgpc.com>

Subject: JCMC-ER-Visit

Hi the following patients below at JCMC-ER

(b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 21 Years Old DOB: (b)(6); (b)(7)(C)

Race: Hispanic Gender: Male LOC: E 3N 01 55 Inmate Type: ICE HLCN: HCCC A#:

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

Transferred to JCMC-ER C/O Chest Pain and he was bradycardia ---He was picked up at 12:53PM

(b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 55 Years Old DOB:

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

Race: Black or African American Gender: Male LOC: D 5E 510 02 Inmate Type: ICE

HLCN: HCCC A#: (b)(6); (b)(7)(C)

Waiting to be Transferred to JCMC-ER C/O----- Hemoptysis and Lower GI Bleed

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 23 Jan 2018 16:29:49 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Attention do anyone included in this e-mail have the answer to this question.

QUESTION: He has been medicated and is quiet right now, but needs psych admission and JCMC is calling because they will not admit him as an ICE detainee-has Hudson located an alternative for psych admissions as mentioned in previous meeting?

Have a Fabolous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Tuesday, January 23, 2018 11:09 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

He has been medicated and is quiet right now, but needs psych admission and JCMC is calling because they will not admit him as an ICE detainee-has Hudson located an alternative for psych admissions as mentioned in previous meeting?

CDR (b)(6); (b)(7)(C), RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)

Sent: Tuesday, January 23, 2018 9:07 AM

To: (b)(6); (b)(7)(C)

Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Thanks, do you know if he has been medicated and if his mental status has improved or changed?

CDR (b)(6); (b)(7)(C), RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]

Sent: Tuesday, January 23, 2018 9:05 AM

To: (b)(6); (b)(7)(C)

Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Hi good morning, JCMC was called at 8:45AM, per nurse (b)(6); (b)(7)(C) in Psyc. ER the patient is still under the ER and waiting to be seen by the psychiatrist.

Have a Fabolous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov
Sent: Tuesday, January 23, 2018 6:35 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Good morning, please send an update when possible for this detainee.

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Monday, Jan 22, 2018, 4:17 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: EXTERNAL:RE: JCMC-Patient in Hospital

Sure will

Have a Fabolous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Monday, January 22, 2018 4:09 PM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: JCMC-Patient in Hospital

Thanks for the update, NY case, please keep me informed with updates.

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Monday, Jan 22, 2018, 4:07 PM
To: (b)(6); (b)(7)(C)@cfgpc.com>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: JCMC-Patient in Hospital

Patient (b)(6); (b)(7)(C) was transferred to JCMC, at 3:35PM for the following reasons:

Disorganized/Decompensated Paranoid schizophrenia, refuse medications.

Resulting in significant self-neglect, smearing feces and disorganized behavior.

Have a Fabolous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 23 Jan 2018 16:17:10 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: return from Hospital

Cat-Scan and a Renal Scan---of the Kidneys –Recommended by the urologist secondary to an elevated PSA

Have a Fabolous Day,

(b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Tuesday, January 23, 2018 8:39 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: return from Hospital

Thanks, what did he go out for, and what were the findings?

CDR (b)(6); (b)(7)(C), RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]

Sent: Monday, January 22, 2018 6:05 PM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

Subject: return from Hospital

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

PT. RETURNED BACKFROM UNIV. HOSP. RADIOLOGY,A&OX3
AMBULATORY BP 130/90 P 76 R 16 SPO2 97 T 98.2 WILL REFER TO PROVIDER PT. REQ. BOTTOM BUNK
R/T PAIN R/T ABD. SX 2005.

Have a Fabolous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 28 Aug 2017 12:54:06 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE:(b)(6); (b)(7)(C)

I will thank you.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**

Medical Director



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C)@cfgpc.com

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Friday, August 25, 2017 4:32 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE:(b)(6); (b)(7)(C)

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

(b)(6); (b)(7)(C) is scheduled for removal next Friday, 9/1/2017. In the meantime, please let us know if his condition worsens.

Thank you,

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

Supervisory Detention and Deportation Officer
U.S. Immigration and Customs Enforcement
New York Field Office

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From: (b)(6); (b)(7)(C)@cfgpc.com]

Sent: Thursday, August 24, 2017 9:30 AM

To: (b)(6); (b)(7)(C)

Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

Good morning,

We did not receive any report (ED note / Labs etc) from JCMC. Will request them .

Best Regards,

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

M.D.

Medical Director



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Thursday, August 24, 2017 9:25 AM

To: (b)(6); (b)(7)(C)

Subject: EXTERNAL:RE: (b)(6); (b)(7)(C)

Please send any lab work results you can get from the hospital as it may affect if you are able to clear him for flying due to the blood levels and flight clearances. They are trying to get him on a flight soon but if he cannot be cleared for flying it would not work.

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

Ofc: (b)(6); (b)(7)(C) MOBI (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@ice.dhs.gov>

Date: Thursday, Aug 24, 2017, 7:25 AM

To: (b)(6); (b)(7)(C)@cfgpc.com> (b)(6); (b)(7)(C)@ice.dhs.gov>,
(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>,
(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@ice.dhs.gov>,
(b)(6); (b)(7)(C)@ice.dhs.gov>

Subject: RE: (b)(6); (b)(7)(C)

Fyi returned at 2330 from ER, per nurse dx non-specific chest pain right rib, anemia, prescribed motrin and iron tabs.

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

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]

Sent: Wednesday, August 23, 2017 2:12 PM

To: (b)(6); (b)(7)(C)

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

Subject: RE: (b)(6); (b)(7)(C)

He is being sent to JCMC for extreme RUQ pain.

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

RN

Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)

Sent: Wednesday, August 23, 2017 9:40 AM

To: (b)(6); (b)(7)(C)

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

Subject: (b)(6); (b)(7)(C)

The above detainee has been admitted to the medical unit for complaints of feeling weak. He has a history of liver Cirrhosis with GI bleed.

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

RN

Health Services Administrator



Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

Cell: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 23 Aug 2017 17:53:23 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:RE:(b)(6); (b)(7)(C)
Importance: High

Good afternoon,

The above detainee is c/o excruciating RUQ pain. He was thoroughly examined this morning, with pending labs and other tests.

I am forced to transfer him to JCMC for further evaluation.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**

Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Wednesday, August 23, 2017 10:41 AM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE:(b)(6); (b)(7)(C)

Thanks, FYI I informed ICE to expedite this case, they are working on it to minimize his time in custody.

CDR: (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Wednesday, Aug 23, 2017, 10:29 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

OK we will send you the PE.

Spoke with Braddock Rx, his last refills of Metoprolol and Protonix were 2 years ago.

Best Regards,

(b)(6); (b)(7)(C) M.D.

Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C)@cfgpc.com

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Wednesday, August 23, 2017 10:12 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

Yes, please his physical exam when complete so we can have an idea of how stable his condition is, he has not been in custody since 1999, so unfortunately we will not have any other records.

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

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]
Sent: Wednesday, August 23, 2017 9:50 AM

To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: (b)(6); (b)(7)(C)

What is a PE? Do you mean Physical exam?

We have the records you just sent. We need his medical records from a year ago, as well as his pharmacy records.

Best Regards,

(b)(6); (b)(7)(C) **M.D.**

Medical Director



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com

From: (b)(6); (b)(7)(C) [ice.dhs.gov]
Sent: Wednesday, August 23, 2017 9:40 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: (b)(6); (b)(7)(C)

Attached are all the records I can find, let me know if you have any other findings, please send his PE to me when completed, thank you.

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) [cfgpc.com]
Sent: Wednesday, August 23, 2017 9:26 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: (b)(6); (b)(7)(C)
Importance: High

Good morning,

The above detainee was admitted last night to HCC with a diagnosis of liver cirrhosis 2/2 to ETOH abuse, placed in the Medical unit (infirmary) on observation around 3:00 AM.

Upon examining / questioning this morning he gave me the following info:

-Hx of upper GI bleed for which he was admitted at LIJ hospital. Said had upper endoscopy, does not know the result. States was seen on f/u by a GI specialist , does not remember the name either.

He also provided a pharmacy named Braddock in Bellerose NY. Awaiting for them to open to verify if he has filled his meds.

He is also c/o RUQ pain, chronic.

He came with some loose pills purchased in India .

We have not received any significant medical records from ICE. He was cleared for incarceration by ICE.

Best Regards,

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

M.D.

Medical Director



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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The above mentioned detainee has been transferred to JCMC ER for vomiting and severe epigastric pain. vitals BP 151/98, HR 117, RR 21, Temp 97.0 O2 98%. His blood sugar was 60 glucagon 1mg IM was given and reassess increased to 115. Phenergan 25mg IM was given. Staff was unsuccessful with starting an IV.

(b)(6); (b)(7)(C) RN, CCHP
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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Jersey City Medical Center
Emergency Department
355 Grand Street
Jersey City, New Jersey 07302
201-915-2200

Name: (b)(6); (b)(7)(C)

Current Date: 02/11/18 10:56:49

DOB: (b)(6); (b)(7)(C)

MRN: 0001971320 FIN: (b)(7)(E)

Patient Address: Patient Phone: 35 HACKENSACK AVE KEARNY NJ 07032

Patient Portal Information

Access Key:

E-Mail:

Reason For Visit: Gastroparesis

Emergency Care Providers

Primary Physician: (b)(6); (b)(7)(C)

Primary Nurse:

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

Discharge Instructions:

Barnabas Health Patient Portal: If you have agreed to join the Barnabas Health Patient Portal, you will receive an email with instructions of how to begin. You will need the Patient Portal Access Key and access to the E-Mail address located at the top of this page to join. If the above E-Mail address is incorrect, please contact the facility's HIM/Medical Records Department to correct and resend the invitation.

Thank you for choosing Jersey City Medical Center for your Emergency experience. It was our pleasure to have had the opportunity to care for you.

As part of your healthcare team, we are committed to providing you and your family with the best possible quality of care. In the near future you may receive a survey that allows you to evaluate your experience. We would sincerely appreciate that you fill out the survey and return it within the next 2 weeks.

It is very important to us that your experience at Jersey City Medical Center was EXCELLENT. If for any reason your care and concerns were not handled with excellence, please contact us at your convenience at (b)(6); (b)(7)(C) and leave your name, contact number and date of visit so we may have the opportunity to review your care and return your call.

**Thank you so very much,
The Staff of the Emergency Department
Jersey City Medical Center**

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

Important: We examined and treated you today on an emergency basis only. This was not substitute for,

Person Full Name (b)(6); (b)(7)(C)

02/11/2018 10:56:50

1 of 10

FIN NBR (b)(7)(E)

Date of Birth (b)(6); (b)(7)(C)

or an effort to provide complete medical care. In most cases, you must let your doctor check you again. Tell your doctor about any new or lasting problems and please make sure your doctor gets the results of any tests done today. We cannot recognize and treat all injuries or illnesses in one Emergency Department visit. If you had special tests, such as EKG's or XRAY's, we will review them again within 24 hours. We will call you if there are any new suggestions. After you leave, you should follow the instructions below.

You may have been seen by a Physician Assistant or Nurse Practitioner while visiting the Emergency Department. The Physician Assistants and Nurse Practitioners work under the direct supervision of the Emergency Department Physician.

After leaving the Emergency Department, follow the instructions below.

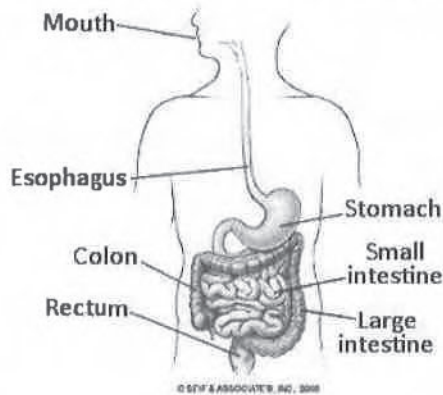
Patient Education Materials

The following Patient Education Materials have been given to the patient:

Nutrition

Gastroparesis

Gastroparesis, also called delayed gastric emptying, is a condition in which food takes longer than normal to empty from the stomach. The condition is usually long-lasting (*chronic*).



CAUSES

This condition may be caused by:

- An endocrine disorder, such as hypothyroidism or diabetes. Diabetes is the most common cause of this condition.
- A nervous system disease, such as Parkinson disease or multiple sclerosis.
- Cancer, infection, or surgery of the stomach or vagus nerve.
- A connective tissue disorder, such as scleroderma.
- Certain medicines.

In most cases, the cause is not known.

RISK FACTORS

This condition is more likely to develop in:

- People with certain disorders, including endocrine disorders, eating disorders, amyloidosis, and scleroderma.
- People with certain diseases, including Parkinson disease or multiple sclerosis.
- People with cancer or infection of the stomach or vagus nerve.
- People who have had surgery on the stomach or vagus nerve.
- People who take certain medicines.
- Women.

SYMPTOMS

Symptoms of this condition include:

- An early feeling of fullness when eating.
- Nausea.

Person Full Name (b)(6); (b)(7)(C)

FIN NBR (b)(7)(E)

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Date of Birth (b)(6); (b)(7)(C)

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- Weight loss.
- Vomiting.
- Heartburn.
- Abdominal bloating.
- Inconsistent blood glucose levels.
- Lack of appetite.
- Acid from the stomach coming up into the esophagus (*gastroesophageal reflux*).
- Spasms of the stomach.

Symptoms may come and go.

DIAGNOSIS

This condition is diagnosed with tests, such as:

- Tests that check how long it takes food to move through the stomach and intestines. These tests include:
 - Upper gastrointestinal (GI) series. In this test, X-rays of the intestines are taken after you drink a liquid. The liquid makes the intestines show up better on the X-rays.
 - Gastric emptying scintigraphy. In this test, scans are taken after you eat food that contains a small amount of radioactive material.
 - Wireless capsule GI monitoring system. This test involves swallowing a capsule that records information about movement through the stomach.
- Gastric manometry. This test measures electrical and muscular activity in the stomach. It is done with a thin tube that is passed down the throat and into the stomach.
- Endoscopy. This test checks for abnormalities in the lining of the stomach. It is done with a long, thin tube that is passed down the throat and into the stomach.
- An ultrasound. This test can help rule out gallbladder disease or pancreatitis as a cause of your symptoms. It uses sound waves to take pictures of the inside of your body.

TREATMENT

There is no cure for gastroparesis. This condition may be managed with:

- Treatment of the underlying condition causing the gastroparesis.
- Lifestyle changes, including exercise and dietary changes. Dietary changes can include:
 - Changes in what and when you eat.
 - Eating smaller meals more often.
 - Eating low-fat foods.
 - Eating low-fiber forms of high-fiber foods, such as cooked vegetables instead of raw vegetables.
 - Having liquid foods in place of solid foods. Liquid foods are easier to digest.
- Medicines. These may be given to control nausea and vomiting and to stimulate stomach muscles.
- Getting food through a feeding tube. This may be done in severe cases.
- A gastric neurostimulator. This is a device that is inserted into the body with surgery. It helps improve stomach emptying and control nausea and vomiting.

HOME CARE INSTRUCTIONS

- Follow your health care provider's instructions about exercise and diet.

- Take medicines only as directed by your health care provider.

SEEK MEDICAL CARE IF:

- Your symptoms do not improve with treatment.
- You have new symptoms.

SEEK IMMEDIATE MEDICAL CARE IF:

- You have severe abdominal pain that does not improve with treatment.
- You have nausea that does not go away.
- You cannot keep fluids down.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Released: 12/18/2006 Document Revised: 05/03/2016 Document Reviewed: 12/14/2015
Elsevier Interactive Patient Education ©2016 Elsevier Inc.

 **Follow Up:**

| | | |
|--------------------------------------|-----------------|-------------------------|
| With: | Address: | When: |
| Follow up with primary care provider | | In 2 days 02/13/2018 |

Please share all medications including over the counter, vitamins and herbal preparations that you are taking with all of your health care providers.
Before changing any of your previous medications, please discuss these changes with your primary physician.

 **Medications to take home:**

Continue Taking These Medications with No Changes

Other:

insulin regular 10 Unit SubCUTaneous 2 times a day.

lisinopril Oral Daily.

metoclopramide (Reglan)

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(7)(E)

02/11/2018 10:56:50
Date of Birth (b)(6); (b)(7)(C)

YOU ARE THE MOST IMPORTANT FACTOR IN YOUR RECOVERY.

Follow the above instructions carefully. Take your medicines as prescribed. Most importantly, see a doctor again, as discussed. If you have problems that we have not discussed, call or visit your doctor right away. If you cannot reach your doctor you may return to the Emergency Department. We may have provided you with a referral for one of our on call physicians who can provide the non-emergent follow up care needed for your specific medical problem. Please note that this physician may not be a participating provider in your health plan. Before making an appointment, we suggest that you first contact your health insurance plan or primary care physician to clarify this status. If our on call physician is not a participating provider in your health plan, your health insurance company or primary care physician may prefer that you are seen by another physician whose services would be covered by your insurance. Although our on call physician is willing to see you for a follow up visit, you may have responsibility for the bill if he/she is a non-participating physician in your plan.

As always, our Emergency Department remains available to you should your condition change and warrant further evaluation.

The RWJBarnabas Health Link: In the event that you need assistance finding a doctor to meet your needs, or a doctor that accepts your insurance plan, the RWJBarnabas Health Link program can help you. We invite you to call the toll free number at 1-888-724-7123, available to you 7 days a week, 24 hours a day, with bilingual personnel available. The service can assist you with referrals or making appointments to specialists, general practitioners or surgeons. The service can also provide easy registration information for health care education programs, support groups and screenings.

We hope you find this guidance helpful and we thank you for choosing Jersey City Medical Center for your health care needs.

If you need to obtain copies of your x-rays please call 201-915-2151. They will need 24 hours' notice to print your films. There may be a fee for the films.

If you need to obtain your Lab results, you may go to the main lab, on the ground floor. You will be asked to sign a release and receive a copy of any lab work done. The lab is open Monday through Saturday 7am to 9pm.

Smoking/Tobacco/Second Hand Smoke:

Be aware that smoking, use of tobacco, and exposure to second hand smoke may cause the following: Lung Disease, Lung Cancer, and/or Heart Disease. Exposure to smoke may also cause irritation of the lungs, leading to coughing, excessive phlegm, and chest discomfort and chest pains, which may affect the heart.

Second Hand Smoke also affects children.

Children who breathe second hand smoke are more likely to suffer from pneumonia, bronchitis, SIDS, asthma, and other lung diseases. They may also have more ear infections.

For further information on tobacco dependency programs contact:

Tobacco Dependency Treatment Program – 973-322-5767

Quit Line: 1-866-NJ-STOPS

For more information on Advance Directives please contact the New Jersey Department of Health.

<http://nj.gov/health/advancedirective/>

Seatbelts:

There is no doubt that seatbelts save lives. Everyday people not wearing seatbelts are more severely hurt in crashes. Buckle up to reduce your chances of severe injury.

Person Full Name (b)(6); (b)(7)(C)
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Tests and/or Procedures

SUMMARY OF ADDITIONAL EMERGENCY ROOM VISIT TEST AND/OR PROCEDURES PERFORMED

During your visit to the Emergency Department, the following tests and/or procedures were performed. Some of these tests results may need to be followed up by your physician. Please bring this to your next physician visit.

No Major Procedures

Laboratory Orders

| Name | Status | Details |
|--------------------------|-----------|--|
| Auto Diff | Completed | Blood, Collected, 02/11/18 3:32:00 EST, Stat, ST - Stat, Nurse collect, 02/11/18 3:32:00 EST, 13073079, 88667569.000000, OE_DEFAULT_FROM_FORM, Print Label By Order Location |
| CBC w/ Auto Diff | Completed | Blood, 02/11/18 3:29:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location |
| CMP | Completed | Blood, 02/11/18 3:29:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location |
| Glucose Blood Monitoring | Completed | Blood, Collected, 02/11/18 3:31:05 EST, RT, RT - Routine, 02/11/18 3:31:05 US/Eastern |
| Lipase Lvl | Completed | Blood, 02/11/18 3:30:00 EST, Stat, ST - Stat, Nurse collect, Print label Y/N, 13073079, OE_DEFAULT_FROM_FORM, Print Label By Order Location |

Radiology Orders

| Name | Status | Details |
|-------------------------|-----------|--|
| CT ABD PEL IV Only | Completed | Stat, Pain, Abdomen, 02/11/18 6:16:00 EST, Standard Precautions |
| Portable Abdomen 1 View | Completed | Stat, Abdominal Pain, FLAT AND UPRIGHT, 02/11/18 6:24:00 EST, Rad Type, Standard Precautions |
| Portable CXR 1 View | Completed | Stat, Pain, Abdomen, 02/11/18 6:24:00 EST, Rad Type, Standard Precautions |

Cardiology Orders

No cardiology orders were placed.

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(7)(E)

02/11/2018 10:56:50
Date of Birth (b)(6); (b)(7)(C)

Diabetes
Gastroparesis
FH: HTN (hypertension)

Laboratory or Other Results This Visit (last charted value for your 02/11/2018 visit)

Chemistry

02/11/2018 3:32 AM

Creatinine: 1.30 mg/dL -- Normal range between (0.70 and 1.30)
AST: 28 Int_Unit/L -- Normal range between (15 and 46)
Total Protein: 7.5 g/dL -- Normal range between (6.3 and 8.2)
AGAP: 15
Sodium: 141 mmol/L -- Normal range between (137 and 145)
CO2: 28 mmol/L -- Normal range between (19 and 30)
BUN: 19.0 mg/dL -- Normal range between (7.0 and 21.0)
Calcium: 9.5 mg/dL -- Normal range between (8.4 and 11.0)
Albumin: 4.1 g/dL -- Normal range between (3.5 and 5.0)
Alk Phos: 97.0 Int_Unit/L -- Normal range between (45.8 and 113.0)
ALT: 31 Int_Unit/L -- Normal range between (13 and 69)
Potassium: 4.2 mmol/L -- Normal range between (3.5 and 5.1)
Chloride: 98 mmol/L -- Normal range between (98 and 110)
eGFR: >60 mL/min/1.73m2
Lipase Lev: 16 Int_Unit/L -- Normal range between (23 and 300)
Bili Total: 0.6 mg/dL -- Normal range between (0.2 and 1.0)
Glucose: 209 mg/dL -- Normal range between (74 and 106)

02/11/2018 3:31 AM

Gluc BGM: 245 mg/dL -- Normal range between (74 and 106)
POC BG Comment: Notified DR/RN
POC Operator: Larry Manaois

Hematology

02/11/2018 3:32 AM

WBC: 8.4 K/UL -- Normal range between (4.5 and 11.0)
RBC: 4.63 m/UL -- Normal range between (4.70 and 6.10)
Platelet: 165 K/UL -- Normal range between (130 and 400)
MCV: 75.9 fL -- Normal range between (80.0 and 100.0)
MCH: 25.0 pg -- Normal range between (27.0 and 31.0)
MCHC: 32.9 g/dL -- Normal range between (33.0 and 37.0)
RDW: 16.0 % -- Normal range between (11.5 and 14.5)
MPV: 10 fL
Hgb: 11.6 g/dL -- Normal range between (12.0 and 16.0)
Hct: 35.2 % -- Normal range between (42.0 and 52.0)
Mono Abs Auto: 0.5 x10³/mCL -- Normal range between (0.1 and 0.6)
Baso Auto: 0 % -- Normal range between (0 and 2)
Baso Abs Auto: 0.0 K/UL -- Normal range between (0.0 and 0.2)
Lymph Abs Auto: 0.6 K/UL -- Normal range between (1.3 and 4.5)
Neutro Abs Auto: 7.2 K/UL -- Normal range between (1.9 and 9.2)
Lymph Auto: 7 % -- Normal range between (20 and 44)
Eos Abs Auto: 0.0 K/UL -- Normal range between (0.0 and 0.6)

**Jersey City Medical Center
Emergency Department
Clinical Summary**
355 Grand Street
Jersey City, New Jersey 07302

PERSON INFORMATION

Name (b)(6); (b)(7)(C)
Sex Male
Marital Status Single
Race Other Races
MRN 0001971320
Visit Reason Vomiting; Abdominal pain;
ABDOMINAL PAIN, VOMITING
Enc Type Emergency
Track Group JCMC ED Tracking Group
Tracking Id 150588285
Checkin 2/11/2018 3:11 AM
Arrival 2/11/2018 3:11 AM
Height 170 cm
Blood Pressure 131 mmHg/84 mmHg
Address:
35 HACKENSACK AVE KEARNY NJ 07032

Age 40 Years
Language English
Phone
Ethnicity Non-Hispanic
Visit Id
Specialty D/C
Med Service Medical
Discharge
Checkout 2/11/2018 10:54 AM
Acuity 3-Urgent
Weight 75 kg

DOB (b)(6); 2:00 AM
PCP

Acct# (b)(7)(E)

Referred by

Dispo Type Home
LOS 000 07:43
BMI 25.95 kg/m2

Cognitive and Functional Status

None

DEPART REASON INCOMPLETE INFORMATION

Follow up:

With:

Address:

When:

Follow up with primary care
provider

In 2 days
02/13/2018

Allergies

No Known Medication Allergies

Problems

Active

Pancreatitis

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(7)(E)

02/11/2018 10:56:50
Date of Birth (b)(6); (b)(7)(C)

1 of 4

Neutro Auto: 86 % -- Normal range between (42 and 75)
Mono Auto: 6 % -- Normal range between (0 and 12)
Eos Auto: 0 % -- Normal range between (0 and 5)
Automated Differential: Automated Differential

Computed Tomography

02/11/2018 9:30 AM

CT ABD PEL IV Only: CT ABD PEL IV Only

General Dx

02/11/2018 7:05 AM

Portable Abdomen 1 View: Portable Abdomen 1 View

02/11/2018 6:55 AM

Chest Xray Portable: Chest Xray Portable

Smoking Status:

Unknown if ever smoked

Procedures

No Procedures Documented

Immunizations

No Immunizations Documented This Visit

Medications:

Other:

insulin regular 10 Unit SubCUTaneous 2 times a day.

lisinopril Oral Daily.

metoclopramide (Reglan)

PHYS DOC NOTES

Current Addendums

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

Instructions Given to Patient at Discharge:

Person Full Name (b)(6); (b)(7)(C)
FIN NBR (b)(7)(E)

02/11/2018 10:56:50
Date of Birth (b)(6); (b)(7)(C)

Education:
Gastroparesis

Medication Leaflets:

State of New Jersey
PRESCRIPTION BLANK

**JERSEY CITY MEDICAL CENTER
DEPARTMENT OF EMERGENCY MEDICINE**

355 GRAND STREET
JERSEY CITY, NJ 07302
TELEPHONE: 201-915-2200

FACILITY PROVIDER # 10HF00004000 • FACILITY NPI #1689744856

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

PRINT: NAME AND TITLE OF PRESCRIBER AND, IF APPLICABLE, COLLABORATIVE PHYSICIAN

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

(b)(7)(F)

LICENSE #

NPI #

CHECK IF: APN CNM PA

D PRESCRIBER (b)(7)(E)

LICENSE / CERTIFICATE / Rx AUTHORIZATION #

A COLLABORATIVE PHYS:

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

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

PATIENT 35 HACKENSACK AVE

D.O.B.

KEARNY, NJ 07032

DATE

02/11/2018

ADDRESS



IF ISSUED BY AN OPTOMETRIST, NOT VALID FOR SCHEDULE II CONTROLLED DANGEROUS SUBSTANCES, EXCEPT FOR HYDROCODONE-CONTAINING PRODUCTS

Mail Note

See Instructions

Disp/Supply: <1 (one) Each>

Instructions: Pt is medically cleared for incarceration



TP-J050817005258

X

SUBSTITUTION PERMISSIBLE

DO NOT SUBSTITUTE

DO NOT REFILL

SIGNATURE

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

REFILL TIMES

Use a separate form for each controlled substance prescription

THEFT, UNAUTHORIZED POSSESSION AND/OR USE OF THIS FORM INCLUDING ALTERATIONS OR FORGERY, ARE CRIMES PUNISHABLE BY LAW

From: (b)(6); (b)(7)(C)
Sent: 15 Feb 2018 13:38:54 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:RE: Transferred to hospital

The patient returned yesterday, at 5:00pm, X-Ray taken no fracture

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Thursday, February 15, 2018 6:42 AM

To: (b)(6); (b)(7)(C)

Subject: EXTERNAL:RE: Transferred to hospital

Good morning, what was the outcome of this?

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: [redacted]@cfgpc.com>
Date: Wednesday, Feb 14, 2018, 1:06 PM
To: [redacted]@cfgpc.com> [redacted]@ice.dhs.gov> [redacted]
[redacted]@ice.dhs.gov>
Cc: [redacted]@cfgpc.com> [redacted]@ice.dhs.gov>
Subject: Transferred to hospital

[redacted] Commitment#: [redacted] SBI#: [redacted] 48 Years
Old DOB: [redacted]
Race: Unspecified Gender: Female LOC: I INF 112 10
Inmate Type: ICE HLCN: HCCC A#: [redacted] was
transferred to JCMC at 10:30Am.
Right Elbow Swollen R-hand sling in place.

Have a Fabulous Day,

[redacted] R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: [redacted]
Fax: [redacted]
e-mail: [redacted]@cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 14 Jul 2017 13:38:39 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:review (b)(6); (b)(7)(C)
Attachments: (b)(6); (b)(7)(C) 6.12.17_001.pdf

See attached hospital chart.

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Friday, July 14, 2017 8:31 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:review (b)(6); (b)(7)(C)

The reviewer would like to see the full hospital records as well, have you already obtained this?

(b)(6); (b)(7)(C)
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)
Fax (secure) (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov

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35 Hackensack ave
Kearny, NJ 07032

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

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

(b)(6) @cfgpc.com



Fax

INVESTING UNIT

To: *MEDICAL EXAMINER* From: (b)(6); (b)(7)(C) (MRA)

Fax: (b)(6); (b)(7)(C) Pages:

Phone: Date: *6-12-17*

Re: (b)(6); (b)(7)(C) cc:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

*HOSPITAL INFO ON
SENDING IN 2 PACKS.*

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

*2ND
PACK*

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*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 4483
DESTINATION ADDRESS (b)(6); (b)(7)(C)
SUBADDRESS
DESTINATION ID
ST. TIME 06/12 13:35
TX/RX TIME 05' 56
PGS. 23
RESULT OK



35 Hackensack Ave
Kearny, NJ 07032
(b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
@cfgm.com

Fax

INVESTING UNIT

To: *MEDICAL EXAMINER* From: (b)(6); (b)(7)(C) (MRA)
Fax: (b)(6); (b)(7)(C) Pages:
Phone: Date: *6-12-17*
Re: (b)(6); (b)(7)(C) cc:
 Urgent For Review Please Comment Please Reply Please Recycle

Comments: (b)(6); (b)(7)(C)

*HOSPITAL INFO ON
SENDING IN 2 PACKS.*

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*** FAX TX REPORT ***

TRANSMISSION OK

JOB NO. 4484
DESTINATION ADDRESS (b)(6); (b)(7)(C)
SUBADDRESS
DESTINATION ID
ST. TIME 06/12 13:43
TX/RX TIME 07' 58
PGS. 25
RESULT OK



35 Hackensack Ave
Kew-Forest, NJ 07032
(b)(6)
(b)(7)(C)
@nflspc.com

Fax

INVESTING UNIT

To: *MEDICAL EXAMINER* From: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C) Pages: _____

Phone: _____ Date: *6-12-17*

Re: (b)(6); (b)(7)(C) cc: _____

Urgent For Review Please Comment Please Reply Please Recycle

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

Comments:

*HOSPITAL INFO ON 2 PACKS.
SENDING IN 2 PACKS.*

*2ND
PACK*

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(b)(7)(E)

(46)

35 Hackensack Ave
Kearny, NJ 07032
(p) (b)(6); (b)(7)(C)
(f) (b)(6); (b)(7)(C)
(b)(6); @cfgs.com



Fax

To: MEDICAL RECORDS From: (b)(6); (b)(7)(C) (MRA)

Fax: (b)(6); (b)(7)(C) Pages: _____

Phone: _____ Date: 6-12-17

Re: (b)(6); (b)(7)(C) cc: _____

- Urgent For Review Please Comment Please Reply Please Recycle

Comments:

CAN YOU PLEASE EXPEDITE THESE RECORDS. I WOULD REALLY APPRECIATE IT. THANKING YOU IN ADVANCE.

