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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

9 L.E.L.L.,

10 Petitioner,

11 v.

12 Minga WOFFORD, Field Office Director,
13 Mesa Verde, Office of Detention and
14 Removal, U.S. Immigrations and Customs
15 Enforcement; U.S. Department of
16 Homeland Security;

17 Sergio ALBARRAN, Acting Field Office
18 Director of the San Francisco Immigration
19 and Customs Enforcement Office, U.S.
20 Department of Homeland Security;

21 Todd M. LYONS, Acting Director,
22 Immigration and Customs Enforcement,
23 U.S. Department of Homeland Security;

24 Markwayne MULLIN, in his Official
25 Capacity, Secretary, U.S. Department of
26 Homeland Security; and

27 Todd BLANCHE, in his Official Capacity,
28 Attorney General of the United States.

Respondents.

No. 1:26-cv-01464-JLT-FJS

**PETITIONER'S RENEWED NOTICE
OF MOTION AND EX PARTE
MOTION FOR TEMPORARY
RESTRAINING ORDER**

Challenge to Unlawful Incarceration Under
Color of Immigration Detention Statutes;
Request for Declaratory and Injunctive
Relief

(Renewed Motion Based on Materially
Changed Circumstances: Serious Illness,
Quarantine, and Ongoing Medical Harm)

NOTICE OF MOTION

Petitioner L.E.L.L. hereby renews his application to this Honorable Court for a temporary restraining order enjoining Respondents Department of Homeland Security (DHS), U.S. Immigration and Customs Enforcement (ICE), and Todd Blanche, in his official capacity as the U.S. Attorney General, from (1) continuing to detain him in unreasonably prolonged and harmful custody; and (2) removing or transferring Petitioner from the United States, or from his current place of detention, pending resolution of this Habeas Petition. Petitioner further requests that, upon release, Respondents be barred from re-detaining him absent a new and lawful basis supported by materially changed circumstances.

This renewed motion is based on materially changed and worsening circumstances that arose after Petitioner's prior TRO request was denied on February 22, 2026, including Petitioner's serious illness in late April and early May 2026, his prolonged isolation in quarantine, inadequate medical care, deprivation of adequate food, and continued symptoms that remain untreated despite repeated requests. This renewed motion is presented promptly following these events, and because continued detention while the habeas merits remain pending continues to inflict immediate and irreparable harm.

If the Court deems oral argument necessary, Petitioner requests to appear by video.

Respectfully submitted this 12th day of June, 2026.

By counsel,

/s/ Natalia Vieira Santanna

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INTRODUCTION

The Petitioner, L.E.L.L., has been in civil detention by U.S. Immigration and Customs Enforcement (“ICE”) since August 6, 2025, a period that now exceeds ten months, without a final determination on the merits of his habeas petition. During that time, he has suffered worsening physical and psychological harm in detention. His prior TRO request was denied as untimely on February 22, 2026, and the Court referred the matter to the assigned magistrate judge for a merits determination. In the intervening months, Petitioner’s circumstances have materially and dramatically worsened.

In late April and early May 2026, Petitioner contracted a serious contagious illness and was confined to a medical isolation unit for approximately eight days. During that period, he experienced high fever, intense headaches, skin lesions covering his face, head, arms, and trunk, and was denied adequate food, denied phone access to his family, and subjected to cold temperatures with inadequate bedding. He was not evaluated by a physician until near the end of his isolation. Upon release from quarantine, his bedding and towel were not replaced for several days despite his illness. He continues to experience headaches and fears that his symptoms will return or worsen without adequate medical attention.

These new facts are not peripheral. They directly establish the irreparable harm Petitioner continues to suffer in custody and further demonstrate that his detention has become not only unreasonably prolonged, but actively dangerous to his health. Combined with the legal arguments presented in the original motion, which Petitioner incorporates herein by reference, the balance of equities and the public interest now weigh even more strongly in his favor.

L.E.L.L. is currently subject to a final order of removal entered on January 12, 2026. The result of a hearing at which the Immigration Court incorrectly determined that no form of relief had been filed, notwithstanding that Form I-589 had been submitted for filing four days earlier, on January 8, 2026. A Motion to Reopen, an alternative request for *sua sponte* relief, and a request for a stay of removal were filed on February 1, 2026, and an appeal to the Board of Immigration Appeals was filed on February 12, 2026. Both proceedings remain pending.

The Petitioner does not challenge the merits of any removal order. He challenges only the fact and duration of his custody, a matter properly cognizable in habeas. *See Zadvydas v. Davis*, 533 U.S. 678, 687–88 (2001) (habeas is the appropriate procedural vehicle to challenge unlawful executive detention). The deprivation of constitutional rights “unquestionably constitutes irreparable injury.” *Elrod v. Burns*, 427 U.S. 347, 373 (1976); *see also Hernandez v. Sessions*, 872 F.3d 976, 994–95 (9th Cir. 2017) (applying that principle to conclude that a likelihood of unconstitutional deprivation of physical liberty necessarily satisfies the irreparable harm prong). Here, detention has already exceeded the bounds of reasonableness, and Petitioner’s recent illness has rendered continued confinement actively dangerous.

Any apparent delay in seeking this renewed emergency relief reflects the substantial obstacles Petitioner faced in retaining counsel and pursuing habeas relief from within immigration detention, and not any lack of diligence on his part. This renewed request is made promptly following the material deterioration in Petitioner's condition that occurred during and after his quarantine.

Confronted with substantially identical facts and legal issues, this and other courts in this circuit have recently granted the exact relief Petitioner seeks. *See J.O.L.R. v Wofford*, 2025 WL 2718631 * 11 (E.D. Cal Sept. 23, 2025); *R.D.T.M. v Wofford*, 2025 WL 2617255 * 11 (E.D. Cal Sept. 9, 2025); *Garro Pinchi v. Noem*, 2025 WL 1853763, *4 (N.D. Cal. July 4, 2025), converted to preliminary injunction at *Singh v. Andrews*, 2025 WL 1918679, *10 (E.D. Cal. July 11, 2025) (granting preliminary injunction).

This renewed request for emergency relief is based on materially changed and worsening circumstances that arose after Petitioner's prior TRO request was denied, specifically, Petitioner's recent serious illness, prolonged isolation in quarantine, inadequate medical care, deprivation of adequate food, and continued symptoms that have not been treated despite repeated requests. Petitioner seeks this renewed TRO promptly after these events and because continued detention while the habeas merits remain pending continues to inflict immediate and irreparable harm.

Petitioner respectfully requests that this Court issue an ex parte temporary restraining order immediately releasing him from custody, and, to maintain this Court's jurisdiction, issuing a stay of removal pending resolution of the habeas petition.

STATEMENT OF FACTS AND CASE

L.E.L.L. is a citizen of Ecuador who entered the United States on May 22, 2023, at age sixteen, without inspection, and immediately established residence in Albany, New York with family members. He worked full-time and maintained continuous community ties until his arrest. He has no criminal history in either country. The procedural history of this case, including Petitioner's background, the circumstances of his entry, the government's failure to identify and process him as an unaccompanied minor, his bond hearing, his successive transfers, the master hearings, the erroneous removal order of January 12, 2026, and the pending Motion to Reopen and BIA appeal, is set forth in Petitioner's original habeas petition and incorporated herein by reference.

Petitioner has remained continuously detained since August 6, 2025. This renewed motion is based on materially changed circumstances that have arisen since the Court's denial of the prior TRO request on February 22, 2026.

The following facts were not available at the time of the prior TRO and constitute materially changed circumstances that warrant renewed emergency consideration.

Around the end of April 2026, Petitioner began experiencing serious symptoms including strong headaches, dizziness, weakness, nosebleeds, chest pain, and high fever. *See Supp. Aff. ¶ 4.* For

1 approximately three days, he suffered without medical attention before he was taken to receive care. *See*
2 Supp. Aff. ¶ 6. Upon evaluation, a blood test was administered, and Petitioner was subsequently
3 diagnosed with varicella (chickenpox). *See* Supp. Aff. ¶¶ 7, 15. Laboratory testing confirmed a positive
4 VZV Real Time PCR result, and serological testing revealed that Petitioner had no prior immunity to the
5 varicella-zoster virus, rendering the infection significantly more dangerous in an adult. *See* Medical
6 Records, Exh. 1, Lab Reports dated May 1 and May 5, 2026. He was placed in medical isolation, where
7 he remained for approximately nine to ten days. *See* Supp. Aff. ¶ 8.

8 Upon evaluation on May 1, 2026, medical records document a fever of 103.6°F (39.8°C),
9 tachycardia at 100 beats per minute, elevated blood pressure of 136/88 mmHg, visible shaking, and
10 flushed face, prompting emergency cooling measures. Medical records further document widespread
11 maculopapular lesions with vesicles and pustules covering his face, scalp, torso, back, arms, and legs,
12 with documented risk of secondary infection due to skin breakdown. *See* Medical Records, Exh. 1,
13 Nursing Notes dated April 30–May 6, 2026.

14 The quarantine room was small, dark, and extremely cold, with air conditioning kept on
15 throughout. Petitioner was given only one thin blanket and spent long hours shaking from the cold. *See*
16 Supp. Aff. ¶ 9. During this period, officers frequently refused to open the door, citing the contagious
17 nature of his illness, and food was often pushed under the door rather than delivered. *See* Supp. Aff. ¶
18 10. On many days, Petitioner did not receive breakfast or other meals. When food was provided, it was
19 of consistently poor quality, and on at least one occasion included meat that appeared raw. Petitioner
20 observed noticeable weight loss during the isolation period. *See* Supp. Aff. ¶ 11. He was also denied
21 phone access throughout quarantine and was unable to contact his family for the entire duration of his
22 isolation. *See* Supp. Aff. ¶ 12.

