



October 12, 2021

VIA ONLINE PORTAL

The Privacy Office
U.S. Department of Homeland Security
Headquarters & Office of Civil Rights &
Civil Liberties
245 Murray Lane SW
STOP-0655
Washington, DC 20528-0655
Via Online Portal

Freedom of Information Act Office
U.S. Immigration & Customs
Enforcement
500 12th Street SW, Stop 5009
Washington, DC 20536-5009
Via Online Portal

Re: Freedom of Information Act Request

Dear FOIA Officers:

Pursuant to the Freedom of Information Act (FOIA), 5 U.S.C. § 552, and the implementing regulations of your agency, American Oversight makes the following request for records.

Conditions faced by individuals held in immigration detention remain an urgent public concern. In fiscal year 2020, 21 individuals died in U.S. Immigration & Customs Enforcement (ICE) custody, the highest number of deaths since 2005¹ and a significant increase in deaths from the previous year, despite a much smaller detainee population.² The ongoing threat posed by the Covid-19 pandemic exacerbates existing concerns, particularly as the number of individuals detained by ICE has increased nearly to pre-pandemic levels.³

American Oversight seeks records with the potential to shed light on the treatment and care of individuals held in immigration detention, including those who have died in federal custody.

¹ Catherine Shoichet, *The Death Toll in ICE Custody is the Highest It's Been in 15 Years*, CNN (updated Sept. 30, 2020, 8:11 AM), <https://www.cnn.com/2020/09/30/us/ice-deaths-detention-2020/index.html>.

² Lise Olsen, *Deaths in ICE Custody Skyrocketed During the COVID-19 Pandemic*, TX Observer (Jan. 20, 2021, 10:36 AM), <https://www.texasobserver.org/deaths-in-ice-custody-skyrocketed-during-the-covid-19-pandemic/>.

³ Maura Turcotte, *Virus Cases Are Surging at Crowded Immigration Detention Centers in the U.S.*, N.Y. Times (updated Aug. 12, 2021), <https://www.nytimes.com/2021/07/06/us/covid-immigration-detention.html>.



Requested Records

American Oversight requests that your agency produce the following records within twenty business days:

A complete copy of any ICE Health Service Corps “Event Review,” “Root Cause Analysis,” or “Action Plan,” completed for each of the following individuals who died in ICE custody:

1. Gourgen Mirimanian
2. Roxsana Hernandez
3. Huy Chi Tran
4. Efraín Romero de la Rosa
5. Augustina Ramirez-Arreola
6. Wilfredo Padron
7. Mergensana Amar
8. Guerman Volkov
9. Abel Reyes-Clemente
10. Simratpal Singh
11. Pedro Arriago-Santoya
12. Roberto Rodriguez-Espinoza
13. Nebane Abienwi
14. Roylan Hernandez-Diaz
15. Anthony Oluseye Akinyemi
16. Samuelino Mavinga
17. Ben James Owen
18. Alberto Hernandez-Fundora
19. David Hernandez-Colula
20. Maria Celeste Ochoa-Yoc De Ramirez
21. Orlan Ariel Carcamo-Navarro
22. Ramiro Hernandez-Ibarra
23. Carlos Ernesto Escobar-Mejia
24. Óscar López Acosta
25. Choung Woong Ahn
26. Santiago Baten-Oxlaj
27. Onoval Perez-Montufa
28. Luis Sanchez-Perez
29. James Tomas Hill
30. Kuah Hui Lee
31. Jose Freddy Guillen Vega
32. Fernando Sabonger-Garcia
33. Cipriano Chavez Alvarez
34. Romien Jally
35. Anthony Jones
36. Felipe Montes
37. Jesse Dean
38. Diego Fernando Gallego-Agudelo

An example of an “Event Review, Root Cause Analysis/Action Plan” is included as Exhibit A to aid your search.

Please provide all responsive records from April 10, 2018, through the date the search is conducted.