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

MEDICAL RECORDS ADMINISTRATION

REC RECORDS 6-12-17

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CFG HEALTH SYSTEMS, LLC
RELEASE OF INFORMATION AUTHORIZATION

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

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

Name of Inmate

Inmate ID Number/Date of Birth

JCMC

6-12-17

Facility Releasing Information

Date

I hereby give my consent to CFG Health Systems, LLC and the above named facility to release the following information from my medical records to the facility/provider listed below:

() Records related to treatment of 2017 from

_____ to _____

() Physician/Provider's summary of my diagnosis, medications, treatments, prognosis and recent care.

() Admission Reports

() Discharge Reports

() Operative Summary Reports

() X-Ray reports

() Special Studies Reports

() Laboratory Reports

() Immunization History

() Mental Health Records

() Psychiatric Summary Report

() Drug Treatment History and Counseling

() Other Records

CFG HEALTH SYSTEMS, LLC AT HUDSON COUNTY CORRECTIONAL CENTER
35 HACKENSACK AVE, KEARNY, NJ 07032 (201) 395-5600 x5130 FAX (201) 395-5618

Facility/Provider to Receive Information

This information has been disclosed to you from records whose confidentiality is protected by State law, State regulations prohibit you from making any further disclosure of this information without the prior written consent of the person to whom it pertains.

I understand this authorization shall remain in full force and effect for the period of _____ from today's date unless withdrawn in writing by me.

I sign this willingly and I release CFG Health Systems, LLC and the facility from any liability which may result from such release of information.

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

Inmate Signature

Date

6-12-17

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

Witness

Witness

CFGHS REV. 12/2012

Jersey City Medical Center
Barnabas Health

JERSEY CITY MEDICAL CENTER 355 GRAND STREET JERSEY CITY NJ 07302

EMERGENCY SERVICE RECORD

| | | | | | | | | | | | | |
|--|--|---------|---|-------------------------------|------------------------------------|---|---|-----------------------------------|-------------------|--------------------------------------|------------|--|
| P A T I E N T | ACCOUNT NUMBER (b)(7)(E) | | PATIENT TYPE JOE QUICK REGISTRATION EMERGENCY | | MEDICAL RECORD / UNIT (b)(7)(E) | | DISCHARGE DATE | | (b)(6); (b)(7)(C) | | | |
| | SEX M | MS K | RACE/ETHNIC 1 | AGE 46Y | DATE OF BIRTH (b)(6); (b)(7)(C) | RELIGION | ORG DONOR | MR#: (b)(7)(E) FC: Z | | ADM 06/08/17 (b)(6); (b)(7)(C) 46Y M | | |
| | EXPECTED ADMIT DATE 06/08/17 | | | REGISTRATION DATE 06/08/17 | | DATE OF SERVICE / TIME 06/08/17 06:50 | | DR EMERGENCY, PHYSICIAN | | | | |
| | PATIENT NAME AND ADDRESS (b)(6); (b)(7)(C) | | | | | | ROOM / BED | | ACCT# (b)(7)(E) | | | |
| 30-35 HACKENSACK AVE KEARNY, NJ 07032 PHONE (b)(6); (b)(7)(C) CELL PHONE EMAIL ADVANCED DIRECTIVE | | | | | | ARRIVAL MODC | | HOSP SERV MED | | PATIENT REP PBRE | | |
| | | | | | | ACCIDENT RELATED NO | | ACCIDENT TYPE | | ACCIDENT DATE & TIME | | |
| | | | | | | INF CONTROL ONLY | | SOURCE/TYPE | | PREV. ADM DATE & SERVICE | | |
| | | | | | | DATE: FALLS: FLU VX: PNE VX: | | | | | | |
| PATIENT EMPLOYER NAME AND ADDRESS | | | | | | NEXT OF KIN (LEGAL REP) RELATIONSHIP TO PATIENT/ADDRESS | | | | | | |
| OCCUPATION | | | | | | PHONE | | CELL | | RELATIONSHIP | | |
| G U A R A N T O R | GUARANTOR NAME & ADDRESS (b)(6); (b)(7)(C) 30-35 HACKENSACK AVE KEARNY, NJ 07032 PHONE (b)(6); (b)(7)(C) | | | CELL | | RELATIONSHIP SELF | | GUARANTOR EMPLOYER NAME & ADDRESS | | | OCCUPATION | |
| | | | | SSN | | | | WK PHONE/EXT | | | | |
| I N S U R A N C E | CARRIER ADDRESS | | | | | | CARRIER ADDRESS | | | | | |
| | Case/Grp: Case#/Grp#: INSURED NAME Pol: COMMENTS | | | | | | Case#/Grp#: INSURED NAME Pol: APPROVAL # FROM THRU | | | | | |
| | APPROVAL # | | | | | | FROM THRU | | | | | |
| | | | | | | | ATTENDING PHYSICIAN 9999 EMERGENCY, PHYSICIAN | | | | | |
| | | | | | | | ADMITTING PHYSICIAN 9999 EMERGENCY, PHYSICIAN | | | | | |
| | | | | | | | REFERRING PHYSICIAN | | | | | |
| | | | | | | | PRIMARY CARE PHYSICIAN | | | | | |
| | | | | | | E.D. PHYSICIAN | | | | | | |
| | | | | | | CONSULTANT PHYSICIAN | | | | | | |
| | | | | | | M D, Exam Time: EMERGENCY, PHYSICIAN | | | | | | |
| CHIEF COMPLAINT | | | | | | | | | | | | |
| TEST INTERPRETATION (XRAY - EKG - ABG PULBE O X) | | | | | | | | | | | | |
| DIAGNOSIS 1 CODE E CODE | | | | | | | | | | | | |
| DIAGNOSIS 2 CODE Z CODE | | | | | | | | | | | | |
| DISPOSITION TIME: ADMIT TO: CRITICAL CARE <input type="checkbox"/> GEN MED/SURG/PEDS <input type="checkbox"/> UNIT TIME TO I/P U: ADM, RESIDENT | | | | | | | | | | | | |
| DATE: ELOPEMENT <input type="checkbox"/> TREAT/RELEASE <input type="checkbox"/> AMA <input type="checkbox"/> LEFT W/O BEING SEEN <input type="checkbox"/> LEFT DEPT @ | | | | | | | | | | | | |
| EXPIRED DATE: TIME: INTERNAL TRANSFER <input type="checkbox"/> TO | | | | | | | | | | | | |
| EXTERNAL TRANSFER TO REASON ACCEPTING MD RECORD SENT | | | | | | | | | | | | |
| TREATMENT AREA: TRAUMA <input type="checkbox"/> ACUTE <input type="checkbox"/> SUBACUTE <input type="checkbox"/> PEDS <input type="checkbox"/> FAST TRACK <input type="checkbox"/> | | | | | | | | | | | | |
| CONDITION GOOD, SELF CARE <input type="checkbox"/> IMPROVED MOD/SUP/CARE <input type="checkbox"/> STABLE MOD/SUP/CARE <input type="checkbox"/> STABLE CONSTANT SUP/CARE <input type="checkbox"/> STABLE HRF <input type="checkbox"/> | | | | | | | | | | | | |
| CONSULTATION: SERVICE MD NAME Time Called Tel Resp Time In Person Resp Time Compliance Reviewer Init Ward Clerk Init | | | | | | | | | | | | |
| PRINT NAME (RN / NP / PA) INIT SIGNATURE PRINT NAME (RN) INIT SIGNATURE | | | | | | | | | | | | |
| PRINT NAME (MD) LHS MD # INIT SIGNATURE | | | | | | | | | | | | |



JERSEY CITY MEDICAL CENTER EMERGENCY DEPARTMENT

== ED PHYSICIAN DOCUMENTATION ==

Page: 1

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C)
 Date Of Birth: (b)(6); (b)(7)(C)
 Age: 46 Yrs
 Gender: M
 MRN: (b)(7)(E)
 Patient Account No.: (b)(7)(E)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

Diagnosis 1: GI BLEED
 Diagnosis 2: MELENA
 Condition on discharge: CRITICAL
 Discharge Disposition: AMICU

== ED PHYSICIAN DOCUMENTATION ==

Diagnosis 2: MELENA
 Condition on discharge: CRITICAL

TX:=====

TRIAGE NOTES:

Blood in stool since last night with abdominal distention, Clots noted as reported. Blood is dark in color. Denies abd pain. C/O dizziness and headache.

Allergies (Reaction): NONE

Latex/Rubber: NO, Allergy bracelet applied: No

CURRENT MEDICATIONS:antibiotic

VITAL SIGNS:Temp: 97.5 F Oral, Pulse: 103 Resp: 18 Weight: 81.65
 Kg-Styled, BP: 65/29, Pulse ox: 100%

===== (TX) End

HISTORY OF PRESENT ILLNESS: (b)(6); (b)(7)(C) is a 46 -year-old Male who reports onset of rectal bleeding since overnight, with dull lower mild abdominal pain. Patient also reports that he now feels weak. Patient noted to be hypotensive in triage vital signs and required my immediate medical attention. Otherwise: (-) syncope, (-) chest pain, (-) NSAIDs, (-) anticoagulant use, (-) trauma, (-) vomiting. Has history of GI bleeding requiring transfusion.

PMD: None, .

== ED PHYSICIAN DOCUMENTATION ==

Page: 2

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C)
Date Of Birth: (b)(6); (b)(7)(C)
Age: 46 Yrs
Gender: M
MRN: (b)(7)(E)
Patient Account No.: (b)(7)(E)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

REVIEW OF SYSTEMS: Other than the symptoms associated with the present events, the following is reported with regard to recent health: General: (-) fever. HENT: (-) congestion. Respiratory: (-) cough. Cardiovascular: (-) chest pain. GI: (-) prior abdominal pain. GU: (-) urinary complaints. Musculoskeletal: (-) other aches or pains. Endocrine: (-) prior generalized weakness. Neurological: (-) localized weakness. Psychiatric: (-) emotional stress.

PAST MEDICAL HISTORY: (-) PUD, (-) cirrhosis, (-) HTN, (-) asthma, (-) COPD, (-) heart disease (+) Anemia; (+) GI bleed, (+) Non-Insulin Dependent Diabetes Mellitus

FAMILY HISTORY: (-) known inherited disease

SOCIAL HISTORY: (+) currently being detained by ICE

MEDICATIONS: Per nurse's note, reviewed by me antibiotic, oral meds for DM

ALLERGIES: Per nurse's note, reviewed by me NKDA

PHYSICAL EXAMINATION:

GENERALIZED APPEARANCE: Patient is alert and awake.

VITAL SIGNS: Per nurse's note, reviewed by me Temp: 97.5 F Oral, Pulse: 103 Resp: 18 Weight: 81.65 Kg- Stated, BP: 65/29, Pulse ox: 100%

SKIN: Warm, dry; Pale (-) cyanosis, (-) petechiae.

EYES: (+) conjunctival pallor, (-) scleral icterus.

ENMT: Mucous membranes moist.

NECK: (-) tenderness, (-) stiffness, (-) lymphadenopathy.

CHEST AND RESPIRATORY: (-) rales, (-) rhonchi, (-) wheezes; breath sounds equal bilaterally.

HEART AND CARDIOVASCULAR: (-) irregularity; (-) murmur, (-) gallop.

ABDOMEN AND GI: Soft; (-) distention, (+) mild left lower abdominal tenderness, (-) rebound, (-) guarding, (-) palpable masses.

RECTAL: (+) melena

EXTREMITIES: (-) deformity, (-) edema, (+) distal pulses 2+ symmetric.

NEURO AND PSYCH: Alert, oriented, normal strength. Sensation grossly intact. Moving all extremities.

The diagnostic results contained in this document reflect the information available to the physician at the time of the patient

ED PHYSICIAN DOCUMENTATION ==

Page: 3

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C)
 Date Of Birth: (b)(6); (b)(7)(C)
 Age: 46 Yrs
 Gender: M
 MRN: (b)(7)(E)
 Patient Account No.: (b)(7)(E)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

encounter. Final results, when completed, will be found in the patient's permanent hospital medical chart.

DIAGNOSTICS:

APTT *Date Back: 6/8/2017 8:05:00 AM

| Test Status | Result | Flag | Unit | Ref.Range |
|-----------------------|--------|------|------|-----------|
| PART THROMBOPLASTIN F | 58.6 | H | sec | 26.1-36.3 |

THERAPEUTIC RANGE
 73 - 114 sec (corresponding to 0.3-0.7 heparin Anti-Xa Units)
 52 - 73 sec (corresponding to 0.1 - 0.3 heparin Anti-Xa Units)
 REFERENCE RANGE REVISED

CBC *Date Back: 6/8/2017 7:58:00 AM

| Test Status | Result | Flag | Unit | Ref.Range |
|-------------|--------|------|------|-----------|
| WBC F | 9.5 | | K/UL | 4.5-11.0 |
| WBC F | 9.5 | | K/UL | 4.5-11.0 |
| RBC F | 1.34 | L | M/UL | 4.70-6.10 |

== ED PHYSICIAN DOCUMENTATION ==

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C)
 Date Of Birth: (b)(6); (b)(7)(C)
 Age: 46 Yrs
 Gender: M
 MRN: (b)(7)(E)
 Patient Account No.: (b)(7)(E)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

| | | | | |
|--|----------------|----|-------|------------|
| HGB | 4.0 | LL | GM/DL | 14.0-18.0 |
| C | | | | |
| CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn | | | | |
| BY:hg | ON: 06/08/2017 | @ | 07:58 | |
| READ BACK, CONFIRMED | | | | |
| HCT | 11.8 | LL | % | 42.0-52.0 |
| C | | | | |
| CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn | | | | |
| BY:hg | ON: 06/08/2017 | @ | 07:58 | |
| READ BACK, CONFIRMED | | | | |
| MCV | 87.6 | | FL | 80.0-100.0 |
| F | | | | |
| MCH | 29.6 | | PG | 27.0-31.0 |
| F | | | | |
| MCHC | 33.7 | | G/DL | 33.0-37.0 |
| F | | | | |
| RDW | 16.8 | H | % | 11.5-14.5 |
| F | | | | |
| PLATELET COUNT | 59 | L | K/UL | 130-400 |
| F | | | | |

COMP META PAN

*Date Back: 6/8/2017 8:12:00 AM

| Test Status | Result | Flag | Unit | Ref. Range |
|-------------|--------|------|--------|------------|
| GLUCOSE | 185 | H | MG/DL | 74-106 |
| F | | | | |
| BUN | 32.0 | H | MG/DL | 7.0-21.0 |
| F | | | | |
| CREATININE | 2.50 | H | MG/DL | 0.70-1.30 |
| F | | | | |
| SODIUM | 128 | L | MMOL/L | 137-145 |
| F | | | | |
| POTASSIUM | 5.1 | | MMOL/L | 3.5-5.1 |
| F | | | | |
| CHLORIDE | 106 | | MMOL/L | 98-110 |
| F | | | | |

== ED PHYSICIAN DOCUMENTATION ==

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C)
 Date Of Birth: (b)(6); (b)(7)(C)
 Age: 46 Yrs
 Gender: M
 MRN: (b)(7)(E)
 Patient Account No.: (b)(7)(E)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

| | | | | |
|---------------------------|-------------------|----|--------|------------|
| CO2 | 9 | LL | MMOL/L | 19-30 |
| F | | | | |
| REPEATED | | | | |
| CRITICAL VALUE CALLED TO: | (b)(6); (b)(7)(C) | | | |
| BY: FCERV | ON: 06/08/2017 | @ | 08:10 | |
| READ BACK, CONFIRMED | | | | |
| AST (SGOT) | 292 | H | IU/L | 15-46 |
| F | | | | |
| ALKA PHOS | 94.0 | | IU/L | 45.8-113.0 |
| F | | | | |
| PROTEIN TOTAL | 3.6 | L | G/DL | 6.3-8.2 |
| F | | | | |
| BILIRUBIN T | 1.3 | H | MG/DL | 0.2-1.0 |
| F | | | | |
| ALBUMIN | 1.2 | L | G/DL | 3.5-5.0 |
| F | | | | |
| CALCIUM | 6.5 | LL | MG/DL | 8.4-10.5 |
| F | | | | |

REPEATED
 CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) RN
 BY: FCERV ON: 06/08/2017 @ 08:10
 READ BACK, CONFIRMED
 ALT (SGPT) 173 H IU/L 13-69
 F

GFR (MDRD)

*Date Back: 6/8/2017 8:12:00 AM

| Test | Result | Flag | Unit | Ref.Range |
|--------|--------|------|------|-----------|
| Status | | | | |

GFR (MDRD) 30

F

REFERENCE RANGE FOR AGE 40-49:

99 ML/MIN/1.73 M2

Glomerular Filtration Rate (GFR) calculated from serum creatinine value

Chronic Kidney Disease less than 60 ml/min/1.73 m2

Kidney Failure less than 15 ml/min/1.73 m2

ED PHYSICIAN DOCUMENTATION ==

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C)
 Date Of Birth: (b)(6); (b)(7)(C)
 Age: 46 Yrs
 Gender: M
 MRN: (b)(7)(E)
 Patient Account No.: (b)(7)(E)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

=====

PT *Date Back: 6/8/2017 8:05:00 AM

=====

| Test Status | Result | Flag | Unit | Ref.Range |
|-------------|--------|------|------|-----------|
|-------------|--------|------|------|-----------|

=====

| | | | | |
|------------------|------|----|-----|-----------|
| PROTHROMBIN TIME | 40.7 | HH | sec | 11.5-14.1 |
|------------------|------|----|-----|-----------|

F
 CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn
 BY: hg ON: 06/08/2017 @ 08:05
 READ BACK, CONFIRMED

THERAPEUTIC RANGE
 22.2 - 30.4 sec (for INR 2.0-3.0)
 26.4 - 34.3 sec (for INR 2.5-3.5)
 >45.4 sec (for INR >5.0)
 REFERENCE VALUES HAVE RECENTLY BEEN REVISED

| | | | | |
|-----|------|----|--|-----------|
| INR | 4.35 | HH | | 0.85-1.11 |
|-----|------|----|--|-----------|

F
 CRITICAL VALUE CALLED TO: (b)(6); (b)(7)(C) rn
 BY: hg ON: 06/08/2017 @ 08:05
 READ BACK, CONFIRMED

Recommended therapeutic range is
 INR 2.0 to 3.0 for standard risk
 patients and INR 2.5 to 3.5 for
 high risk patients (mechanical
 heart valves)
 NORMAL RANGE REVISED

(Lab) End
 Pulse ox 100 % on ra indicating adequate oxygenation
 EKG: SR 99, ST depressions I, II, V4-V6, nonspecific T wave changes;
 as read by me.
 CXR: (-) infiltrate, (-) pneumothorax, (-) acute disease; read by me
 Abd CT: pending

EMERGENCY DEPARTMENT COURSE AND TREATMENT: Patient seen immediately
 on arrival because of high possibility of imminent or life threatening
 deterioration in patient's condition. Initial assessment, history, and

ED PHYSICIAN DOCUMENTATION

Page: 7

Patient Name: (b)(6); (b)(7)(C)
Service Date: 06/08/2017 06:42
ED Physician Name: (b)(6); (b)(7)(C)
Date Of Birth: (b)(6); (b)(7)(C)
Age: 46 Yrs
Gender: M
MRN: (b)(7)(E)
Patient Account No.: (b)(7)(E)
Private Physician Name: NONE
First Provider Time: 06/08/2017 07:16

exam done. Information taken from external source(s).

Immediately prior to procedure a "time out" was called to verify the correct patient, procedure and site. Ultrasonic guidance by me for vascular access shows patent right brachial vessel, with concurrent ultrasonic visualization of needle entry into that vessel. Medically necessary after failed attempts by nursing staff.

Treatment instituted Protonix 40 mg IV and IV NS 2L. Order placed for transfusion of 2 units PRBC's. Rectal temp reported as 93.7. Bair hugger placed. Decision made to obtain prior medical records. Prior records not found.

Orders written. Case discussed with ICU. Surgery called for consult.

Hgb/Hct: 4.0/11.8 reported. ICU at the bedside. Massive transfusion protocol activated at 0755 hrs. FFP two units ordered.

Case discussed with surgery 0757hrs.

Surgery evaluated the patient at 0845hrs and recommended ICU admission with GI consult.

Patient noted with a creat: 2.5; abd CT reordered as noncontrast study.

Patient re-evaluated and observed at bedside multiple times for subsequent response to continuing treatment. Lab tests reviewed. X-Rays reviewed. Monitor checked for vital sign trends and cardiac rhythm. Records and documentation completed.

Total physician critical care time 35 minutes exclusive of separately reportable procedures.

After the evaluation in the Emergency Department, my clinical impression is GI bleed, melena.

PLAN: Patient was admitted to the ICU under (b)(6); (b)(7)(C)

The documentation recorded by the scribe accurately reflects the

== ED PHYSICIAN DOCUMENTATION ==

Patient Name: (b)(6); (b)(7)(C)
 Service Date: 06/08/2017 06:42
 ED Physician Name: (b)(6); (b)(7)(C)
 Date Of Birth: (b)(6); (b)(7)(C)
 Age: 46 Yrs
 Gender: M
 MRN: (b)(7)(E)
 Patient Account No.: (b)(7)(E)
 Private Physician Name: NONE
 First Provider Time: 06/08/2017 07:16

service I personally performed and the decisions made by me.

Digitally signed by (b)(6); (b)(7)(C) on Thursday, June 08, 2017 at 16:21

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

Collected On: 06/10/2017 09:06

Subjective

Subjective
 Pt seen and examined at bedside , GCS 3T .

ROS

Complete Review of Systems
 Not Obtained Reason Mental Status Altered, Intubated.

Vital Signs

Patient's Vital Signs

06/10/2017 08:05
 • Pulse: 124HH (59-101)

06/10/2017 03:00
 • Pulse Ox (%): 96

06/09/2017 00:18
 • Temperature: 98.3F

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Site: Axillary
- Site: Radial
- Room Air or Oxygen: O2
- Respirations: 22
- B/P #1: 70/40 (90-140/60-90)
- Method: Arterial Line
- Position: Lying

MAK Assessments

06/09/2017 20:23

- MAK FS Glucose: 218

Critical Care Vital Signs

06/10/2017 08:07

- Heart Rate: 124

06/10/2017 06:30

- NIBP Systolic: 103
- NIBP Diastolic: 66

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6); (b)(7)(C)

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- NIBP Mean: 84
- ART Systolic: 91
- ART Diastolic: 55
- ART Mean: 68
- Pulse: 123
- Respirations: 29
- Comments.: Rounds with ICU team

06/10/2017 05:30

- SpO2: 72

06/10/2017 04:00

- ECG Rhythm: ST
- RR vent: 18
- Temperature: 97.8F
- Temp Source: Axillary
- Pain Scale: flacc
- Pain Level: 0/10
- Tidal Volume: 500

06/10/2017 00:00

- Oxygen Delivery Method: VENT

06/09/2017 12:00

- RASS Score: -5

06/09/2017 05:00

- Patient Off Floor: Aware of BP

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6); (b)(7)(C)

MRN: (b)(7)(E)
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Jersey City Medical Center;PN;Clinical Notes Report;(b)(6); (b)(7)(C); (b)(7)(F) 06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTImo: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alerg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6):

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Labs

HEMATOLOGY

06/10/2017 05:06

- WBC: 13.1 H
- RBC: 2.21 L
- Hgb: 7.1 L
- Hct: 20.2 L
- MCV: 91.6
- MCH: 31.7 H
- MCHC: 34.6
- RDW: 15.9 H
- Platelet Count: 52 L
- Polys: 67
- Lymphocyte: 3 L
- Monocyte: 6
- Eosinophil: 3
- Basophil: 0
- Absolute Poly: 11.5 H
- Absolute Lymph: 0.4 L
- Absolute Mono: 0.8
- Absolute Eos: 0.4
- Absolute Baso: 0.0
- Nucleated RBC: 1.0
- Band: 21 H
- Manual Diff: PERFORMED
- Metamyelocyte: 0

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(6); (b)(7)(C)
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Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6)

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Myelocytes: 0
- Promyelocytes: 0
- Immature Cells: 0
- Total Neutro: 88
- Total Lymph: 3
- Cells Counted: 100
- Cells Counted R: 100
- PLT Slide Rev: ADEQUATE
- Anisocytosis: SLIGHT
- Macrocytes: FEW
- Microcytes: FEW
- Poikilocytosis: SLIGHT
- Polychromasia: SLIGHT
- Ovalocytes: FEW
- Target Cells: FEW
- Toxic Gran: SLIGHT
- Crenated RBC's: FEW
- Burr Cells: FEW
- Schisocytes: FEW
- WBC R: 13.1 H

06/09/2017 03:04

- WBC: 16.9 H

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6)

MRN: (b)(7)(E)
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Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 DX:
 Alrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- RBC: 2.99 L
- Hgb: 9.3 L
- Hct: 27.6 L
- MCV: 92.5
- MCH: 31.0
- MCHC: 33.6
- RDW: 15.5 H
- Platelet Count: 143
- Polys: 65
- Lymphocyte: 9 L
- Monocyte: 16 H
- Eosinophil: 0
- Basophil: 0
- Absolute Poly: 12.7 H
- Absolute Lymph: 1.5
- Absolute Mono: 2.7 H
- Absolute Eos: 0.0
- Absolute Baso: 0.0
- Nucleated RBC: 0.0
- Band: 9
- Manual Diff: PERFORMED
- Metamyelocyte: 1
- Myelocytes: 0
- Promyelocytes: 0
- Immature Cells: 0
- Total Neutro: 75
- Total Lymph: 9
- Cells Counted: 100
- Cells Counted R: 100
- PLT Slide Rev: ADEQUATE
- Anisocytosis: SLIGHT
- Macrocytes: FEW

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6); (b)(7)(E)

MRN: (b)(7)(E)
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Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alerg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(F)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Microcytes: FEW
- Poikilocytosis: SLIGHT
- Polychromasia: SLIGHT
- Large PLTS: FEW
- Ovalocytes: FEW
- Toxic Gran: SLIGHT
- Crenated RBC's: FEW
- Schistocytes: FEW
- WBC R: 16.9 H

COAGULATION

06/10/2017 05:06

- Prothrombin Time: 47.4 HH
- INR: 5.29 HH
- Part Thromboplastin: 56.1 H

06/09/2017 03:04

- Prothrombin Time: 36.7 HH
- INR: 3.81 H
- Part Thromboplastin: 64.3 H

POCT Glucose Panel

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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Jersey City Medical Center;PN;Clinical Notes Report (b)(6); (b)(7)(C); (b)(7)(E) 06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTIme: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Contor
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bod: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

06/10/2017 08:07

- POCT Glucose: 128 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN

06/10/2017 03:28

- POCT Glucose: 149 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 23:31

- POCT Glucose: 188 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 20:16

- POCT Glucose: 218 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 15:25

- POCT Glucose: 201 H
- POC Operator: (b)(6); (b)(7)(C)
- POC Comment: Notified DR/RN

06/09/2017 11:33

- POCT Glucose: 213 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bod: (b)(6);

MRN: (b)(7)(E)
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Jersey City Medical Center;PN;Clinical Notes Report;(b)(6); (b)(7)(C); (b)(7)(E) 06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Ently Name: Jersey City Medical Center
 Dx:
 Alrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

06/09/2017 07:35

- POCT Glucose: 256 H
- POC Operator: SEE BELOW
- POC Comment: Notified DR/RN

06/09/2017 03:25

- POCT Glucose: 203 H
- POC Operator: (b)(6); (b)(7)(C)

CHEMISTRY

06/10/2017 05:06

- Glucose: 112 H
- BUN: 35.0 H
- Creatinine: 3.90 H
- GFR (MDRD): 18
- Sodium: 138
- Potassium: 4.5
- Chloride: 108
- CO2: 14 L
- Calcium: 6.4 LL
- AST (SGOT): 10499 H
- Alka Phos: 465.0 H
- Protein Total: 4.6 L
- Bilirubin T: 7.5 H
- Albumin: 2.3 L
- ALT (SGPT): 5352 H
- Phosphorous: 7.3 H
- Magnesium: 1.5 L

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTimo: 06/08/2017 09:08
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 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

06/09/2017 03:04

- Glucose: 177 H
- BUN: 32.0 H
- Creatinine: 3.00 H
- GFR (MDRD): 24
- Sodium: 138
- Potassium: 4.7
- Chloride: 112 H
- CO2: 8 LL
- Calcium: 6.5 LL
- AST (SGOT): 3593 H
- Alka Phos: 221.0 H
- Protein Total: 4.6 L
- Bilirubin T: 4.6 H
- Albumin: 2.1 L
- ALT (SGPT): 1690 H
- Phosphorous: 6.4 H
- Magnesium: 1.9
- Cholesterol: 59
- Triglyceride: 101
- HDL Cholesterol: 20 L
- Low Dens. Lipo: <30
- Risk Factor: 3

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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Generated On:6/10/2017 5:55:06PM

Jersey City Medical Center;PN;Clinical Notes Report (b)(6); (b)(7)(C); (b)(7)(E) 06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Lactic Acid: 11.9 HH

DRUG LEVELS

06/09/2017 03:04

- Acetaminophen: <10.0
- Salicylate: <1

BLOOD GAS

06/10/2017 04:15

- Ph: 7.209 LL
- PCO2: 35.5
- PO2: 60.0 L
- HCO3: 13.80 L
- BE: -12.90 L
- Thb: 7.30 L
- O2Sat: 87.2 L
- COHB: 0.9
- Methb: 0.7
- FIO2: 80.0

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTImo: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Accl No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- PO2/FIO2: 0.75
- Analysis Date & Time: SEE BELOW
- Sample Type: Blood Arterial
- Sample Site: A-Line
- Allen Test: NA
- Read Back: SEE BELOW
- Notified Time: SEE BELOW
- Operator: (b)(6); (b)(7)(C)
- Device Id#: 38073
- Comments RCOM: SEE BELOW

06/09/2017 04:14

- Ph: 7.019 LL
- PCO2: 30.7 L
- PO2: 84.0
- HCO3: 7.70 L
- BE: -21.90 L
- Thb: 10.00 L
- O2Sat: 93.9 L
- COHB: 0.2
- Methb: 0.2
- FIO2: 60.0
- PO2/FIO2: 1.40
- Analysis Date & Time: SEE BELOW
- Sample Type: Blood Arterial
- Sample Site: A-Line

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTimo: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

- Allen Test: NA
- Read Back: (b)(6); (b)(7)(C) RN
- Notified Time: SEE BELOW
- Operator: (b)(6); (b)(7)(C)
- Device Id#: 38262
- Comments RCOM: SEE BELOW

REFERENCE/SEND OUT

Hepatitis Panel, Acute w/HbCore Ab, Total

06/09/2017 03:04

- HB S Ag: Non Reactive
- Hb Core Ab, Total: Non Reactive
- Hb Core Ab (IgM): Non Reactive
- HCV Ratio: 0.07
- Hepatitis C Ab: Non Reactive
- HAV Ab (IgM): Nonreactive

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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Jersey City Medical Center;PN;Clinical Notes Report; (b)(6); (b)(7)(C); (b)(7)(E); 06102017 0906;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTImo: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Radiology

Diagnostic Imaging

06/09/2017 09:17

• XR Chest Portable 1 View: (b)(6); (b)(7)(C); (b)(7)(E) EXAM CHEST 1 VIEW CLINICAL INDICATION Dyspnea Dyspnea TECHNIQUE A single view of the chest was obtained. COMPARISON Yesterday 11 00 PM. IMPRESSION Postsurgical changes/Catheters and Support Devices Unchanged endotracheal tube, nasogastric tube, and right neck central venous catheter. Lungs and Pleural Spaces New airspace disease involving the left lower lung zone may be representing pneumonia or atelectasis. Right lung remains normally aerated. No pneumothorax. Heart/Mediastinum No change. Transcriptionist: (b)(6); Reading Radiologist: (b)(6); (b)(7)(C) Releasing Radiologist: (b)(6); Released Date Time- 06/09/17 0920

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

06/09/2017 09:16

• XR Chest Portable 1 View: (b)(6); (b)(7)(C); (b)(7)(E) EXAM CHEST 1 VIEW CLINICAL INDICATION s/p NGT placement s/p NGT placement TECHNIQUE A single view of the chest was obtained. COMPARISON Earlier today. IMPRESSION Postsurgical changes/Catheters and Support Devices New endotracheal tube with tip in the thoracic inlet. Nasogastric tube in the stomach unchanged. Right IJ central venous catheter in the SVC unchanged. Lungs and Pleural Spaces No pneumothorax. No new airspace disease. Heart/Mediastinum No change. Transcriptionist: (b)(6); Reading Radiologist: (b)(6); Releasing Radiologist: (b)(6); Released Date Time- 06/09/17 0918

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

General

Comment

Pt seen and examined at bedside. Intubated, GCS 3T .
 The Patient is

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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 Rm & Bed: (b)(6); (b)(7)(C)

Critical Care Medical (Progress Note) - Inpatient SOAP Note

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Collected On: 06/10/2017 09:06

Well-Developed and Well-Nourished, Obese, Unresponsive.