23 At its highest point, Petitioner's fever was severe. He had never felt that ill before and was
24 frightened. *See* Supp. Aff. ¶ 19. A physician did not evaluate him until approximately the eighth or ninth
25 day of isolation, near the end of the quarantine period. *See* Supp. Aff. ¶ 21. Medical staff also noted
26 abnormal blood pressure readings during that time. *See* Supp. Aff. ¶ 20. Overnight checks occurred
27 approximately every five minutes, making sleep nearly impossible and worsening both Petitioner's
28 physical condition and anxiety. *See* Supp. Aff. ¶ 22. Petitioner's bedding, towel, and clothing were not
replaced during quarantine; upon release on a Friday, clean linens were not provided until approximately
the following Wednesday. *See* Supp. Aff. ¶¶ 23–24.

Despite documented anxiety, fear, and psychological distress during isolation, including
complete inability to communicate with family for over a week, no mental health evaluation, screening,
or referral was ever provided. A review of Petitioner's medical records confirms that no mental health
professional evaluated him during or after his quarantine, and that no formal screening for depression,
anxiety, or psychological impact of isolation was conducted. *See* Medical Records, Exh. 1, Nursing

Assessment Forms dated May 1–8, 2026; Supp. Aff. ¶ 13.

Upon release from quarantine, Petitioner continued to experience persistent headaches and recurrent nosebleeds. He requested further medical attention but did not receive care. *See* Supp. Aff. ¶ 27. On May 19, 2026, more than ten days after his release, he submitted a sick call request due to continued headaches, watery and itchy eyes, and nosebleeds, indicating that the effects of his illness remained unresolved. *See* Medical Records, Exh. 1, Sick Call Request and Nursing Note dated May 19, 2026; Supp. Aff. ¶ 28.

Separately, Petitioner has an unresolved vision problem that was identified by medical staff at Mesa Verde. He was referred to an eye specialist on multiple occasions, but those appointments were never fulfilled. He has received no diagnosis, no treatment, and no explanation of the risks of continued delay. *See* Supp. Aff. ¶ 16; Medical Records, Exh. 1, Optometry Referral dated December 23, 2025.

Petitioner has now been detained for more than ten months, during which time no bond has been granted, no merits determination has been issued on his habeas petition, and his Motion to Reopen and BIA appeal remain pending. The illness and conditions described above did not occur in the abstract, they occurred within a detention that has already been deemed prolonged by this Court's referral to the magistrate judge for a merits determination. Petitioner is not a flight risk, has no criminal history, and has family in Albany prepared to receive him. Each additional day of confinement carries the real and demonstrated risk of further physical harm to a young man whose health has already been compromised by the conditions of his custody.

LEGAL ARGUMENT

L.E.L.L. is entitled to a temporary restraining order if he establishes that he is “likely to succeed on the merits, . . . likely to suffer irreparable harm in the absence of preliminary relief, that the balance of equities tips in [his] favor, and that an injunction is in the public interest.” *Winter v. Nat. Res. Def. Council, Inc.*, 555 U.S. 7, 20 (2008); *Stuhlbarg Int’l Sales Co. v. John D. Brush & Co.*, 240 F.3d 832, 839 n.7 (9th Cir. 2001) (noting that preliminary injunction and temporary restraining order standards are “substantially identical”).

Even if L.E.L.L. does not show a likelihood of success on the merits, the Court may still grant a temporary restraining order if he raises “serious questions” as to the merits of his claims, the balance of hardships tips “sharply” in his favor, and the remaining equitable factors are satisfied. *Alliance for the Wild Rockies v. Cottrell*, 632 F.3d 1127 (9th Cir. 2011). As set forth in more detail below, L.E.L.L. overwhelmingly satisfies both standards.

Furthermore, the requirements for issuing a temporary restraining order without notice are met here. *See* Fed. R. Civ. P. 65(b). This renewed motion is filed promptly following a material deterioration in Petitioner's circumstances, specifically, the serious illness, prolonged quarantine, and ongoing

1 medical concerns described above, which arose after the Court's denial of the prior TRO request on
2 February 22, 2026. L.E.L.L. notified respondents' counsel on February 13, 2026, that he would be filing
3 this renewed motion by email to the U.S. Attorney's Office email address for habeas petition filings.
4 The specific facts set forth above demonstrate that immediate and irreparable injury may result before
5 Respondents can be heard in opposition. *See Pinchi v. Noem*, No. 25-cv-05632-RML, 2025 WL
6 1853763, at *4 (N.D. Cal. July 4, 2025); *J.O.L.R. v Wofford*, 2025 WL 2718631 * 11 (E.D. Cal Sept. 23,
7 2025); *R.D.T.M. v Wofford*, 2025 WL 2617255 * 11 (E.D. Cal Sept. 9, 2025)(granting ex parte
8 temporary restraining order in similar circumstances).

9 **I. Petitioner Warrants a Temporary Restraining Order**

10 A temporary restraining order should be granted when "immediate and irreparable injury, loss,
11 or damage" will result to the movant in the absence of emergency relief. Fed. R. Civ. P. 65(b). Its
12 purpose is to prevent irreparable harm before a preliminary-injunction hearing is held. *Granny Goose*
13 *Foods, Inc. v. Bhd. of Teamsters & Auto Truck Drivers Local No. 70 of Alameda Cnty.*, 415 U.S. 423,
14 439 (1974). Although the Court denied Petitioner's prior TRO request on February 22, 2026, a court
15 retains authority to grant emergency relief upon a showing of materially changed circumstances that
16 were not before it at the time of the prior denial. *See Sissoko v. Rocha*, 440 F.3d 1145, 1153-54 (9th Cir.
17 2006). ("A motion for reconsideration should not be granted, absent highly unusual circumstances,
18 unless the district court is presented with newly discovered evidence, committed clear error, or if there is
19 an intervening change in the controlling law."); *see also City of Los Angeles v. Santa Monica Baykeeper*,
20 254 F.3d 882, 889 (9th Cir. 2001) (quoting *Melancon v. Ins. Co. of N. Am.*, 659 F.2d 548, 553 (5th Cir.
21 1981)); *see also* Fed. R. Civ. P. 54(b). ("as long as a district court has jurisdiction over the case, then it
22 possesses the inherent procedural power to reconsider, rescind, or modify an interlocutory order for
23 cause seen by it to be sufficient.").

24 Since February 2026, Petitioner's circumstances have materially and dramatically worsened: he
25 contracted a serious contagious illness, was confined to medical isolation for approximately nine to ten
26 days under conditions that deprived him of adequate food, warmth, sleep, and communication with his
27 family, and received physician evaluation only near the end of his quarantine. He continues to
28 experience symptoms without adequate follow-up care, and an unresolved vision condition has gone
untreated throughout his detention. These new facts, considered alongside the legal arguments
incorporated from the original motion, satisfy each of the four factors required for emergency relief
under *Winter v. Natural Resources Defense Council*, 555 U.S. 7, 20 (2008), and independently establish
that immediate intervention is warranted.

25 **a. Petitioner is likely to succeed in the merits of his Habeas Claim**

Immigration civil detention violates due process when its duration is no longer reasonable under the Fifth Amendment. In *Demore v. Kim*, the Supreme Court upheld the constitutionality of detention based on the premise of brevity (“roughly a month and a half” in most cases, and about five months in the minority of cases involving an appeal). 538 U.S. 510, 529–30 (2003). In *Zadvydas v. Davis*, the Court recognized six months as a relevant benchmark of reasonableness in civil custody. 533 U.S. 678, 701 (2001). Likewise, the Ninth Circuit reaffirmed that, after approximately six months, custody enters the realm of prolonged detention. *Rodriguez Diaz v. Garland*, 53 F.4th 1189, 1091 (9th Cir. 2022) (citing *Diouf v. Napolitano*, 634 F.3d 1081, 1091 (9th Cir. 2011)).

This understanding – that six months constitutes a substantial period of confinement and marks the point at which additional process is required to justify continued detention – is rooted in legal tradition. With few exceptions, “at the close of the eighteenth century, in America, crimes triable without a jury were, for the most part, punishable by no more than six months’ imprisonment.” *Duncan v. Louisiana*, 391 U.S. 145, 161 & n.34 (1968). Consistent with that tradition, the Supreme Court treated six months as the confinement limit for a criminal offense that a federal court may impose without jury guarantees. *Cheff v. Schnackenberg*, 384 U.S. 373, 380 (1966) (plurality opinion). The Court has also adopted six months as a benchmark in other civil-detention contexts. See *McNeil v. Dir., Patuxent Inst.*, 407 U.S. 245, 249, 250–52 (1972) (recognizing six months as the outer limit for confinement without individualized inquiry in civil commitment). The Court has likewise recognized the need for clear constitutional line-drawing rules in other settings. See *Maryland v. Shatzer*, 559 U.S. 98, 110 (2010) (14 days after invocation of *Miranda* rights before renewed interrogation); *Cnty. of Riverside v. McLaughlin*, 500 U.S. 44, 55–56 (1991) (probable-cause hearing within 48 hours of a warrantless arrest).

Although neither the Supreme Court nor the Ninth Circuit has adopted a single categorical rule for all cases, courts widely recognize that immigration detention without individualized justification becomes unconstitutional “at some point.” *Banda v. McAleenan*, 385 F. Supp. 3d 1099, 1116 (W.D. Wash. 2019); *Maliwat*, 2025 WL 2256711, at* 3.