Fee Waiver Request

In accordance with 5 U.S.C. § 552(a)(4)(A)(iii) and your agency’s regulations, American Oversight requests a waiver of fees associated with processing this request for records. The subject of this request concerns the operations of the federal government, and the disclosures will likely contribute to a better understanding of relevant government procedures by the general public in a significant way. Moreover, the request is primarily and fundamentally for non-commercial purposes.

American Oversight requests a waiver of fees because disclosure of the requested information is “in the public interest because it is likely to contribute significantly to

public understanding of operations or activities of the government.”⁴ The public has a significant interest in the treatment and care of individuals held in immigration detention.⁵ Records with the potential to shed light on this matter would contribute significantly to public understanding of operations of the federal government, including the extent to which conditions within ICE facilities may have contributed to the deaths of these individuals. American Oversight is committed to transparency and makes the responses agencies provide to FOIA requests publicly available, and the public’s understanding of the government’s activities would be enhanced through American Oversight’s analysis and publication of these records.

This request is primarily and fundamentally for non-commercial purposes.⁶ As a 501(c)(3) nonprofit, American Oversight does not have a commercial purpose and the release of the information requested is not in American Oversight’s financial interest. American Oversight’s mission is to promote transparency in government, to educate the public about government activities, and to ensure the accountability of government officials. American Oversight uses the information gathered, and its analysis of it, to educate the public through reports, press releases, or other media. American Oversight also makes materials it gathers available on its public website and promotes their availability on social media platforms, such as Facebook and Twitter.⁷

American Oversight has also demonstrated its commitment to the public disclosure of documents and creation of editorial content through regular substantive analyses posted to its website.⁸ Examples reflecting this commitment to the public disclosure of documents and the creation of editorial content include the posting of records related to the Trump Administration’s contacts with Ukraine and analyses of those contacts;⁹ posting records and editorial content about the federal government’s response to the Coronavirus pandemic;¹⁰ posting records received as part of American Oversight’s “Audit the Wall” project to gather and analyze information related to the administration’s proposed construction of a barrier along the U.S.-Mexico border, and

⁴ 5 U.S.C. § 552(a)(4)(A)(iii).

⁵ *See supra*, notes 1-3.

⁶ *See* 5 U.S.C. § 552(a)(4)(A)(iii).

⁷ American Oversight currently has approximately 15,630 page likes on Facebook and 108,500 followers on Twitter. American Oversight, Facebook, <https://www.facebook.com/weareoversight/> (last visited Oct. 12, 2021); American Oversight (@weareoversight), Twitter, <https://twitter.com/weareoversight> (last visited Oct. 12, 2021).

⁸ *See generally* *News*, American Oversight, <https://www.americanoversight.org/blog>.

⁹ *Trump Administration’s Contacts with Ukraine*, American Oversight, <https://www.americanoversight.org/investigation/the-trump-administrations-contacts-with-ukraine>.

¹⁰ *See generally* *The Trump Administration’s Response to Coronavirus*, American Oversight, <https://www.americanoversight.org/investigation/the-trump-administrations-response-to-coronavirus>; *see, e.g., CDC Calendars from 2018 and 2019: Pandemic-Related Briefings and Meetings*, American Oversight, <https://www.americanoversight.org/cdc-calendars-from-2018-and-2019-pandemic-related-briefings-and-meetings>.

analyses of what those records reveal;¹¹ the posting of records related to an ethics waiver received by a senior Department of Justice attorney and an analysis of what those records demonstrated regarding the Department's process for issuing such waivers;¹² and posting records and analysis of federal officials' use of taxpayer dollars to charter private aircraft or use government planes for unofficial business.¹³

Accordingly, American Oversight qualifies for a fee waiver.