HENT

Head Size
 Normocephalic.
 Comment
 +ETT/NGT
 NGT with coffee ground output mixed with dark red blood.

Eyes

Comment
 pupils sluggish.

Neck

Jugular Veins
 Normal.

Respiratory

Effort
 Assisted Breathing.
 Comment
 cparse breath sound.

Cardiac

Rate
 Tachycardia.
 Rhythm

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: ICU30

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Regular.
 Heart Sounds
 Normal S1, S2.
 Murmur
 No Murmurs.
 Comment
 tachycardia .

Abdomen

Palpation
 Firm.
 Comment
 firm, very distended abd.

Rectum/Anus

Comment
 blood.

Male Genitalia

Comment
 FC c urine in place.

Musculoskeletal

General Inspection
 No Injury or Deformity.

Neuro

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(7)(E)
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 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:06

Mental Status

Cooperation Does Not Follow Commands, Orientation Not Able to Assess.

Comment

GCS 3T.

Assessment and Plan

Consult

- Dietitian Referral (Complete)
- Case Management Referral
- Palliative Care Referral
- Physical Therapy Referral (Complele)

Medication

- OCTREOTIDE 1.2MG in SODIUM CHLORIDE 0.9% Intravenous ;Starting Dose:50mcg/hr @5.258mL/Hour Pending Date: 06/10/2017
- VASOPRESSIN 100UNIT in SODIUM CHLORIDE 0.9% SOLN Intravenous ;Starting Dose:0.04Units/min @2.4mL/Hour for 3 Days, Clinician Dir:FOR HYPOTENSION; FINAL CONCENTRATION 1 UNIT/ML
- PHENYLEPHRINE 160MG in SODIUM CHLORIDE 0.9% Intravenous ;Starting Dose:40mcg/min @TITRATEmL/Hour for 3 Days, Clinician Dir:MAX 360 MCG/MIN
- NOREPINEPHRINE (LEVOPHED) 32MG in SODIUM CHLORIDE 0.9% Intravenous ;Starting Dose:8mcg/min @TITRATEmL/Hour for 3 Days, Clinician Dir:TITRATE TO MAINTAIN A MAP GREATER THAN 65
- IPRATROPIUM-ALBUTEROL (DUO-NEB) 3 ML = 1 AMP Nebulization RTQ4H PRN WHEEZING/SOB for 3 Days
- DEXTROSE 5% IN WATER (1000 ML bag) SODIUM BICARBONATE 8.4% 150 MEQ = 150 ML Intravenous @120mL/Hour Over 9.5H for 3 Days
- FENTANYL 50 MCG = 1 ML Intravenous Q3H PRN FLACC>3 for 3 Days
- cefTRIAxone (ROCEPHIN) 1G Intravenous QDAY First Dose Now for 7 Days
- INSULIN ASPART (NovoLOG Flexpen) Sliding Scale Subcutaneous INSQ4H(TIMED) for 14 Days,

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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| Dx: | | | |
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Critical Care Medical (Progress Note) - Inpatient SOAP Note

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Collected On: 06/10/2017 09:06

Clinician Dir: TARGET BLOOD GLUCOSE RANGE: CRITICALLY ILL (140-180 MG/DL); NON-CRITICALLY ILL (FASTING <140 MG/DL; RANDOM <180 MG/DL)

For Low Scale 0 to 69 Give 0 UNIT

For Low Scale 70 to 120 Give 0 UNIT

For Low Scale 121 to 150 Give 0 UNIT

For Low Scale 151 to 200 Give 1 UNIT

For Low Scale 201 to 250 Give 2 UNIT

For Low Scale 251 to 300 Give 3 UNIT

For Low Scale 301 to 350 Give 4 UNIT

For Low Scale 351 to 400 Give 5 UNIT

For Low Scale 401 to 9999 Give 7 UNIT

Notify Physician if: BG < 70 OR > 400

- **ESOMEPRAZOLE (NEXIUM I.V.) 80MG** Intravenous CONT IV, Clinician Dir: NEXIUM AUTOSUB FOR PROTONIX D/T BACKORDER, OK W/MAIBAM MD REPLACES ORDER 2 GI BLEED
- **DEXTROSE 50% 25 G = 50 ML** Intravenous AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir: ADMINISTER IF GLUCOSE IS <70 MG/DL AND PATIENT IS NOT ALERT
- **GLUCAGON, HUMAN RECOMBINANT (GLUCAGON EMERGENCY KIT) 1 MG = 1 KIT** Intramuscular AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir: ADMINISTER 1 DOSE IF GLUCOSE IS <70 MG/DL, PATIENT IS NOT ALERT AND NO IV ACCESS.
- **DEXTROSE 50% 12.5 G = 25 ML** Intravenous AS DIRECTED PRN HYPOGLYCEMIA for 14 Days, Clinician Dir: ADMINISTER IF GLUCOSE IS <60 MG/DL, AND PATIENT IS ALERT AND NPO

Patient Care Orders

- **Indwelling Urinary Catheter (foley)**
- **Communication** please measure bladder pressure and document, thx
- **Code Status** DNR & Allow Natural Death
- **Verify Type & Screen** within the past 72 hours
- **Verify Consent** for Blood Transfusion is signed and on chart
- **Transfuse 2 Unit FFP**
- **Initiate Fall Precautions**
- **Communication** As per Dr. Stowe, let's get an NGT, low intermittent suction (not continous), and albumin

Pt Name: (b)(6); (b)(7)(C)

MRN: (b)(7)(E)

Rm/ Bed: (b)(6);

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 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jorsey City Medical Center
 Dx:
 Alrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Attn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Critical Care Medical (Progress Note) - Inpatient SOAP Note

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Collected On: 06/10/2017 09:06

q6h for 1 day -Surgery informed regarding bladder pressure, however, patient is too unstable to go to the OR, please repeat ABG thank you.

- **Verify Type & Screen** within the past 72 hours (Complete)
- **Verify Consent** for Blood Transfusion Is signed and on chart (Complete)
- **Transfuse 1 Unit FFP** (Complete)
- **Verify Consent** for Blood Transfusion Is signed and on chart (Complete)
- **Verify Type & Screen** within the past 72 hours (Complete)
- **Verify Consent** for Blood Transfusion Is signed and on chart (Complete)
- **Transfuse 2 Units PRBC** (Complete)
- **Finger Stick Blood Glucose NPO/Tube Feeds:** every 4 hours INSQ4H(Timed)
- **Transfuse 1 Unit FFP** (Complete)
- **Verify Consent** for Blood Transfusion Is signed and on chart (Complete)
- **Transfuse 1 Unit FFP** (Complete)
- **Verify Type & Screen** within the past 72 hours (Complete)
- **Transfuse 2 Units PRBC** (Complete)
- **Verify Consent** for Blood Transfusion is signed and on chart (Complete)
- **Verify Type & Screen** within the past 72 hours (Complete)
- **CHG Bath:** Bathe daily w/lt 2% Chlorhexidine Gluconate skin preparation cloth kit as per decolonization

protocol QDAY

- **Notify MD/Licensed Provider** glucose < 70 mg/dL
- **Initiate Subcutaneous Supplemental Insulin Scale** in a patient admittted with unknown insulin requirements.

For short-term use (24-48 hours).

- **Notify MD/Licensed Provider** glucose > 400 mg/dL In addition to insulin; Basic Metabolic Panel,

Magnesium, Phosphorus, and recheck blood glucose in 15 minutes.

- **Initiate Hypoglycemia Treatment Orders** if Blood Sugar <70 mg/dL
- **Notify MD/Licensed Provider** glucose > 180 mg/dL two (2) times in 24 hours
- **Intermittent Pneumatic Compression (SCD)**
- **Intermittent-Pneumatic-Compression (SCD)**
- **VTE Prophylaxis Risk Assessment**
- **Activity :** Bedrest
- **Intake & Output** strict

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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| Pt ID: | (b)(7)(E) | Acct No: | (b)(7)(E) |
| DOB: | (b)(6); (b)(7)(C) | Age/Sex: | 46Y/M |
| Adm DTImo: | 06/08/2017 09:08 | Atn Dr: | (b)(6); (b)(7)(C) |
| Nurs Sta: | Intensive Care Unit | Rm & Bed: | (b)(6); (b)(7)(C) |
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Critical Care Medical (Progress Note) - Inpatient SOAP Note

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Collected On: 06/10/2017 09:06

Respiratory

- Ventilator Management Adult, PRVC, TV 450, RR 18, FiO2 100 %, PEEP 12 (lirate Fio2 To keep SPO2>92 Continuous Pending Date: 06/10/2017)
- Blood Gas Analysis Panel (Blood Arterial) : O2/% - 80 : (Complete)
- PRN Nebulizer Therapy Med: IPRATROPIUM-ALBUTEROL RTQ4H (ATC) Until 6/13/2017 2:34 AM
- Nebulizer Therapy Subsequent Med: ALBUTEROL 2.5 MG/0.5 ML SOL STAT ONE TIME
- Blood Gas Analysis Panel (Blood Arterial) : Tomorrow a.m. : O2/% - 80 : (Complete)
- Blood Gas Analysis Panel (Blood Arterial) : Tomorrow a.m. : O2/% - 80 : (Complete)
- Blood Gas W/Electrolytes (Blood Arterial) : STAT : O2/% - 70 : (Complete)
- Blood Gas Analysis Panel (Blood Arterial) : STAT : O2/% - 100 : (Complete)
- Blood Gas W/Electrolytes (Venous Blood) : O2/LPM - 2 : (Complete)
- Blood Gas Analysis Panel (Blood Arterial) : STAT : O2/LPM - 2 : (Complete)

Comment

46 y/o M with PMH of DM, liver cirrhosis and GI bleed presented to ER with c/o black tarry bowel movement 4 times since yesterday. Pt reports of associated dizziness and headache with weakness. Pt mention of prior h/o GI bleed about 6 months ago with hematemesis and underwent EGD, but unsure of the result. Pt also reports of similar presentation back in Jan, which resolved without seeking medical help. While in the ER SBP was in 60's and received 2 L bolus with 1 PRBC.
Pt denies nausea/vomiting, BRBPR, CP, SOB, palpitation, pain abdomen, LOC.

During evaluation, pt BP dropped to 53/47 associated with dizziness and massive transfusion was called. Pt received 5 PRBC and 2 platelet and 2FFP each with some improvement of BP to SBP 90's, labs noted for Hb of 4 with INR of 4.5 and platelet of 50. Pt continue to have several episodes of melena with significant amount and another 2 unit PRBC and 2 unit FFP was transfused.

Surgery was also consulted while in the ER and placed a NG tube with return of blood

MICU consulted for symptomatic anemia with active GI bleed

Pt Name: (b)(6); (b)(7)(C)
Rm/ Bed: (b)(6);

MRN: (b)(7)(E)
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| Nurs Sta: | Intensive Care Unit | Rm & Bed: | (b)(6); |
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Critical Care Medical (Progress Note) - Inpatient SOAP Note

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Collected On: 06/10/2017 09:06

Neuro:
GCS 3 T
mutisystem involvement with very poor prognosis

Respiratory:
pt intubated during EGD for airway protection
CXR b/l infiltrates
Pt going into ARDS requiring high PEEP and FIO2

GI:
melena likely from upper GI bleed
several episode of melena while in the ER
labs noted for Hb of 4 >6.2>8->10.6->9.3, with INR of 4.5>4.35>2.8>2.5>3.81 and platelet of 50>80
AST: 3593->, alt: 1690
BILI 4,6
Pt went hemorrhagic shock and had massive transfusion.
in total received 10 PRBC, 5 FFP and 3 platelet, will transfuse another 2 UFFP today as per GI
still hypotensive initially with MAP low 60 to 50's and staretd on pressors prior to EGD
GI bleed is suspicious of upper GI, potentially variceal bleed, in the context of liver cirrhosis as evident from the LFT and history

(b)(6); (b)(7)(C) consulted, ans EGD done at the bed side showed blood clot in the esophaguS with significant collection of blood, lost about 1 L.during the procedure, grade 1 varice with sclerozing agent injected around the lower esophagus
Significantly worsening of LFT
Pt currently DNR with no aggressive management considering the futile status with very poor prognosis c/w supportive and comfort

Cirrhosis:
unknown etiology likeley alcohol as pt admitted to excessive drinking prior to intubation
worsening LFT
shock liver from hemorrhagic shock!

| | | | | |
|-----------------|-------------------|-------------|---------------|--|
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Critical Care Medical (Progress Note) - Inpatient SOAP Note

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Collected On: 06/10/2017 09:06

Renal:
 pt is anuric
 worsening renal function
 AKI from hemorrhagic shock

Endocrine:
 h/o DM on metformin
 c/w RISS

Social:
 Received call from immigration case manager, (b)(6); (b)(7)(C) and updated about the ongoing medical issue and prognosis. Stated that staffs from immigration might be visiting this weekend, and to notify her if pt expires. administrative consent was obtained by (b)(6); (b)(7)(C) and (b)(6); (b)(7)(C) for DNR status in light of poor prognosis , multiple organ failure and futile efforts no family present

D/w (b)(6); (b)(7)(C) agreed with the above plan

Supervisory Note

Supervisory Note For
 Resident I performed a history and physical examination of the patient and discussed the management with the resident. I reviewed the resident's note and agree with the documented findings and plan of care. Yes.

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6); (b)(7)(C)

MRN: (b)(7)(E)
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Critical Care Medical (Progress Note) - Inpatient SOAP Note

continued from previous page

Collected On: 06/10/2017 09:08

Electronically signed by (b)(6); (b)(7)(C) PGY III on 06/10/2017 12:52

Electronically cosigned by (b)(6); (b)(7)(C) MD on 06/10/2017 17:55

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: (b)(6);

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JERSEY CITY MEDICAL CENTER

355 GRAND STREET, JERSEY CITY, NJ 07302

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

MR#: (b)(7)(E)

30-35 HACKENSACK AVE

Account # (b)(7)(E)

KEARNY NJ 07032

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M

Location: JER

PAT TYPE: JER

RADIOLOGY/IMAGING DEPARTMENT

Check-in No. (b)(7)(E)

Check-in Date/Time 06/08/17 0729

rectal bleed

Ordering Physician (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam | |
|-----------|---------------|------|------------------------|
| (b)(7)(E) | 0002 | 0045 | XR CHEST PORT 1 VIEW |
| | 06/08/17 0832 | | Ord Diag: rectal bleed |

EXAM: CHEST 1 VIEW PORTABLE 06/08/2017 8:32 AM

CLINICAL INDICATION: rectal bleed
rectal bleed

No prior radiographs are available for comparison.

FINDINGS:

Single portable chest is submitted. The heart and mediastinum are unremarkable. Trachea is in its normal position. There is no evidence of hilar or mediastinal adenopathy.

Hemidiaphragms are smooth the costophrenic angles are sharp.

Lung fields are fully expanded no infiltrate or effusion is noted. There is no evidence of a pneumothorax.

Soft tissue and bony thorax as visualized are normal for the patient's age.

Impression: No active disease

Transcriptionist: (b)(6); (b)(7)(C)

Reading Radiologist: (b)(6); (b)(7)(C)

Releasing Radiologist: (b)(6); (b)(7)(C)

Released Date Time: 06/08/17 0943

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

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

355 GRAND STREET
DEPT OF EM
JERSEY CITY NJ

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

07302

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

(b)(7)(E)

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(F)

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: JER

PAT TYPE: JER

Check-in No. (b)(7)(E)

Check-in Date/Time 06/08/17 0729

rectal bleed

Ordering Physician (b)(6); (b)(7)(C)

Checkin-Exam Code Summary

(b)(7)(E)

(b)(6); (b)(7)(C)
355 GRAND STREET
DEPT OF EM
JERSEY CITY NJ

07302

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

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

(b)(7)(E)

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E) (b)(6):

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: (b)(6); (b)(7)(C) PAT TYPE: JIA

Check-in No. (b)(7)(E) Check-in Date/Time 06/08/17 1254

Ordering Physician (b)(6); (b)(7)(C) gi bleed

| Chk-in # | Order | Exam | |
|-----------|---------------|------|----------------------|
| (b)(7)(E) | 0005 | 0045 | XR CHEST PORT 1 VIEW |
| | 06/08/17 1307 | | Ord Diag: gi bleed |

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: gi bleed
gi bleed

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: This morning.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
New nasogastric tube. New central venous catheter via the right aspect
of the neck with tip at the RA/SVC junction.

Lungs and Pleural Spaces:
No change.

Heart/Mediastinum:
No change.

Other:
No change.

Summary:
New nasogastric tube and central venous catheter. No acute
cardiopulmonary abnormalities.

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

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

355 GRAND STREET
DEPARTMENT OF MEDICINE
JERSEY CITY NJ

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

07302

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

(b)(7)(E)

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C) MR#: (b)(7)(E) (b)(6);
30-35 HACKENSACK AVE Account # (b)(7)(E)
KEARNY NJ 07032
Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M Location: (b)(6); (b)(7)(C) PAT TYPE: JIA
RADIOLOGY/IMAGING DEPARTMENT

Check-in No. (b)(7)(E) Check-in Date/Time 06/08/17 1254

Ordering Physician gi bleed
(b)(6); (b)(7)(C)

Checkin-Exam Code Summary

(b)(7)(E)

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologist: (b)(6); (b)(7)(C)
Releasing Radiologist: (b)(6); (b)(7)(C)
Released Date Time: 06/08/17 1714

(b)(6); (b)(7)(C)
355 GRAND STREET
DEPARTMENT OF MEDICINE
JERSEY CITY NJ

07302

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

(b)(7)(E)

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E) 077-30

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: (b)(6); (b)(7)(C) PAT TYPE: JIA

Check-in No. (b)(7)(E) Check-in Date/Time 06/08/17 0837

GI bleed with pain abdomen

Ordering Physician (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam | |
|---------------|-------|------|--------------------------------------|
| (b)(7)(E) | 0003 | 1018 | US ABD ABDOMEN COMPLETE |
| 06/08/17 1706 | | | Ord Diag: GI bleed with pain abdomen |

EXAM: ABDOMINAL ULTRASOUND COMPLETE

CLINICAL INDICATION: GI bleed with pain abdomen

TECHNIQUE: Complete abdominal ultrasound.

COMPARISON: No pertinent prior studies have been submitted for comparison.

FINDINGS:

Liver: No significant parenchymal abnormalities.

Bile ducts: No significant dilation. Common bile duct not visualized

Gallbladder: Gallstone. Mild pericholecystic fluid

Pancreas: Not visualized

Spleen: Spleen is enlarged measuring 15.5 cm

Right kidney: Not seen

Left Kidney: 10 cm. No significant abnormalities. No hydronephrosis.

Aorta: Not visualized

(b)(6); (b)(7)(C)
355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

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

07302

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

(b)(7)(E)

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E)

(b)(6);

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: (b)(6); (b)(7)(C)

PAT TYPE: JIA

Check-in No. (b)(7)(E) Check-in Date/Time 06/08/17 0837

GI bleed with pain abdomen

Ordering Physician (b)(6); (b)(7)(C)

Checkin-Exam Code Summary

(b)(7)(E)

IVC: Visualized IVC has no significant abnormalities.

Other: Ascites.

IMPRESSION: Limited study as patient is in the ICU and unresponsive.

Cholelithiasis. Pericholecystic fluid.

Ascites

Transcriptionist: (b)(6); (b)(7)(C)

Reading Radiologist: (b)(6); (b)(7)(C)

Releasing Radiologist: (b)(6); (b)(7)(C)

Released Date Time: 06/08/17 1806

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

355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

07302

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

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

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

(b)(7)(E)

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E)

(b)(6);

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: (b)(6); (b)(7)(C) PAT TYPE: JIA

Check-in No. (b)(7)(E) Check-in Date/Time 06/08/17 2318

s/p NGT placement

Ordering Physician (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam | |
|---------------|-------|------|-----------------------------|
| (b)(7)(E) | 0009 | 0045 | XR CHEST PORT 1 VIEW |
| 06/08/17 2346 | | | Ord Diag: s/p NGT placement |

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: s/p NGT placement
s/p NGT placement

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: Earlier today.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
New endotracheal tube with tip in the thoracic inlet. Nasogastric tube
in the stomach unchanged. Right IJ central venous catheter in the SVC
unchanged.

Lungs and Pleural Spaces:
No pneumothorax. No new airspace disease.

Heart/Mediastinum:
No change.

Transcriptionist: (b)(6); (b)(7)(C)
Reading Radiologist: (b)(6); (b)(7)(C)
Releasing Radiologist: (b)(6); (b)(7)(C)
Released Date Time: 06/09/17 0918

(b)(6); (b)(7)(C)
355 GRAND STREET
DEPT OF MEDICINE
JERSEY CITY NJ

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

07302

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

(b)(7)(E)

JERSEY CITY MEDICAL CENTER

355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E)

(b)(6);

(b)(7)(C)

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: (b)(6); (b)(7)(C)

PAT TYPE: JIA

Check-in No. (b)(7)(E)

Check-in Date/Time

06/09/17 0321

Dyspnea

Ordering Physician

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

| Chk-in # | Order | Exam | |
|---------------|-------|------|----------------------|
| (b)(7)(E) | 0008 | 0045 | XR CHEST PORT 1 VIEW |
| 06/09/17 0516 | | | Ord Diag: Dyspnea |

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: Dyspnea
Dyspnea

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: Yesterday 11:00 PM.

IMPRESSION:

Postsurgical changes/Catheters and Support Devices:
Unchanged endotracheal tube, nasogastric tube, and right neck central venous catheter.

Lungs and Pleural Spaces:
New airspace disease involving the left lower lung zone may be representing pneumonia or atelectasis. Right lung remains normally aerated. No pneumothorax.

Heart/Mediastinum:
No change.

Transcriptionist: (b)(6); (b)(7)(C)

Reading Radiologist: (b)(6); (b)(7)(C)

Releasing Radiologist: (b)(6); (b)(7)(C)

Released Date Time: 06/09/17 0920

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

355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

07302

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

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

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

(b)(7)(E)

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E)

(b)(6);

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: (b)(6); (b)(7)(C)

PAT TYPE: JIA

Check-in No. (b)(7)(E)

Check-in Date/Time 06/09/17 0321

Ordering Physician (b)(6); (b)(7)(C)
Dyspnea

Checkin-Exam Code Summary

(b)(7)(E)

MAIBAM, AMITA
355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

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

07302

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

115883590

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E) (b)(6);

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: (b)(6); (b)(7)(C)

PAT TYPE: JIA

Check-in No. (b)(7)(E)

Check-in Date/Time 06/08/17 0837

GI bleed with pain abdomen

Ordering Physician (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam | |
|-----------|---------------|------|--------------------------------------|
| (b)(7)(E) | 0003 | 1018 | US ABD ABDOMEN COMPLETE |
| | 06/08/17 1706 | | Ord Diag: GI bleed with pain abdomen |

EXAM: ABDOMINAL ULTRASOUND COMPLETE

CLINICAL INDICATION: GI bleed with pain abdomen

TECHNIQUE: Complete abdominal ultrasound.

COMPARISON: No pertinent prior studies have been submitted for comparison.

FINDINGS:

Liver: No significant parenchymal abnormalities.

Bile ducts: No significant dilation. Common bile duct not visualized

Gallbladder: Gallstone. Mild pericholecystic fluid

Pancreas: Not visualized

Spleen: Spleen is enlarged measuring 15.5 cm

Right kidney: Not seen

Left Kidney: 10 cm. No significant abnormalities. No hydronephrosis.

Aorta: Not visualized

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

355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

07302

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

JRA

(b)(7)(E)

JERSEY CITY MEDICAL CENTER
355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E)

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

30-35 HACKENSACK AVE
KEARNY NJ 07032

Account # (b)(7)(E)

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M
RADIOLOGY/IMAGING DEPARTMENT

Location: (b)(6); (b)(7)(C) PAT TYPE: JIA

Check-in No. (b)(7)(E) Check-in Date/Time 06/08/17 0837

GI bleed with pain abdomen

Ordering Physician (b)(6); (b)(7)(C)

Checkin-Exam Code Summary

(b)(7)(E)

IVC: Visualized IVC has no significant abnormalities.

Other: Ascites.

IMPRESSION: Limited study as patient is in the ICU and unresponsive.

Cholelithiasis. Pericholecystic fluid.

Ascites

Transcriptionist: (b)(6); (b)(7)(C)

Reading Radiologist: (b)(6); (b)(7)(C)

Releasing Radiologist: (b)(6); (b)(7)(C)

Released Date Time: 06/08/17 1806

(b)(6); (b)(7)(C)
355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

07302

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

JRA

(b)(7)(E)

JERSEY CITY MEDICAL CENTER

355 GRAND STREET, JERSEY CITY, NJ 07302

Patient: (b)(6); (b)(7)(C)

MR#: (b)(7)(E) (b)(6):

30-35 HACKENSACK AVE

Account # (b)(7)(E)

KEARNY NJ 07032

Age: 46Y BD: (b)(6); (b)(7)(C) Sex: M

Location: (b)(6); (b)(7)(C) PAT TYPE: JIA

RADIOLOGY/IMAGING DEPARTMENT

Check-in No. (b)(7)(E) Check-in Date/Time 06/10/17 0159

Chest Pain

Ordering Physician (b)(6); (b)(7)(C)

| Chk-in # | Order | Exam |
|---------------|-------|--|
| (b)(7)(E) | 0105 | 0045 |
| 06/10/17 0356 | | XR CHEST PORT 1 VIEW Ord Diag: Chest Pain |

EXAM: CHEST 1 VIEW

CLINICAL INDICATION: Chest Pain
Chest Pain

TECHNIQUE: A single view of the chest was obtained.

COMPARISON: Comparison chest radiograph

FINDINGS:

The endotracheal tube terminates at the thoracic inlet. Nasogastric tube terminates over the stomach. The right venous catheter terminates over the superior vena cava. Multiple support devices project over the chest. The lung volumes are low. There is developing mild pulmonary vascular congestion and retrocardiac opacity that may indicate pleural fluid, air space disease, and/or atelectasis. There is no pneumothorax.

IMPRESSION:

1. The lung volumes are low. There is developing mild pulmonary vascular congestion and retrocardiac opacity that may indicate pleural fluid, air space disease, and/or atelectasis..

Transcriptionist: (b)(6); (b)(7)(C)

Reading Radiologist: (b)(6); (b)(7)(C)

Releasing Radiologist: (b)(6); (b)(7)(C)

Released Date Time: 06/10/17 1054

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

355 GRAND STREET
FAMILY PRACTICE
JERSEY CITY NJ

07302

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

(b)(7)(E)

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Allrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Atn Dr: (b)(6); (b)(7)(C)
 Rm & Bad: (b)(6);

Central Line Insertion - Provider Procedure Note

Collected On: 06/08/2017 13:09

Central Line Insertion

Central Line Insertion Procedure

Procedure Time 6/8/2017 13:09, Informed Consent Obtained Yes, Discussed with Patient/Family Risks and Benefits, Indication Hypovolemic Shock, Skin Prep Chlorhexidine, Sterile Drape Yes, Anesthesia Type Local Local Anesthesia Details Medication Lidocaine 1% Lidocaine 1% Details Amount 3 ml; Real time US guidance was used Yes Needle entry into vessel was visualized Yes; Multiple Insertion Attempts No, Central Line Insertion CVC CVC Details Vein R Int Jugular, Type Non-tunneled, Lumens Triple, Complications None; Central Line Flush Yes Flush Type Normal Saline; Dressing Applied Transparent, BIOPATCH®; Complications None, Post Procedure CXR Radiographic Confirmation Impression Impression Detail Read by Ordering Provider, Tip Location Superior Vena Cava, Pneumothorax No; Post Procedure Skin Assessment Dry and Intact.

Procedure Status

Completed.

Procedure Details

Patient Tolerated
 Without Complaint.

Assisted by

(b)(6); (b)(7)(C) PGY III (b)(7)(E)

Procedure Note

A time out was preformed identifying the correct procedure, the correct location with the nursing staff. The right neck was prepped with 2% chlorhexidine and draped with a full length sterile sheet in the usual fashion. 1% lidocaine was administered subcutaneously for local anesthesia. The right internal jugular vein was accessed under ultrasound guidance with an 18 gauge thin wall needle. A triple lumen was inserted via the seldinger technique. Blood was withdrawn from all lumens and flushed with normal saline. The catheter was sutured in place and a sterile dressing was applied over the site prior to removal of drapes. The patient tolerated the procedure well and there were no complications. .