To identify that point, district courts apply a fact-specific reasonableness analysis, considering: (1) total length of detention; (2) likely future duration; (3) conditions of confinement; (4) delays attributable to the detainee; (5) delays attributable to the government; and (6) likelihood of removal at the end of proceedings. *Banda*, 385 F. Supp. 3d at 1117. In that analysis, total time in custody is the most important factor: the longer the detention, the harder it is to justify continued civil custody. *Id.* at 1118; *Murillo-Chavez v. Garland*, No. C22-303, 2022 WL 16555994, at *5 (W.D. Wash. Aug. 30, 2022). Persuasive Third Circuit authority follows the same approach. *German Santos v. Warden Pike Cnty. Corr. Facility*, 965 F.3d 203 (3d Cir. 2020); *Chavez-Alvarez v. Warden York Cnty. Prison*, 783 F.3d 469 (3d Cir. 2015).

Applying these factors to the present circumstances, the continued detention of Petitioner

has become not merely prolonged, it has become dangerous, unreasonable and punitive.

Petitioner has been continuously detained since August 6, 2025. As of the filing of this renewed motion, that period exceeds ten months. This duration is nearly double the six-month benchmark recognized in *Zadvydas*, and well beyond the outer limits contemplated in *Demore*. At this stage, the presumption of constitutionality that attaches to brief civil detention has been entirely exhausted, and the burden shifts decisively to the government to justify the ongoing deprivation of liberty.

The proceedings that triggered Petitioner's detention are far from over. Petitioner's appeal to the Board of Immigration Appeals remains pending, and the stay of removal issued by this Court pursuant to its Minute Order of February 22, 2026, remains in effect. The BIA's average processing time for appeals of this nature is estimated at six to seven months. See *Molina Ochoa v. Noem*, 2025 WL 3125846 (2025). The habeas petition on the merits has also not been resolved. Accordingly, the period of future detention is not speculative, it is concrete and substantial, and will extend Petitioner's total time in civil custody to well over a year.

The conditions of Petitioner's detention, which independently supported habeas relief before, have materially worsened since the filing of the prior TRO.

As set forth in detail in the Statement of Facts above, Petitioner contracted varicella in late April 2026 and, for approximately three days, received no medical attention despite experiencing high fever, severe headaches, nosebleeds, chest pain, and weakness. When he was finally evaluated, medical records documented a fever of 103.6°F, tachycardia, elevated blood pressure, visible shaking, and no prior immunity to the varicella-zoster virus, rendering his infection as an adult particularly dangerous. He spent nine days in harsh isolation, with inadequate and sometimes withheld food, no phone access, constant overnight checks that made sleep nearly impossible, and no change of bedding or clothing for days after his release. He received no mental health evaluation despite documented psychological distress. Post-quarantine, he continues to experience headaches, nosebleeds, and watery eyes, and his pre-existing vision condition has gone without specialist evaluation despite multiple referrals. These facts are not peripheral to this proceeding, they are the direct product of his continued detention and compound its constitutional infirmity with each passing day.

Taken together, five of the six *Banda* factors weigh decisively in Petitioner's favor. The total length of detention exceeds ten months; the likely future duration will extend civil custody to well over a year; the conditions of confinement, now including documented infectious illness, medical neglect, nutritional and sleep deprivation, and unaddressed ongoing symptoms, are independently harmful and, in combination, punitive in character; no delays are attributable to Petitioner; and the government has offered no individualized justification for continued detention. In *Toktosunov v. Wamsley*, No. 2:25-cv-1724, 2025 WL 3492858, at *5 (W.D. Wash. Dec. 5, 2025), the court granted habeas relief where four of six factors favored the petitioner and concluded that continued detention had become

incompatible with due process. Petitioner's showing here is stronger on every metric: a longer period of custody, demonstrably harsher conditions, and medical vulnerability now supported by clinical documentation in the record. Petitioner is therefore likely to succeed on the merits of his habeas claim.

The remedy for unconstitutional civil detention is settled: habeas relief requiring the cessation of unlawful confinement. *Zadvydas*, 533 U.S. at 690, 701; *Harvest v. Castro*, 531 F.3d 737, 741 (9th Cir. 2008). This factor weighs strongly in favor of the issuance of a temporary restraining order.

b. Petitioner Will Suffer Irreparable Harm Absent Injunctive Relief.

L.E.L.L. will continue to suffer irreparable harm if he remains detained. He has been deprived of his physical liberty for more than ten months in civil custody that is already manifestly unreasonable and prolonged. Each additional day of detention non-compensably deepens the harm to his physical health, psychological integrity, and effective exercise of his right to present a defense. It is precisely to safeguard these constitutional guarantees that the present temporary restraining order is sought.

Detainees in ICE custody are held in "prison-like conditions." *Preap v. Johnson*, 831 F.3d 1193, 1195 (9th Cir. 2016). As the Supreme Court has explained, "[t]he time spent in jail awaiting trial has a detrimental impact on the individual. It often means loss of a job; it disrupts family life; and it enforces idleness." *Barker v. Wingo*, 407 U.S. 514, 532–33 (1972); accord *Nat'l Ctr. for Immigrants Rights, Inc. v. I.N.S.*, 743 F.2d 1365, 1369 (9th Cir. 1984). Moreover, the Ninth Circuit has recognized in "concrete terms the irreparable harms imposed on anyone subject to immigration detention," including "subpar medical and psychiatric care in ICE detention facilities, the economic burdens imposed on detainees and their families as a result of detention, and the collateral harms to children of detainees whose parents are detained." *Hernandez*, 872 F.3d at 995. The government itself has documented alarmingly poor conditions in ICE detention centers. See, e.g., DHS, Office of Inspector General (OIG), *Summary of Unannounced Inspections of ICE Facilities Conducted in Fiscal Years 2020–2023* (2024) (reporting violations of environmental health and safety standards; staffing shortages affecting the level of care detainees received for suicide watch; and detainees being held in administrative segregation without being allowed time outside their cell and with no documentation that they were provided health care).

In this case, the irreparable harm suffered by Petitioner is not a matter of inference or statistical likelihood, it is a matter of documented fact. As set forth in the Statement of Facts above and supported by clinical records in the record, L.E.L.L. contracted varicella while in government custody and, for approximately three days, received no medical attention despite experiencing a high fever, severe headaches, nosebleeds, chest pain, and weakness. When he was finally evaluated, medical records documented a fever of 103.6°F, tachycardia, elevated blood pressure, and no prior immunity to the varicella-zoster virus. He was then confined in a cold isolation cell for nine days, deprived of adequate nutrition, denied phone access, subjected to overnight checks every five minutes that made sleep nearly

impossible, and provided no mental health evaluation despite documented psychological distress. More than a month after his quarantine ended, he continues to experience headaches, nosebleeds, and watery eyes, and his pre-existing vision condition remains untreated. These harms, physical, psychological, and relational, are not compensable by any monetary remedy and will not be undone by a later order. They are, by definition, irreparable.

Before L.E.L.L. was detained, he lived with his siblings and cousins in Albany, New York, working long hours in roofing to support himself and to send money to his mother in Ecuador, who has serious health problems, and his younger brother, who depends on him financially. He has no criminal convictions and has never been arrested for any criminal offense in either Ecuador or the United States. He was the primary financial provider for his family in Ecuador and a crucial source of emotional and financial support for his sister and four-year-old niece in Albany. His detention has caused him intense emotional suffering, knowing that his mother and brother are struggling to cover medical expenses and basic necessities, and that his sister has been forced to work in construction while his niece cries for his return every day. Every additional day that L.E.L.L. spends in detention subjects him and his family to even greater irreparable harm, harm that his deteriorating health makes more urgent, not less, with every passing week.

It is clear that "the deprivation of constitutional rights 'unquestionably constitutes irreparable injury.'" *Melendres v. Arpaio*, 695 F.3d 990, 1002 (9th Cir. 2012) (quoting *Elrod v. Burns*, 427 U.S. 347, 373 (1976)). Thus, a temporary restraining order is necessary to prevent L.E.L.L. from suffering further and compounding irreparable harm as a result of unlawful, unjust, and demonstrably dangerous prolonged detention.

c. Petitioner Has a Protected Liberty Interest in His Physical Liberty

The Fifth Amendment's Due Process Clause protects L.E.L.L.'s liberty from arbitrary immigration custody: "Freedom from imprisonment – from government custody, detention, or other forms of physical restraint – lies at the heart of the liberty that [the Due Process] Clause protects." *Zadvydas v. Davis*, 533 U.S. 678, 690 (2001). This protection extends to "all 'persons' within the United States, including aliens, whether their presence here is lawful, unlawful, temporary, or permanent." *Id.*

Since his entry on May 22, 2023, L.E.L.L. spent over two years as a productive and law-abiding member of his community. He resided in Albany, New York, with his sister, brother, and cousins, providing the primary financial support for his family both in the United States and in Ecuador. He maintained a clean criminal record, worked steadily in construction, and was an active member of his local church. He entered the United States as an unaccompanied minor at age sixteen, a status that triggers distinct legal obligations and heightened constitutional protections, and was never properly identified or processed as such by the government. These deep community and family ties, combined

with the circumstances of his entry and the government's own procedural failure, create a substantial and cognizable liberty interest in his continued freedom.