Guidance Regarding the Search & Processing of Requested Records

In connection with its request for records, American Oversight provides the following guidance regarding the scope of the records sought and the search and processing of records:

- In conducting your search, please understand the terms “record,” “document,” and “information” in their broadest sense, to include any written, typed, recorded, graphic, printed, or audio material of any kind. We seek records of any kind, including electronic records, audiotapes, videotapes, and photographs, as well as letters, emails, facsimiles, telephone messages, voice mail messages, and transcripts, notes, or minutes of any meetings, telephone conversations, or discussions.
- Our request for records includes any attachments to those records or other materials enclosed with those records when they were previously transmitted. To the extent that an email is responsive to our request, our request includes all prior messages sent or received in that email chain, as well as any attachments to the email.
- Please search all relevant records or systems containing records regarding agency business. Do not exclude records regarding agency business contained in files, email accounts, or devices in the personal custody of your officials, such as personal email accounts or text messages. Records of official business conducted

¹¹ See generally *Audit the Wall*, American Oversight, <https://www.americanoversight.org/investigation/audit-the-wall>; see, e.g., *Border Wall Investigation Report: No Plans, No Funding, No Timeline, No Wall*, American Oversight, <https://www.americanoversight.org/border-wall-investigation-report-no-plans-no-funding-no-timeline-no-wall>.

¹² *DOJ Records Relating to Solicitor General Noel Francisco's Recusal*, American Oversight, <https://www.americanoversight.org/document/doj-civil-division-response-noel-francisco-compliance>; *Francisco & the Travel Ban: What We Learned from the DOJ Documents*, American Oversight, <https://www.americanoversight.org/francisco-the-travel-ban-what-we-learned-from-the-doj-documents>.

¹³ See generally *Swamp Airlines: Chartered Jets at Taxpayer Expense*, American Oversight, <https://www.americanoversight.org/investigation/swamp-airlines-private-jets-taxpayer-expense>; see, e.g., *New Information on Pompeo's 2017 Trips to His Home State*, American Oversight, <https://www.americanoversight.org/new-information-on-pompeos-2017-trips-to-his-home-state>.

using unofficial systems or stored outside of official files are subject to the Federal Records Act and FOIA.¹⁴ It is not adequate to rely on policies and procedures that require officials to move such information to official systems within a certain period of time; American Oversight has a right to records contained in those files even if material has not yet been moved to official systems or if officials have, by intent or through negligence, failed to meet their obligations.¹⁵

- Please use all tools available to your agency to conduct a complete and efficient search for potentially responsive records. Agencies are subject to government-wide requirements to manage agency information electronically,¹⁶ and many agencies have adopted the National Archives and Records Administration (NARA) Capstone program, or similar policies. These systems provide options for searching emails and other electronic records in a manner that is reasonably likely to be more complete than just searching individual custodian files. For example, a custodian may have deleted a responsive email from his or her email program, but your agency's archiving tools may capture that email under Capstone. At the same time, custodian searches are still necessary; agencies may not have direct access to files stored in .PST files, outside of network drives, in paper format, or in personal email accounts.
- In the event some portions of the requested records are properly exempt from disclosure, please disclose any reasonably segregable non-exempt portions of the requested records. If a request is denied in whole, please state specifically why it is not reasonable to segregate portions of the record for release.
- Please take appropriate steps to ensure that records responsive to this request are not deleted by the agency before the completion of processing for this request. If records potentially responsive to this request are likely to be located on systems where they are subject to potential deletion, including on a scheduled basis, please take steps to prevent that deletion, including, as appropriate, by instituting a litigation hold on those records.

¹⁴ See *Competitive Enter. Inst. v. Office of Sci. & Tech. Policy*, 827 F.3d 145, 149–50 (D.C. Cir. 2016); cf. *Judicial Watch, Inc. v. Kerry*, 844 F.3d 952, 955–56 (D.C. Cir. 2016).

¹⁵ See *Competitive Enter. Inst. v. Office of Sci. & Tech. Policy*, No. 14-cv-765, slip op. at 8 (D.D.C. Dec. 12, 2016).