Electronically signed by (b)(6); (b)(7)(C) PGY I on 06/08/2017 13:14

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(7)(E)
 Page 1 of 2

Soarian® Provider Procedure Note
 QRE_NOV1_0213_EDR v3.rpt v1.00
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Generated On: 6/8/2017 12:51

Jersey City Medical Center; PRPT; Procedure Report; (b)(6); (b)(7)(C); (b)(7)(E) 06082017 1309;

Pt Name: (b)(6); (b)(7)(C)
 Pt ID: (b)(7)(E)
 DOB: (b)(6); (b)(7)(C)
 Adm DTime: 06/08/2017 09:08
 Nurs Sta: Intensive Care Unit
 Entity Name: Jersey City Medical Center
 Dx:
 Alrg: No Known Drug Allergies

MRN: (b)(7)(E)
 Acct No: (b)(7)(E)
 Age/Sex: 46Y/M
 Attn Dr: (b)(6); (b)(7)(C)
 Rm & Bed: (b)(6);

Central Line Insertion - Provider Procedure Note

continued from previous page

Collected On: 06/08/2017 13:09

Electronically cosigned by (b)(6); (b)(7)(C) on 06/08/2017 21:51

Pt Name: (b)(6); (b)(7)(C)
 Rm/ Bed: ICU30

MRN: (b)(7)(E)
 Page 2 of 2

Soarian® Provider Procedure Note
 ORE_N0V1_0213_EDR v3.rpt v1.00
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Generated On:6/8/201721:51

Jersey City Medical Center;PRPT;Procedure Report.;(b)(6); (b)(7)(C); (b)(7)(E) 06082017 1309;

From: (b)(6); (b)(7)(C)
Sent: 5 Oct 2018 19:29:10 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: ICE Detainee going to ER

You can email me at (b)(6); (b)(7)(C)@CorrectCaresolutions.com.

(b)(6); (b)(7)(C) came back from the ER last night at 940am. He came back with prescription eye drops (pred-forte and cyclogyl). He has a follow up appointment on 10/9/18 with ophthalmology.

I am unable to access Centricity at home so I wont be able to get needed info over the weekends until my laptop come and my ability to access records.

Thanks, (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Friday, October 5, 2018 7:24 AM
To: (b)(6); (b)(7)(C)
Subject: RE: ICE Detainee going to ER

Good morning, I understand this person returned, please let me know what the findings were.

I am updating my contact list- do you access email and have a cell# for contact after hours/weekends/holidays etc.?

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@CorrectCareSolutions.com>
Sent: Thursday, October 4, 2018 2:36 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Re: ICE Detainee going to ER

Please see below

Thanks, (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Thursday, October 4, 2018 12:23 PM
To: (b)(6); (b)(7)(C)
Subject: RE: ICE Detainee going to ER

Thank you, I do need notifications for all send-outs, and regular updates (ER depends on what the problem is- if critical will need more frequent updates; for non-urgent issues can wait until returns from ER). If someone is hospitalized I will need daily updates. The preferred format for all notifications/updates is as follows:

Date: 10/4/18

Facility Hospital Name: ER

Room#

Phone Number for Nursing Desk/Officer#: (b)(6); (b)(7)(C)

Hospital day # 1

Detainee Name: (b)(6); (b)(7)(C)

Alien # or ID #: (b)(6); (b)(7)(C)

Date of Birth: (b)(6); (b)(7)(C)

Country of Citizenship: Australia

Date of Arrival: 9/14/18

Relevant Medical History: Hx left eye blindness, vision disorder, PTSD, HIV disease

Date of Admission:

Current Diagnosis: left eye pain

Attending physician:

Current Status: in ER

Vital Signs: 118/80-70-16-97.6-99%

Transportation: ambulance

Discharge Plan:

Information provided by (name and title): (b)(6); (b)(7)(C) RN

Patient still in ER

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

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>

Sent: Thursday, October 4, 2018 11:58 AM

To: (b)(6); (b)(7)(C) @ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>; (b)(6); (b)(7)(C)

(b)(6); @CorrectCareSolutions.com>

Subject: ICE Detainee going to ER

Hi. This is (b)(6); (b)(7)(C) RN from Hudson County Correctional and Rehabilitation Center (HCCRC). There is a resident going to UMDNJ ER today for excruciating left eye pain. He was examined by (b)(6); (b)(7)(C) and wanted him evaluated in the ER by ophthalmolgy. Just FYI. Thanks, (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: 21 Nov 2019 18:39:57 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: updates for review

Good afternoon,
Per your request.
Current medical chronic list total: 62
Current mental health caseload list total: 67

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Wednesday, November 20, 2019 9:33 AM
To: (b)(6); (b)(7)(C)
Subject: [EXT] RE: updates for review

thanks

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)
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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Wednesday, November 20, 2019 9:30 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Re: updates for review

(b)(6); @hcnj.us

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Wednesday, November 20, 2019 8:45 AM
To: (b)(6); (b)(7)(C)
Subject: [EXT] RE: updates for review

Thanks, do you have (b)(6); (b)(7)(C) email?

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Tuesday, November 19, 2019 4:56 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Re: updates for review

I don't have the county's information. You would need to request that from the county. I will get you the chronic care number and mental numbers tomorrow.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, November 19, 2019 1:21 PM
To: (b)(6); (b)(7)(C)
Subject: [EXT] RE: updates for review

Can you get the total current population/bed numbers?:

Total facility capacity (all full and empty beds): (last time was 2036)

Current total population (all- ICE and county,etc.):

County population total:

US Marshals/other fed total :

Other county, etc total:

Current medical chronic list total:
Current mental health caseload list total:

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) @Wellpath.us>
Sent: Monday, November 18, 2019 4:27 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Re: updates for review

Hi,
Please see below in yellow for changes. Regarding new medical, I am not 100% certain of the number of beds.
Please let me know if you have any questions.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032

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

(b)(6); (b)(7)(C) @wellpath.us

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Monday, November 18, 2019 1:31 PM
To: (b)(6); (b)(7)(C)
Subject: [EXT] updates for review

Can you please review/update the following information for me:

- NCCHC due for renewal in 2019- has it been done, what is the new date? **Scheduled for January 6 to 8, 2020**
- ACA- when is current inspection due? **The audit was 9/23 to 9/25, 2019. Official hearing is schedule for 1/2020.**
- CLIA certificate good until 11/6/2019- new date? **2/27/2021**
- Pharmacy certificate inspection 5/31/2019- new date? **3/31/2022**
- Bio-Reference lab certificate 12/31/2018- new date? **We use Lab Corp now. 9/15/2020**

Staffing: this was the current I had for CFG when I did it:

All medical staff are Medical Contractor (wellpath) employees except 18 nursing staff who are county employed, as these staff leave or retire the positions will convert to contract.

Health Services Administrator (Nurse Supervisor/HSA)-1 RN FT
Clinical Director (MD)-1 FT
Physician (MD)-1 FT **Changed 2-FT**
Regional Director Physician (MD)-1 Per Diem
Nurse Practitioner (NP)- 4 FT, 1 PT, 10 Per Diem **Changed to 3FT, 9 Per Diem**
Director of Nurses (RN)- 1 FT
Assistant Director of Nurses - 1 FT - **Changed to Assistant HSA 1FT**
Registered nurse (RN)-County-15 FT, **Changed to 13 FT RN**
Registered nurse (RN)-Non-County-1 PT, 3 vacancy, 5 Per Diem **Changed 7 Ft, 14 Per Diems**
Licensed practical nurse (LPN)-County- **changed 2 FT, 1 PT**
Licensed practical nurse (LPN)-Non-County-8FT, 4PT - **Changed to 0PT 8 PD - Changed to 5 FT LPN, 12 Per Diems**
Medical Clerk - County - 2 FT
Dentist-1 FT, 1PT
Dental Assistant- 1FT, 1 PT
Oral Surgeon - 1, 8 hours/week
Psychiatrist-1 FT vacancy, 2 PT weekends/**weekdays**
Medical Records Admin - 1FT
Medical records technician (MRT)-3 FT, 2 PT. **Changed to 2 FT**
Pharmacy Technician- 1 FT, 1 PT **Changed to 1Ft, 2PT**
Director of Behavioral Health - 1 FT
Mental Health Counselors - 3 FT, 1 PT, 4 PD **Changed to 4FT**
MEDPAR/Billing coordinator (county staff)- 1 FT
Admin Assistant - 1FT
Phlebotomy M-F - .8 FTE (30 hours per week)

--Vacant positions:

1 HSA vacancy currently filled by AHSA **temporary**
3 FT RN vacancies supplemented by per diem nurses - **5 FT RN supplement by per diem nurses**

1 FT LPN

1 Nurse Educator vacancy

When Psychiatry is on vacation, tele-psych is used.

1FT Mental Health Counselor vacancies and 4PD weekend

-On-site services provided: **ultrasound/xray/doppler services as needed M-F, optometry monthly, OB/GYN 2 days/week, oral surgeon, orthopedic 1 day/week (starting 11/20/19), infectious disease via telemed weekly, physical therapy (4 hours on Tuesdays, started 10/22/19).**

Medical Housing Unit (7 infirmary beds - males), no medical/negative pressure rooms, 6 beds - males suicide prevention rooms (if we have a high number for infirmary, we will used the suicide

watch rooms if they are vacant) - in separate housing areas (female four dedicated rooms (single bed) used for both infirmary beds and suicide prevention) . 2 rubber rooms on the upper level

New Construction for Medical Housing will include:32 bed male housing, 3 negative pressure rooms, 1 "rubber room", new nursing station, 12 bed female housing, 2 dialysis chairs, 4 clear door suicide cells, 2-3 hospital beds.

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

CDR, USPHS

Field Medical Coordinator

New York Field Office

201 Varick St. 12th (b)(6); (b)(7)(C)

New York, NY, 10014

Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)

Fax (secure) : (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 26 Nov 2018 14:18:27 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: updates

(b)(6); (b)(7)(C) is in HCCRC infirmary on constant watch. This morning he was stable and not hurting himself.

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

(b)(6); (b)(7)(C) stable. Seen 11/25/18 at return from hospital.

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

From: (b)(6); (b)(7)(C)@ice.dhs.gov
Sent: Monday, November 26, 2018 8:50 AM
To: (b)(6); (b)(7)(C)
Subject: [EXT] updates

Good morning, can you please update me on the following detainees:

1. (b)(6); (b)(7)(C) current status, still on watch?
2. (b)(6); (b)(7)(C) still admitted/ status? Still need his A#
3. (b)(6); (b)(7)(C) status since syncope episode

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. 12th (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure): (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 17 Apr 2019 17:28:17 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE (b)(6); weight

Good afternoon Commander (b)(6); (b)(7)(C)

I just weighed this patient using the medical scales (from doctor's offices). He weighs 282 lbs. I'm sure the hospital will also provide weights, especially post op

(b)(6); (b)(7)(C) RN
Director of Nursing
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @WellPath.us

From: (b)(6); (b)(7)(C) [ice.dhs.gov]
Sent: Wednesday, April 17, 2019 12:54 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: [EXT] (b)(6); weight

Good afternoon, we are planning travel including a medical person with (b)(6); (b)(7)(C) including flights, we need an accurate weight on him and I understand there is some problem with the scales there-can you let me know the status of obtaining an accurate weight- also if we receive all of the hospital records there should be an accurate weight from them..hopefully post surgery.

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 21 Mar 2018 18:11:30 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: S/P Fall
Attachments: Ice Incident 03-21-2018.docx

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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ICE DETAINEE STATUS

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

Commitment#: (b)(7)(E) SBI#: (b)(7)(E) 36 Years Old DOB: (b)(6); (b)(7)(C)

Race: Hispanic Gender: Female LOC: E 3S 01 49 Inmate Type: ICE HLCN: HCCC A#: Admission

Date: 02-06-2018

Current Diagnosis: Headache, New--S/P Fall

Reason for hospital visit: Patient is a 36 year old female. She reports that she slipped on the ladder descending from her top bunk and fell to the floor. She denies prior dizziness or loss of consciousness after the fall. Left shoulder/rt leg affected. She reported the injury to the desk officer who called medical for permission to send her to the clinic. No Code White was called. The patient walked to clinic.

Current medications: MOTRIN 200MG 3 by mouth twice daily

CORTISPORIN 3.5-10000-1 OTIC SOLUTION (NEOMYCIN-POLYMYXIN-HC) instill 2 gtts to each ear daily

Vital Signs: Previous Height:

- Sitting BP: 120 / 80
- Temperature: 97.8
- Pulse rate: 74 Pulse rhythm: Regular
- Respirations: 18 Respiration Type: Unlabored
- Pulse Ox% 98 Room Air: Yes

Hospital Name: Infirmary

Current Status: AAOx's4,

Discharge Plan: Monitor in the Infirmary for any changes

Plan:

- Medical housing.
- Neurology checks every 2 hours while awake for 24 hours. ICE packs to right knee, ankle. Elevation to right leg
- Bed Rest.
- Motrin 600mg by mouth BID. X-ray in AM

From: (b)(6); (b)(7)(C)
Sent: 25 Jun 2018 16:00:07 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject:
Attachments: Ice Hospital Report (b)(6); (b)(7)(C) docx

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

RN

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ICE Hospital Reports

Detainee Name: (b)(6); (b)(7)(C)

A#: (b)(6); (b)(7)(C)

DOB: (b)(6); (b)(7)(C)

COB:

DOA arrival to HCJ: 6/22/18

Relevant Medical History: Hypertension

Current Meds: Lisinopril 10mg daily, Losartan Potassium 50mg daily, ASA 81mg daily

Reason sent to ER: complain of chest tightness, right arm weakness x 3 days. States R shoulder pain radiates to his left head, neck and left shoulder. Reports a long standing history of HTN-untreated. HTN treatments recently started.

Hospital: JCMC

Admitting Diagnosis: R/O CVA. Patient was admitted to JCMC

Current status (lab, radiology, vitals, LOC, etc):

Medications/treatments currently being given:

Discharge plan:

Report from: Patient was admitted

*Awaiting report from nurse. Called at 11:45am, nurse (b)(6); (b)(7)(C) stated she was very busy and requested I call back in 15minutes.

From: (b)(6); (b)(7)(C)
Sent: 26 Nov 2018 17:17:15 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: FW: (b)(6); (b)(7)(C) clinicals
Attachments: 20181123_161433_00153.pdf
Importance: High

Please see attached hospital report on (b)(6); (b)(7)(C). He is still in hospital. He is on a telemetry unit. DX bilateral Pleural Effusions. They are trying to figure out the cause of lymphadenopathy. They are ruling out infectious diseases and possible liver needle biopsy will be done. They are also R/O lymphoma.

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

From: (b)(6); (b)(7)(C)
Sent: Monday, November 26, 2018 11:45 AM
To: (b)(6); (b)(7)(C)
Subject: (b)(6); (b)(7)(C) clinicals
Importance: High

Thank you,

(b)(6); (b)(7)(C) R.N.

Regional Care Manager

wellpath

P: (b)(6); (b)(7)(C)
F: (b)(6); (b)(7)(C)
www.wellpathncare.com

From: (b)(6); (b)(7)(C)@faxmaker-PDC.com>
Sent: Friday, November 23, 2018 4:15 PM
To: (b)(6); (b)(7)(C)@correctcaresolutions.com>
Subject: Fax received from Remote Report Distri (b)(6); (b)(7)(C)

GFI FaxMaker

✓ Fax Received

You have successfully received a fax via GFI FaxMaker. Fax information is listed below. Fax image is attached.

Fax details:

- Date and time: 11/23/2018 4:14:34 PM
- Subject: Fax received from Remote Report Distri (b)(6); (b)(7)(C)
- Line speed: 14400 bps
- Total connection time: 02:19
- Pages: 5
- Resolution: Fine
- Remote fax ID: Remote Report Distri
- Line number: 16
- DTMF/DID number: (b)(7)(E)

Regards,
GFI FaxMaker

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RWJBarnabas HEALTH

Jersey City Medical Center
Case Management Department
Fax: (b)(6); (b)(7)(C)

Fax

| | | |
|--------------|-----------------------|--|
| Fax : | (b)(6); (b)(7)(C) | |
| Date: | 11/23/2018 5:12:04 PM | |
| | | |
| | | |



Jersey City Medical Center
355 Grand St
Jersey City, NJ 07302-

| | | | | |
|--------------|---------------------------------|------------|-------------------|--------|
| Patient: | (b)(6); (b)(7)(C) | Admit: | 11/22/2018 | Disch: |
| MRN: | (b)(7)(E) | Service: | Medical | |
| Account #: | (b)(7)(E) | Location: | 6E; 003; 01 | |
| DOB/Age/Sex: | (b)(6); (b)(7)(C) 38 years Male | Attending: | (b)(6); (b)(7)(C) | |

Admission Review

| | |
|------------------------|----------------------|
| DOCUMENT TYPE: | Admission Review |
| SERVICE DATE/TIME: | 11/23/2018 16:56 EST |
| RESULT STATUS: | Auth (Verified) |
| PERFORMED INFORMATION: | (b)(6); (b)(7)(C) |
| SIGNED INFORMATION: | |

Contact Information

RN Case Manager: (b)(6); (b)(7)(C)
 Contact #: (b)(6); (b)(7)(C)
 Fax #: (b)(6); (b)(7)(C)

Insurance

Primary Insurance: CORRECTIONAL FACILITIES Member ID
 Number: NO SSN Authorization Number: PENDING

Admission Date & Level of Care

Admission Date and Time: 11/22/18 05:41
 Patient Status Order - Ordered
 -- Patient Status: Admit to Inpt (Expt Stay >or= 2 Mdnights),
 Telemetry Unit, Diagnosis: b/l pleural effusions, shortness of
 braeth, b/l lower leg edema, penile swelling, InHospital Attending:
 Dr. Uppal MD, Muhammad S, 11/22/18 5:41:00 EST, Standard
 Preca...

Source

ER

Chief Complaint/Admitting Diagnosis/Presenting Signs & Symptoms

CC: from Hudson County Correction Center c/o
 penile/scrotal/lower extremity swelling x 3 days in addition to
 painful cervical LAD x1.5 months and painful inguinal LAD x 3
 weeks. Pt also reports dysuria/burning on urination over the past 3
 days
 Pt states he has been in the correction center since 9/2018. Last
 sexually active 1 year ago, only with women. Denies any known hx
 of or ever being tested for sexually transmitted infections. Denies
 any recent weight loss or night sweats but does report generalized
 weakness over the past few weeks.

Dx: diffuse tender lymphadenopathy, b/l pleural effusions, dysuria, scrotal/penile swelling

(11/22/2018 04:31 EST US Dupl Scan Bilat Low Extrem Veins Resp)

LEGEND: *=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(7)(E)

Jersey City Medical Center

Patient: (b)(6); (b)(7)(C)
 MRN: (b)(7)(E)
 Account #: (b)(7)(E)
 DOB/Age/Sex: (b)(6); (b)(7)(C) 38 years Male

Admit: 11/22/2018 Disch:
 Service: Medical
 Attending: (b)(6); (b)(7)(C)

Admission Review

No evidence of deep vein thrombosis in the bilateral lower extremities.

(11/22/2018 05:02 EST XR Chest 2 Views)
 Bilateral pleural effusions. Underlying pneumonia is not excluded.

(11/22/2018 08:19 EST US Pel Testicle W/Doppler)
 Scrotal Ultrasound: Normal scrotal ultrasound.
 Testicular Duplex: Normal testicular duplex scan.

(11/22/2018 18:50 EST CT Neck w/ Contrast)
 Extensive bilateral bulky cervical lymphadenopathy, suspicious for lymphoma or lymphoproliferative disorder. Large bilateral pleural effusions.

(11/22/2018 18:55 EST CT Chest ABD PEL IV Only)
 Diffuse, matted supraclavicular, axillary, mediastinal, upper abdominal, retroperitoneal, pelvic and inguinal lymphadenopathy. No splenomegaly. Lymphoproliferative disorder or lymphoma has to be excluded until proven otherwise. Bilateral, symmetrical, obstructive uropathy, secondary to underlying adenopathy. Severe circumferential wall thickening of the bladder. Bilateral pleural effusions and large amount of ascites. Third spacing.

Past Medical History/Physical Exam

PMH: none

Measurements & Vitals

HT: 162.56 cm WT: 74 kg

VS: 98.0 136/80 83 18 96%

Labs

t.bili 1.3
 bnp 135
 alka phos 183.0

Labs Pending

AFB Body Fluid (AFB) -- **Results Pending** --
 AFB Culture Body FLuid -- **Results Pending** --
 Albumin Level Body Fluid -- **Results Pending** --
 Amylase Body Fluid -- **Results Pending** --
 Cell Count w/ Diff Body Fluid -- **Results Pending** --

LEGEND: *=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(7)(E)

Page 2 of 4

Print Date/Time: 11/23/2018 17:11 EST

Jersey City Medical Center

Patient: (b)(6); (b)(7)(C) Admit: 11/22/2018 Disch:
 MRN: (b)(7)(E) Service: Medical
 Account #: (b)(7)(E) Attending: (b)(6); (b)(7)(C)
 DOB/Age/Sex: (b)(6); (b)(7)(C) 38 years Male

Admission Review

Chlamydia Trach/Neisseria Gon RNA,TMA -- **Results Pending** --
 CMV DNA PCR Bld -- **Results Pending** --
 EBV Panel -- **Results Pending** --
 Glucose Body Fluid -- **Results Pending** --
 HIV Viral Load -- **Results Pending** --
 LDH -- **Results Pending** --
 LDH BF -- **Results Pending** --
 Protein Body Fluid -- **Results Pending** --
 Protein Electrophoresis, Ser -- **Results Pending** --
 Quantiferon Tb Gold -- **Results Pending** --

ER Treatment

macrobid 100mg

MedicationsInpatient

heparin, 5000 Unit= 1 mL, SubCUtaneous, Every 8 Hr
 Normal Saline Flush, 3 mL, IV Push, As Directed, PRN
 Tylenol, 650 mg= 2 Tab, Oral, Every 6 Hr, PRN

Patient Assessment Scales

Lace Score: 5

Glasgow Coma Score: 15

Active Orders

Admit to Inpt
 Telemetry
 CCM
 CT chest/abdo/pelv and neck w/ IV to further evaluate pleural
 effusions and LAD
 will send infectious w/u including: HIV, EBV, gonorrhea/chlamydia,
 syphilis, TB, CMV, hepatitis
 place on airborne precautions
 ID consult
 Hem/Onc Consult
 consider general surgery consult for possible LN biopsy

Consults

Consult to Physician - Ordered

(b)(6); (b)(7)(C) Routine, Reason: r/o
 lymphoma, lymphoproliferative d/o, 11/23/18 8:22:00 EST

LEGEND: *=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(7)(E)

Jersey City Medical Center

Patient: (b)(6); (b)(7)(C)
MRN: (b)(7)(E)
Account #: (b)(7)(E)
DOB/Age/Sex: (b)(6); (b)(7)(C) 38 years Male

Admit: 11/22/2018 Disch:
Service: Medical
Attending: (b)(6); (b)(7)(C)

Admission Review

- [1] CT Chest ABD PEL IV Only; 11/22/2018 18:55 EST
- [2] H&P Medicine - Admitting Note JCMC IM; (b)(6); (b)(7)(C) 11/22/2018 12:04 EST

LEGEND: *=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(7)(E)

From: (b)(6); (b)(7)(C)
Sent: 11 Apr 2019 17:49:41 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: FW: Information Requested in Format

Did we get any updates from JCMC or (b)(6); (b)(7)(C) (regional care manager)

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Thursday, April 11, 2019 12:33 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: [EXT] RE: Information Requested in Format

Good afternoon, do you have an update for today, has he had gall bladder surgery yet or current status?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Monday, April 8, 2019 9:10 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@Wellpath.us>
Subject: Information Requested in Format

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

Information sent on detainee as you requested in format.

Hudson County Correctional, NY ICE

Day 1

Name: (b)(6); (b)(7)(C)

Alien# - not available

DOB (b)(6);
(b)(7)(C) 45 years old

Date of Arrival - 1/9/19

Relevant medical history: DM Type II, uncontrolled, Hypertension, Bariatric Surgery, Morbid Obesity, Delusional Disorder, Dizziness and Vomiting

Current Medications: Fingertick BID with Novolin R sliding scale coverage

Lantus 8 units SC every PM

Simvastatin 20 mg po every PM

Lisinopril 10 mg po daily. Hold for SBP <110

ASA 81 mg po daily

Metformin 1000 mg po BID

Omeprazole 20 mg po daily

Bethamethasone Valerate 0.1% ext. cream, apply to affected area BID

Reason sent to hospital, including vitals:

Intractable vomiting

Abnormal vital signs - BP 107/80 - Pulse 120, RR 16, Temp 98.5 (tympanic), O2 sat 90% on room air, BS 243

Severe dehydration

Lethargy - inability to ambulate

Hospital Name: Jersey City Medical Center

Admitting Dx: Pancreatitis and Gallstones

Current Status: pending

Discharge Plan: pending

Our Regional Care Manager will send us update on patient's current status once she receives from Jersey City. I will forward information to you, once I receive. Thank you

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

Director of Nursing

Wellpath

Hudson County Department of Corrections and Rehabilitation

35 Hackensack Avenue

Kearny, NJ 07032

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

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

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From: (b)(6); (b)(7)(C)
Sent: 4 Oct 2019 13:08:53 +0000
To: (b)(6); (b)(7)(C)
Subject: Fw:(b)(6); clinicals
Attachments: (b)(6); (b)(7)(C).pdf

Good Morning,
Please see attached updated report for (b)(6); (b)(7)(C)
Thanks,

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)
Sent: Friday, October 4, 2019 9:05 AM
To: (b)(6); (b)(7)(C)
Subject: RE:(b)(6); clinicals

Thank you,

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

R.N.

Regional Care Manager
1283 Murfreesboro Pike
Nashville, TN 37217

wellpath

P: (b)(6); (b)(7)(C)
F:

From: (b)(6); (b)(7)(C)
Sent: Thursday, October 3, 2019 8:23 AM
To: (b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)@Wellpath.us>
Subject: RE:(b)(6); clinicals

I will get back to you after I have made all contacts and heard back.

Thank you,

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

R.N.

Regional Care Manager
1283 Murfreesboro Pike
Nashville, TN 37217

wellpath

P: (b)(6); (b)(7)(C)

F:

From: (b)(6); (b)(7)(C)@Wellpath.us>

Sent: Thursday, October 3, 2019 7:48 AM

To: (b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)@Wellpath.us>;

(b)(6); (b)(7)(C)@Wellpath.us>

Subject: RE: (b)(6); Clinicals

Good morning;

ICE would like to know if there are any D/C plans for this patient?

Can you also check on (b)(6); (b)(7)(C) he has been in the hospital for a while?

Thank you in advance;

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

Hudson County Scheduler

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



Hudson County Department of Corrections

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From: (b)(6); (b)(7)(C)
Sent: Thursday, October 03, 2019 8:31 AM
To: (b)(6); (b)(7)(C)
Subject: (b)(6); clinicals

Thank you,

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

R.N.

Regional Care Manager
1283 Murfreesboro Pike
Nashville, TN 37217

wellpath

P: (b)(6); (b)(7)(C)

F:

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RWJBarnabas HEALTH

Jersey City Medical Center
Case Management Department

Fax Determinations to (b)(6); (b)(7)(C)

Fax

Fax : (b)(6); (b)(7)(C)

Date: 10/3/2019 10:03:03 PM



Jersey City Medical Center
355 Grand St
Jersey City, NJ 07302-

Patient: (b)(6); (b)(7)(C)
MRN: (b)(7)(E)
Account #: (b)(7)(E)
DOB/Age/Sex: (b)(6); (b)(7)(C) 44 years Male

Admit: 9/26/2019 Disch:
Service: Medical
Location: 7W; 012; 01
Attending: (b)(6); (b)(7)(C)

Concurrent Review

DOCUMENT TYPE: Concurrent Review
SERVICE DATE/TIME: 10/3/2019 21:38 EDT
RESULT STATUS: Auth (Verified)
PERFORMED INFORMATION: (b)(6); (b)(7)(C) 10/3/2019 21:55 EDT)
SIGNED INFORMATION: (b)(6); (b)(7)(C) 10/3/2019 22:01 EDT)

Current Date

10/03/2019 21:38

Contact Information

(b)(6); (b)(7)(C) RN Continued Stay Review for 10/03/2019

Insurance

Primary Insurance: CORRECTIONAL FACILITIES Member ID
Number: (b)(7)(E) Authorization Number: No Qualified
Data

Admission Date & Level of Care

Admission Date and Time: 09/26/19 23:07
Patient Status Order - Ordered
-- Patient Status: Admit to Inpt (Expt Stay >or= 2 Mdnights),
Intensive Care Unit, Diagnosis: septic shock, Diagnosis: Septic
shock, InHospital Attending (b)(6); (b)(7)(C) 09/26/19
23:07:00 EDT, Standard Precautions, Fall Risk:
Transfer Patient - Ordered
-- Transfer To: Medical Unit, Medical Surgical Unit, 09/30/19
9:42:00 EDT, Transport: Patient Bed, Standard Precautions,
Standard Precautions, Fall Risk:, Safe Patient Handling: Red:2 or
More Staff&Mech Transfer Recomm

Level of Care: Medical Surgical Unit

Working Diagnosis

Septic Shock, Hepatic Encephalopathy, Hypotension, AKI,
Enterocolitis, UTI

Clinical Timeline

10/03/2019 Patient complains discomfort in his abdomen due to
distention and scrotal swelling. He underwent scrotal ultrasound
that shows scrotal subcutaneous edema and Tiny left epididymal
head cyst with Trace right hydrocele in testicular duplex. He was
also given Albumin Human for continued hydration.

10/02/2019 Patient complains of Scrotal pain with pain scale of
10/10, still appears pale and ill, LLE swelling/erythema, still has

LEGEND: *=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(7)(E)

Jersey City Medical Center

| | | | | |
|--------------|----------------------------|------------|-------------------|--------|
| Patient: | (b)(6); (b)(7)(C) | Admit: | 9/26/2019 | Disch: |
| MRN: | (b)(7)(E) | Service: | Medical | |
| Account #: | (b)(7)(E) | Attending: | (b)(6); (b)(7)(C) | |
| DOB/Age/Sex: | (b)(6); (b)(7)(C) 44 years | | | Male |

Concurrent Review

bilateral LE and scrotal swelling. Elevate LLE to assist with decreasing swelling. On Day 3 of Unasyn 3g IV.

10/01/2019 Patient was given last dose of Albumin Human IV and started Propranolol PO for primary prophylaxis. Currently on Day 2 of Unasyn 3g IV. Ammonia level as of today is Ammonia 87.0 umol/L from 63.0 umol/L and for continuous monitoring of mental status.

09/30/2019 Patient still experiencing pain. Patient looks less pale and more interactive. Blood glucose level is noted to be high.