Because L.E.L.L. was apprehended in the interior of the United States after establishing a stable life, his detention must be justified by more than the mere existence of a removal order. As the Ninth Circuit has held, the government's authority to detain noncitizens is not limitless and must comply with the fundamental protections of the Fifth Amendment. *See Rodriguez v. Marin*, 909 F.3d 252, 256 (9th Cir. 2018); *Singh v. Holder*, 638 F.3d 1196, 1203 (9th Cir. 2011). As a person who was in fact free of physical confinement for years before his arrest, L.E.L.L. possesses a protected liberty interest that demands robust due process safeguards. That interest is not diminished by the passage of time, it is amplified. After more than ten months of continuous civil detention, during which Petitioner contracted a serious infectious disease, was subjected to prolonged medical isolation, suffered documented neglect, and continues to experience unresolved health consequences, the deprivation of his physical liberty has ceased to be a regulatory measure and has become a form of punishment that the Fifth Amendment expressly prohibits.

d. Petitioner's Private Interest in His Liberty is Profound and Outweighs the Government's Interest in Continued Detention

The private interest at stake in this case is one of the most profound recognized by the U.S. legal system: the fundamental right to be free from bodily restraint. *Foucha v. Louisiana*, 504 U.S. 71, 80 (1992). For L.E.L.L., this interest is not merely theoretical. It represents his ability to support his family, live with his relatives, pursue his asylum claim in meaningful freedom, and, as now made undeniable by the record, protect his physical health and bodily integrity from the demonstrated dangers of prolonged civil confinement.

Under the balancing test established in *Mathews v. Eldridge*, 424 U.S. 319 (1976), the Court must weigh L.E.L.L.'s profound interest in his liberty against the government's interest in detaining him. That balance tilts decisively in Petitioner's favor. The government's interest in effectuating removal is substantially diminished where, as here: (1) Petitioner has no criminal history in either the United States or Ecuador; (2) he has a stable residence and strong family ties in Albany, New York, that mitigate any flight risk; and (3) his removal is not imminently possible, given his pending appeal before the BIA, the unresolved habeas petition, and the stay of removal issued by this Court in its Minute Order of February 22, 2026. Where removal cannot be effectuated in the foreseeable future, continued detention serves no cognizable regulatory purpose and cannot be justified under the *Mathews* framework.

The conditions of Petitioner's confinement further confirm that his detention has become punitive in character. As detailed in the Statement of Facts and supported by clinical documentation in the record, L.E.L.L. contracted varicella while in government custody, suffered a dangerously high fever

without timely medical intervention, was held in harsh isolation for nine days under conditions that deprived him of adequate nutrition, sleep, hygiene, and communication with his family, and received no mental health evaluation despite documented psychological distress. He continues to suffer from headaches, nosebleeds, and watery eyes, and his pre-existing vision condition remains unaddressed despite multiple referrals. These are not incidental consequences of lawful custody, they are the direct and foreseeable result of a detention that has been permitted to extend far beyond any reasonable regulatory justification. Because "civil detention for the purpose of deportation may not become punitive," *Zadvydas*, 533 U.S. at 690, and because the record now contains clinical evidence that Petitioner's confinement has caused him active and ongoing physical harm, the punitive character of his detention is no longer a matter of inference, it is a matter of documented fact. As L.E.L.L. poses neither a danger to the community nor a meaningful flight risk, his private interest in liberty must prevail.

e. The Balance of Equities and the Public Interest Favor Granting this Temporary Restraining Order.

The balance of equities and the public interest undoubtedly favor granting this temporary restraining order.

First, the balance of hardships strongly favors L.E.L.L.. The government cannot suffer harm from an injunction that prevents it from engaging in an unlawful practice. *See Zepeda v. I.N.S.*, 753 F.2d 719, 727 (9th Cir. 1983) (“[T]he INS cannot reasonably assert that it is harmed in any legally cognizable sense by being enjoined from constitutional violations.”). Therefore, the government cannot allege cognizable harm arising from a temporary restraining order that requires it to comply with the Constitution. Any burden imposed by requiring the ICE to release L.E.L.L. from unlawful custody and by requiring it to refrain from re-arresting him is *de minimis* and clearly outweighed by the substantial, and now clinically documented, harm he will continue to suffer if he remains detained. *See Lopez v. Heckler*, 713 F.2d 1432, 1437 (9th Cir. 1983) (“Society’s interest lies on the side of affording fair procedures to all persons, even though the expenditure of governmental funds is required.”).

That harm is no longer speculative: the record reflects that Petitioner contracted a serious infectious disease while in government custody, suffered a dangerously high fever without timely medical care, was held in conditions that compromised his nutrition, sleep, hygiene, and ability to communicate with his family, and continues to experience unresolved health consequences more than a month after his quarantine ended. The government's interest in maintaining civil custody cannot be measured against a negligible burden. It must be measured against these concrete and ongoing injuries, which will only deepen with each additional day of confinement.

A temporary restraining order is equally in the public interest. First and most importantly, “it would not be equitable or in the public’s interest to allow [a party] . . . to violate the requirements of

federal law, especially when there are no adequate remedies available.” *Ariz. Dream Act Coal. v. Brewer*, 757 F.3d 1053, 1069 (9th Cir. 2014) (quoting *Valle del Sol Inc. v. Whiting*, 732 F.3d 1006, 1029 (9th Cir. 2013)). If a temporary restraining order is not entered, the government would effectively be granted permission to detain L.E.L.L. in violation of the requirements of Due Process Clause, and to do so in conditions that have already caused him documented physical harm. **The public interest is not served by a detention regime that exposes civil detainees to infectious disease, denies them timely medical care, subjects them to prolonged isolation, and fails to provide mental health evaluation even when psychological distress is documented.** “The public interest and the balance of the equities favor ‘prevent[ing] the violation of a party’s constitutional rights.’” *Ariz. Dream Act Coal.*, 757 F.3d at 1069 (quoting *Melendres*, 695 F.3d at 1002); *see also Hernandez*, 872 F.3d at 996 (“The public interest benefits from an injunction that ensures that individuals are not deprived of their liberty and held in immigration detention because of bonds established by a likely unconstitutional process.”); *cf. Preminger v. Principi*, 422 F.3d 815, 826 (9th Cir. 2005) (“Generally, public interest concerns are implicated when a constitutional right has been violated, because all citizens have a stake in upholding the Constitution.”).

Therefore, the public interest overwhelmingly favors entering this temporary restraining order. L.E.L.L. is not a danger to the community, poses no meaningful flight risk, and has already suffered serious and documented harm as a direct consequence of his prolonged civil confinement. Continued detention serves no regulatory purpose that could plausibly outweigh these injuries. Every factor of the *Winter* test favors relief.

CONCLUSION

For all the above reasons, this Court should find that L.E.L.L. warrants a temporary restraining order and a preliminary injunction ordering that Respondents (1) release him from his unlawful custody; and (2) maintain and enforce the existing stay of removal issued by this Court on February 22, 2026, enjoining Respondents from removing or transferring L.E.L.L. outside this District pending resolution of his habeas petition.

Petitioner has now been held in civil detention for more than ten months, has suffered serious and clinically documented physical harm while in government custody, and faces the concrete prospect of continued confinement for many months more while his BIA appeal and habeas petition remain pending. No factor of the *Winter* test supports continued detention. The relief requested is narrow, constitutionally compelled, and urgent.

Respectfully submitted this 12th day of June, 2026.

By counsel,

1 /s/ Natalia Vieira Santanna

2 Natalia Vieira Santanna

3 Attorney for Petitioner

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UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

L.E.L.L.,
Petitioner,

v.

Minga WOFFORD, Field Office Director,
Mesa Verde, Office of Detention and
Removal, U.S. Immigrations and Customs
Enforcement; U.S. Department of Homeland
Security;

Sergio ALBARRAN, Acting Field Office
Director of the San Francisco Immigration
and Customs Enforcement Office

Todd M. LYONS, Acting Director,
Immigration and Customs Enforcement, U.S.
Department of Homeland Security;

Kristi NOEM, in her Official Capacity,
Secretary, U.S. Department of Homeland
Security; and

Pam BONDI, in her Official Capacity,
Attorney General of the United States;

Respondents.

Case No. 1:26-cv-01464-JLT-SKO

**AFFIDAVIT OF NATALIA VIEIRA
SANTANNA IN SUPPORT OF
PETITIONER'S RENEWED EX
PARTE MOTION FOR
TEMPORARY RESTRAINING
ORDER**

Challenge to Unlawful Incarceration
Under Color of Immigration Detention
Statutes; Request for Declaratory and
Injunctive Relief

**DECLARATION OF NATALIA VIEIRA SANTANNA IN SUPPORT OF PETITIONER'S
RENEWED EX PARTE MOTION FOR TEMPORARY RESTRAINING ORDER**

1 I, Natalia Vieira Santanna, hereby declare as follows:

2 1. I am an attorney licensed to practice law in the State of California and before this Court.
3 I am the managing attorney at Santanna Law Offices, PC. I have been practicing immigration
4 law since 2012.

5 2. For the past thirteen years, my practice has focused on representing clients in removal
6 defense proceedings before the Executive Office for Immigration Review, including both
7 detained and non-detained individuals. My experience also includes representing clients in
8 federal habeas corpus proceedings before the United States District Courts.

9 3. The facts stated in this declaration are true and of my own personal knowledge, except
10 as to any matters stated on information and belief, and as to those matters, I am informed and
11 believe them to be true.

12 4. On **June 15, 2026**, the undersigned notified the U.S. Attorney's Office that Petitioner
13 would be filing this renewed motion, by email to the U.S. Attorney's Office email address for
14 habeas petition filings. Based on the prior opposition to the original TRO and the consistent
15 litigation position taken by the United States Attorney's Office for the Eastern District of
16 California and the U.S. Department of Justice's Office of Immigration Litigation in similar
17 proceedings, I assume Respondents would oppose this renewed motion.