¹⁶ Presidential Memorandum—Managing Government Records, 76 Fed. Reg. 75,423 (Nov. 28, 2011), <https://obamawhitehouse.archives.gov/the-press-office/2011/11/28/presidential-memorandum-managing-government-records>; Office of Mgmt. & Budget, Exec. Office of the President, Memorandum for the Heads of Executive Departments & Independent Agencies, “Managing Government Records Directive,” M-12-18 (Aug. 24, 2012), <https://www.archives.gov/files/records-mgmt/m-12-18.pdf>.

Conclusion

If you have any questions regarding how to construe this request for records or believe that further discussions regarding search and processing would facilitate a more efficient production of records of interest to American Oversight, please do not hesitate to contact American Oversight to discuss this request. American Oversight welcomes an opportunity to discuss its request with you before you undertake your search or incur search or duplication costs. By working together at the outset, American Oversight and your agency can decrease the likelihood of costly and time-consuming litigation in the future.

Where possible, please provide responsive material in an electronic format by email. Alternatively, please provide responsive material in native format or in PDF format on a USB drive. Please send any responsive material being sent by mail to American Oversight, 1030 15th Street NW, Suite B255, Washington, DC 20005. If it will accelerate release of responsive records to American Oversight, please also provide responsive material on a rolling basis.

We share a common mission to promote transparency in government. American Oversight looks forward to working with your agency on this request. If you do not understand any part of this request, please contact Hart Wood at foia@americanoversight.org or 202.919.6303. Also, if American Oversight's request for a fee waiver is not granted in full, please contact us immediately upon making such a determination.

Sincerely,

/s/ Hart Wood
Hart Wood
on behalf of
American Oversight

EXHIBIT A

ICE Health Service Corps Event Review, Root Cause Analysis/Action Plan

Facility:	Date & Time Event Discovered:	Location of Event:	Type of Event:
Choose a facility. Houston	6/30/2019	Dorm	Unanticipated Death

Brief Summary of Event *(Use page 3 of this document to provide the Sequence of Events):*

Balderamo-Torres, Yimi A# 206179679
 "At 0538, RNs were on site for sick call rounds. Core civic called an emergency at 0539. At 0540, both RNs were in the dorm and found detainee lying in bed, unresponsive to stimuli." Vital signs: "During routine assessment, detainee was pulseless and without spontaneous respirations. EMS assessed blood sugars: 36 mg/dl and 78 mg/dl."

"At 0538, RNs were on site for sick call rounds. Core civic called an emergency at 0539. At 0540, both RNs were in the dorm and found detainee lying in bed, unresponsive to stimuli and cyanotic. RNs immediately moved detainee to the floor for initiation of CPR; right radial and left carotid were found to be pulseless. CPR initiated at 0541 and instruction was given to Core Civic to call 911. 911 called at 0542. Emergency equipment arrived to dorm and AED placed on detainee at 0543, as well as, ambu-bag with oxygen. After approximately 15 rounds of CPR, some bloody drainage noted from side of mouth and nose. During compressions, detainee's head was turned to right side to clear airway; no pooling of blood noted to back of mouth; head repositioned for oxygenation. First responders arrive at 0555. CPR was maintained continuously until first responders took over at 0556. At that time, responders continued CPR and applied their own AED device, intubated detainee and used oxygen. Responders applied EKG; blood sugar was assessed and found to be 36 mg/dl. Responders administered D50 fluids and epinephrine twice. Blood sugar reassessed by responders at 0610 and found to be 78 mg/dl. Responding teams continue CPR attempts on detainee while leaving the dorm at 0615. "