09/29/2019 Upon doctor's assessment, patient reported to pale, with mild jaundice and icteric sclerae. Left lower extremity is swollen and tense with redness up to thigh level

Physical Exam

General: +anasarca
Skin: pallor, +jaundice
Eye: +Icteric sclerae
Musculoskeletal: bilateral non pitting lower extremity swelling

Measurements & Vitals

HT: 176 cm **WT:** 84 kg

Vital Signs

Blood Pressure: 112/69 mmHg
Pulse Rate: 59 BPM (09:00), 55 BPM (15:00)
Respiratory Rate: 20 BR/MIN
Temperature, Oral: 98.0 DEGF
SpO2: 98%, Room Air

Medications

Albumin Human 25g, Injection, IV Piggyback, Once
Unasyn, 3 g= 100 mL, IV Piggyback, Every 6 Hr
Folic acid, 1 mg= 1 Tab, Oral, Daily
Lasix 20mg, Injection, IV Push, Daily
Heparin, 5000 Unit= 1 mL, Subcutaneous, Every 8 Hr
Lactulose, 20 g= 30 mL, Oral, Every 12 Hr
Magnesium Sulfate 2g, premix IV, IV Piggyback, Once
Multivitamin, 1 Tab, Oral, Daily
Propranolol, 10 mg= 1 Tab, Oral, Every 12 Hr Intrvl
Rifaximin, 550 mg= 1 Tab, Oral, Every 12 Hr Intrvl
Aldactone, 12.5 mg= 0.5 Tab, Oral, Daily
Thiamine, 100 mg= 1 Tab, Oral, Daily
PRN:
Dextrose 50%, 12.5 g= 25 mL, IV Push, Every 15 Min - Not Given
Ibuprofen 400mg, Tablet, Oral, Once - 1 dose given

Labs

LEGEND: *=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID (b)(7)(E)

Jersey City Medical Center

| | | | | |
|--------------|----------------------------|------------|-------------------|--------|
| Patient: | (b)(6); (b)(7)(C) | Admit: | 9/26/2019 | Disch: |
| MRN: | (b)(7)(E) | Service: | Medical | |
| Account #: | (b)(7)(E) | Attending: | (b)(6); (b)(7)(C) | |
| DOB/Age/Sex: | (b)(6); (b)(7)(C) 44 years | | | Male |

Concurrent Review

WBC 2.8 K/UL
 RBC 2.25 m/UL
 Hgb 8.1 g/dL
 Hct 24.5 %
 Platelet 64 K/UL
 PT 33.2 Seconds
 INR 3.39
 PTT 59.5 Seconds
 Glucose BGM 122 mg/dL
 Creatinine 0.60 mg/dL
 Bili Total 4.6 mg/dL
 Albumin 3.0 g/dL
 AST 52 Int_Unit/L

ULTRASOUND SCROTAL WITH DOPPLER IMAGING: Scrotal subcutaneous edema. Tiny left epididymal head cyst. Trace right hydrocele.

Plan for Today

S/w propranolol PO for primary prophylaxis
 continue with Rifaximin
 continue with lactulose and will hold for > 3 loose BM.
 Continue to monitor mental status.
 Will obtain scrotal ultrasound
 Will increase Lasix to 40 IV daily
 Albumin 25 one dose today
 Continue with Aldactone 12.5 mg qd
 Continue with Rifaximin 550 BID
 Continue with Lactulose 20 g BID
 Will closely monitor urine output
 Albumin for intravascular volume expansion with continued hydration
 Will monitor renal function closely

Anticipated Discharge Needs

Discharge To, Anticipated: Law Enforcement Detention

MCG Guideline Title and Code: Sepsis and Other Febrile Illness, without Focal Infection ORG: M-160
 Recovery Milestone not met for guideline day 4
 Variance: Medically necessary
 Antimicrobial treatment not necessary or treatment at next level of care arranged:
 Patient is currently on 4th day of Unasyn, 3 g= 100 mL, IV Piggyback, Every 6 Hr.

Oral hydration, medications:
 Patient was given Albumin Human IV for continued hydration.

LEGEND: *=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Jersey City Medical Center

Patient: (b)(6); (b)(7)(C)
 MRN: (b)(7)(E)
 Account #: (b)(7)(E)
 DOB/Age/Sex: (b)(6); (b)(7)(C) 44 years Male

Admit: 9/26/2019 Disch:
 Service: Medical
 Attending: (b)(6); (b)(7)(C)

Concurrent Review

LEGEND: *=Corrected @=Abnormal C=Critical L=Low H=High f=Footnote #=Interp Data R=Ref Lab

Request ID: (b)(7)(E)

From: (b)(6); (b)(7)(C)
Sent: 13 Apr 2019 15:23:50 +0000
To: (b)(6); (b)(7)(C)
Subject: Fwd: [EXT] RE: here you go!

This is the last update. On page 10 it says for a cholecystectomy today.

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: April 13, 2019 at 11:11:31 AM EDT
To: (b)(6); (b)(7)(C) @Wellpath.us>
Cc: (b)(6); (b)(7)(C) r@Wellpath.us>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @Wellpath.us>
Subject: RE: [EXT] RE: here you go!

I did not receive anything for Friday, please send that to me

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) @Wellpath.us>
Date: Saturday, Apr 13, 2019, 11:09 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @Wellpath.us>, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) @Wellpath.us>
Subject: Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest.

We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM, (b)(6); (b)(7)(C) @ice.dhs.gov> wrote:

Good morning, none of the attachments had any information; I did not receive any update for yesterday, please send an update today.

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) :
(b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Friday, April 12, 2019 3:50 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: April 12, 2019 at 3:23:14 PM EDT
To: (b)(6); (b)(7)(C)@Wellpath.us>
Cc: (b)(6); (b)(7)(C)@Wellpath.us>
Subject: [EXT] RE: here you go!

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Friday, April 12, 2019 12:40 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@Wellpath.us>
Subject: RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to
you!

Thank you in advance;

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

Hudson County Scheduler

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

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From: (b)(6); (b)(7)(C)
Sent: 30 Jul 2018 11:54:54 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Hospital Run ICE
Attachments: Hospital Run 7-30.docx

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

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

Commitment#: (b)(7)(E)

SBI#: 34 Years Old

DOB: (b)(6); (b)(7)(C)

Race: Hispanic Gender: Male LOC: D 5E 515 01 Inmate Type: ICE HLCN: HCCC A#:

Reason for Referral (7/26/)

34 yr old male is here post code white for c/o cut, 4/10 pain to lower lip x today; pt report playing soccer and another inmate accidentally elbowed his mouth; deep laceration, approximately 2 inches noted in lower lip, small amount of bleeding noted, slight swelling, no tenderness noted

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab PO every 6 hours PRN for pain

A/P: Small Laceration to right lower lip

Sutures applied x3

Recommend amoxicillin 500mg by mouth BID x 7 days

Pt already on Motrin for pain

Advise pt to return in 7 days for suture removal if sutures does not dissolve by itself

AMOXICILLIN 500 MG ORAL CAPSULE (AMOXICILLIN) take one capsule by mouth BID

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) Take one tab PO every 6 hours PRN for pain

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

Commitment#: (b)(7)(E)

SBI#: 26 Years Old

DOB: (b)(6); (b)(7)(C)

Race: Hispanic Gender: Male LOC: D 5E 616 01 Inmate Type: ICE HLCN: HCCC A#:

Reason for Referral (7/27 6pm)

Right upper quadrant abdominal pain x3 days with nausea/vomiting blood, right upper quadrant tender with palpation, positive bowel sounds.

Patient returns from hospital (7/27 11:05pm)for abdominal pain, reports feeling much better, pain improved, he was given Pepcid from hospital and recommended to continue daily.

From: (b)(6); (b)(7)(C)
Sent: 5 Feb 2019 02:50:17 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Hospital run

Good evening Commander (b)(6); (b)(7)(C)

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

Patient was a s/p fall on 1/12/19 at Bergen County Jail after hitting his head on a railing. He arrived at Hudson County on 1/24/19. During nurse and provider intake, it was noted he had swelling, tenderness and pain to right side of temporal region with c/o headache. Patient reported these symptoms after fall at Bergen County Jail. On 1/25, skull x-ray was ordered (4 views), no fractures noted. Patient had soft tissue swelling to right temporal region. Patient was seen on sick call 2 additional times since admission complaining of headaches and one sick call for results of x-ray. This evening patient presented again with c/o "severe headache." No focal deficits per medical provider. Patient was sent to JCMC emergency room for evaluation of acute intracranial changes, CT of head to rule out acute pathology and if indicated neuro/neurosurgery consult. Will keep you updated.

(b)(6); (b)(7)(C) RN
Director of Nursing
Wellpath
Hudson County Department of Corrections and Rehabilitation
35 Hackensack Avenue
Kearny, NJ 07032
Phone (b)(6); (b)(7)(C)
Fax (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 30 Jan 2018 19:48:10 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Hospital

At- 10:45am—fell from the bed.

(b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **25 Years Old** **DOB:** (b)(6); (b)(7)(C)
Race: Hispanic **Gender: Male** **LOC: D 5E 607 02** **Inmate Type: ICE** **HLCN: HCCC** **A#:**
(b)(6); (b)(7)(C)

Found lying in the floor Aler oriented x x 3 States I hit my neck on th bed rail and I could not move my neck. Breathing easilly and regularly. Skin with fair turgor. Reports 10 scale for pain
Inmate Condition: Oriented/Alert

transferred to JCMC, S/P Fall from his bed

Ambulance Arrived: 12.15 pm Time

Have a Fabolous Day,

(b)(6); (b)(7)(C) R.N. M.S.N.
Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 17 Apr 2019 13:01:59 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: ICE detainee

Good morning all

ICE patient (b)(6); (b)(7)(C)
ID # (b)(7)(E)
DOB (b)(6); (b)(7)(C)

This patient returned from JCMC emergency department last evening. I have copy/pasted NP's notes from last night. Awaiting records from JCMC.

"Pt seen today in the medical clinic s/p hospital return for hemoptysis. patient returned from JCMC with Dx of Ascending Aortic Aneurysm. No longer coughing up blood at present. denies chest pain, and in NAD. Obtained consent for release of imaging report. For F/u with Cardiothoracic surgery in 1-2 weeks for surgical eval, please call for appointment. D/C Meds ordered."

Patient has been admitted into the infirmary for close observation.

(b)(6); (b)(7)(C) RN
Director of Nursing
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @WellPath.us

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From: (b)(6); (b)(7)(C)
Sent: 3 Aug 2018 12:23:06 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice notification/hospital return
Attachments: Ice Notification 8-3-18.docx

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

RN

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

Commitment#: (b)(7)(E)

SBI#: 47 Years Old DOB:

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

Race: American Indian or Alaska Native Gender: Male LOC: D 3W 307 01 Inmate Type: ICE
HLCN: HCCC A#:

Referring Physician: (b)(6); (b)(7)(C)

Referred To: ER Discussed with ER Staff

Referred to which clinic: ER Transport Type: Non-Emergency.

R/O DKA his BS was 341 prior to insulin 10 units Reg and 409 ninety minutes later. His triglycerides are 2629 and cholesterol is 472. Urinary ketones are 2 plus.

Chief Complaint: (Reason for ER Run) uncontrolled DM and severe Hypertriglyceridemia

Ambulance Requested: 3:20 PM Time 8/2/18

Brief Subject (20 Characters Max): Hospital Return 8/2/18 8pm

8pm Patient is AAOX3, ambulatory with steady gait. No shortness of breath, no acute distress observed.

Patient returning from JCMC ER Visit, with a diagnosis of Hyperglycemia. VS T97.8 P81 R18 BP 102/80

Sao2 96% room air, Blood Glucose, from the Hospital's last accucheck was 224 mg/dL, re-check Blood glucose upon arrival back, 223 mg/dL. Seen by provider. Admitted to infirmary

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

Commitment# (b)(7)(E)

SBI#: 21 Years Old DOB:

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

Race: Asian Gender: Female LOC: Inmate Type: ICE HLCN: HCCC A#:

Chief Complaint: Hx of depression, level 2 close watch

History of Present Illness: with details regarding duration, frequency, relieving and worsening

factors, etc.: 21 y.o female is a transfer from Bergen County Jail. Patient reports hx of depression and insomnia, takes Trazodone 100mg 1 tab at bedtime as per transfer record from Bergen County Jail.

Patient also reports hx of suicide attempt in 2016 by drug overdose. Patient appears calm and cooperative, denies any suicide thoughts at present. Will place patient on level 2 close watch pending mental health evaluation.

From: (b)(6); (b)(7)(C)
Sent: 19 May 2018 05:44:38 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice Patient-hspt Referral & Discharge

(b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **36 Years Old DOB:**
(b)(6); (b)(7)(C)
Race: Hispanic **Gender:** Male **LOC:** E 4S 01 20 **Inmate Type:** ICE **HLCN:** HCCC **A#:**
(b)(6); (b)(7)(C)

General Note-- 05/18/2018 at 6:26 PM

General Note Type: Nurse

Brief Subject (20 Characters Max): sick call

Patient came to medical for left eye brows laceration after playing soccer in the rec area. cleanse with NSS & cover SDD, small amount of blood noted, denies any pain at present. V/s stable afebrile. refer to provider for eval.

Reason for Referral

This is a thirty six year old male who was referred by the RN for evaluation of laceration to left eye brow. As per the patient he was playing soccer when a ball struck the back of his head causing his head to hit a window.

he currently has a large gaping laceration to the left eyebrow. No signs of bleeding. No visula disturbances.

Patient will be transferred to JCMC for emergent care.

Current Vital Signs

Previous Height: 65 (09/30/2017 1:29:16 AM) **Previous Weight:** 160 (01/02/2018 7:32:40 AM)

Sitting BP: 140 / 80

Temperature: 98.2

Pulse rate: 80 **Pulse rhythm:** Regular

Respirations: 16 **Respiration Type:** Unlabored

Pulse Ox% 98 Room Air: Yes

PT. RETURNED BACK FROM JCMC A & O X3 W/ SUTURES TO LT EYE BROW INTACT BP 118/76 T 97.7 P 58 SPO2 98 WILL REFER TO PROVIDER.

General Note -- 05/18/2018 at 10:28 PM

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital Return

S: Reports of laceration to left eyelid

O: VS 118/76 T 97.7 P 58 SPO2 98

Laceration to Left eyelid post hospital return covered with steri-strips. No active bleed. Report mild aching pain. Denies headache, dizziness, or lightheadedness.

A/P: Facial laceration - maintain dressing clean and dry as ordered. F/I in 2days. Monitor of complication. Pain: Tylenol PRN as ordered.

TYLENOL 325 MG ORAL TABLET (ACETAMINOPHEN) Give 2 tablet by mouth every 6 hours PRN

Have a Fabulous Day,

(b)(7)(E)

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(7)(E)
Fax: (b)(7)(E)
e-mail: (b)(7)(E)@cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 23 Aug 2018 13:07:04 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice Update for 8-23-18
Attachments: Ice Update- 8-23-18.docx

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

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

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

e-mail (b)(6); (b)(7)(C)@cfgpc.com

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Ice-Updates: 8-23-2018

Date: 8-23-18 Status: Remains in the Infirmary for FX of his 2nd Right hand

1. Detainee: (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 28 Years

Old DOB: (b)(6); (b)(7)(C)

Race: Black or African American Gender: Male LOC: I INF 112 10 Inmate Type: ICE
HLCN: HCCC) A#: (b)(6); (b)(7)(C)

Vital Signs: Standing BP: 122 / 80

Temperature: 97.8 Temperature site: Oral

Pulse rate: 62 Pulse rhythms: Regular

Respirations: 18 Respiration Type: Unlabored

Pulse Ox%: 99 Room Air: Yes

2. Detainee: (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI#: 46 Years Old

DOB: (b)(6); (b)(7)(C)

Race: Hispanic Gender: Male LOC: D 3W 307 01 Inmate Type: ICE HLCN: HCCC)
A#:

Issue: New admit with a Diagnosis of Pneumonia, placed in the Infirmary on 8-22-2018 7:56 PM

Nurse Practitioner Comments: Assessment Comments: 46 year old male seen and examined in NAD, Patient reports history of Pneumonia 1 month ago and was hospitalized for 4 days, stated he was sent home with antibiotics for 7 days. Patient stated he still has occasional productive cough with dark yellow phlegm, he denies fever and chills. He c/o headache denies dizziness, vision changes, SOB, CP, palpitations. Patient also report been diagnosed with lymphoma 5 years ago and is on oral medication but is unable to recall the name, he stated that he sees his doctor every 3 months. He denies any mental health disorder or suicidal ideation.

Plan Comments: Hx of PNA - rales to RLL - CXR; Augmentin 875/125mg tab by mouth Q12.
Admit to infirmary; droplet precaution.

Hx of lymphoma - nsg to f/u with PMD on medication management.

Headache - Ibuprofen as ordered.

RTC routine and PRN

Current Vital Signs

Previous Height: 69 (08/22/2018 5:31:04 PM) Previous Weight: 175 (08/22/2018 5:31:04 PM)

Standing BP: 118 / 80

Temperature: 98.4 Temperature site: Temporal

Pulse rate: 72 Pulse rhythm: Regular

Respirations: 16 Respiration Type: Unlabored

Pulse Ox% 99 Room Air: Yes

From: (b)(6); (b)(7)(C)
Sent: 17 Aug 2018 14:04:17 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice Updates on Two Patient's

-
Ice-Updates: 8-17-2018

(b)(6); (b)(7)(C) **Commitment#** (b)(7)(E) **SBI#:** 27 Years Old **DOB:** (b)(6); (b)(7)(C)

Race: Black or African Am

Date: 8-16-18 at 7:48pm-Nurse Sick Call: Male Ice inmate referred by nursing for

c/o neck pain and restricted movement of neck x 2 days, getting worst today. Patient was seen by the NP and order was given to transfer to JCMC. **Vital Signs:** T=97.6, P=100, R=17, B/P 120/90. O2sat 99%.

Reason for Referral

Patient was seen in medical with twisted neck - torticollitis. patient reported he was bitten up at Bronx court and his neck twisted. Patient also stated that now he cannot move his neck. On exam, he has restricted neck movement, neck tenderness and unequal shoulders. Patient is screaming on top of his lungs. Patient is in mild acute distress with Hr of 100. Flexiril 10mg by mouth stat ordered and given. Patient will be transferred to JCMC ED via van for CT scan neck r/o neck injury.

Date: 8-17-18-Returned at 4:13AM—from JCMC- with diagnosis of neck and

back strain. As per hospital discharge paperwork, CT cervical spine and thoracic spine was done and result shows neck and back strain. No medication ordered. Patient reports pain 5/10 to lower back and neck. Patient able to flex and rotate neck with some discomfort, able to ambulate with steady gait. Patient appears clinically stable for GP on bottom bunk.

Vitals Signs: temp 97.2, P=57, R=16, B/P=102/68, O2sat=99%

Treatment Plan: A/P: Neck strain, Back sprain, Ibuprofen 600mg 1 tab by mouth BID PRN

Analgesic balm topically BID, Bottom bunk-

(b)(6); (b)(7)(C) **Commitment#** (b)(7)(E) **SBI#:** 41 Years Old **DOB:** (b)(6); (b)(7)(C)

Race: Black or African American **Gender:** Male **LOC:** D 3W 404 01 **Inmate Type:** ICE **HLCN:** HCCC **A#:**

Patient admitted on 8-17-2018 1:04AM- was interviewed by the nurse and stated that he has a psychiatric history.

41 y.o male denies any substance abuse, denies any PMHx, reports hx of depression x 6yrs with psyche hospitalization 6yrs ago in Brazil. Patient states he takes lexaprol 20mg daily, last dose 2 days ago. Patient appears calm and cooperative but states " I feel depressed being in jail but, I don't have any suicide thoughts right now". Patient speaks Portuguese, interpreter utilized Voianc (b)(7)(E) Patient

medication was verified and confirmed from Walgreens pharmacy as lexapro 20mg daily, last refill July, 2018. Will place patient on level 2 close watch pending mental health evaluation and clearance for GP.

Patient was seen by the provider and placed on level 2 observation in the Infirmary until MH clear him for GP.

Plan Comments: Follow-up clinically as needed

Lexapro 20mg daily x 7 days

Mental health referral

Will place on level 2 close watch pending mental health evaluation and clearance for GP

Mental Health: Clinician used the portugal language line to communicate with pt. Pt is here for DUI charges. Pt denied current suicidal and homicidal ideations. Pt denied current auditory and visual hallucinations. Pt has no hx of MH illness, MH meds, or psychiatric hospitalization. Pt does not appear to be a danger to self or others at this time. Pt denied aggressive/violent behavior. Pt denied any depressive/anxiety symptoms. This is Pt first time incarcerated. Pt denied any suicidal ideation/attempts in the past. Pt was very cooperative and pleasant during session. Pt does not meet any safety risks for close watch.

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 29 Aug 2018 16:55:57 +0000
To: (b)(6); (b)(7)(C)
Subject: Ice Updates
Attachments: Ice Updates 8-29-2018.docx

Have a Fabulous Day,

(b)(6); (b)(7)(C) **R.N. M.S.N.**
Acting Health Service Administrator



Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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8-29-2018 Update

Date: 08/28/2018 at 10:29 PM

Name: (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) 45
Years Old **DOB:** (b)(6); (b)(7)(C)
Race: Hispanic **Gender:** Male **LOC:** D 5E 506 02 **Inmate Type:** CTY **HLCN:**
HCCC **A#:** (b)(6); (b)(7)(C)

Reason for Referral

- Detainee states PMHX of left eye injury when he was in another jail in N. Y
- Detainee c/o itching and redness to B/L eyes, c/o mild pain to left eye
- Has Ophthalmology consult on 09/05/2018 for evaluation
- Detainee has brisk reaction to B/L eyes, Perla currently denies diplopia.
- Detainee started on artificial tear 2 drops three times daily x 5 days.
- Detainee reported no improvement to the SGT on the Unit. SGT notified NP inmate states no improvement. Inmate called to medical and re-evaluated. Inmate sent to ED for evaluation.

Current Status: Remains at JCMC

Returned from: JCMC 08/29/2018 at 10:38 AM

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital return

This 45 y/o, male, came back from JCMC and was seen by ophthalmology for his eye. Pt with Hx injury to his eye, O.S when he was in another jail

Current Vital Signs: BP 120/80, PR 74, rr 17, Temp 98.1F, O2 Sat 98%

Pt is alert and oriented x 3, calm, coherent with fair affect

Date: 08/28/2018 at 12:27 PM

Name: (b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E) **SBI#:** (b)(7)(E) 46 Years Old
DOB: (b)(6); (b)(7)(C)

Race: Hispanic **Gender:** Male **LOC:** B 1E 213 01 **Inmate Type:** CTY **HLCN:**
HCCC **A#:**

Chief Complaint: (Reason for ER Run) HX OF LIVER CIRRHOSIS 2/2 ETOH / PUD / C/O BRB PER RECTUM SINCE YESTERDAY. ON EXAM BRB SEEN ON ANAL MARGIN. R/O GI BLEED

Hospital Return

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital RTN

S: Pt seen today in the medical clinic for hospital rtn from JCMC ED. Inmate Dx with possible GI bleed with Hgb of 9.1 - 9.3 and placed on Nexium. ED Dr, (b)(6); (b)(7)(C) indicated that Inmate refused medical treatment in the ED. Explained to inmate the need to receive med screening and treatment, inmate responded, "I am fine, nothing is wrong with me." via a Spanish interpreter. Will refer to GI for eval.

From: (b)(6); (b)(7)(C)
Sent: 12 Apr 2018 21:14:01 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Ice-Transfer to Hospital
Attachments: Ice-Hospital Trip- 4-12-2018.docx

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
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Ice-Hospital Trip- 4-12-2018

1. (b)(6); (b)(7)(C) Commitment# (b)(7)(E) SBI#: 41 Years Old DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: D 3W 407 01 Inmate Type: ICE HLCN: HCCC A#: -

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation
Age at Time: 41 Years Old

Nurse Infirmary Admission

Reason for Transfer / Admission: Change in Clinical Condition

Referral Source: Medical Staff

Chief Complaint: patient BS is high; claims that his BS is labile; easily goes down and he collapse

Active Medications: : METFORMIN HCL 500 MG ORAL TABLET take one tab by mouth daily, IBUPROFEN 600 MG ORAL TABLET take one tab by mouth BID, NOVOLIN R 100 UNIT/ML INJECTION SOLUTION finger stick BID with low dose insulin coverage according to his sliding scale.

Active Problems: Fracture, left proximal index finger (ICD-815.00) (ICD10-S62.91), Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9).

Open Orders: X-Ray, Chest, PA & Lateral [X-Ray], RPR [0142-0], CC - Initial [CCI], Lipid Profile [0009-1], Diabetic Panel [3484-3].

Current Vital Signs

Previous Height: 64 (04/12/2018 3:08:52 PM) Previous Weight: 214 (04/12/2018 3:08:52 PM)

Sitting BP: 110 / 70

Temperature: 97.8 Temperature site: Oral

Pulse rate: 83 Pulse rhythm: Regular

Finger Stick (Blood Sugar): 410

Respirations: 16 Respiration Type: Unlabored

Pulse Ox% 97

Objective Findings

Head, Eyes, ENT

Vision Disturbance: No

Hearing Difficulty: No

Difficulty Swallowing: No

Bleeding Gums: No

Neuro / Musculoskeletal

Conscious: Yes

Oriented x 3: Yes

Pupils, PERLA: Yes

Weakness of Extremities: No

Peripheral Circulation

Cyanosis: No

Mottling: No

Tingling in Hands: No

Tingling in Feet: No

Genital / Urinary

Urination Frequency: No

Incontinence: No

Difficulty Urinating: No

Urinary Catheter: No

Skin

Color: Normal

Cardiovascular

Rhythm Regular

Hear Sounds: Normal

Edema: No

Pitting: No

Respiratory

Lung Sounds Normal

Cough: No

Gastrointestinal

Appetite: Fair

Vomiting: No

Nausea: No

Bowel Movements: Regular

Bowel Sounds: Normal

Abdomen: Soft

Infirmiry Assessment

ALTERATION IN COMFORT DUE TO:

Other

Explain: increased blood sugar

Nurse Infirmiry Plan

Plan: Administer Medication as Ordered, Administer Treatment as Ordered, Administer Diet as Ordered, Labs as Ordered

Patient Education Provided: Test Results

Disposition: Infirmiry

Notes: Patient was admitted in the infirmiry due to increase blood sugar; claims that BS is very labile easily go down and up; claims that he collapse when sugar is very low

METFORMIN HCL 500 MG ORAL TABLET (METFORMIN HCL) take one tab by mouth daily

IBUPROFEN 600 MG ORAL TABLET (IBUPROFEN) take one tab by mouth BID

NOVOLIN R 100 UNIT/ML INJECTION SOLUTION (INSULIN REGULAR HUMAN) finger stick BID with low dose insulin coverage according to his sliding scale

Fracture, left proximal index finger (ICD-815.00) (ICD10-S62.91)

Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)

2. (b)(6); (b)(7)(C) Commitment#: (b)(7)(E) SBI# (b)(6); (b)(7)(C) 49 Years Old DOB: (b)(6); (b)(7)(C)

Race: Unspecified Gender: Female LOC: E 3S 01 30 Inmate Type: ICE HLCN: HCCC A#:

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

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Code White

49 yrs old female is here post code white for c/o persistent headache, falling and hitting her right head, right arm and right leg, pt reports 8/10 arm, head and leg pain; Pt is A A O x 3; swelling, tenderness, black bruising noted in right leg, right arm, and right head, limited ROM noted in right extremities; chest wall is non-tender, heart rate is regular and normal; pt appear weak and in pain; pt will be referred to ER for further evaluation, and to R/O fracture

Vital signs: BP 132/100 HR 92 RR 20 Temp 97.8 F

Transport Type: Emergency

Chief Complaint: (Reason for ER Run) Pt c/o persistent headache, falling and hitting her right head, right arm and right leg, pt reports 8/10 arm, head and leg pain, limited ROM noted in extremities

Allergies, Medications and Problems

Allergies:

* PENICILLIN.

Active Meds:

LISINOPRIL 2.5 MG ORAL TABLET (LISINOPRIL) Take 1 tablet by mouth daily

VITAMIN D-3 1000 UNIT ORAL CAPSULE (CHOLECALCIFEROL) Take 1 cap by mouth daily

MULTIVITAMIN ADULT ORAL TABLET (MULTIPLE VITAMINS-MINERALS) 1 tablet orally once daily

* GLUCOPHAGE 1000 MG ORAL TABLET (METFORMIN HCL) 1 tablet orally BID

* PENICILLIN (Critical)

Diarrhea NOS (ICD-787.91) (ICD10-R19.7)

Diabetes mellitus, type II (ICD-250.00) (ICD10-E11.9)

Allergic rhinitis (ICD-477.9) (ICD10-J30.9)

Hx of depression (ICD-V11.8) (ICD10-Z86.59)

From: (b)(6); (b)(7)(C)
Sent: 13 Apr 2019 15:50:48 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: here you go!

No. I sent you everything I received.

Sent from my iPhone

On Apr 13, 2019, at 11:30 AM, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

The last attachment I received was Thursday afternoon, he was to have surgery yesterday morning, nothing since then.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@Wellpath.us>
Date: Saturday, Apr 13, 2019, 11:23 AM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Fwd: [EXT] RE: here you go!

This is the last update. On page 10 it says for a cholecystectomy today.

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: April 13, 2019 at 11:11:31 AM EDT
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@Wellpath.us>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@Wellpath.us>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@Wellpath.us>
Subject: RE: [EXT] RE: here you go!

I did not receive anything for Friday, please send that to me

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@Wellpath.us>
Date: Saturday, Apr 13, 2019, 11:09 AM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)@Wellpath.us>, (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@Wellpath.us>
Subject: Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

Sent from my iPhone

On Apr 13, 2019, at 9:00 AM, (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

Good morning, none of the attachments had any information; I did not receive any update for yesterday, please send an update today.

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Friday, April 12, 2019 3:50 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov>
Date: April 12, 2019 at 3:23:14 PM EDT
To: (b)(6); (b)(7)(C)

(b)(6); [redacted]@Wellpath.us>

Cc: (b)(6); (b)(7)(C) [redacted]

(b)(6); [redacted]@Wellpath.us>

Subject: [EXT] RE: here you go!

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); [redacted] RN FMC NYC
Ofc (b)(6); (b)(7)(C) [redacted] MOBL: (b)(6); [redacted]
(b)(6); [redacted] Fax (secure) : (b)(6); (b)(7)(C) [redacted]

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From: (b)(6); (b)(7)(C) [redacted]

(b)(6); [redacted]@Wellpath.us>

Sent: Friday, April 12, 2019 12:40 PM

To: (b)(6); [redacted]

(b)(6); [redacted]@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C) [redacted]

(b)(6); [redacted]@Wellpath.us>

Subject: RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

Thank you in advance;

(b)(6); (b)(7)(C) [redacted]

Hudson County Scheduler

201-395-(b)(6); [redacted]

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=

From: (b)(6); (b)(7)(C)
Sent: 13 Apr 2019 15:09:32 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: here you go!

Commander, We are unable to get an update today. The hospital won't give info over the phone to the nurses. It must come from case management department. (b)(6); (b)(7)(C) sent that update on Friday. That's the latest. We should get the most recent update on Monday morning. I will send her your request now so she gets it as soon as possible and gets it to us as fast as she can.