18 5. I am the attorney of record for Luis Ernesto Lliguishusca Loja (A# 240-159-856),
19 Petitioner in the above-captioned proceedings. I represent Mr. Lliguishusca Loja jointly with
20 co-counsel Otavio Haverroth Silva, Esq., of HS Law Corp (doing business as YOUSALAW Firm). The Federal Habeas Corpus petition filed on behalf of Mr. Lliguishusca Loja remains
21 pending before this Court and has not been resolved on the merits. On February 22, 2026, this
22 Court denied Petitioner's first Motion for Temporary Restraining Order as untimely under Local

1 Rule 231(b), and ordered that Petitioner shall not be removed or transferred out of the District
2 pending further order of the Court.

3 6. Since the denial of the first TRO, Petitioner's circumstances have materially worsened.
4 In late April and early May 2026, through communications with the legal team handling
5 day-to-day contact with Mr. Lliguishusca Loja, I was informed that Petitioner had contracted
6 varicella while detained at Mesa Verde ICE Processing Center and had been placed in medical
7 isolation for approximately nine days, from April 30 to May 8, 2026. As of the date of this
8 declaration, Mr. Lliguishusca Loja has been in civil immigration detention for over ten months
9 without a merits determination on his habeas petition.

10 7. Upon reviewing the medical records obtained from Mesa Verde, I was informed and
11 believe that the following was clinically documented: a confirmed varicella diagnosis by VZV
12 Real Time PCR, with a non-reactive IgG antibody indicating no prior immunity; a recorded
13 fever of 103.6°F with elevated blood pressure, tachycardia, and visible shaking requiring
14 emergency cooling measures; prescription of seven medications; headaches documented at 8/10
15 pain intensity; and a follow-up sick call on May 19, 2026, for persistent headaches, watery and
16 itchy eyes, and nosebleeds. No mental health evaluation, referral, or screening was conducted
17 during or after the isolation period, despite documented signs of psychological distress.

18 8. In support of Petitioner's Renewed Ex Parte Motion for Temporary Restraining Order, I
19 submit the following documents, which are true and correct copies:

20 EXHIBIT 1: Petitioner's Medical Records;

21 I declare under penalty of perjury that the foregoing statement is true and correct to the best
22 of my own personal knowledge. Executed this on the 15th day of June, 2026.

s/ Natalia Vieira Santanna
Natalia Vieira Santanna
Declarant

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6
7 UNITED STATES DISTRICT COURT
8 EASTERN DISTRICT OF CALIFORNIA

9 L.E.L.L.,

10 Petitioner,

11 v.

12 Minga WOFFORD, et al.

13 Respondents.

No. 1:26-cv-01464-JLT-SKO

**SUPPLEMENTAL AFFIDAVIT OF
L.E.L.L. IN SUPPORT OF MOTION
FOR TEMPORARY RESTRAINING
ORDER**

14 I, Luis Ernesto Lliguishusca Loja, declare as follows:

- 15 1. I gave this information to my lawyer, who understands Spanish and spoke with me in
16 Spanish. He read to me everything that was written, and I understood it. I promise to
17 tell the truth.
- 18 2. On February 12, 2026, I made a declaration in this habeas corpus case. In that
19 declaration, I talked about my life and what I had been through in detention up to that
20 time. Now I make this new declaration to explain things that happened after that,
21 when I got very sick and was placed in quarantine. I make this declaration because my
22 health is still at risk while I remain detained, and because I believe my situation needs
to be reviewed.

- 1 3. I am still detained at Mesa Verde in California. I have been in custody since August 6,
2 2025. My habeas case has not been decided yet. The Court denied my prior emergency
3 request, and my request for a preliminary injunction has not been decided yet. Because
4 of this, my detention keeps getting longer, with no certain end date. Every extra day I
5 stay detained makes my physical health and my mental health worse.
- 6 4. Around the end of April 2026, I started feeling very sick. I do not remember the exact
7 date. For about three days, I had strong symptoms like headaches, dizziness,
8 weakness, nosebleeds, chest pain, and fever. Later, I also got spots or a rash on my
9 skin all over my body.
- 10 5. The spots were everywhere, on my face, my head, my arms, and all over my chest and
11 back. They were like bumps that turned into scabs. It was very uncomfortable and I
12 felt embarrassed and scared because I did not understand what was happening to me.
- 13 6. Even though I was very sick, I did not get medical care right away. I only told the
14 officers about my situation after I had already been suffering for about three days.
15 Only after that did they take me to medical.
- 16 7. When I finally got a medical visit, they did a blood test. I do not know what they were
17 looking for in the test. No one explained the results in a way I could understand. In all
18 of my medical appointments, I needed an interpreter to understand what was being
19 said to me, and sometimes the explanations were very short or incomplete.
- 20 8. After the medical visit, they put me in quarantine. I was in quarantine for about nine
21 or ten days. I do not remember the exact date I got out, but I believe it was on a Friday
22 in early May 2026.
9. The quarantine room was very small, dark, and very cold. The air conditioning stayed
on, and I did not have enough blankets. They only gave me one thin blanket. I spent
many hours shaking from the cold.

10. While I was in quarantine, the officers often did not want to open the door. They said my illness was very contagious. Sometimes, they pushed food under the door instead of opening it.
11. During quarantine, I spent days without enough food. On many days, I did not get breakfast. Other times, I got no food because the officers said they did not want to open the door. When I did get food, it was always the same and low quality, often beans. I also remember being served meat that looked raw. I also noticed that I lost weight during that time. My clothes felt looser. I believe this was because I was not getting enough food during those days.
12. During quarantine, they would not let me call my family. I asked the officers many times to make phone calls, but they would not allow it. I felt completely alone and desperate, especially because I was sick, I did not know what was happening to me, and I could not let my family know.
13. This gave me a lot of anxiety because I always talked to my sister often. During quarantine, suddenly I could not talk to her anymore. I was very afraid that my family, especially my sister, would suffer because they had no news about me. I was afraid they would not know where I was, if I was okay, or what was happening to me while I was isolated and sick.
14. My family only learned what happened to me after I got out of quarantine and was able to talk to them. Until that moment, they did not know I was sick, that I had been put in quarantine, or why I stopped calling.
15. After my illness was evaluated by the medical staff, I was told or came to understand that I had chickenpox. I later learned that blood tests were done to check for this infection, and that I was placed under special isolation rules because of how contagious the illness is.

1 16. I also have been having problems with my vision since I have been detained. The
2 medical staff told me I needed to see an eye doctor. I was supposed to go to that
3 appointment more than once, but it never happened. I still have not been seen by an
4 eye doctor. My vision has not improved, and no one has explained to me what is
5 wrong with my eyes or what will happen if I do not get the care I need.

6 17. The medical treatment I received was very limited. They gave me pills for pain, which
7 I took three times a day. They also gave me an antiviral pill that I had to take twice a
8 day. For the spots and the itching on my skin, they gave me a lotion that I was
9 supposed to apply four times a day. They also gave me something for the itching that I
10 took three times a day, as a pill. I also received eye drops that I had to put in my eyes
11 four times a day. Later, they gave me packets to mix in water and drink twice a day.

12 18. They also told me not to scratch the spots because they could get infected if I did. It
13 was very hard not to scratch because it itched so much, especially at night.

14 19. Even with all these medications, I still had symptoms that felt serious to me,
15 especially chest pain, fever, dizziness, weakness, and nosebleeds, and I did not feel
16 like I was being properly cared for. At one point, my fever got very high. I felt like my
17 body was burning. I was very scared because I had never felt that sick before in my
18 life.

19 20. I also felt pressure and tension in my head and my body that I had never felt before. I
20 do not know the exact numbers, but when the nurses checked my blood pressure
21 during that time, I could tell from their reaction that something was not right.

22 21. The doctor did not check me often. The doctor only came back near the end of
quarantine, around the eighth or ninth day, to see if I was better.

1 22. Even during quarantine, officers disturbed my sleep all the time. At night, they did
2 checks or searches about every five minutes. Because of this, it was almost impossible
3 to sleep. This made my sickness and my anxiety worse.

4 23. The hygiene conditions were very bad. My sheets and my towel had not been changed
5 since I arrived at Mesa Verde. Even after I got sick and was placed in quarantine, I
6 kept using the same sheets, the same towel, and the same clothes.

7 24. After I got out of quarantine, I still did not get clean bedding or a clean towel right
8 away. I got out on a Friday, and my sheets and towel were only washed several days
9 later, around the next Wednesday.

10 25. The quarantine room had a toilet and a shower, but there was a window where other
11 people could see me showering. This made me feel humiliated and unsafe.

12 26. I was not the only person who got sick. In the area where I stay, there were at least
13 four people with symptoms. There were also sick people in other cells. Even so, not
14 everyone with symptoms was placed in quarantine.

15 27. My cell has about 28 people. When someone gets sick in a closed place like this, the
16 illness spreads easily.

17 28. After I got out of quarantine, I still had strong headaches. I asked again to be taken to
18 the doctor, but I did not get medical care. I also had another nosebleed after
19 quarantine. This scared me because I felt like I was getting sick again or that I never
20 truly got better.

21 29. I am very worried about my health now. I still have headaches. I am afraid the
22 symptoms will come back or get worse. I also do not trust that I will get medical care
on time if I get very sick again here.

I say that what I wrote here is true, according to what I know and remember.

Executed this 24th day of May, 2026.

1
2 /s/ Luis Ernesto Lliguishusca Loja
3 Luis Ernesto Lliguishusca Loja
4 Declarant

5 I, André Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487,
6 San Diego, CA 92169, certify that the professional translation of this document from
7 Spanish to English has been performed by myself, a qualified translator fluent in both
8 languages, and that the following is an accurate and complete translation of the
9 document.