Severity Score	Probability Score	Risk score
<input checked="" type="checkbox"/> Negligible (1) <input type="checkbox"/> Minor (2) <input type="checkbox"/> Moderate (3) <input type="checkbox"/> Major (4) <input type="checkbox"/> Catastrophic (5)	<input checked="" type="checkbox"/> Rare (1) <input type="checkbox"/> Unlikely (2) <input type="checkbox"/> Possible (3) <input type="checkbox"/> Likely (4) <input type="checkbox"/> Almost certain (5)	<input checked="" type="checkbox"/> Low (1-3) <input type="checkbox"/> Moderate (4-6) <input type="checkbox"/> High (8-12) <input type="checkbox"/> Extreme (15-25)
Severity score multiplied by probability score equals risk score		

Event Review Only
 Full RCA

Outcome of Event:

Death
 Permanent Harm
 Severe Temporary Harm
 No Significant Harm with Additional Monitoring
 No Harm

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

HEADQUARTERS USE ONLY

Assigned HQ Risk Manager

Assigned FHPM

Assigned RCS

Assigned HSA/AHSA

Date RCA Initiated

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

Click here to enter a date.

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

Sequence of Events Log

Date	Time	Provider	Sequence of Events
6/6/2019	23:00	RN	<p>Intake screening performed at MONTGOMERY Processing Center. Pain assessment and all screenings were negative/within normal limits [WNL] (to include: medical screening, trauma screening, substance abuse screening, oral and mental health screening). He denied a past medical history</p> <p>Pt complained of “rash on b/l arms and on the abdomen said he had mosquito bites when he was coming through the desert.”</p> <p>Review of systems negative except “<u>SKIN</u>: Rash admits, on the extremities b/l arms and abdomen. , that is moderate.”</p> <p>Vitals 98.6 Temp (T), 61 Heartrate (HR), 104/64 Blood pressure (BP), 17 respirations (R), 119.2 lbs and 98% O2 sat. Patient was noted to be oriented to person, place, time and situation.</p> <p>The intake exam was WNL. Assessment was documented as “risk for impaired skin integrity.”</p> <p>RN documented, “Disposition: Medically cleared, f/u visit scheduled, pending cxr.”</p> <p>(Incidental finding: RN documented “No” to the templated response “skin broken out in bumps/rash observed”)</p>
6/6/2019	23:00	RN	Prescreening normal. Disposition: Not documented
6/7/2019	07:43	APP	<p>Physical exam performed by APP. APP documented that the pt had, “significant health history, but was bitten by mosquitoes on his way into the country and is requesting for a cream for it, especially on his arms and his body.”</p> <p>The detainee denied a medical and surgical history. Review of symptoms indicated, “Itching admits, that is moderate to arms and body. Rash admits, on the trunk, on the extremities, that is moderate.”</p> <p>Vital signs: 98.2T, 53 HR, 127/75 HR, 120.8 lbs, and 98% O2 sat</p> <p>Patient’s physical exam was normal except: “SKIN: Generalized scattered erythematous rashes on trunk, BUE and legs with healing nail scratch marks, no infections noted.”</p>