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CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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Sent: Friday, April 12, 2019 3:50 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

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To: (b)(6); (b)(7)(C)@Wellpath.us>
Cc: (b)(6); (b)(7)(C)@Wellpath.us>
Subject: [EXT] RE: here you go!

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)
(b)(6);

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Sent: Friday, April 12, 2019 12:40 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@Wellpath.us>
Subject: RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

Thank you in advance;

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

Hudson County Scheduler

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

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From: (b)(6); (b)(7)(C)
Sent: 13 Apr 2019 21:18:37 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: here you go!

Thank you.

Sent from my iPhone

On Apr 13, 2019, at 2:29 PM, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

I called and spoke to his nurse on the floor- he did have surgery and in recovering well so far, stable.

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@Wellpath.us>
Sent: Saturday, April 13, 2019 11:10 AM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@Wellpath.us>
Subject: Re: [EXT] RE: here you go!

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Sent from my iPhone

On Apr 13, 2019, at 9:00 AM, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

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CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)
(b)(6);

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From: (b)(6); (b)(7)(C) @Wellpath.us>
Sent: Friday, April 12, 2019 3:50 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Subject: Fwd: [EXT] RE: here you go!

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Date: April 12, 2019 at 3:23:14 PM EDT
To: (b)(6); (b)(7)(C) @Wellpath.us>
Cc: (b)(6); (b)(7)(C) @Wellpath.us>
Subject: [EXT] RE: here you go!

Thanks, just a reminder, would like to get one before the end of their workday

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) :
(b)(6); (b)(7)(C)

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Sent: Friday, April 12, 2019 12:40 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @Wellpath.us>
Subject: RE: here you go!

I did @ 8am. As soon as I receive it ill forward it to you!

Thank you in advance;

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

Hudson County Scheduler

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

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From: (b)(6); (b)(7)(C)
Sent: 12 Oct 2019 19:13:29 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Good afternoon,
The above patient has returned back from the hospital. Her diagnosis is CVA - right side weakness, TIA. She returned around 2:50pm.

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)
Sent: Saturday, October 12, 2019 10:59:20 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Good morning,
She is still in the hospital. I have reached out to our case manager to see if there are any updates on her condition. I will keep you posted as soon as I get the information. Thank you for your patience.

(b)(6); (b)(7)(C)
Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Saturday, October 12, 2019 10:25:01 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can someone send an update today on this detainee, if she is still at the hospital and any changes?

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

Ofc: (b)(6); (b)(7)(C) MOBI (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>

Date: Friday, Oct 11, 2019, 9:14 AM

To: (b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)@Wellpath.us>

Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Good morning,

I'm glad you were able to get what you needed. (b)(6); (b)(7)(C) will update you on her status from our case management department later in the day.

Thanks,

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

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

Regional Director, Northeast

Wellpath

1283 Murfreesboro Road, (b)(6); (b)(7)(C)

Nashville, TN 37217

CELL: (b)(6); (b)(7)(C)

EMAIL: (b)(6); (b)(7)(C)@wellpath.us

WellpathCare.com

On Oct 11, 2019, at 9:00 AM, (b)(6); (b)(7)(C)@ice.dhs.gov>
wrote:

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From: (b)(6); (b)(7)(C)
Sent: 12 Oct 2019 14:59:20 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Good morning,

She is still in the hospital. I have reached out to our case manager to see if there are any updates on her condition. I will keep you posted as soon as I get the information. Thank you for your patience.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @wellpath.us

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Saturday, October 12, 2019 10:25:01 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can someone send an update today on this detainee, if she is still at the hospital and any changes?

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) @Wellpath.us>
Date: Friday, Oct 11, 2019, 9:14 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @Wellpath.us>
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Good morning,

I'm glad you were able to get what you needed. (b)(6); (b)(7)(C) will update you on her status from our case management department later in the day.

Thanks,

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

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

Regional Director, Northeast

Wellpath

1283 Murfreesboro Road (b)(6); (b)(7)(C)

Nashville, TN 37217

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

EMAIL (b)(6); (b)(7)(C) @wellpath.us

WellpathCare.com

On Oct 11, 2019, at 9:00 AM, (b)(6); (b)(7)(C) @ice.dhs.gov>
wrote:

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From: (b)(6); (b)(7)(C)
Sent: 15 Oct 2019 13:54:33 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Discharged from hospital, now back in GP without complaints. Started on: ASA, Plavix, Omeprazole, Atorvastatin.

(b)(6); (b)(7)(C) MD
Wellpath - Hudson County, NJ

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Sent: Tuesday, October 15, 2019 9:47 AM
To: (b)(6); (b)(7)(C)
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, can I get an update on her status?

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Saturday, October 12, 2019 3:13 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)@hcnj.us>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)@Wellpath.us>
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

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

Assistant Health Services Administrator

Wellpath
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35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@wellpath.us

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(b)(6); (b)(7)(C)@wellpath.us

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To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

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CDR (b)(6); FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Date: Friday, Oct 11, 2019, 9:14 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@Wellpath.us>
Subject: Re: [EXT] RE (b)(6); (b)(7)(C)

Good morning,

I'm glad you were able to get what you needed (b)(6); (b)(7)(C) will update you on her status from our case management department later in the day.

Thanks,

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

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

Regional Director, Northeast

Wellpath

1283 Murfreesboro Road (b)(6); (b)(7)(C)

Nashville, TN 37217

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

EMAIL (b)(6); (b)(7)(C)@wellpath.us

WellpathCare.com

On Oct 11, 2019, at 9:00 AM, (b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

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From: (b)(6); (b)(7)(C)
Sent: 22 May 2019 14:53:52 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

He is back in Hudson in the infirmary. He needs Physical therapy and is on Tramadol and Gabapentin. A repeat MRI was done and no significant changes were noted. I will have (b)(6); (b)(7)(C) reach out to you for more details. Also, I will have (b)(6); (b)(7)(C) retrieve medical records from JCMC, the discharge summary and if possible any MRI reports. Thanks, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) RN, BSN.
Health Services Administrator
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Email: (b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Wednesday, May 22, 2019 7:47 AM
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: [EXT] RE: (b)(6); (b)(7)(C)

Good morning, do you have an update on this detainee in the hospital? Have they sent the case manager report?

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Tuesday, May 21, 2019 8:00 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Re: [EXT] RE: (b)(6); (b)(7)(C)

Patient (b)(6); (b)(7)(C) was admitted to 7 west in JCMC. He is on pain medicine and is to see orthopedic doctor today. Will probably run further testing . Will keep you updated.

Sent from my iPhone

On May 21, 2019, at 6:35 AM, [REDACTED]@ice.dhs.gov> wrote:

Good morning, do you have an update on this?

Sent with BlackBerry Work
(www.blackberry.com)

From: [REDACTED]@Wellpath.us>
Date: Monday, May 20, 2019, 4:16 PM
To: [REDACTED]@ice.dhs.gov>, [REDACTED]
[REDACTED]@ice.dhs.gov>, [REDACTED]
[REDACTED]@ice.dhs.gov>
Cc: [REDACTED]@Wellpath.us>
Subject: [REDACTED]

Detainee [REDACTED] Has a hx of chronic low back pain, degenerative disc disease lumbar spine and anxiety. States he was at Kiosk today and his back just gave out. Pt was unable to ambulate so taken to medical via stretcher. Able to move upper extremities but no weight bearing of lower. MRI (done 2/5/19) shows multiple disc herniation's

He was sent to JCMC to r/o Cauda Equina Syndrome.

Meds include: Tylenol 325mg 2 tabs po bid prn

Vistaril 50mg po hs

Gabapentine 300mg one cap po bid

Omeprazole 20mg 2 tabs po QD

Motrin 600mg po bid prn

Clariton 10mg po daily

Prozac 20mg 2 caps po daily

Thank you, [REDACTED]

[REDACTED] RN, BSN.
Health Services Administrator
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: [REDACTED]
Fax: [REDACTED]
Email: [REDACTED]@wellpath.us

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From: (b)(6); (b)(7)(C)
Sent: 16 Apr 2019 17:56:37 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: RE: CM

Good afternoon Commander (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) returned at 3:30 am this morning. Seen by our provider then.

P: K-dur 20 meq by mouth daily for 7 days
Mag oxide 500 mg tablet by mouth daily for 7 days
CMP in 1 week

(b)(6); (b)(7)(C) also returned from JCMC at 9:30 PM last night. Seen by provider. Note attached.

History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc.: Pt seen today in the medical clinic for hospital return from JCMC. D/c Dx as above - b/l kidney stones, pancreatitis, liver enzyes are elevated and platelet level is low- 101.

Will admit to infirmary on fall precaution. Obtained consent from patient for release of liver U/S and Abdominal MRI report. Noted few superficial abdominal incisions to patient's abdomen, patient states his gall bladder was removed but not indicated on medical record

(b)(6); (b)(7)(C) RN
Director of Nursing
Wellpath
Hudson County Corrections & Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @WellPath.us

From: (b)(6); (b)(7)(C) @ice.dhs.gov]
Sent: Tuesday, April 16, 2019 9:50 AM
To: (b)(6); (b)(7)(C)
Subject: RE: CM

Good morning, yesterday afternoon the nurse told me (b)(6); (b)(7)(C) would be returning in the evening, did he return or do you know if he will return today?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>
Sent: Monday, April 15, 2019 5:25 PM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Fwd: CM

Update on Tax.

Sent from my iPhone

Begin forwarded message:

From: (b)(6); (b)(7)(C)@Wellpath.us>
Date: April 15, 2019 at 4:57:28 PM EDT
To: (b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)@Wellpath.us>
Subject: RE: CM

Patient Tax update attached.

(b)(6); (b)(7)(C) RN
Regional Care Manager
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)

wellpath

1283 Murfreesboro Road, (b)(6); (b)(7)(C) Nashville, TN 37217

PH: (b)(6); (b)(7)(C) // **FAX:** (b)(6); (b)(7)(C)

[LinkedIn](#) // [Facebook](#) // [Twitter](#)

WellpathCare.com

From: (b)(6); (b)(7)(C)
Sent: Monday, April 15, 2019 4:10 PM
To: (b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@Wellpath.us>; (b)(6); (b)(7)(C)@Wellpath.us>
Subject: RE: CM

Patient (b)(6); (b)(7)(C) update attached; re-requested the last update on Tax.

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

Regional Care Manager

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

wellpath

1283 Murfreesboro Road, (b)(6); (b)(7)(C) Nashville, TN 37217

PH: (b)(6); (b)(7)(C) // FAX: (b)(6); (b)(7)(C)

[LinkedIn](#) // [Facebook](#) // [Twitter](#)

WellpathCare.com

From: (b)(6); (b)(7)(C)

Sent: Monday, April 15, 2019 2:20 PM

To: (b)(6); (b)(7)(C) @Wellpath.us > (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @Wellpath.us >; (b)(6); (b)(7)(C) @Wellpath.us >

Subject: CM

Updates should be on the way any minute I just got a call back from JCMC will forward

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

RN

Regional Care Manager

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

wellpath

1283 Murfreesboro Road, (b)(6); (b)(7)(C) Nashville, TN 37217

PH: (b)(6); (b)(7)(C) // FAX: (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 12 Sep 2019 18:39:51 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: detainee lawyer

(b)(6); (b)(7)(C) was sent to the hospital on August 22, 2019 after he stated he slipped on some water. He was examined by an emergency room team and returned to the facility with no acute injury noted. We can certainly see him again and continue his pain medication but he has made no request to medical.

(b)(6); (b)(7)(C) MD
Wellpath - Hudson County, NJ

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Thursday, September 12, 2019 2:25 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: [EXT] detainee lawyer

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

Good afternoon, I received the following complaint, please review and let me know his status:

(b)(6); (b)(7)(C) is a 58-year-old man who has resided in the U.S. for most of his life (b)(6); (b)(7)(C) has metal plate in his left leg that he received after surgery after an accident. He is experiencing immense pain in his leg and reports that while he used to receive pain medication, he stopped receiving this out of the blue. (b)(6); (b)(7)(C) additionally was diagnosed with diabetes and reports having bouts of losing his vision. When I visited with (b)(6); (b)(7)(C) at Hudson the other day he appeared unable to see properly and in pain. When I spoke to him yesterday via video he expressed deep pain and was unable to communicate with me about anything except his pain. He says he has made requests to see medical but they have gone unanswered.

I am deeply concerned about (b)(6); (b)(7)(C) health and will take appropriate action if it is not resolved soon. Please let me know how you intend to proceed.

Thank you,

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

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 27 Sep 2019 13:14:24 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: Re: Detainee (b)(6); (b)(7)(C)

I just spoke with an ICU resident (b)(6); (b)(7)(C) He will be faxing me copies of Lab work, diagnostic testing and medication lists Here is what I have learned thus far:

Above Patient is now hospitalized at JCMC after he became febrile yesterday evening and collapsed.

ICU- ROOM H-1 Nurses' Station: (201) 915-2000 (b)(6); (b)(7)(C) Nurse: (b)(6); (b)(7)(C)

Attending Physician (b)(6); (b)(7)(C) Pulmonary Critical Care

Resident Physician: (b)(6); (b)(7)(C) pager

Current Diagnosis: Code Sepsis- Septic Shock source possibly enterocolitis

CT of ABD: Enterocolitis

Negative for HIV, HEP B and HEP C

Urine toxicology screen was negative for all illicit drugs.

Current Status: Awake and Alert not oriented to place.

Plan: Currently on IV antibiotics- awaiting evaluation by (b)(6); (b)(7)(C) Attending Physician

Resident Physician will inform his Attending Physician of Jail contact numbers for this provider both infirmary and private cell and infirmary nurses' station.

Resident Physician will fax above records from Patient's chart to (b)(6); (b)(7)(C) Medical Administration Fax. Medical Records Supervisor to bring records to this provider as soon as received. Updates will be provided as soon as they are known throughout the weekend.

Thank you for your attention to this important matter.

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

Staff Physician-Infirmiry Care
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Avenue
Kearny, New Jersey 07032

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

(b)(6); (b)(7)(C)@Wellpath.us

From: (b)(6); (b)(7)(C)@ice.dhs.gov>

Sent: Friday, September 27, 2019 8:17 AM

To: (b)(6); (b)(7)(C)

Cc: (b)(6); (b)(7)(C)

Subject: [EXT] FW: Detainee (b)(6); (b)(7)(C)

Good morning, please send a clinical update in the following format daily, include labs/xrays/plans/vitals etc:

Hospital Admission : JCMC- (room number)

Day 1

Detainee Name: (b)(6); (b)(7)(C)

Alien #: (b)(6); (b)(7)(C)

Date of Birth: (b)(6); (b)(7)(C)

Country of Citizenship: El Sal

Date of Arrival: 9/21/2019

Relevant Medical History:

Date of Admission: 09/26/2019

Current Diagnosis:

Attending physician: Dr.

Current Status:

Discharge Plan:

Facility: Hudson County Jail

Information provided by:

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@Wellpath.us>

Sent: Thursday, September 26, 2019 10:01 PM

To: (b)(6); (b)(7)(C)@ice.dhs.gov>

Cc: (b)(6); (b)(7)(C)@Wellpath.us> (b)(6); (b)(7)(C)@Wellpath.us>

Subject: Fw: Detainee (b)(6); (b)(7)(C)

FYI- please see below.

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

Assistant Health Services Administrator
Wellpath
Hudson County Corrections and Rehabilitation Center
35 South Hackensack Ave
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@wellpath.us

From: (b)(6); (b)(7)(C)@hcnj.us>

Sent: Thursday, September 26, 2019 9:33:47 PM

To: (b)(6); (b)(7)(C) @wellpath.us; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C) @ice.dhs.gov
Subject: Detainee (b)(6); (b)(7)(C)

Good evening everyone

Detainee was transported to JCMC by ambulance and admitted. Thank you

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From: (b)(6); (b)(7)(C)
Sent: 30 Oct 2018 18:42:23 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: Detainee with recent broken wrists medical update needed

Thanks.

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247

(b)(6); (b)(7)(C) Cell
(b)(6); (b)(7)(C) Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>
Sent: Tuesday, October 30, 2018 1:36 PM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @CorrectCareSolutions.com>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>
Subject: RE: Detainee with recent broken wrists medical update needed

The medpart are not the issue, according to them their financial people have not agree whether or not are going to work with ICE. I will process the pending medpart.

Thank you in advance;

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

Hudson County Scheduler

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



Hudson County Department of Corrections

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From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov]
Sent: Tuesday, October 30, 2018 2:31 PM
To: (b)(6); (b)(7)(C) [redacted]
Cc: [redacted]
Subject: RE: Detainee with recent broken wrists medical update needed

According to the notes you had sent—

This detainee was seen at the clinic on 8/9/18 and 9/13/18 in addition to the xray taken on the 18th. The only medpar submitted for authorization is for the CT.

I would venture to guess that they are not willing to see the detainee due to having claims denied. Prior to detention he had insurance and I am sure they tried to bill them and when they were denied they stopped seeing the detainee.

Please submit medpars for all office visits and for the xray.

I would then send all of the authorizations to the facility so they can submit claims.

There are instructions on the authorizations on how to submit the claims. I would expect they are already in the VA system (which is who pays ICE claims) so they should get paid.

Given there is a referral in his medical record and it has not be completed timely, I would ask the provider to make a note in the chart that this referral is not urgent and if needed the provider may need to see the patient again to ensure it is not an urgent referral.

Once you have sent the authorizations to the offices (ortho and radiology) then I would ask to reschedule. If they say no, then I would schedule with the other ortho office that you use. If that appointment is 2 months out, then you might see if there is another ortho provider that will see the patient.

Respectfully,

(b)(6); (b)(7)(C) [redacted] RN, BSN, CCHP

LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247

(b)(6); (b)(7)(C) Cell
(b)(6); (b)(7)(C) Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C)
Sent: Tuesday, October 30, 2018 12:34 PM
To: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>; (b)(6); (b)(7)(C) @CorrectCareSolutions.com>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>
Subject: RE: Detainee with recent broken wrists medical update needed

Thanks for all your help today. I am still on hold and getting the giant hospital run around.

They did say he had an xray on the 18th, but I don't see an authorization for it. Do you know if they were given an authorization or medpar for this DOS?

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247

(b)(6); (b)(7)(C) Cell
(b)(6); (b)(7)(C) Secure Fax
(b)(6); (b)(7)(C) @ice.dhs.gov

From: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>
Sent: Tuesday, October 30, 2018 8:21 AM
To: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @CorrectCareSolutions.com>; (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>
Subject: RE: Detainee with recent broken wrists medical update needed

Brookdale medical center is Ortho as well, all outpatient clinics are in the same facility.

Thank you in advance;

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

Hudson County Scheduler

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



Hudson County Department of Corrections

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From: (b)(6); (b)(7)(C)@ice.dhs.gov
Sent: Tuesday, October 30, 2018 9:11 AM
To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: RE: Detainee with recent broken wrists medical update needed

Can you send him to ortho? Sometimes they can do radiology studies there? Can you send me a number to call for the radiology department?

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, CCHP
LCDR, USPHS
ICE Health Service Corps
Field Medical Coordinator – Dallas Field Office
8101 N. Stemmons Freeway
Dallas, TX 75247
(b)(6); (b)(7)(C) Cell
(b)(6); (b)(7)(C) Secure Fax
(b)(6); (b)(7)(C)@ice.dhs.gov

From: (b)(6); (b)(7)(C)@CorrectCareSolutions.com>
Sent: Tuesday, October 30, 2018 8:01 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@CorrectCareSolutions.com>; (b)(6); (b)(7)(C)@CorrectCareSolutions.com>
Subject: Re: Detainee with recent broken wrists medical update needed

Good morning,

(b)(6); (b)(7)(C) attempted to schedule the CT scan appointment yesterday , after notifying the Radiology department that procedure was approved by ICE.

She was once again referred to the supervisor.

Until they understand the process, this patient will not be seen.

Your help in this matter is appreciated. Thank you.

(b)(6); (b)(7)(C) M.D.

HCC Medical Director.

From: (b)(6); (b)(7)(C) @ice.dhs.gov>
Sent: Tuesday, October 30, 2018 8:11 AM
To: (b)(6); (b)(7)(C)
Cc: [Redacted]
Subject: RE: Detainee with recent broken wrists medical update needed

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

Sorry I had your email wrong and hope this now gets to you. See below.

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center
806 Hilbig Rd, (b)(6); (b)(7)(C)
Conroe, TX 77301

eFax- (b)(6); (b)(7)(C)
Work Cell- (b)(6); (b)(7)(C)
Desk- (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C)

Sent: Sunday, October 28, 2018 9:50 AM

To: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @CorrectCareSolutions.com>

Cc: (b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @correctcaresolutions.com>;

(b)(6); (b)(7)(C) @ice.dhs.gov>; (b)(6); (b)(7)(C) @ice.dhs.gov>;

(b)(6); (b)(7)(C) @correctcaresolutions.com' (b)(6); (b)(7)(C) @correctcaresolutions.com>

Subject: RE: Detainee with recent broken wrists medical update needed

All,

I did contact this facility and spoke with (b)(6); (b)(7)(C) I sent her all the needed forms to get enrolled in the ICE insurance program. They had no paperwork or authorization sent with this CT request and that is why it was not completed. However, they did complete x-rays so please call and get those sent to you. Meanwhile you can do the referral for a CT now, enter it into MedPAR for approval first, then once you get an authorization, send it with the detainee for a CT. Also if he needs referred to an orthopedist, then follow the same process if he is already enrolled. If not already enrolled then let us know so we can get them the needed forms to get enrolled and be paid. Let me know if you have any questions.

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center

806 Hilbig Rd (b)(6); (b)(7)(C)

Conroe, TX 77301

eFax- (b)(6); (b)(7)(C)

Work Cell- (b)(6); (b)(7)(C)

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

(b)(6); (b)(7)(C) @ice.dhs.gov

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From: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>

Sent: Thursday, October 25, 2018 3:23 PM

To: (b)(6); (b)(7)(C) @CorrectCareSolutions.com>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: Re: Detainee with recent broken wrists medical update needed

As explained by (b)(6); (b)(7)(C) the facility is declining to perform CT , based on patient's insurance ineligibility (Brookdale is talking about his private insurance)

(b)(6); (b)(7)(C) called the facility twice, referred to radiology supervisor . She has already explained he is an ICE detainee.

As of now , I cannot provide a definitive answer regarding when the test will be done and further follow up scheduled either.

I believe ICE should contact the facility and confirm that all procedures/ tests/ follow up visits will be paid by ICE.

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

From: (b)(6); (b)(7)(C)

Sent: Thursday, October 25, 2018 3:46 PM

To: (b)(6); (b)(7)(C)

Subject: RE: Detainee with recent broken wrists medical update needed

(b)(6); (b)(7)(C) please respond to this email below in regard to detainee with broken wrists (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) . Thanks, (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)

Sent: Thursday, October 25, 2018 3:22 PM

To: (b)(6); (b)(7)(C)

Subject: RE: Detainee with recent broken wrists medical update needed

Good afternoon;

I have contacted the office several times spoke to (b)(6); (b)(7)(C) and explained how the medpar is their insurance card, however she said they did not understand and passed the call to (b)(6); (b)(7)(C) left a vm, no answer as of yet. Called this afternoon all I got was the supervisor will call you back.

Thank you in advance;

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

Hudson County Scheduler

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



Hudson County Department of Corrections

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From: (b)(6); (b)(7)(C)
Sent: Thursday, October 25, 2018 2:58 PM
To: M (b)(6); (b)(7)(C)
Subject: FW: Detainee with recent broken wrists medical update needed

From: (b)(6); (b)(7)(C) @ice.dhs.gov
Sent: Wednesday, October 24, 2018 10:10 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: Detainee with recent broken wrists medical update needed

All,

I received the below email from (b)(6); (b)(7)(C) and ask that you provide me with his medical record and with a medical update to answer the below questions:

- Is this detainee being followed by the medical clinic for his recent wrist fractures?
- What is his plan of care? Has he been referred and seen an orthopedic specialist?
- According to notes in EARM he was taken to an appointment at One Brookdale Plaza CHC BLDG, (b)(6); (b)(7)(C) Station L on 10/11 only to be rescheduled on 10/18 and then turned away without being seen due to insurance questions (see below), can someone explain what that means...did he have a MedPAR created? I do not see a referral in the system on my side.

Thanks in advance for your assistance.

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Wednesday, Oct 24, 2018, 8:16 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: FW: (b)(6); (b)(7)(C) appointment on 10/11/2018 @ 10am at One Brookdale Plaza CHC BLDG (b)(6); Station L Brooklyn NY

Good morning all,

I am not sure that this subject is on anyone's radar. I don't believe he is on the list of NYC significant medical cases. The subject entered custody with both wrists having been recently fractured.

We encountered him at the facility and he appears to have still have significant issues with his wrists.

He went to the below appointment and claims that he wasn't seen because his "private insurance wasn't accepted."

Very Respectfully,

CDR (b)(6); (b)(7)(C) RN, BSN, CCNM
Houston Field Medical Coordinator
ICE Health Service Corps / USPHS

Montgomery Processing Center
806 Hilbig Rd, (b)(6); (b)(7)(C)
Conroe, TX 77301

eFax- (b)(6); (b)(7)(C)
Work Cell (b)(6); (b)(7)(C)
Desk- (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)
Sent: 17 Mar 2018 14:24:46 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: EXTERNAL (b)(6); (b)(7)(C)

At the time incident occurred he had no loc was aao x3. He was monitored for 3 days neuro checks in infirmary, all wnl.

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

Sent from my iPhone

On Mar 17, 2018, at 6:00 AM, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

Thanks, was there any evaluation regarding the head injury or testing related to that?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)
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From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cfgpc.com>
Date: Saturday, Mar 17, 2018, 6:44 AM
To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov>
Cc: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cfgpc.com>, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cfgpc.com>
Subject: Re: EXTERNAL: (b)(6); (b)(7)(C)

Good morning,

Patient returned from ER, negative findings at this time.
If anything should change in official report will update you

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

Sent from my iPhone

On Mar 16, 2018, at 5:14 PM, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cfgpc.com> wrote:

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

Patient went to ER for lumbar X-rays. Since last email regarding patient, there has been no changes.
Will update upon return from hospital.

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

Sent from my iPhone

On Mar 16, 2018, at 1:10 PM, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

Good afternoon, I received the following concerning this detainee, can you let me know his status regarding the head injury complaints?

I am writing regarding our client (b)(6); (b)(7)(C). I met with (b)(6); (b)(7)(C) today at the Hudson County Correctional Facility (HCCF) and am extremely concerned about his medical condition. As you all know, (b)(6); (b)(7)(C) suffered a fall in the facility and hit his head. My understanding is that this fall took place in or about a couple of weeks ago. Our client is not able to read and write and suffers from cognitive limitations so I was not able to ascertain the exact date of the fall.

Our client reported to me today that he has had persistent headaches since the fall in both the front and back of his head. Due to his cognitive limitations, I asked our client to point to where his head is hurting and he pointed to the forehead, both sides of the head and the back of his head. He advised that he has only received one pill but that has not alleviated the pain. Our client also is only Spanish speaking and therefore I am also concerned about whether the medical staff at the HCCF has been able to effectively communicate with him in order to ensure that his medical needs are properly attended to following a fall that has impacted his head.

As I know you all understand, head injuries must be attended to in a manner that fully explores and addresses any and all pain and symptoms. Therefore, (b)(6); (b)(7)(C) should be immediately sent for an MRI and/or a MRI should be conducted by the HCCF. If it is not possible to arrange for a MRI at the HCCF and/or an outside provider, (b)(6); (b)(7)(C) should be released so that we can assist him with accessing the necessary medical care that is required following a fall and impact to an individual's head.

CDR (b)(6); (b)(7)(C) RN FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) [redacted]
(b)(6); (b)(7)(C) [redacted]@cfgpc.com]
Sent: Thursday, March 15, 2018 8:00 AM
To: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov>;
(b)(6); (b)(7)(C) [redacted]@cfgpc.com> (b)(6); (b)(7)(C) [redacted]
(b)(6); (b)(7)(C) [redacted]@cfgpc.com>
Subject: RE: EXTERNAL: (b)(6); (b)(7)(C) [redacted]

(b)(6); (b)(7)(C) [redacted]

Respectfully,
(b)(6); (b)(7)(C) [redacted] **RN, BSN, MBA/HA, CCHP**
Regional Manager
CFG Health Systems

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov]
Sent: Thursday, March 15, 2018 7:56 AM
To: (b)(6); (b)(7)(C) [redacted]
(b)(6); (b)(7)(C) [redacted]
Subject: RE: EXTERNAL (b)(6); (b)(7)(C) [redacted]

Thank you, the A# the lawyer gave us was not correct, do you have his A# and date of birth or alias name?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)
Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>
Date: Thursday, Mar 15, 2018, 7:52 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@cfgpc.com>, (b)(6); (b)(7)(C)@cfgpc.com>
Subject: RE: EXTERNAL: (b)(6); (b)(7)(C)

Good Morning,

On date of incident, patient was evaluated, exam showed no abnormalities, he was monitored in medical housing for 3 days for complaint of hitting head. During that time neuro checks were within normal limits.

Patient was evaluated on last evening by NP. Language line was used for interpretation, during the call the interpreter asked the patient to speak a little louder, patient got angry, left the room.

From the assessment and evaluation the NP was able to perform patient was complaining of elbow and back pain. Previous record from 8/22/17 shows that patient was diagnosed with epicondylitis (degeneration of tendon around the elbow). Patient was ambulating with steady gait.
X-ray of lumbar spine and analgesic was ordered.

Please let me know if you have any further questions.

Respectfully,

(b)(6); (b)(7)(C) [redacted] RN, BSN, MBA/HA, CCHP
Regional Manager
CFG Health Systems

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov]
Sent: Wednesday, March 14, 2018 6:03 PM
To: (b)(6); (b)(7)(C) [redacted]
(b)(6); (b)(7)(C) [redacted]
Subject: EXTERNAL (b)(6); (b)(7)(C) [redacted]

Good afternoon, we recieved the following, can you check on him and let me know his status ?

Today, our office was informed of an incredibly disturbing series of incidents that my client, (b)(6); (b)(7)(C) [redacted] (b)(6); (b)(7)(C) [redacted] suffered while in ICE custody at Hudson County Jail. Last week, my client — who was granted asylum on 1/11/18 and has yet to be released from ICE custody — fell while cleaning the facility. As a result of his fall, several parts of his body are now injured. However, when he asked to see a doctor, he was punished and put in solitary confinement/isolation for three days.

CDR (b)(6); (b)(7)(C) [redacted] FMC NYC
Ofc: (b)(6); (b)(7)(C) [redacted] MOBL (b)(6); (b)(7)(C) [redacted]
Fax(secure): (b)(6); (b)(7)(C) [redacted]

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From: (b)(6); (b)(7)(C)
Sent: 19 Mar 2018 12:56:05 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL (b)(6); (b)(7)(C)
Attachments: (b)(6); (b)(7)(C) Spine and abdomen.pdf (b)(6); (b)(7)(C) C-O Headache 3-2018.docx

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Friday, March 16, 2018 2:09 PM
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL: (b)(6); (b)(7)(C)

Good afternoon, I received the following concerning this detainee, can you let me know his status regarding the head injury complaints?

