

Detainee Death Review: Kamyar SAMIMI, A #22732918
Healthcare and Security Compliance Analysis
Denver Contract Detention Facility
Aurora, Colorado

As requested by the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU), Creative Corrections participated in a review of the death of detainee Kamyar SAMIMI while in the custody of the Denver Contract Detention Facility (DCDF). A site visit was conducted January 9 through 11, 2018 by (b)(6); (b)(7)(C) ERAU Unit Chief, (b)(6); (b)(7)(C) ERAU Inspection and Compliance Specialist and team leader; and Creative Corrections contract personnel (b)(6); (b)(7)(C) Program Manager, (b)(6); (b)(7)(C) Security Subject Matter Expert; and (b)(6); (b)(7)(C) Registered Nurse, Medical Subject Matter Expert. Contractor participation was requested to determine compliance with the ICE 2011 Performance Based National Detention Standards (PBNDS), 2016 revision, governing medical care and security operations.

Included in this report is a case synopsis, description of the facility and its medical services, detention summary, a narrative description of events, and conclusions. The information and findings herein are based on analysis of detainee SAMIMI's medical record and detention file, tour of the intake and medical areas, interviews of staff, and review of policy, video surveillance recordings, and available incident related documentation.

SYNOPSIS

Kamyar SAMIMI was 64 years old when admitted to DCDF on November 17, 2017. He died shortly after transfer to the hospital on December 2, 2017.

During intake screening, SAMIMI reported taking high-dose methadone on a daily basis since sustaining an injury to his back more than 20 years ago. The physician was contacted and ordered housing in medical observation, laboratory testing, vital signs every eight hours, and medications as needed for anxiety, restlessness, sleeplessness, nausea, and pain. The detainee remained in medical housing over the course of the 16-day detention period. The laboratory tests were completed and determined by the physician to be essentially within normal limits. Vital signs, typically taken twice a day during nursing encounters, were also generally within normal limits over the detention period. An assessment instrument for monitoring withdrawal symptoms was not used, and SAMIMI was never evaluated by the physician or other medical provider. Evaluations by mental health providers identified no mental health diagnosis. Nurses administered less than half the as-needed medications ordered.

Starting November 24, 2017, there were multiple incidents suggesting SAMIMI's withdrawal symptoms were worsening and his condition was deteriorating, although medical staff questioned their legitimacy based on their observations and his vital signs. The incidents included SAMIMI appearing to faint while at the door of his cell, collapsing in the hallway while being escorted to a mental health appointment, suicide attempt, and report that he was drinking from the toilet. Video taken in the last 48 hours of SAMIMI's detention shows he was in an extremely weakened condition, unable to stand or sit up, and incontinent of bowel and urine.

On the day of SAMIMI's death, an unsuccessful attempt was made to move SAMIMI to a wheelchair for a mental health appointment. Finding he was too ill, the nurse and officers returned him to his cell. As the nurse attempted contact with the physician by telephone, a lieutenant arrived and directed that an ambulance be called. Emergency Medical Services responders arrived within approximately four minutes and SAMIMI stopped breathing very quickly thereafter. Cardiopulmonary resuscitation was started and continued through his placement in the ambulance and arrival at the emergency room. Resuscitation efforts were unsuccessful, and death was pronounced at 12:02.

The autopsy report documents the cause and manner of death were undetermined.

FACILITY DESCRIPTION

DCDF is privately owned and operated by the GEO Group, Inc. (GEO) of Boca Raton, Florida. The facility holds detainees for ICE and the United States Marshal Service. On the day of detainee SAMIMI's death, the total population of 808 included 73 United States Marshal Service detainees and 735 ICE detainees.

Visitors to the facility enter through the main lobby and must display identification and pass through a metal detector. Personal items are screened by way of an X-ray machine. Video surveillance cameras are used throughout the facility to monitor and record events.

According to Major (b)(6); Security Chief, officers attend a two week on-site academy and complete one week of on-the-job training before assuming a post alone. A watch commander, typically a lieutenant, is responsible for supervising officers and managing shift operations. During day shift on Fridays and Saturdays, the administrative captain serves as watch commander.

DCDF has maintained accreditation by the American Correctional Association since 1989 and by the National Commission on Correctional Health Care (NCCHC) since 2003. According to the Health Services Administrator (HSA), the next NCCHC survey is scheduled for May 2018.