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Date: May 24, 2026.

DECLARACIÓN JURADA SUPLEMENTARIA

Yo, Luis Ernesto Lliguishusca Loja, declaro lo siguiente:

1. Proporcioné esta información a mi abogado, quien entiende español y habló conmigo en español. Él me leyó todo lo que fue escrito, y yo lo entendí. Prometo decir la verdad.
2. El 12 de febrero de 2026, hice una declaración en este proceso de habeas corpus. En aquella declaración, hablé sobre mi vida y sobre lo que había pasado en detención hasta ese momento. Ahora, hago esta nueva declaración para contar hechos que ocurrieron después de eso, cuando me enfermé mucho y fui puesto en cuarentena. Hago esta declaración porque mi salud sigue estando en riesgo mientras continúo detenido, y porque creo que mi situación necesita ser revisada.
3. Sigo detenido en Mesa Verde, en California. Estoy detenido desde el 6 de agosto de 2025. Mi proceso de habeas corpus aún no ha sido decidido. El Tribunal negó mi solicitud urgente anterior, y mi solicitud de medida cautelar aún no ha sido decidida. Por eso, mi detención sigue haciéndose cada vez más larga, sin una fecha cierta para terminar. Cada día más que permanezco detenido empeora mi salud física y mi salud mental.
4. Alrededor de finales de abril de 2026, comencé a sentirme muy enfermo. No recuerdo la fecha exacta. Durante aproximadamente tres días, tuve síntomas fuertes como dolores de cabeza, mareos, debilidad, sangrados nasales, dolor en el pecho y fiebre. Más tarde, también me aparecieron manchas o una erupción en la piel por todo el cuerpo.
5. Las manchas estaban por todas partes: en la cara, la cabeza, los brazos y todo el pecho y la espalda. Eran como pequeñas protuberancias que luego se convertían en costras. Era muy incómodo y me sentía avergonzado y asustado porque no entendía qué me estaba pasando.
6. Aunque estaba muy enfermo, no recibí atención médica de inmediato. Solo informé a los oficiales sobre mi situación después de haber estado sufriendo durante unos tres días. Fue únicamente después de eso que me llevaron al área médica.
7. Cuando finalmente tuve una consulta médica, me realizaron un análisis de sangre. No sé qué estaban buscando con esa prueba. Nadie me explicó los resultados de una manera que pudiera entender. En todas mis citas médicas necesité un intérprete para comprender lo que me decían, y a veces las explicaciones eran muy breves o incompletas.
8. Después de la consulta médica, me pusieron en cuarentena. Permanecí en cuarentena durante aproximadamente nueve o diez días. No recuerdo la fecha exacta en que salí, pero creo que fue un viernes a principios de mayo de 2026.
9. La habitación de cuarentena era muy pequeña, oscura y extremadamente fría. El aire acondicionado permanecía encendido y no tenía suficientes mantas. Solo me dieron una manta delgada. Pasé muchas horas temblando de frío.
10. Mientras estuve en cuarentena, los oficiales con frecuencia no querían abrir la puerta. Decían que mi enfermedad era muy contagiosa. A veces empujaban la comida por debajo de la puerta en lugar de abrirla.
11. Durante la cuarentena, pasé varios días sin recibir suficiente comida. Muchos días no me daban desayuno. Otras veces no recibía comida porque los oficiales decían

que no querían abrir la puerta. Cuando sí me daban comida, siempre era lo mismo y de baja calidad, con frecuencia frijoles. También recuerdo que me sirvieron carne que parecía estar cruda. Además, noté que perdí peso durante ese período. Mi ropa me quedaba más holgada. Creo que esto ocurrió porque no estaba recibiendo suficiente comida durante esos días.

12. Durante la cuarentena, no me permitieron llamar a mi familia. Les pedí a los oficiales muchas veces que me permitieran hacer llamadas telefónicas, pero no lo autorizaron. Me sentí completamente solo y desesperado, especialmente porque estaba enfermo, no sabía qué me estaba ocurriendo y no podía informar a mi familia sobre mi situación.
13. Esto me causó mucha ansiedad porque siempre hablaba con frecuencia con mi hermana. Durante la cuarentena, de repente ya no pude comunicarme con ella. Tenía mucho miedo de que mi familia, especialmente mi hermana, sufriera porque no tenía noticias de mí. Temía que no supieran dónde estaba, si me encontraba bien o qué me estaba ocurriendo mientras permanecía aislado y enfermo.
14. Mi familia solo supo lo que me había sucedido después de que salí de la cuarentena y pude comunicarme con ellos. Hasta ese momento, no sabían que estaba enfermo, que me habían puesto en cuarentena ni por qué había dejado de llamar.
15. Después de que el personal médico evaluó mi enfermedad, me dijeron, o llegué a entender, que tenía varicela. Más tarde supe que me habían realizado análisis de sangre para detectar esa infección y que fui sometido a reglas especiales de aislamiento debido a lo contagiosa que es la enfermedad.
16. También he tenido problemas de visión desde que estoy detenido. El personal médico me dijo que necesitaba ver a un oftalmólogo. Se suponía que debía asistir a esa cita en más de una ocasión, pero nunca ocurrió. Todavía no he sido atendido por un oftalmólogo. Mi visión no ha mejorado y nadie me ha explicado qué problema tengo en los ojos ni qué podría suceder si no recibo la atención que necesito.
17. El tratamiento médico que recibí fue muy limitado. Me dieron pastillas para el dolor, que tomaba tres veces al día. También me dieron un medicamento antiviral que debía tomar dos veces al día. Para las manchas y la picazón en la piel, me dieron una loción que debía aplicar cuatro veces al día. También me dieron un medicamento para la picazón en forma de pastilla, que tomaba tres veces al día. Además, recibí gotas para los ojos que debía aplicarme cuatro veces al día. Más adelante, me dieron sobres para mezclar con agua y beber dos veces al día.
18. También me dijeron que no debía rascarme las manchas porque podrían infectarse si lo hacía. Era muy difícil no rascarme porque la picazón era intensa, especialmente durante la noche.
19. A pesar de todos estos medicamentos, seguí teniendo síntomas que para mí parecían graves, especialmente dolor en el pecho, fiebre, mareos, debilidad y sangrados nasales, y no sentía que estuviera recibiendo la atención adecuada. En un momento, mi fiebre se volvió muy alta. Sentía como si mi cuerpo estuviera ardiendo. Tenía mucho miedo porque nunca me había sentido tan enfermo en toda mi vida.
20. También sentía una presión y tensión en la cabeza y en el cuerpo que nunca antes había experimentado. No conozco los valores exactos, pero cuando las enfermeras me tomaban la presión arterial durante ese período, podía notar por su reacción que algo no estaba bien.

21. El médico no me examinaba siempre. Solo volvió cerca del final de la cuarentena, alrededor del octavo o noveno día, para ver si yo había mejorado.
22. Incluso durante la cuarentena, los agentes interrumpían mi sueño todo el tiempo. Por la noche, hacían verificaciones o registros aproximadamente cada cinco minutos. Por eso, era casi imposible dormir. Eso empeoró mi enfermedad y mi ansiedad.
23. Las condiciones de higiene eran muy malas. Mis sábanas y mi toalla no habían sido cambiadas desde que llegué al centro de detención Mesa Verde. Incluso después de enfermarme y ser puesto en cuarentena, seguí usando las mismas sábanas, la misma toalla y la misma ropa.
24. Después de que salí de la cuarentena, tampoco recibí de inmediato ropa de cama limpia ni una toalla limpia. Salí de la cuarentena un viernes, y mis sábanas y mi toalla solo fueron lavadas varios días después, alrededor del miércoles siguiente.
25. El cuarto de cuarentena tenía inodoro y ducha, pero había una ventana por donde otras personas podían verme bañándome. Eso me hizo sentir humillado e inseguro.
26. Yo no fui la única persona que se enfermó. En el área donde estoy, había al menos cuatro personas con síntomas. También había personas enfermas en otras celdas. Aun así, no todas las personas con síntomas fueron puestas en cuarentena.
27. Mi celda tiene alrededor de 28 personas. Cuando alguien se enferma en un lugar cerrado así, la enfermedad se propaga con facilidad.
28. Después de que salí de la cuarentena, todavía seguí con fuertes dolores de cabeza. Pedí de nuevo que me llevaran al médico, pero no recibí atención. También tuve otro sangrado por la nariz después de la cuarentena. Eso me asustó, porque sentí que me estaba enfermando de nuevo o que nunca había mejorado de verdad.
29. Estoy muy preocupado por mi salud ahora. Todavía tengo dolores de cabeza. Tengo miedo de que los síntomas vuelvan o empeoren. Tampoco confío en que recibiré atención médica a tiempo si me enfermo mucho de nuevo aquí.

Digo que lo que escribí aquí es verdadero, de acuerdo con lo que sé y recuerdo.