I am writing regarding our client, (b)(6); (b)(7)(C) I met with (b)(6); (b)(7)(C) today at the Hudson County Correctional Facility (HCCF) and am extremely concerned about his medical condition. As you all know,

(b)(6); (b)(7)(C) suffered a fall in the facility and hit his head. My understanding is that this fall took place in or about a couple of weeks ago. Our client is not able to read and write and suffers from cognitive limitations so I was not able to ascertain the exact date of the fall.

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As I know you all understand, head injuries must be attended to in a manner that fully explores and addresses any and all pain and symptoms. Therefore (b)(6); (b)(7)(C) should be immediately sent for an MRI and/or a MRI should be conducted by the HCCF. If it is not possible to arrange for a MRI at the HCCF and/or an outside provider (b)(6); (b)(7)(C) should be released so that we can assist him with accessing the necessary medical care that is required following a fall and impact to an individual's head.

CDR (b)(6); (b)(7)(C) RN FMC NYC

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]

Sent: Thursday, March 15, 2018 8:00 AM

To: (b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)@cfgpc.com>; (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@cfgpc.com>

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

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

Respectfully,

(b)(6); (b)(7)(C) RN, BSN, MBA/HA, CCHP

**Regional Manager
CFG Health Systems**

From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Thursday, March 15, 2018 7:56 AM

To: (b)(6); (b)(7)(C)

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Thank you, the A# the lawyer gave us was not correct, do you have his A# and date of birth or alias name?

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com>

Date: Thursday, Mar 15, 2018, 7:52 AM

To: (b)(6); (b)(7)(C)@ice.dhs.gov>, (b)(6); (b)(7)(C)@cfgpc.com> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@cfgpc.com>

Subject: RE: EXTERNAL: (b)(6); (b)(7)(C)

Good Morning,

On date of incident, patient was evaluated, exam showed no abnormalities, he was monitored in medical housing for 3 days for complaint of hitting head. During that time neuro checks were within normal limits.

Patient was evaluated on last evening by NP. Language line was used for interpretation, during the call the interpreter asked the patient to speak a little louder, patient got angry, left the room.

From the assessment and evaluation the NP was able to perform patient was complaining of elbow and back pain. Previous record from 8/22/17 shows that patient was diagnosed with epicondylitis (degeneration of tendon around the elbow). Patient was ambulating with steady gait. X-ray of lumbar spine and analgesic was ordered.

Please let me know if you have any further questions.

Respectfully,

(b)(6); (b)(7)(C) **RN, BSN, MBA/HA, CCHP**

**Regional Manager
CFG Health Systems**

From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Wednesday, March 14, 2018 6:03 PM

To: (b)(6); (b)(7)(C)

Subject: EXTERNAL: (b)(6); (b)(7)(C)

Good afternoon, we received the following, can you check on him and let me know his status ?

Today, our office was informed of an incredibly disturbing series of incidents that my client, (b)(6); (b)(7)(C) suffered while in ICE custody at Hudson County Jail. Last week, my client — who was granted asylum on 1/11/18 and has yet to be released from ICE custody — fell while cleaning the facility. As a result of his fall, several parts of his body are now injured. However, when he asked to see a doctor, he was punished and put in solitary confinement/isolation for three days.

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

Ofc: (b)(6); (b)(7)(C) MOBI (b)(6); (b)(7)(C) Fax(secure): (b)(6); (b)(7)(C)

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MobilexUSA

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CORRELATION WITH THE CLINICAL EXAMINATION IS ESSENTIAL.

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Facility: HUDSON COUNTY JAIL ICE - 29383
35 HACKENSACK AVE
KEARNEY, NJ 07032-4635

DOS: 03/15/2018

Case: (b)(7)(E)

Patient: (b)(6); (b)(7)(C)
Number: (b)(7)(E)

DOB: (b)(6); (b)(7)(C) Age: 34
Room: ()

Examination:

XRAY ABDOMEN 1 VIEW

Results: There is scattered amount of air in the large and small bowel without evidence of bowel obstruction or ileus. No kidney stones are seen. No masses are seen. No significant fecal retention is noted.

Conclusion: No significant abnormality is seen in the abdomen.

Electronically signed by (b)(6); (b)(7)(C) 3/15/2018 11:40:54 AM EDT.

LUMBAR SPINE AP and LAT

Results: There are 4 lumbar type vertebral bodies. There is a spina bifida occulta at the L4 level. No fracture or bone destruction are seen. Disc spaces appear intact.

Conclusion: 4 lumbar type vertebral bodies.
Spina bifida-occulta L4 level.
No other abnormalities seen in the lumbar spine.

(Continued on Next Page)

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

Physician: (b)(6); (b)(7)(C)

Please call (b)(6); (b)(7)(C) option 2, with any questions regarding this report.

MidAtlantic Region
101 Rock Road
Horseshoe, PA 19044
800.821.9236

MidAtlantic Region
101 Rock Road
Horseshoe, PA 19044
800.821.9236

3-3-18-12:48PM—Sick Call S/P Fall

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation
Age at Time: 34 Years Old

Current Vital Signs

Previous Height: 65 (07/09/2017 6:28:14 PM) **Previous Weight:** 180 (02/01/2018 4:07:24 PM)
Sitting BP: 125 / 76
Temperature: 98.0 **Temperature site:** Oral
Pulse rate: 70 **Pulse rhythm:** Regular
Respirations: 14 **Respiration Type:** Unlabored
Pulse Ox% 98 Room Air: Yes

Pain Assessment

Are you currently experiencing any pain? Yes

Location #1

Location of pain: Upper back
Describe character of pain: sharp
Duration of pain: Since he fell
What relieves pain or makes it worse? I do not know what relieves the pain
Level of Pain:6 Severe Pain

Location #2

Location of pain: Neck pain
Describe character of pain: sharp
Duration of pain: since I fell
What relieves pain or makes it worse? I do not what relieves the pain

Level of Pain:6 Severe Pain

Location #3

Location of pain: Lt Knee
Describe character of pain: sharp
Duration of pain: Since I fell
What relieves pain or makes it worse? I do not know what relieves the pain
Level of Pain:6 Severe Pain

Review of Systems

GENERAL SYSTEM: Denies Fevers, Chills, Sweats, Anorexia, Fatigue, Malaise, Weight Loss, Any Sx Related to System.
EYES: Denies Blurring, Diplopia, Irritation, Discharge, Vision Loss, Eye Pain, Photophobia, Any Sx Related to System.
E/N/T: Denies Earache, Ear Discharge, Tinnitus, Decreased Hearing, Nasal Congestion, Nosebleeds, Sore Throat, Hoarseness, Dysphagia, Any Sx Related to System.

C-O Headache 3-2018-C-O

CARDIAC: Denies Chest Pains, Palpitations, Syncope, Dyspnea on Exertion, Orthopnea, PND, Peripheral Edema, Any Sx Related to System.

PULMONARY: Denies Cough, Dyspnea, Excessive Sputum, Hemoptysis, Wheezing, Any Sx Related to System.

GASTROINTESTINAL: Denies Nausea, Vomiting, Diarrhea, Constipation, Change in Bowel Habits, Abdominal Pain, Melena, Hematochezia, Jaundice, Any Sx Related to System.

GENITOURINARY: Denies Dysuria, Hematuria, Discharge, Urinary Frequency, Urinary Hesitancy, Nocturia, Incontinence, Genital Sores, Impotence, Decreased Libido, Any Sx Related to System.

MUSCULOSKELETAL: Complains of Back Pain. Denies Joint Pain, Joint Swelling, Muscle Cramps, Muscle Weakness, Stiffness, and Arthritis. I fell an hour ago and my back and my neck and my Lt knee is aching

SKIN: Denies Rash, Itching, Dryness, Open Sores/Wounds, Suspicious Lesions, Any Sx Related to System.

NEUROLOGIC: Denies Transient Paralysis, Dizziness, Headache, Weakness, Paralysis, Seizures, Syncope, Tremors, Vertigo, Any Sx Related to System.

PSYCHIATRIC: Denies Depression, Anxiety, Memory Loss, Mental Disturbance, Suicidal Ideation, Hallucinations, Paranoia, Any Sx Related to System.

ENDOCRINE: Denies Cold Intolerance, Heat Intolerance, Polydipsia, Polyphagia, Polyuria, Weight Change, Any Sx Related to System.

HEME/LYMPHATIC: Denies Abnormal Bruising, Bleeding, Enlarged Lymph Nodes, Any Sx Related to System.

ALLERGIC/IMMUNOLOGIC: Denies Urticaria, Hay Fever, Persistent Infections, HIV Exposure, Any Sx Related to System.

Dental: Oral hygiene status? Fair
Large asymmetrical facial swelling? No
Inability to close teeth evenly? No
Suspicious oral lesions (raised borders)? No
Oral hemorrhage? No
Large cavities? Yes
Patient informed on how to access dental care? Yes
Oral hygiene and patient education given? Yes
Urgent referral to Dental Department needed? No

Nurse Sick Call Plan

Current Medications: : SENNA 8.6 MG ORAL TABLET take 2 tabs by mouth at HS, COLACE 100 MG ORAL CAPSULE take one tab by mouth BID.

3-3-2018-1:29PM—Provider Sick Call S/P Fall**Encounter Context**

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 34 Years Old

Referral Source: Medical Staff

Problem List

Hyperlipidemia (ICD-272.4) (ICD10-E78.5)
 Constipation unsp. (ICD-564.00) (ICD10-K59.00)
 Viral URI (ICD-465.9) (ICD10-J06.9)
 Elbow pain, right (ICD-719.42) (ICD10-M25.521)
 Shoulder pain (ICD-719.41) (ICD10-M25.519)
 Well adult exam (ICD-V70.0) (ICD10-Z00.00)
 Ethanol abuse (ICD-305.00) (ICD10-F10.10)

Medication List

SENNA 8.6 MG ORAL TABLET (SENNOSIDES) take 2 tabs by mouth at HS
COLACE 100 MG ORAL CAPSULE (DOCUSATE SODIUM) take one tab by mouth BID

Allergies List

* NKDA (Critical)

Orders List

Lipid Profile [0009-1]
CC - Initial [CCI]
Oral Surgeon Referral [OSR]
Provider Sick Call - Priority [provider clinical]

Additional Subjective Complaints: complaints of falling

History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc. This is a 34y.o male that presents for s/p fall. He reports he slipped and fell today. Now reports back pain, right wrist pain, and right knee pain. He also claims he hit his head on the floor but no LOC.

Current Vital Signs

Previous Height: 65 (07/09/2017 6:28:14 PM) **Previous Weight:** 180 (02/01/2018 4:07:24 PM)

Pain Assessment

Are you currently experiencing any pain? Yes

Location #1

Location of pain: back head right wrist right knee

Describe character of pain: unable to describe

Duration of pain: recent he just fell

What relieves pain or makes it worse? Nothing makes it worse and he has not taken anything yet.

Level of Pain:6 Severe Pain

Physical Examination

General

The patient is well nourished, well developed, alert and oriented and in no acute distress.

General Appearance: Other

- no obvious injuries noted

Integumentary

Skin without obvious rashes or lesions; hair and nails without obvious abnormalities.

MS - Extremities

Full range of motion of all four extremities without obvious weakness.

Lung Sounds: LUL: Normal

LLL: Normal

RUL: Normal

RLL: Normal

RML: Normal

Respiratory Effort: WNL

Auscultation: WNL

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

C-O Headache 3-2018-C-O

Scrotum

Other

Gait & Station: WNL

Mental Status

Alert and oriented. No acute distress.

Practitioner Assessment & Plan

Assessment Comments: S/p Fall

Disposition: Infirmery

Plan Comments: Toradol 30mg IM now

Analgesic Balm to affected area

Motrin 400mg by mouth twice daily as needed

Pepcid 20mg by mouth daily

Patient has multiple c/o due to fall. Will place in infirmery for observation

Translation occurred by (b)(6); (b)(7)(C) **R.N.**

Education Provided:

The individual has been educated regarding the individual's diagnosis and diagnostic results. The individual verbalizes understanding of current health status and expresses verbal consent to current management Yes

Individual Education Provided Other

This patient reports he fell on water. He is admitted to the infirmery for observation. See sick call note

Plan Comments:

Interpretation:

Does the individual need an interpreter? No

3-3-2018-2:30PM

Nurse Infirmery Plan

Plan: Administer Medication as Ordered

Disposition: Infirmery

Notes: PT ADMITTED TO INFIRMARY S/P FALL HURT RIGHT WRIST RIGHT ELBOW HURT BACK HIT HEAD NO ABNORMALITIES NOTED PT DENIES BLURRY VISION/ DIZZINESS PT ADMITTED FOR OBSERVATION.

3-5-2018-1:29PM—Provider-Infirmatory Note

Practitioner Assessment & Plan

Assessment Comments: This 34 y/o, male admitted to infirmatory 2 days ago due to fall but found pt ambulatory, walking around the common area in Infirmatory with no complaints and claimed he wanted to go back to GP

Plan Comments: Pt is medically stable
Will discharge pt back to general population today
Continue current medications

3-5-2018-5:04PM—Provider-Infirmatory Note

Objective:

Patient AAOX3, ambulatory with steady gait. No SOB, no acute distress, no complaint verbalized during rounds.

Plan:

Received discharged instruction: for patient to GP. Faxed order to classification, awaiting further instructions from custody for transfer to GP.

03/10/2018 at 9:29 AM—Sick Call

C/O worsening vision-(BLURRY VISION).

Medications Added Per Protocol: Added new Test order of Optometrist Referral (Eye) – Signed

Vision Acuity Exam

Acuity in Left Eye: OS 20/ 40
Acuity in Right Eye: OD 20/ 40
Acuity in Both Eyes: OU 20/ 40

03/14/2018 at 6:58 AM—Provider Sick Call

Chief Complaint: complaint of low back pain

Additional Subjective Complaints: also complained for neck pain, elbow and wrist

History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc. This is a thirty four year old male referred for complaint of back pain.

As per the patient he slipped and fell in water approximately one week ago. he was housed in the infirmatory for a few days and was treated with tylenol and NSAIDs.

Today he is complaining for neck, right elbow and low back pain.

review of the patient's chart shows that he was previously seen on 8.22.17 by (b)(6); (b)(7)(C) for Epicondylitis.

Assessment Comments: patient is here for evaluation of back pain.

Language line used for interpretation, during the interaction the interpreter tried to advise the patient that he was unable to hear what he was saying and to speak louder. The patient then got off the chair in anger and started to exit the room.

noted ambulating with a normal gait.

has some mild effusion to right elbow but has a hx of epicondylitis as per (b)(6); notes.

Will order x-ray of the lumbar spine and refer the patient to (b)(6); for additional evaluation.

Will also order Tylenol 500mg by mouth BID as needed x 10 days

03/16/2018 at 4:18 PM—PROVIDER

General Note

General Note Type: Medical ALP

Brief Subject (20 Characters Max): MEDICAL FOLLOW UP

PATIENT BEING RE-EVALUATED.

S/P FALL 2 WEEKS AGO, WHILE IN THE BATHROOM. STATES THAT HE SLIPPED, FELL ON HIS BACK WITH HEAD HITTING THE FLOOR.

DENIED LOC, STATES THAT HE STOOD UP IMMEDIATELY ON HIS OWN.

WAS SEEN BY PROVIDER THE SAME DAY , C/O RT WRIST PAIN / LOWER BACK PAIN AT THAT TIME . WAS PLACED IN INFIRMARY ON OBSERVATION WHERE HE REMAINED FOR 2 DAYS.

HE HAD **XRAY OF LS SPINE DONE TODAY , REPORT NEGATIVE FOR FX.**

WALKED FROM THE TIER TO THE MEDICAL DEPARTMENT TODAY . NOT LIMPING.

ON EXAM HE C/O MILD PAIN 4-5/10 OF LUMBAR SPINE AT L4 -L5 LEVEL.

WHEN ASKED IF HE HAD BLURRED VISION, HE STATED THAT HE WEARS GLASSES. SNELLEN TEST PERFORMED 20/25 RT , 20/20 LEFT.

HE DENIES PAIN OF THE RT WRIST TODAY.

HE C/O INTERMITTENT HEADACHE GRADED 4-5/10 RELIEVED BY TYLENOL GIVEN PRN , ALSO C/O DIZZINESS WHEN STANDING UP FROM SITTING POSITION , UNCHANGED SINCE FALL AS PER PATIENT . DENIES NAUSEA/VOMITING/ LOC.

VSS : 130/80 70

XRAY SPINE REPORT REVIEWED WITH PATIENT, VERBALIZED UNDERSTANDING RESULT IS NEGATIVE FOR FX.

SPINE : FULL ROM ,ABLE TO BEND FORWARD WITHOUT PAIN.

MILD PAIN ON PALPATION LUMBAR SPINE AT L4-5 LEVEL.

RT WRIST ; FULL ROM / NO TEND. ON PALPATION.

A/P : S/P FALL W/ C/O HEADACHE , DIZZINESS.

REFER TO ER JCMC FOR FURTHER EVAL.

PATIENT UNDERSTANDS PLAN OF RX.

03/16/2018 at 10:25 PM—PROVIDER

Brief Subject (20 Characters Max): hospital return. This 34 y/o male returned from JCMC c/o pain in his back. Denies any headache or dizziness at this time.

. PT observed ambulates with steady gait in no acute distress

CT scan of head w/o contrast result showed no acute intracranial hemorrhage, no acute infarction or mass.

Xray of L-spine result showed spinal bifida occulta at the L4 level. No fx or bone destruction are seen. Disc spaces are intact.

From: (b)(6); (b)(7)(C)
Sent: 20 Jun 2018 12:09:41 +0000
To: (b)(6); (b)(7)(C)
Cc:
Subject: RE: EXTERNAL:ER visit by detainee
Attachments: ICE 6-20-18-(b)(6); (b)(7)(C).docx

(b)(6); (b)(7)(C) can we get the consent form sign?

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Tuesday, June 19, 2018 2:16 PM
To: (b)(6); (b)(7)(C)
Cc:
Subject: EXTERNAL:ER visit by detainee

Good afternoon, I was just made aware of the following ER visit by a detainee at Hudson- this occurred on a morning this detainee went to court (June 8, 2018)- apparently none of us were informed of it, please request the records from the hospital so your providers can be aware and I can review-

Approximately at 0607 (b)(6); (b)(7)(C) was unconscious inside the vehicle in bay 5. Approximately at 0613 hrs EMS was called via 911. NYFD arrived approximately at 0618 hrs. EMS arrived approximately at 0620. Approximately at 0640 deportee was transported to Lenox Health Greenwich Village Hospital, 30 7th ave. N.Y., N.Y. by EMS personnel on unit O1W.

(b)(6); (b)(7)(C) RN
CDR, USPHS
Field Medical Coordinator
New York Field Office
201 Varick St. (b)(6); (b)(7)(C)
New York, NY, 10014
Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C)
Fax (secure) : (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)@ice.dhs.gov

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ICE-Memo

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

Commitment#: (b)(7)(E)

SBI#: 21 Years Old

DOB: (b)(6); (b)(7)(C)

Race: Black or African American Gender: Male LOC: D 5E 609 01 Inmate Type: ICE HLCN: HCCC
A#:

Chief Complaint: Pt complaining of tightness pain underneath his umbilicus for 3 months. Pt stated he moves his bowels 2x a week

Additional Subjective Complaints: Pt also with weird tingling feeling pain to his head for 3 months, denies dizziness but claimed his constantly blinking

Practitioner Assessment & Plan

Assessment Comments: This 21 y/o, male, seen for abdominal pain, presents with hypoactive bowel sounds and irregular bowel movement. Also his complaining of weird tingling headache and makes him constantly blink his eyes, with no visual deficit. He denies head injury, altercation or trauma to his head

Plan Comments: Start on stool softener and mild laxative at HS

Pt is on Ramadan so he can take his meds only at night

Encourage increase oral fluids and frequent handwashing

X-ray of abdomen in am to R/O obstruction

Re assured pt that his tingling headache could be stress related, will monitor pt and meanwhile, may take Tylenol for pain

X-Ray of the abdomen is Negative taken on 6-5-18

6-14-18--**Brief Subject (20 Characters Max):** xray check

Abdominal X-ray is normal His pain is gone and he suffers from constipation which is most likely the etiology of his abdominal discomfort. No further treatment indicated. I explained some good habits regarding fiber etc. He is a healthy 21 year old incarcerated and this alone can cause bowel problems.

Plan: SENNA 8.6 MG ORAL TABLET (SENNOSIDES) take 2 tabs by mouth at HS

COLACE 100 MG ORAL CAPSULE (DOCUSATE SODIUM) take one tab po at HS

Added new medication of IBUPROFEN 400 MG ORAL TABLET (IBUPROFEN) 1 by mouth twice daily as needed pain - Signed

Rx of IBUPROFEN 400 MG ORAL TABLET (IBUPROFEN) 1 by mouth twice daily as needed pain; #28 Tablet x 0; Signed;

The pt. went to the hospital Lenox Health Greenwich Village Hospital, 30 7th ave. N.Y., June 8, 2018. We will have the patient sign a release of information form

From: (b)(6); (b)(7)(C)
Sent: 13 Aug 2018 12:49:07 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:FW: (b)(7)(E) Medical Concerns
Attachments: (b)(6); (b)(7)(C).docx

Please be aware that (b)(6); (b)(7)(C) is no longer with us.

Please read attachment enclosed about the patient.

Have a Fabulous Day,

(b)(7)(E) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov
Sent: Friday, August 10, 2018 2:06 PM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:FW:(b)(6); (b)(7)(C) Medical Concerns

(b)(6); (b)(7)(C) **Commitment#:** (b)(7)(E)

**I received the following from his attorney, can you please provide an update as to his condition?
I am aware he was going for a CT today as well.**

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

Ofc: (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax: (secure) (b)(6); (b)(7)(C)

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From the attorney:

In the meantime, I met with (b)(6); (b)(7)(C) on July 27, 2018 at the Hudson County jail. He is not doing well. As you know, he was born in 1943 and is 75-years-old. He suffers from numerous serious health conditions that have worsened significantly in recent months. First, he is losing his eyesight. He was unable to see any writing on a form I had him sign and said that my face was blurry. He could barely see his surroundings. Apparently he was supposed to have surgery on July 16 because he has cataracts. However, the surgery was cancelled and he was provided no explanation why. I am extremely concerned about the potential risks to an elderly and partially blind man navigating around the jail setting alone.

Second, he was extremely short of breath from walking to the professional visit area. It took several minutes for him to recover his breath, breathe normally and be able to speak to me. I have never seen him like this before (having worked with him over two years) and was very alarmed. He also informed me that one week prior, roughly 7/20/18, he blacked out and fell at the jail. He was taken to the emergency room at an outside hospital and diagnosed with pneumonia. Apparently he has been taken to the hospital approximately two times per month in the last several months due to his asthma and poor breathing and received an MRI (although he was unaware of the results of this evaluation). Again (b)(6); (b)(7)(C) is extremely vulnerable and a health complications like asthma and pneumonia carry greater risks for someone in his position.

Finally, he continues to suffer from a heart condition after having had three heart attacks, high blood pressure and severe asthma requiring use of an oxygen machine. His arms were covered in bloody bruises apparently from receiving intravenous antibiotics.

I am very concerned that (b)(6); (b)(7)(C) is not receiving proper medical care and needs to have eye surgery as soon as possible.

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(b)(6); (b)(7)(C) # (b)(7)(E) SBI#: (b)(6); (b)(7)(C) 75 Years Old DOB: (b)(6); (b)(7)(C)
Race: Hispanic Gender: Male LOC: D 5E 506 01 Inmate Type: ICE HLCN: HCCC A#: (b)(6); (b)(7)(C)

8-09-18- Sick Call: Chief Complaint: Pt is complaining of skin rash and insisting to get the same medication that (b)(6); (b)(7)(C) gave him before to resolve his rash. Inspection: Rash - erythema rash to right forearm, with no discharge and no papules noted

Practitioner Assessment & Plan Assessment Comments: This 75 y/o, male, is irritable and insisting to see (b)(6); (b)(7)(C) to request for same medicine she gave him to help his rash. Pt with similar rash in the past and was given Claritin and triamcinolone.

Plan Comments: Renew his Claritin and triamcinolone cream
Instructed pt not to scratch or rub his skin
Advise daily hygiene and frequent handwashing

8-10-2018

Encounter Context

Facility at time of evaluation: Co of Hudson Dept. of Corrections & Rehabilitation

Age at Time: 75 Years Old

General Note

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital Returns

75 yrs old male with hx of chronic cough came back from CT chest; pt reports his appointment is scheduled for 9/19/18 at 10 am

Vital signs: BP 129/84 HR 83 RR 18 Temp 97.9 F

A/P: Chronic cough

F/U with appointment on 9/19/18 at 10 am

- Upcoming Appointments: UMDNJ--UROLOGY CLINIC PATIENT SCHEDULE @ UMDNJ--UROLOGY CLINIC DOS 09/25/2018 @9AM
- UMDNJ--OPHTHALMOLOGY CLINIC Note: PATIENT SCHEDULE @ 08/20/2018 @ 1:30PM
- ST MICHAELS--PULMONARY CLINIC

Note: PATIENT SCHEDULE @ ST MICHAELS--PULMONARY CLINIC DOS 09/05/2018 @ 8 AM

08/10/2018 at 12:14 PM ----Hospital Return

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 75 Years Old

General Note

General Note Type: Medical ALP

Brief Subject (20 Characters Max): Hospital Returns

75 yrs old male with hx of chronic cough came back from CT chest; pt reports his appointment is scheduled for 9/19/18 at 10 am

Vital signs: BP 129/84 HR 83 RR 18 Temp 97.9 F

A/P: Chronic cough

F/U with appointment on 9/19/18 at 10 am

From: (b)(6); (b)(7)(C)
Sent: 14 Jul 2018 00:17:52 +0000
To: (b)(6); (b)(7)(C)
Subject: Re: EXTERNAL:FW: Detainee (b)(6); (b)(7)(C) A#
(b)(6); (b)(7)(C) Upgraded to Q15 Level 1

Without a doubt he does not have acute ax that would warrant inpatient psych hospitalization.

He does appear to be limited intellectually based on what the Spanish speaking clinician has said about the content of his speech.

Thank you.

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

Sent from my iPhone

On Jul 13, 2018, at 5:57 PM, (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov> wrote:

We are trying to find a place and they have a couple questions:

Does MH team feel he is just a behavioral problem for the facility or does he have any acute symptoms that could warrant inpatient hospitalization?

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

Ofc (b)(6); (b)(7)(C) MOBI (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cfgpc.com>

Date: Friday, Jul 13, 2018, 7:26 AM

To: (b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) <(b)(6); (b)(7)(C)@cfgpc.com>

Subject: Re: EXTERNAL:FW: Detainee (b)(6); (b)(7)(C) A#

(b)(6); (b)(7)(C) Upgraded to Q15 Level 1

Good Morning Cmdr (b)(6); (b)(7)(C)

I was going to email you about this detainee. Since his arrival in the facility he has been a bit of a problem to manage. I originally emailed you about him, as he was held in a juvenile detention center, and the day after his 18th birthday was sent to Hudson. He is only Spanish speaking and upon his arrival there was a question about his intellectual ability. He was given the opportunity to reside in regular housing and within a day or two was openly masturbating and sent to a watch on medical. After a short time in medical, he was return to regular housing and got into a fight with another detainee. He was again returned to medical on a watch with disciplinary charges. I was hesitant to clear him for lock-up status given his young age and apparent cognitive limitations, but eventually cleared him to give it a try. After a few days there he assaulted an officer (it was captured on video) and was again returned to medical on a watch, were he has been housed for the last week. Questions to him regarding his behavior yield responses that have little substance. He often contradicts himself. two days ago, while on a Level 2 close watch (which means he has his clothes) he went into the cell of another person on watch, disrobed, and put on the suicide gown of the other person. When asked why he did this, he indicated it was because he said he should.

There is a housing unit at Hudson for IMs who have special needs (D1W). From a level of functioning standpoint, he would be better housed in a setting of that sort. However, his ICE status prevents him from housing in that area. He is a young, intellectually limited male whose problems are not psychiatric, but more cognitive/judgment and behavior/impulse control. I am not sure if this setting is a good one for him. I am hesitant to clear him to go to lockup as it is less supervised than in medical. With respect to tying a shirt around his neck, I again think that is more behavioral than a reflection of mental illness or suicidal intent.

I am not at the jail this am, or I would have given you specific dates about his housing changes.

Please let me know what you think.

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

From: (b)(6); (b)(7)(C) @ice.dhs.gov>

Sent: Friday, July 13, 2018 6:34:57 AM

To: (b)(6); (b)(7)(C)

Subject: EXTERNAL:FW: Detainee (b)(6); (b)(7)(C) A#

(b)(6); (b)(7)(C) - Upgraded to Q15 Level 1

Good morning, can you please send a status update to me after he is seen by mental health?

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure): (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C) @hcnj.us>

Date: Thursday, Jul 12, 2018, 9:35 PM

To: (b)(6); @cfgpc.com (b)(6); @cfgpc.com>, (b)(6); @cfgpc.com

(b)(6); @cfgpc.com>

Cc: (b)(6); (b)(7)(C) @hcnj.us>, (b)(6); (b)(7)(C)

(b)(6); @hcnj.us> (b)(6); (b)(7)(C) @hcnj.us> (b)(6); (b)(7)(C) @hcnj.us> (b)(6);

(b)(6); (b)(7)(C) @hcnj.us>, (b)(6); (b)(7)(C) @hcnj.us> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6);

(b)(6); (b)(7)(C) @ice.dhs.gov>, (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov> (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) @ice.dhs.gov>

Subject: Detainee (b)(6); (b)(7)(C) A# (b)(6); (b)(7)(C) Upgraded to Q15 Level 1

Good evening everyone

The above detainee was on a Q15 Level 2 in the infirmary. He wrapped a tee-shirt around his neck and was upgraded to a Q15 Level 1.

Please place a copy of the attached report in the detainees classification and record room files.

(b)(6); (b)(7)(C)
Hudson County Department of
Corrections and Rehabilitation
35 South Hackensack Avenue
Kearny, N.J. 07032
(b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)
Sent: 23 Apr 2018 19:44:55 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:hospitalization
Attachments: (b)(6); (b)(7)(C) April 2018.docx

My apologies, sometimes we often clash with sending the updates.

Have a Fabulous Day,

(b)(6); (b)(7)(C) R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Monday, April 23, 2018 10:16 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:hospitalization

Please give me a call, I understand this person was admitted to the hospital, I have not seen any notifications or updates?

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

(b)(6); (b)(7)(C) RN
CDR, USPHS

Field Medical Coordinator

New York Field Office

201 Varick St. (b)(6); (b)(7)(C)

New York, NY, 10014

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C)

Fax (secure) : (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C)@ice.dhs.gov

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(b)(6); (b)(7)(C) Commitment# (b)(7)(E) SBI#: 27 Years Old DOB: (b)(6); (b)(7)(C)
Race: Unspecified Gender: Male LOC: D 3W 403 02 Inmate Type: ICE HLCN: HCCC A#:

General Note

General Note Type: Nurse

Subject: Voiance Interpreter

Note: The Voiance Interpreter ID (b)(7)(E) was used for ID clinic, language Albanian.