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

			<p>Diagnosis: Bitten or stung by nonvenomous insect and other nonvenomous arthropods, initial encounter.</p> <p>Treatment: Hydrocortisone Cream 1%, (trunk, arms, legs) BID 14 days and ammonium lactate cream 12% (trunk, arms, and legs) BID 90 days</p> <p>Pt was "educated on assessment; Tx plan; prescribed MEDS and their side effects; patient verbalized understanding." Follow up scheduled for 1 year. Pt was medically cleared for custody.</p>
6/18/2019	10:58	RN	Transfer summary completed by RN
6/18/2019	19:02	LVN	Pre-screening completed. Pre-screening was normal. Disposition: Pre-Screening: No Priority (incidental finding-LVN did not update the medication question to "yes")
6/18/2019	21:54	LVN	<p>Intake screening performed at HOUSTON Contract Detention Facility. Pain assessment and all screenings were negative/within normal limits (to include: medical screening, trauma screening, substance abuse screening, oral and mental health screening)</p> <p>Review of systems negative. Vitals 98.9T, 72 min, 130/77 HR, 16 respirations, 125.8 lbs, and 99% O2 sat</p> <p>The intake exam was WNL. LVN documented, "Disposition: Medically cleared for custody." RN co-signature noted at 06:09 on 6/20/19.</p>
6/29/2019	10:00	RN	<p>Physical exam (simple) performed by RN. The detainee denied a medical and surgical history. Review of symptoms was negative (WNL)</p> <p>Vital signs: 98.1T, 84 HR, 136/83 HR, 18 respirations, 126.6 lbs, and 100% O2 sat</p> <p>Patient's physical exam was normal. Skin exam was documented as, "SKIN: normal, no rash or evidence of infection."</p> <p>Assessment: "Encounter for general adult medical examination without abnormal findings - Z00.00 (Primary)" Follow up 1 year</p> <p>MD signed off on exam 7/1/19: "07/01/2019 08:00 > No obvious conditions, Detainees encounters reviewed from arrival at MPC to passing on 06/30/2019, denied past medical history. Only reported complaint of rash on body and arms"</p>
6/30/2019	06:02	RN	<p>ER referral note. Patient was unresponsive. Treatment documented as "Referral to-Ambulance Land; Reason: Unresponsive"</p> <p>Disposition: Referral to appropriate health care service for emergency treatment</p>

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

			Notes: Transferred to ER via EMS 07/01/2019 04:36 AM "the note was locked by the health service administrator but completed by the RN"
6/30/2019	Time	RN	<p>Documentation as follows:</p> <p>"At 0538, RNs were on site for sick call rounds. Core civic called an emergency at 0539. At 0540, both RNs were in the dorm and found detainee lying in bed, unresponsive to stimuli."</p> <p>Vital signs: "During routine assessment, detainee was pulseless and without spontaneous respirations. EMS assessed blood sugars: 36 mg/dl and 78 mg/dl."</p> <p>"At 0538, RNs were on site for sick call rounds. Core civic called an emergency at 0539. At 0540, both RNs were in the dorm and found detainee lying in bed, unresponsive to stimuli and cyanotic. RNs immediately moved detainee to the floor for initiation of CPR; right radial and left carotid were found to be pulseless. CPR initiated at 0541 and instruction was given to Core Civic to call 911. 911 called at 0542. Emergency equipment arrived to dorm and AED placed on detainee at 0543, as well as, ambu-bag with oxygen. After approximately 15 rounds of CPR, some bloody drainage noted from side of mouth and nose. During compressions, detainee's head was turned to right side to clear airway; no pooling of blood noted to back of mouth; head repositioned for oxygenation. First responders arrive at 0555. CPR was maintained continuously until first responders took over at 0556. At that time, responders continued CPR and applied their own AED device, intubated detainee and used oxygen. Responders applied EKG; blood sugar was assessed and found to be 36 mg/dl. Responders administered D50 fluids and epinephrine twice. Blood sugar reassessed by responders at 0610 and found to be 78 mg/dl. Responding teams continue CPR attempts on detainee while leaving the dorm at 0615."</p>
Select date.	Time	Click here to enter text.	Click here to enter text.

Process Review

Process	Steps (Document each step in the process)	Process Vulnerabilities (Behavioral Choices-reckless behavior, at risk behavior, human error, staffing, equipment, staff performance, communication,)	Incidental/Contributing Factor/Root Cause
Pre-screening	<p>Step One: Nurse triage of patient and prioritize the patient</p> <p>Step Two: Nurses document in eCW after seeing the patient (no computer</p>	RN documented the pre-screening but did not update the eCW template to reflect that the detainee was prescribed 2 medications (template question not updated: "Are you taking any medications? No")	Incidental