Fecha: 24 de mayo de 2026



Luis Ernesto Lliguishusca Loja

Exhibit list

Exhibits:

Pages:

Exhibit 1

Petitioner's Medical Records

1-89

Exhibit 1

L [REDACTED] A L [REDACTED], L [REDACTED] E [REDACTED] # [REDACTED] 9856 Location: ICE - 01-01-C - NA-47U - DOB: [REDACTED]/2006 (19y)

BARUIZ, ALTA GRACE U

TAKE 2 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED

Ibuprofen 200mg Tablet (ADVIL) - KOP	1/29/2026	2/2/2026	1/29/2026
--------------------------------------	-----------	----------	-----------

EVANGELISTA, ERIC C

TAKE 2 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED NURSING PROTOCOL

Ibuprofen 200mg Tablet (ADVIL) - KOP	2/18/2026	2/22/2026	
--------------------------------------	-----------	-----------	--

EVANGELISTA, ERIC C

TAKE 2 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED NURSING PROTOCOL

Ibuprofen 200mg Tablet (ADVIL) - KOP	3/20/2026	3/24/2026	3/20/2026
--------------------------------------	-----------	-----------	-----------

BARUIZ, ALTA GRACE U

TAKE 2 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED NURSING PROTOCOL

Artificial Tears Drops - KOP	3/20/2026	3/29/2026	3/20/2026
------------------------------	-----------	-----------	-----------

BARUIZ, ALTA GRACE U

INSTILL 1 DROP(S) INTO EACH EAR THREE TIMES DAILY AS NEEDED

Ibuprofen 200mg Tablet (ADVIL) - KOP	4/1/2026	4/30/2026	4/1/2026
--------------------------------------	----------	-----------	----------

EVANGELISTA, ERIC C

TAKE 4 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED FOR PAIN. TAKE WITH FOOD

Acyclovir 800mg Tablet (ZOVIRAX)	4/30/2026	5/7/2026	5/7/2026
----------------------------------	-----------	----------	----------

BARUIZ, ALTA GRACE U

TAKE 1 TABLET(S) ORALLY TWICE DAILY

Calamine Pls 1-8% Lot (CALADRYL) - KOP	4/30/2026	5/6/2026	5/2/2026
--	-----------	----------	----------

BARUIZ, ALTA GRACE U

APPLY LOTION TOPICALLY FOUR TIMES DAILY AS NEEDED

Ibuprofen 800mg Tablet (MOTRIN) - KOP	4/30/2026	5/6/2026	5/2/2026
---------------------------------------	-----------	----------	----------

BARUIZ, ALTA GRACE U

TAKE 1 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED

Banophen 25mg Caplet (BENADRYL)	5/1/2026	5/8/2026	5/8/2026
---------------------------------	----------	----------	----------

PUNSALAN, HOMER G

TAKE 1 TABLET(S) ORALLY THREE TIMES DAILY

Acetaminophen 325mg Tab (TYLENOL)	5/3/2026	5/7/2026	5/5/2026
-----------------------------------	----------	----------	----------

BARUIZ, ALTA GRACE U

TAKE 2 TABLET(S) ORALLY TWICE DAILY AS NEEDED

Sqwincher Zero Packet (ELECTROLYTE SOLUTION ORAL)	5/4/2026	5/7/2026	5/7/2026
---	----------	----------	----------

BARUIZ, ALTA GRACE U

DISSOLVE 1 PACKET(S) IN WATER AND DRINK ORALLY TWICE DAILY EACH PACKET IN 750 ML WATER

EHR Clinical Report

Facility: CAVI - MESA VERDE IPC

Created By: ENGLAND, ERICA

Created On: 05/20/2026 9:42:01 AM

L [REDACTED] LOJA, L [REDACTED] E [REDACTED] # [REDACTED] 9856 Location: ICE-01-01-C - NA-47U - DOB: [REDACTED]/2006 (19y)
LOW

Problem List

Problem Description	Start Date	Diagnosed By	Resolved By	Stop Date
ICD-10- (H54.2) - (CHRONIC) - Low vision, both eyes	12/23/2025	DOC- EVANGELISTA, ERIC		
ICD-10- (B35.3) - (ACUTE) - Tinea pedis	12/23/2025	DOC- EVANGELISTA, ERIC		
ICD-10- (Z13.9) - (CHRONIC) - Encounter for screening, unspecified	9/11/2025	U- KAUR, SATVIR		

Lab Result Summary

Service	Provider	Collected Date	Result Date
Varicella-Zoster Ab, IgM	PUNSALAN, H	05/01/2026 17:30P	05/05/2026 16:07P
VZV Real Time PCR	PUNSALAN, H	05/01/2026 17:30P	05/05/2026 10:06A
Varicella-Zoster V Ab, IgG	PUNSALAN, H	05/01/2026 17:30P	05/02/2026 14:06P
WRIST 2V	EVANGELISTA, ERIC	02/19/2026 17:55P	02/20/2026 6:18A
Lipid Panel	EVANGELIS, E	11/26/2025 5:00A	11/28/2025 6:06A
CBC With Differential/Platelet	EVANGELIS, E	11/26/2025 5:00A	11/27/2025 14:06P
Request Problem	BARUIZ, A	11/12/2025 16:30P	11/14/2025 16:07P
CBC With Differential/Platelet	BARUIZ, A	11/12/2025 16:30P	11/14/2025 16:07P
Hemoglobin A1c	BARUIZ, A	11/12/2025 16:30P	11/14/2025 13:07P
RPR	BARUIZ, A	11/12/2025 16:30P	11/14/2025 7:06A
Lipid Panel	BARUIZ, A	11/12/2025 16:30P	11/14/2025 3:06A
Comp. Metabolic Panel (14)	BARUIZ, A	11/12/2025 16:30P	11/14/2025 2:06A
Interpretation:	BARUIZ, A	11/12/2025 16:30P	11/14/2025 2:06A
HAV, HBV, HCV	BARUIZ, A	11/12/2025 16:30P	11/14/2025 2:06A
HIV Ab/p24 Ag with Reflex	BARUIZ, A	11/12/2025 16:30P	11/14/2025 1:06A

Vitals Summary

Vitals Type Desc	Vital Information	Recorded By	Date Taken
BODY TEMPERATURE	97.9 °F	VILLEGAS, ALEXANDREA	5/19/2026 1:35:39 PM
BODY TEMPERATURE	98.4 °F	CRISTOBAL, MANUEL	5/8/2026 9:01:14 AM
BODY TEMPERATURE	98.2 °F	MCKINNEY, DEENA	5/7/2026 10:05:15 PM
BODY TEMPERATURE	98.3 °F	KAUR, SATVIR	5/7/2026 12:53:15 PM
BODY TEMPERATURE	97.8 °F	Pineda, Rica Buena	5/6/2026 9:10:47 PM
BODY TEMPERATURE	98.0 °F	HICKS, STEPHANIE	5/6/2026 8:31:34 AM

EHR Clinical Report

Facility: CAVI - MESA VERDE IPC
Created By: ENGLAND, ERICA
Created On: 05/20/2026 9:42:01 AM

Nursing Assessment Protocol - Upper Respiratory

Facility: MESA VERDE IPC

Subjective

Is the I/D/R being seen by an NP/PA:

☒ No

Chief Complaint:

C/o Headache, watery and itchy eyes and nose bleeds. Per p/d last nose bleed was yesterday " because of headaches" . Denies cough, fever, chills or SOB.

Sick Call:

☒ Routine

Date at onset:

5/18/2026

Time at onset:

NO ANSWER PROVIDED

Activity at onset:

NO ANSWER PROVIDED

Current medications (OTC and Rx):

ARTIFICIAL TEARS DROPS -- [INSTILL 2 DROP(S) INTO EACH EYE FOUR TIMES DAILY AS NEEDED FOR DRY EYES] -- 2026-04-01--2026-06-29

VITAMIN D2 2,000UNIT CAPS -- [TAKE 1 CAPSULE(S) ORALLY ONCE DAILY TAKE WITH FAVORITE MEAL OF THE DAY] -- 2026-05-04--2026-06-02

Allergies:

NO KNOWN DRUG ALLERGY

Precipitating factors:

NO ANSWER PROVIDED

Pain Intensity:

NO ANSWER PROVIDED

Is this a prior treatment for respiratory illness:

☒ No

Cough:

☒ No

History of HTN:

☒ No

History of Stroke:

☒ No

Nursing Assessment Protocol - Upper Respiratory

GEO Group - Nursing Assessment Protocol - Upper Respiratory:
Colds/Flu/Sore Throat/Sinusitis

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/19/2026
13:35:39

History of Heart Disease:

☒ No

Diabetes:

☒ No

Other chronic illness:

☒ No

Objective

Did I/D/R refuse vitals:

☒ No vitals Refused

Vitals

Blood Pressure:

109/67

Pulse Rate:

68

Respiratory Rate:

18

Temperature:

97.9

Weight:

166

O2Sat:

99

Weakness:

☒ No

Chills:

☒ No

Fatigue:

☒ No

Congestion:

☒ No

Diarrhea:

☒ No

Nausea:

☒ No

Vomiting:

☒ No

Recent weight loss:

☒ No

Respiratory rhythm:

Nursing Assessment Protocol - Upper Respiratory

GEO Group - Nursing Assessment Protocol - Upper Respiratory:
Colds/Flu/Sore Throat/Sinusitis

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/19/2026
13:35:39

☒ even

Lung Sounds

Right lung sounds:

☒ Clear

Left lung sounds:

☒ Clear

Retractions/Accessory muscle use:

☒ No

Skin:

☒ Normal(warm/pink/dry)

Skin turgor:

☒ Normal

Eyes

Eyeballs sunken:

☒ No

Eyes red:

☒ No

Eyes Swollen:

☒ No

Eye drainage:

☒ No

Mucosa moist:

☒ No

Nasal mucosa red:

☒ No

Swollen Nasal mucosa:

☒ No

Throat:

☒ normal

Swollen glands:

☒ No

Enlarged tonsils:

☒ No

Pressure over sinuses:

☒ No

Ears

Left Ear:

☒ normal

Nursing Assessment Protocol - Upper Respiratory

GEO Group - Nursing Assessment Protocol - Upper Respiratory:
Colds/Flu/Sore Throat/Sinusitis

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/19/2026
13:35:39

Left tympanic membrane:

☒ normal

Right Ear:

☒ normal

Right tympanic membrane:

☒ normal

Overall appearance:

☒ no acute distress

Are you currently thinking about killing or harming yourself:

☒ No

Assessment

Assessment:

P/D alert and orientated x3, ambulatory with steady gait, equal chest rise and fall, non-labored breathing, skin color normal, speaking in complete sentences with out difficulty

P/D educated to return to medical for new or worsening symptoms

P/D educated on nose bleed first Aid

Plan

Plan:

☒ Encourage to increase oral fluids and bed rest.