General Note

General Note Type: Medical ALP

Subject: Infectious Disease

Note: This 27 y/o, male, nonsmoker. Came to see the Dr. Today via telemedicine for abnormal chest x-ray consult

See scanned Infectious Disease Consult Note

A/P: Abnormal chest x-ray with multiple lung nodules

Recommend CT scan of chest ASAP and to get records

Will send pt to JCMC for CT scan of chest and evaluation or treatment

Clinical Lists Changes

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 27 Years Old

Current Events

Referred To: ER Discussed with ER Staff

Chief Complaint: (Reason for ER Run) With abnormal chest x-ray, I D recommend CT of chest

Physical Findings

Appearance: Healthy looking with no sign of respiratory distress

Temperature: 97.9**Respirations:** 66**BP:** 120/80

P: 72 **Pulse Ox%** 97

Room Air Yes

Reason for Referral

For CT of chest due to abnormal chest x-ray recommended by Infectious Disease clinic

From: (b)(6); (b)(7)(C)
Sent: 12 May 2018 20:05:13 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: EXTERNAL:Hossain
Attachments: HOSSAIN, MOHAMMED 5-9-18.docx

Have a Fabulous Day,

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

R.N. M.S.N.

Director of Nursing



Hudson County Correctional Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

e-mail: (b)(6); (b)(7)(C)@cfgpc.com

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From: (b)(6); (b)(7)(C)@ice.dhs.gov]

Sent: Thursday, May 10, 2018 8:55 AM

To: (b)(6); (b)(7)(C)

Subject: RE: EXTERNAL (b)(6); (b)(7)(C)

Thank you

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

Ofc: (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax (secure) (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com]
Sent: Thursday, May 10, 2018 8:50 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>; (b)(6); (b)(7)(C)@cfgpc.com>
Subject: RE: EXTERNAL:Hossain

Patient went out for elevated blood sugar. Returned to HCCRF at 230am. He is currently in the infirmary, will be reevaluated this morning on rounds.

(b)(6); (b)(7)(C), RN, BSN, MBA/HA
Regional Director
CFG Healthsystems, LLC
(b)(6); @cfgpc.com
771 East Route 70
(b)(6); (b)(7)(C)
Marlton, NJ 08053
P: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)@ice.dhs.gov]
Sent: Thursday, May 10, 2018 7:36 AM
To: (b)(6); (b)(7)(C)
Subject: EXTERNAL:Hossain

Good morning, I understand (b)(6); (b)(7)(C) went to the ER last evening, what did he go out for and did he return?

CDR (b)(6); (b)(7)(C) FMC NYC
Ofc (b)(6); (b)(7)(C) MOBL (b)(6); (b)(7)(C) Fax(secure) (b)(6); (b)(7)(C)

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

5-9-18

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

Commitment# (b)(7)(E) **SBI#:** (b)(6); (b)(7)(C) **45 Years Old** **DOB:** (b)(6); (b)(7)(C)
Race: Unspecified **Gender: Male** **LOC: D 5W 616 02** **Inmate Type: ICE** **HLCN: HCCC**) **A#:**

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

Basically he went out for uncontrolled BS- and returned within like 90 minutes and was placed in the infirmary. D/C out of the Infirmary on the 12th back to GP

- 5-11-18 5-11-18 FS=123
- 5-11-18 5-11-18 FS=171
- 5-12-18 5-11-18 FS=215

He has been more stable

Encounter Context

Facility at time of evaluation: Co of Hudson Dept of Corrections & Rehabilitation

Age at Time: 45 Years Old

Referral Source: Other

Other: NP request

Problem List

Hyperlipidemia (ICD-272.4) (ICD10-E78.5)

DM, uncomplicated, type II, uncontrolled (ICD-250.02) (ICD10-E11.65)

Hyperthyroidism (ICD-242.90) (ICD10-E05.90)

PMHx of abdominal surgery (Left abdomen) (ICD-V15.29) (ICD10-Z98.89)

Medication List

* NOVOLIN R fasting blood sugar BID with low dose Novolin R coverage.

Orders List

Provider Follow-Up [providerclinic]

EKG [EKG]

CC - Initial [CCI]

2500 Diabetic/Calorie Controlled (Snack Included) [25DM]

Chief Complaint: lab review and chronic care.

Additional Subjective Complaints: self report of hyperthyroidism

History of Present Illness: with details regarding duration, frequency, relieving and worsening factors, etc. This is a forty five year old male who was called to medical for review of repeat blood work which was done yesterday.

Current Vital Signs

Previous Height: 67 (12/19/2017 3:50:48 AM) **Previous Weight:** 152 (12/19/2017 3:50:48 AM)

Sitting BP: 110 / 70

Temperature: 96.6 **Temperature site:** Oral

Pulse rate: 85 **Pulse rhythm:** Regular

Pulse Ox% 96 Room Air: Yes

Pain Assessment

Are you currently experiencing any pain? No

Physical Examination

General

The patient is well nourished, well developed, alert and oriented and in no acute distress.

Integumentary

Skin without obvious rashes or lesions; hair and nails without obvious abnormalities.

MS - Extremities

Full range of motion of all four extremities without obvious weakness.

Respiratory

Unlabored by view. Breath sounds clear to auscultation and percussion; no rales, rhonchi or wheezes.

Lung Sounds: **Respiratory Effort:** WNL

Cardiovascular

Regular rate and rhythm, positive S1/S2; No S3/S4; no murmurs or rubs; No clubbing, cyanosis or edema; no jugular venous distension; peripheral pulses normal.

Musculoskeletal

Full range of motion of all four extremities without obvious weakness.

Neurological

Grossly intact and non-focal; no tremors, no gait abnormalities, speech fluent.

Mental Status

Alert and oriented. No acute distress.

Memory: WNL

Mood & Affect: WNL

Perceptions: WNL **Judgement & Insight:** WNL

Practitioner Assessment & Plan

Assessment Comments: the patient is awake, alert and oriented x 3 and in no acute distress.

Labs all significantly elevated.

Accucheck done and measured "hi" on the glucometer. Charge nurse asked to administered due dose of insulin.

Specific gravity of urine 1.038. urine positive ketones and 3+ glucose.

decision made to send the patient out to the ED for emergent care.

Will refer to endocrinologist when he returns from the hospital.

New Orders:

Other [Other].

Disposition: Emergency Room

Plan Comments: transfer to ED for emergent care.

Education Provided:

The individual has been educated regarding the individual's diagnosis and diagnostic results. The individual verbalizes understanding of current health status and expresses verbal consent to current management Yes

Individual Education Provided Medicine Management, Other

Went to JCMC for uncontrolled Blood Sugar

Blood Glucose

Time of Day: Before Dinner

Blood Glucose Level: 506 mg/dl

1st Insulin Type: Novolin R (Regular Insulin)

Insulin: 14 Units

From: (b)(6); (b)(7)(C)
Sent: 29 Sep 2017 22:31:19 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: Re: EXTERNAL:Newark ER trip
Attachments: image001.png, image002.png, image001.png, image002.png

We are waiting on blood work to return. Will forward as soon as we have it. He did let the mental health counselor know what he was on. I will scan that not to you.

(b)(6); (b)(7)(C) **RN**
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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Sent from my iPhone

On Sep 29, 2017, at 5:42 PM, (b)(6); (b)(7)(C) @ice.dhs.gov> wrote:

Thank you (b)(6); (b)(7)(C)
Did this detainee, (b)(6); (b)(7)(C) A# (b)(6); go out to Jersey City Medical Center?
Please keep us posted if he stays at the hospital or gets casted and returns to the jail.

Respectfully

CDR (b)(6); (b)(7)(C)
USPHS
DHS/ICE/IHSC

Field Medical Coordinator
614 Frelinghuysen Avenue, (b)(6); (b)(7)(C)
Newark, NJ

(b)(6); (b)(7)(C) office
(b)(6); (b)(7)(C) mobile
(b)(6); (b)(7)(C) (secure fax)

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)@cfgpc.com]
Sent: Friday, September 29, 2017 5:26 PM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: RE: ER

A# (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) RN
Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)
Sent: Friday, September 29, 2017 5:25 PM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: ER

Detainee (b)(6); (b)(7)(C) was sent to the ER this morning for complaints of severe right arm and elbow pain following altercation.

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

RN

Health Services Administrator



Hudson County Corrections & Rehabilitation Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

Cell: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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From: (b)(6); (b)(7)(C)
Sent: 29 Sep 2017 22:29:09 +0000
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: Re: EXTERNAL:Newark ER trip
Attachments: image001.png, image002.png

He went to Jersey city Medical Center.

(b)(6); (b)(7)(C) **RN**
Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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Sent from my iPhone

On Sep 29, 2017, at 5:42 PM, (b)(6); (b)(7)(C) @ice.dhs.gov> wrote:

Thank you (b)(6); (b)(7)(C)
Did this detainee, (b)(6); (b)(7)(C) ; A# (b)(6); (b)(7)(C), go out to Jersey City Medical Center?
Please keep us posted if he stays at the hospital or gets casted and returns to the jail.

Respectfully

CDR (b)(6); (b)(7)(C)
USPHS
DHS/ICE/IHSC
Field Medical Coordinator

614 Frelinghuysen Avenue, (b)(6); (b)(7)(C)
Newark, NJ

(b)(6); (b)(7)(C) office
(b)(6); (b)(7)(C) mobile
(b)(6); (b)(7)(C) (secure fax)

Email: (b)(6); (b)(7)(C)@ice.dhs.gov

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From: (b)(6); (b)(7)(C)@cfgpc.com]

Sent: Friday, September 29, 2017 5:26 PM

To: (b)(6); (b)(7)(C)

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

Subject: RE: ER

A# (b)(6); (b)(7)(C)

(b)(6); (b)(7)(C) RN
Health Services Administrator

<image001.png><image002.png>

Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)

Sent: Friday, September 29, 2017 5:25 PM

To: (b)(6); (b)(7)(C)

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

Subject: ER

Detainee (b)(6); (b)(7)(C) was sent to the ER this morning for complaints of severe right arm and elbow pain following altercation.

(b)(6); (b)(7)(C) RN
Health Services Administrator

<image001.png><image002.png>

Hudson County Corrections & Rehabilitation Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: (b)(6); (b)(7)(C)

Fax: (b)(6); (b)(7)(C)

Cell: (b)(6); (b)(7)(C)

e-mail: (b)(6); @cfgpc.com

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Withheld pursuant to exemption

From:

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

Sent:

11 Sep 2017 15:01:51 +0000

To:

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

Subject:

RE: EXTERNAL:RE: Admission to Infirmiry and ER transfer

His last refusal was from 8/26 he refused Lisinopril 2.5mg. See screen shot below of summary and labs.

The screenshot displays a medical software interface with several panels:

- Problems:** A table listing medical issues:

| Description | ICD-9 | ICD-10 | Onset Date | End Date | Entered By | Signed By |
|--|--------|--------|-------------|----------|-------------------|-------------------|
| Toothache | 525.9 | K06.8 | 06-Sep-2017 | | (b)(6); (b)(7)(C) | (b)(6); (b)(7)(C) |
| Constipation | 564.00 | K59.00 | 04-Jul-2017 | | | |
| Abnormal findings, elevated BP w/o HTN | 796.2 | R03.0 | 28-Jun-2017 | | | |
- Medications:** A list of drugs including AMOXCILLIN 500MG, MOTRIN 600MG X 5 D., SENNA PLUS 8.6-50 M., COLACE 100 MG ORAL, HYDROCHLOROTHIAZIDE, and LISINAPRIL 20 MG OR.
- Allergies:** A section for listing patient allergies, currently empty.
- Directives:** A section for listing medical directives, currently empty.
- Alerts / Flags:** A message from Magla M. dated 07/05/2017 8:44 AM regarding patient authorization.
- Labs:** A detailed lab report for CHEMISTRY (CHES) and CARDIOVASCULAR/LIPIDS (CARD).

Tests (1) CHEMISTRY (CHES):

| | | | |
|---|------------|-----------|-----|
| Total Protein | 7.0 g/dL | 5.0-8.4 | *1 |
| Albumin | 4.2 g/dL | 3.5-5.2 | *2 |
| Globulin | 2.8 g/dL | 1.7-3.7 | *3 |
| A/G Ratio | 1.5 | 1.1-2.9 | *4 |
| Glucose | 834 mg/dL | 70-99 | *5 |
| NOTE: The result for SUCROSE has been confirmed by repeat analysis. | | | |
| Sodium | 134 mmol/L | 130-149 | *6 |
| Potassium | 4.4 mmol/L | 3.5-5.5 | *7 |
| Chloride | 92 mmol/L | 96-108 | *8 |
| CO2 | 26 mmol/L | 22-29 | *9 |
| BUN | 14 mg/dL | 6-20 | *10 |
| Creatinine | 1.03 mg/dL | 0.90-1.30 | *11 |
| e-GFR, African American | 90 mL/min | >=60 | *12 |
| BUN/Creat Ratio | 13.4 | 10.0-28.0 | *13 |
| Calcium | 9.7 mg/dL | 9.4-10.4 | *14 |
| Uric Acid | 7.9 mg/dL | 3.4-8.5 | *15 |
| Iron | 68 ug/dL | 50-158 | *17 |
| NOTE: New reference range for serum Iron implemented 6-21-17. | | | |
| Bilirubin, Total | 0.7 mg/dL | <1.2 | *18 |
| LDL | 154 U/L | 135-225 | *19 |
| Alk Phos | 91 U/L | 40-156 | *20 |
| AST | 18 U/L | <40 | *21 |
| Phosphorus | 4.3 mg/dL | 2.7-4.5 | *22 |
| ALT | 17 U/L | <40 | *23 |
| GGT | 27 U/L | 10-71 | *24 |

Tests (2) CARDIOVASCULAR/LIPIDS (CARD):

| | | | |
|--|---------------|-------|-----|
| Cholesterol | [R] 251 mg/dL | <200 | *25 |
| Triglycerides | [R] 354 mg/dL | <150 | *26 |
| HDL CHOL., DIRECT | [I] 30 mg/dL | >40 | *27 |
| HDL as % of Cholesterol | [A] 12 % | >25 | *28 |
| Evaluation: ABOVE AVG. (MODERATE RISK) | | | |
| Chol/HDL Ratio | [A] 8.4 | <7.4 | *29 |
| Evaluation: ABOVE AVG. (MODERATE RISK) | | | |
| LDL/HDL Ratio | [R] 4.60 | <3.56 | *30 |
| LDL Cholesterol | [R] 144 mg/dL | <100 | *31 |
| VLDL, CALCULATED | [R] 77 mg/dL | 7-32 | *32 |

Tests (3) HEMATOLOGY (HEMO):

| | | | |
|------|----------------|------------|-----|
| WBC | 5.41 x10(3)/uL | 3.66-11.99 | *33 |
| RBC | 5.18 x10(6)/uL | 4.20-5.90 | *34 |
| HGB | 14.7 gm/dL | 12.3-17.0 | *35 |
| HCT | 43.7 % | 39.3-52.3 | *36 |
| MCV | 84.4 fL | 80.0-100.0 | *37 |
| MCH | 26.4 pg | 25.0-39.1 | *38 |
| MCHC | 33.4 gm/dL | 28.0-39.0 | *39 |
| RDW | 13.5 % | 10.9-16.9 | *40 |

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

Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C) [redacted]@ice.dhs.gov]
Sent: Monday, September 11, 2017 10:26 AM
To: (b)(6); (b)(7)(C) [redacted]
Subject: RE: EXTERNAL:RE: Admission to Infirmery and ER transfer

Good morning, can you give me an update on this detainee, if anything has changed or if he has had any medical problems?

CDR (b)(6); (b)(7)(C) [redacted] FMC NYC
Ofc: (b)(6); (b)(7)(C) [redacted] MOBL: 2 (b)(6); (b)(7)(C) [redacted] Fax (secure) : (b)(6); (b)(7)(C) [redacted]

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From: (b)(6); (b)(7)(C) [redacted]@cfgpc.com]
Sent: Monday, August 14, 2017 11:07 AM
To: (b)(6); (b)(7)(C) [redacted]
Cc: [redacted]
Subject: RE: EXTERNAL:RE: Admission to Infirmery and ER transfer

CDR (b)(6); (b)(7)(C) [redacted]

Detainee (b)(6); (b)(7)(C) [redacted] A# (b)(6); (b)(7)(C); (b)(7)(E) [redacted] has been refusing all medication and lab work ordered. He has also refused to be seen by the provider. The last lab was done on 8/9/17 for which he3 was initially sent to the ER and refused care at the ER.

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

Health Services Administrator



Hudson County Corrections & Rehabilitation Center

From: (b)(6); (b)(7)(C)@ice.dhs.gov
Sent: Monday, August 14, 2017 9:14 AM
To: (b)(6); (b)(7)(C)
Cc: (b)(6); (b)(7)(C)
Subject: EXTERNAL:RE: Admission to Infirmery and ER transfer

Good morning, I wanted to get an update on this detainee status, if he has had any more lab or glucose testing, or accepted any medications?

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

Ofc (b)(6); (b)(7)(C) MOBL: (b)(6); (b)(7)(C) Fax (secure) : (b)(6); (b)(7)(C)

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From: (b)(6); (b)(7)(C)@cfgpc.com
Sent: Thursday, August 10, 2017 10:05 PM
To: (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Subject: Re: Admission to Infirmery and ER transfer

Detainee (b)(6); (b)(7)(C) A# (b)(6); (b)(7)(C) Jail#: (b)(7)(E) returned from JCMC ER and refused all care at the ER. He refused to sign the AMA and was discharged. The detainee was seen and evaluate by the NP on return and refused care. He stated he "wanted to talk to his wife." He is scheduled for follow up evaluation tomorrow. Last blood sugar taken when returned from the Hospital 355mg/dL and treatment was refused.

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

RN

Health Services Administrator
Hudson County Corrections & Rehabilitation Center
35 Hackensack Ave.
Kearny, NJ 07032
Phone: (b)(6); (b)(7)(C)
Fax: (b)(6); (b)(7)(C)
Cell: (b)(6); (b)(7)(C)
e-mail: (b)(6); @cfgpc.com

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Sent from my iPhone

On Aug 10, 2017, at 4:32 PM, [REDACTED]@cfgpc.com> wrote:

Detainee [REDACTED] A# [REDACTED] Jail # [REDACTED] was admitted to the infirmary s/p seizure activity. Labs have been ordered and results are pending.

Detainee [REDACTED] A# [REDACTED] Jail# [REDACTED] is being sent to the ER for Hyperglycemia. His finger stick today read "HI" on the machine. Yesterday it was 535mg/dL and her refused insulin. His Glucose from labs drawn today was 534 mg/dL.

[REDACTED]

RN

Health Services Administrator

<image002.png><image004.png>

Hudson County Corrections & Rehabilitation Center

35 Hackensack Ave.

Kearny, NJ 07032

Phone: [REDACTED]

Fax: [REDACTED]

Cell [REDACTED]

e-mail [REDACTED]@cfgpc.com

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Non Responsive Record

of the Freedom of Information and Privacy Act

From: (b)(6); (b)(7)(C)
Sent: 5 Oct 2019 15:02:42 +0000
To: (b)(6); (b)(7)(C)
Subject: Hospital discharge - Re: (b)(6); (b)(7)(C), A (b)(6); (b)(7)(C)

Good morning (b)(6); (b)(7)(C)

I was informed this morning by Hudson County Jail staff that the alien, (b)(6); (b)(7)(C) A (b)(6); (b)(7)(C) was discharged from the hospital last night. He was in the hospital for the past 8 days or so. I have the ROR paperwork and I-203 in my possession so I plan releasing him from the jail today.

I just called his daughter and she is arranging to pick him up from the jail as well.

Thank you,

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

Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Telephone: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: 5 Oct 2019 16:32:44 +0000
To: (b)(6); (b)(7)(C)
Subject: RE: Hospital discharge - Re: (b)(6); (b)(7)(C) A (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)

X-IV.

Sent with BlackBerry Work
(www.blackberry.com)

From: (b)(6); (b)(7)(C)@ice.dhs.gov>
Date: Saturday, Oct 05, 2019, 11:02 AM
To: (b)(6); (b)(7)(C)@ice.dhs.gov>
Subject: Hospital discharge - Re: (b)(6); (b)(7)(C) A (b)(6); (b)(7)(C)

Good morning (b)(6); (b)(7)(C)

I was informed this morning by Hudson County Jail staff that the alien, (b)(6); (b)(7)(C) (b)(6); (b)(7)(C), A (b)(6); (b)(7)(C), was discharged from the hospital last night. He was in the hospital for the past 8 days or so. I have the ROR paperwork and I-203 in my possession so I plan releasing him from the jail today.

I just called his daughter and she is arranging to pick him up from the jail as well.

Thank you,

(b)(6); (b)(7)(C)
Assistant Field Office Director
U.S. Immigration and Customs Enforcement
Telephone: (b)(6); (b)(7)(C)

From: (b)(6); (b)(7)(C)
Sent: 26 Jun 2018 12:07:14 +0000
To: (b)(6); (b)(7)(C)
Subject: (b)(7)(E) ERO New York – Hospital Admission – Hudson County
Corrections and Rehabilitation Center
Attachments: (b)(7)(E) htm

Please see attached and below as it relates to a detainee admitted to the Hospital sat HHCRC.

Report Title: ERO New York - Hospital Admission - Hudson County
Corrections and Rehabilitation Center

The information contained in the SIR has been verified through electronic communication with the Hudson County Corrections and rehabilitation Center (HCCRC) management, as well as consultation with the ICE Health Service Corps Field Medical Coordinator (IHSC/FMC). Additionally, the following government databases were queried: CIS, NCIC, EARM, and PLANet.

Issue:

On June 25, 2018 at approx. 1211 hours ERO New York (FNY) received notification that HCCRC command staff transported ICE detainee (b)(6); (b)(7)(C) (b)(6); (b)(7)(C) (DPOB: (b)(6); (b)(7)(C)), Jamaica, A (b)(6); (b)(7)(C)) to the Jersey City Medical Center(JCMC) for complaints of numbness and pain along his entire right side. JCMC admitted (b)(6); (b)(7)(C) in the hospital for continued observation. As of the writing of this SIR, (b)(6); (b)(7)(C) is alert and resting comfortably.

HCCRC houses ERO/FNY detainees under an Inter-Governmental Service Agreement (IGSA). (b)(6); (b)(7)(C) has been detained in ERO custody for 3 days.

History:

By way of background, (b)(6); (b)(7)(C) is a native and citizen of Jamaica, who entered the United States on or about an unknown date, at or near an unknown place. On December 13, 1989 the Supreme Court of Nassau County convicted (b)(6); (b)(7)(C) of Assault in the 3rd degree. On August 3, 1992 the Supreme Court of Nassau County convicted (b)(6); (b)(7)(C) of Criminal Possession of Marijuana in the 5th degree and resisting arrest. On January 21, 1994, the Supreme Court of Nassau County convicted (b)(6); (b)(7)(C) of resisting arrest. On February 13, 1995, (b)(6); (b)(7)(C) adjusted status to that of an IR-6 Lawful Permanent Resident, under Section 245 of the Immigration and Nationality Act as amended (INA). On May 11, 1995, the Supreme Court of Suffolk County convicted (b)(6); (b)(7)(C) of Criminal Possession of Marijuana in the 4th Degree. On February 5, 1998 and again on May

1, 2001, the Supreme Court of Nassau County convicted (b)(6); (b)(7)(C) of Criminal Sale of Marijuana in the 5th Degree. On April 25, 2007, FNY CAP encountered (b)(6); (b)(7)(C) at Nassau County Jail based upon jail records, (b)(6); (b)(7)(C) was released prior to a detainer being lodged. On October 27, 2009, a Notice to Appear was served, charging removability under Sections 237(a)(2)(B)(i) and 237(a)(2)(A)(iii) of the INA as amended.

On March 3, 2010, the Immigration Judge in New York, NY ordered (b)(6); (b)(7)(C) removed from the United States in an absentia hearing. On May 31, 2018, the Nassau County Police Department arrested (b)(6); (b)(7)(C) for the crimes of Assault, 2nd Degree and Criminal Possession of a Weapon, 4th Degree. On June 1, 2018, FNY CAP lodged an ICE Detainer (I-247a) with the Nassau County Jail. On June 22, 2018, Nassau County Jail turned (b)(6); (b)(7)(C) over to ICE custody. (b)(6); (b)(7)(C) is currently pending removal from the United States.

ERO FNY advised the IHSC/FMC, as well as ICE NYC Office of Chief Counsel; they are tracking.

Deputy Field Office Director (b)(6); (b)(7)(C) reviewed and approved the text of this SIR.

ICE Significant Incident Report

Submitted Date and Time of Report: 6/26/2018 0800 EST

| | | |
|---|-------------------------------------|----------------------------|
| Incident Date: 6/22/2018 | Incident Time: 1408 | Incident Location: |
| ICE Component: Enforcement & Removal Operations | Division: Field Operations Division | Area: Eastern Operations |
| Case Number: No Case Involved | Office: EY - FOD NEW YORK - NYC | Lead Agency: B - DHS / ICE |
| SEN Incident Number: (b)(7)(E) | Initial/Follow-Up: Initial | Event Status: Routine |
| Related SEN Number: | Related Case Number: ----- | SEACATS Number: |
| Intel Number: | ENFORCE Number: | |

| Employee | Operational | Security | Other |
|--|--|--|---|
| <input type="checkbox"/> Shots Fired At Employee | <input type="checkbox"/> Air/Marine Incidents | <input type="checkbox"/> National Security Interest | <input type="checkbox"/> Escape |
| <input type="checkbox"/> Shots Fired By Employee | <input type="checkbox"/> Controlled Delivery | <input type="checkbox"/> Facility Disturbance | <input type="checkbox"/> Suicide Attempt |
| <input type="checkbox"/> Employee Assaulted | <input type="checkbox"/> Significant Seizure | <input type="checkbox"/> Terrorism Related | <input type="checkbox"/> Hunger Strike |
| <input type="checkbox"/> Employee Death | <input type="checkbox"/> Significant Arrest | <input type="checkbox"/> Foreign Military/Police Incursion | <input type="checkbox"/> Media Interest |
| <input type="checkbox"/> Employee Injured | <input type="checkbox"/> IPAS | <input type="checkbox"/> WMD/HAZMAT | <input type="checkbox"/> Alien Injury/Death |
| <input type="checkbox"/> Employee Arrested | <input type="checkbox"/> SCR | <input type="checkbox"/> Demonstrations | <input type="checkbox"/> Vehicle Incidents |
| <input type="checkbox"/> Firearms Discharge to Include Unintentional Discharge | <input type="checkbox"/> Rescue | <input type="checkbox"/> JTTF | <input checked="" type="checkbox"/> Other |
| <input type="checkbox"/> Use of Baton or other Impact Weapon | <input type="checkbox"/> Weapon Violations | <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Predator |
| <input type="checkbox"/> Use of OC Spray or other Chemical Agents | <input type="checkbox"/> Other Agency Interest | <input type="checkbox"/> DHS SAR | <input type="checkbox"/> Gang Related |
| <input type="checkbox"/> Other Use of Force | | | |
| <input type="checkbox"/> Loss or Theft of Firearm or Body Armor | | | |

Principal Subject: Person Last Name: (b)(6); (b)(7)(C) First Name: (b)(6); (b)(7)(C) Alien ID: (b)(6); (b)(7)(C)
 Date of Birth: (b)(6) Country of Birth: Jamaica Citizenship: Jamaica

Narrative

Report Title: ERO New York - Hospital Admission - Hudson County Corrections and Rehabilitation Center

Report Title: ERO New York - Hospital Admission - Hudson County Corrections and Rehabilitation Center

The information contained in the SIR has been verified through electronic communication with the Hudson County Corrections and Rehabilitation Center (HCCRC) management, as well as consultation with the ICE Health Service Corps Field Medical Coordinator (IHSC/FMC). Additionally, the following government databases were queried: CIS, NCIC, EARM, and PLANet.

Issue:

On June 25, 2018 at approx. 1211 hours ERO New York (FNY) received notification that HCCRC command staff transported ICE detainee (b)(6); (b)(7)(C) (DPOB: (b)(6); (b)(7)(C) Jamaica, (b)(6); (b)(7)(C) to the Jersey City Medical Center (JCRC) for complaints of numbness and pain along his entire right side. JCRC admitted (b)(6); (b)(7)(C) in the hospital for continued observation. As of

the writing of this SIR, (b)(6); is alert and resting comfortably.

HCCRC houses ERO/FNY detainees under an Inter-Governmental Service Agreement (IGSA). (b)(6); has been detained in ERO custody for 3 days.

History:

By way of background, (b)(6); is a native and citizen of Jamaica, who entered the United States on or about an unknown date, at or near an unknown place. On December 13, 1989 the Supreme Court of Nassau County convicted (b)(6); of Assault in the 3rd degree. On August 3, 1992 the Supreme Court of Nassau County convicted (b)(6); of Criminal Possession of Marijuana in the 5th degree and resisting arrest. On January 21, 1994, the Supreme Court of Nassau County convicted (b)(6); of resisting arrest. On February 13, 1995, (b)(6); adjusted status to that of an IR-6 Lawful Permanent Resident, under Section 245 of the Immigration and Nationality Act as amended (INA). On May 11, 1995, the Supreme Court of Suffolk County convicted (b)(6); of Criminal Possession of Marijuana in the 4th Degree. On February 5, 1998 and again on May 1, 2001, the Supreme Court of Nassau County convicted (b)(6); of Criminal Sale of Marijuana in the 5th Degree. On April 25, 2007, FNY CAP encountered (b)(6); at Nassau County Jail based upon jail records, (b)(6); was released prior to a detainer being lodged. On October 27, 2009, a Notice to Appear was served, charging removability under Sections 237(a)(2)(B)(i) and 237(a)(2)(A)(iii) of the INA as amended. On March 3, 2010, the Immigration Judge in New York, NY ordered (b)(6); removed from the United States in an absentia hearing. On May 31, 2018, the Nassau County Police Department arrested (b)(6); for the crimes of Assault, 2nd Degree and Criminal Possession of a Weapon, 4th Degree. On June 1, 2018, FNY CAP lodged an ICE Detainer (I-247a) with the Nassau County Jail. On June 22, 2018, Nassau County Jail turned (b)(6); over to ICE custody. (b)(6); is currently pending removal from the United States.

ERO FNY advised the IHSC/FMC, as well as ICE NYC Office of Chief Counsel; they are tracking.

Deputy Field Office Director (b)(6); (b)(7)(C) reviewed and approved the text of this SIR.

Violations of Law:

Action Taken:

Other Agencies Notified:

| Name | Agency | Phone | Date | Time |
|------|--------|-------|------|------|
| none | | | | |

Injuries: Injuries (Names and Extent of
Fatalities: Injury):
Damage:

Locations:

| Type | Address | City | State | Zip |
|-------|-------------------------|--------|------------|-------|
| Other | 30-35 Hackensack Avenue | Kearny | New Jersey | 07032 |

Reported to ICE Operations Center via Phone: No

Public Affairs Notified: No - Without comments

Comments:

Reported By: (b)(6); (b)(7)(C) Phone: (b)(6); (b)(7)(C) Cell/Pager: (b)(6); (b)(7)(C)

Supervisor: (b)(6); (b)(7)(C)

Phone: (b)(6); (b)(7)(C)

Cell/Pager: (b)(6); (b)(7)(C)