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

	available in area used for pre-screening)		
	Step Three: RN documents pre-screening within 2 hours and updates eCW pre-screen template as needed		
	Step four: Nurse selection disposition of patient		
Intake	Step One: Nurse sees patient (one by one) and updates eCW template via computer	If patient was transferred from another facility, did a medical transfer summary accompany the patient? No	Incidental
	Step Two: Determine disposition of patient (normal exams pending CXRs are for RN follow)		
	Step Three: Medically clear patient		
	Step Four: LVNs assign eCW note to RN for review		
	Step Five: eCW automatically generates PE-S for normal findings for 10 days (PE-C for abnormal findings)		
	RN co-signs the LVN note within 24 hours	RN signed note 2 days after LVN completion in eCW	
PE-Simple	Step One: RNs performs a review of the chart to verify if a previous PE-S was completed	The RN performed the PE-S review	Incidental
	Step Two: If it was not completed, then the RN performs full physical exam (site RNs notified of 90 review, but full physical is more thorough)		
	Step Three: RN assigns PE-S to physician for review	Per IIU findings, RN performed PE-S and was not aware of the 90 day review documentation that could have been completed	
	Step four: Physician will review RN and sign off within 14 days		
Emergency Reponse	Step One: If pt is found unresponsive by custody, CPR is to be initiated	Custody did not immediate start CPR, but medical was nearby and initiated response efforts. Add language from AHA	Incidental
	Step Two: Medical is informed of pt status and need for backup		

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

	Step Three: EMS called		
	Step Four: CPR continues until EMS arrives and assumes		

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

Root Cause Analysis

Root Cause Analysis Committee Composition

#	Discipline	Title
1	Click here to enter text.	Click here to enter text.
2	Click here to enter text.	Click here to enter text.
3	Click here to enter text.	Click here to enter text.
4	Click here to enter text.	Click here to enter text.
5	Click here to enter text.	Click here to enter text.
6	Click here to enter text.	Click here to enter text.
7	Click here to enter text.	Click here to enter text.
8	Click here to enter text.	Click here to enter text.

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

Action Plan

Contributing Factors or Root Cause	Risk Reduction Strategies (Action Plan)	Implementation Due Date	Classification of Action Plan	Responsible Party	Measurement Strategy and Expected Outcome	Action Plan Follow Up Date	Compliance Level Achieved	Complete
Incidental	Action Item #1: <ul style="list-style-type: none"> • Training on Medication Reconciliation at intake for nursing staff o In-service with talking points o Staff Roster to track those trained 	October 2019	Training	Nurse Manager	Measurement: Attendance to training Expected Outcome: Trained nursing staff	November QI Check-in	10/31/2019	Yes
Incidental	Action Item #2: Training on PE-S policy with nursing staff to be held concurrently with Action Item #1 training	October 2019	Training	Nurse Manager	Measurement: Attendance to training Expected outcome: Trained nursing staff	November QI Check-in	10/31/2019	Yes
Incidental	Action Item #3: Custody staff CPR response was consistent with American Heart Association training for providing CPR to adults	N/A	N/A	N/A	Measurement: N/A Expected Outcome: N/A	N/A	Click here to enter a date.	Yes

If compliance levels were not met, what actions were taken?

Click here to enter text.	Comments: Click here to enter text.
---------------------------	---

What immediate improvement measures have already been implemented?

Click here to enter text.	Comments:
---------------------------	------------------

**ICE Health Service Corps
Event Review, Root Cause Analysis/Action Plan**

Click here to enter text.

Headquarters Recommendations for National Implementation

Click here to enter text.

Signatures

(b)(6); (b)(7)(C)		DAD of HCC
		Unit Chief
		Regional Compliance Specialist
		Risk Manager
		AD (as needed)

Digitally signed by JAMES R REID
Date: 2020.05.20 09:16:37 -04'00'

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

Digitally signed by (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Date: 2020.06.09 13:24:27 -04'00'

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

Digitally signed by (b)(6); (b)(7)(C)
(b)(6); (b)(7)(C)
Date: 2020.06.18 15:33:15 -04'00'