HEALTH CARE SERVICES

Health care is provided by GEO, supported on a limited basis by subcontractors. The HSA, (b)(6); (b)(7)(C) is a foreign medical graduate who retired from the Federal Bureau of Prisons as a physician assistant. (b)(6); (b)(7)(C) was hired as HSA for DCDF in March 2016. The Clinical Medical Authority, (b)(6); (b)(7)(C) provides clinical services and oversight under subcontract with Correctional Care Solutions (CCS). (b)(6); (b)(7)(C) provides on-site services 40 hours per week and on-call services 24 hours per day, seven days per week. The staffing plan includes one half-time midlevel provider; however, the position has been vacant since July 2017. HSA (b)(6); (b)(7)(C) reported the vacancy has recently been filled.

All nurses are GEO employees. Authorized nursing positions include a full time Director of Nurses (DON), eight full-time and five part-time registered nurses (RN), and seven full-time licensed practical nurses (LPN). The HSA reported the DON position has been vacant for a lengthy period of time due to recruitment challenges. Additional nursing vacancies at the time of the site visit included two LPNs and an RN with designated responsibility for chronic care patients. Nurses work both eight and 12 hour shifts, providing coverage by two nurses at all times. Additional positions authorized by the GEO staffing plan include a registered health information administrator, three medical records clerks, a part-time dental assistant, a full-time x-ray technician, and an administrative assistant. The administrative assistant position was vacant at the time of the site visit.

Mental health services are provided by two part-time psychologists and four as-needed tele-psychiatrists. The psychologists provide services under contract with Registry of Physician Specialists (RPS); the four tele-psychiatrists provide services under three contracts, one with RPS, two with Family Guidance Center, and one with Mind Care Solutions. Dental services are provided by one part-time CCS dentist and the afore-referenced GEO dental assistant.

The DCDF clinic is spacious and well maintained. It has two examination rooms, an urgent care room, pharmacy, laboratory, x-ray area, two-chair dental suite, enclosed nurses' station, medical records office, tele-psychiatry room, biohazard and supply storage closets, and various offices for mental health and administrative staff. There are five observation cells with anterooms, each equipped with negative pressure for respiratory isolation, and one cell designated for suicide watch. The cells have stationary security cameras, footage from which is monitored by the assigned medical officer.

DCDF does not have an electronic medical record system. Nursing encounters are documented on GEO Progress Notes and for patients housed in medical, GEO Medical Observation Nursing Progress Record forms. The standard SOAPE¹ format is used only on the latter.

¹ SOAPE charting, a nursing standard of care which provides organized information to other healthcare personnel, addresses subjective information (what the detainee said), objective information (relevant physical examination),

A review of credential files found all professional licenses and certifications were current and primary source verified.

SUMMARY OF EVENTS

Friday, November 17, 2017

Detainee SAMIMI was transported to DCDF from the ERO office by GEO officers. There is no time stamp on video surveillance footage of the intake area so the exact time of arrival could not be determined; however, the Emergency Notification and Property Disposition Form documents arrival at **4:00 p.m.** Form I-213, Record of Deportable/Inadmissible Alien, noted, "The subject claims good health. Subject takes methadone for back pain." The video shows detainee SAMIMI arrived with four others and was placed in a holding cell where he remained for approximately five hours. According to the intake officer, (b)(6); (b)(7)(C) the delay in initiation of processing was caused by the volume of admissions and releases. Review of video confirmed a high level of activity in the area. Officer (b)(6); stated SAMIMI was let out of the hold room to see a nurse because an officer or another detainee reported he was ill. The video shows him walking without assistance to the medical screening room.

LPN (b)(6); completed the medical and mental health intake screening at **9:30 p.m.** She documented and confirmed during interview that SAMIMI spoke English. Staff interviewed during the site visit consistently reported SAMIMI spoke English fluently. SAMIMI's vital signs were all within normal limits with the exception of an abnormally elevated blood pressure of 146/94. His height was five feet, seven inches tall and his weight was 135 pounds.

Note: 135 pounds is underweight for a man of SAMIMI's height. Arresting Deportation Officer (DO) (b)(6); (b)(7)(C) ERO Fugitive Operations, stated during interview that the detainee appeared very thin, especially compared to a past photograph. Medical and security staff also observed that SAMIMI was very thin when admitted.

LPN (b)(6); documented that SAMIMI reported taking 190 milligrams (mg) of methadone daily and that he was suffering withdrawal symptoms. She did not specify how long he had taken methadone and last use. In addition, she did not complete section 17 of the screening form calling for specifying symptoms of withdrawal².

assessment (nursing diagnosis based on both subjective and objective information, plan (efforts to resolve, report, or monitor), and education (teaching, directing, and ensuring the patient's full understanding).

²² Early signs of opiate withdrawal include running nose, sweating, tearing, yawning, dilated pupils, and increased temperature. Later signs include loss of appetite, nausea, vomiting, diarrhea, goose flesh, increased blood pressure, increased pulse, restlessness, and severe muscle and joint pain.