☒ Encourage good hygiene by covering your coughs and sneezes, washing or sanitizing your hands often.

☒ Offer Ibuprofen 200 mg, two tabs P.O. TID PRN x 5 days (administer 15 pre-packaged packets as KOP).

☒ May offer Chlorpheniramine maleate 4 mg, 1 tab P.O. BID PRN x 5 days for mild - severe allergy symptoms. (administer 10 pre-packaged packets as KOP)

Are there any additional orders not listed in Plan Section above:

☒ No

Notified Psychiatrist/Mental Health provider or MD/NP/PA for orders:

☒ No

Suicide Alert status according to policy and procedures:

☒ No

Education

Education Provided:

Nursing Assessment Protocol - Upper Respiratory

GEO Group - Nursing Assessment Protocol - Upper Respiratory:
Colds/Flu/Sore Throat/Sinusitis

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/19/2026
13:35:39

- ☒ Encourage additional prevention strategies to protect from infection-physical distancing, place a surgical mask over I/D/R's mouth and nose
- ☒ Instructed to cover mouth when coughing, proper disposal of used tissues and proper hand washing.
- ☒ Instructed to return to medical if symptoms persist or worsen.
- ☒ I/D/R verbalized understanding of above instructions.

Referral

Is the referral needed:

☒ No

Is this an after hours emergency:

☒ No

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
VILLEGAS, ALEXANDREA, RN	05/19/2026 13:35:39

Notes List

Created On	Description	Category Name	Created By
2026-05-20 07:12:27	Added Document(s) to form.	MISC	TRUJILLO, MARIA, MRC

Nursing Assessment Protocol - Upper Respiratory
GEO Group - Nursing Assessment Protocol - Upper Respiratory:
Colds/Flu/Sore Throat/Sinusitis

Patient Name: L [REDACTED], L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED]/2006
Facility: MESA VERDE IPC
Electronically Signed By VILLEGAS, ALEXANDREA on 05/19/2026 13:35:39

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

☒ Other

Current symptoms:

+varicella infx

Is this form being completed by a Nurse:

☒ No

Is this an admission, continuation of observation, or a discharge:

☒ Discharge from Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ N/A

Type of note:

☒ SOAPE

Subjective:

Seen for f/u evaluation. +varicella infx. Denied eruptions of new rashes or lesions, fevers, chill, sore throat, cough, body aches. No acute medical concerns.

Objective:

General: Well nourished. Sitting comfortably. Pleasant. NAD. A&Ox3.

Skin: +multiple papular lesions with central scabbing on face, bilateral UEs, anterior and posterior thorax. No new rashes or vesicles.

Head: NC/AT.

EENT: Anicteric. EOMI. Mucus membranes moist.

Neck: Supple.

Heart: S1/S2. RRR.

Vascular: No pitting edema.

Pulm: No cyanosis. No nasal flaring, accessory muscle use, retractions. Pt speaking in full sentences without difficulty. Non-labored breathing at RA. CTAB. Equal rise and fall of bilateral chest walls.

Abdomen: Soft. NT/ND.

MSK: Normal gait. Moving bilateral UEs and LEs without difficulty.

Neuro: Speech clear. Thought coherent.

Assessment:

Varicella Infx - Improved, lesions have scabbed over, no new lesions

Plan:

1. Medically cleared to return to general population

2. C/w current medication regimen as prescribed

3. RTC PRN

Education:

Notify medical ASAP if new rashes, vesicles, fevers, chills, body aches, sore throat occurs

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By EVANGELISTA, ERIC on 05/08/2026 12:16:34

Does a nurse need to review this note for orders:

☒ Yes

Interpreter:

☒ Yes

Interpreter Name and/or #:

22813 spanish

Save Log

User Name	AuditDateAndTime
EVANGELISTA, ERIC, PAC	05/08/2026 12:16:34

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/13/2026 17:02:06		False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By EVANGELISTA, ERIC on 05/08/2026 12:16:34

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Alteration in skin integrity

☒ Integumentary/Skin Condition

Subjective

Subjective:

0800hrs

Detainee is housed in MOU on 4/30/26 for varicella infection with airborne and contact precautions in place. Denies itching and pain.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 1

Describe Other pain:

Denies any pain at this time

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By CRISTOBAL, MANUEL on 05/08/2026 09:07:14

of 3

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Temperature:

98.4

Respiratory Rate:

18

O2 Sat:

99

Pulse Rate:

74

Blood Pressure:

119/77

Weight:

166

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

☒ No

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By CRISTOBAL, MANUEL on 05/08/2026 09:01:14

Incontinence of urine:

☒ No

Does the I/D/R have a wound:

☒ No

Edema:

☒ No

Does the I/D/R have an IV:

☒ No

Comments:

Multiple crusted lesions noted on face, scalp, head, and torso.

Assessment

Assessment:

Impaired skin integrity r/t (+) varicella infection with multiple lesions

Plan and Education

Plan:

1. Continue MOU housing with airborne and contact precautions
2. Appropriate PPE required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition

Education:

Patient is aware of plan and has verbalized understanding.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
CRISTOBAL, MANUEL, RN	05/08/2026 09:01:14
KAUR, SATVIR, RN	05/07/2026 08:34:59
HICKS, STEPHANIE, RN	05/04/2026 08:03:07

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
EVANGELISTA, ERIC, PAC	05/08/2026 14:23:58	Reviewed	False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By CRISTOBAL, MANUEL on 05/08/2026 09:01:14

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Alteration in skin integrity

Subjective

Subjective:

D/P states he feels much better and his skin no longer itches, denies headache.

Currently housed in Medical for Varicella Infection

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ No

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Temperature:

98.2

Respiratory Rate:

18

O2 Sat:

99

Pulse Rate:

Blood Pressure:

Weight:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED], L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: /2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 05/07/2026 22:05:15

75

128/77

163

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

NO ANSWER PROVIDED

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

NO ANSWER PROVIDED

Foley:

NO ANSWER PROVIDED

Incontinence of urine:

☒ No

Does the I/D/R have a wound:

NO ANSWER PROVIDED

Edema:

NO ANSWER PROVIDED

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] /2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 05/07/2026 22:05:15

Does the I/D/R have an IV:

NO ANSWER PROVIDED

Comments:

NO ANSWER PROVIDED

Assessment

Assessment:

D/P is A/O, lying on his bed watching TV. Ambulatory without assist. Denies pain or discomfort. Vital signs are all WNL. Consuming meals, maintain personal hygiene. Coherent thought process, able to make needs known.

Plan and Education

Plan:

1. Continue MOU housing with airborne and contact precautions
2. Appropriate PPE required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition

Education:

Patient is aware of plan and has verbalized understanding.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
MCKINNEY, DEENA, RN	05/07/2026 22:05:15

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
EVANGELISTA, ERIC, PAC	05/08/2026 14:21:25	Reviewed	False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED], L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED]/2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 05/07/2026 22:05:15

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Alteration in skin integrity

☒ Integumentary/Skin Condition

Subjective

Subjective:

0800hrs

Detainee is housed in MOU on 4/30/26 for varicella infection with airborne and contact precautions in place. Denies itching and pain.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 1

Describe Other pain:

Denies any pain at this time

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED]/2006
Facility: MESA VERDE IPC
Electronically Signed By KAUR, SATVIR on 05/07/2026 12:53:15

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Temperature:

98.3

Respiratory Rate:

18

O2 Sat:

99

Pulse Rate:

65

Blood Pressure:

113/60

Weight:

166

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

☒ No

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED], L [REDACTED], E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By KAUR, SATVIR on 05/07/2026 12:53:15

Incontinence of urine:

☒ No

Does the I/D/R have a wound:

☒ No

Edema:

☒ No

Does the I/D/R have an IV:

☒ No

Comments:

Multiple crusted lesions noted on face, scalp, head, and torso. Some vesicle remaining on the torso and right arm.

Assessment

Assessment:

Impaired skin integrity r/t (+) varicella infection with multiple lesions

Plan and Education

Plan:

1. Continue MOU housing with airborne and contact precautions
2. Appropriate PPE required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition

Education:

Patient is aware of plan and has verbalized understanding.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
KAUR, SATVIR, RN	05/07/2026 12:53:15
KAUR, SATVIR, RN	05/07/2026 08:34:59
HICKS, STEPHANIE, RN	05/04/2026 08:03:07

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/07/2026 13:12:02		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED], L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED]/2006
Facility: MESA VERDE IPC
Electronically Signed By KAUR, SATVIR on 05/07/2026 12:53:15

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

☒ Other

Current symptoms:

varicella infx

Is this form being completed by a Nurse:

☒ No

Is this an admission, continuation of observation, or a discharge:

☒ Continuation of Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ Each shift

Type of note:

☒ SOAPE

Subjective:

Seen for f/u evaluation. +varicella infx, housed in Med Iso 154. Reported doing well. Denied eruptions of new rashes or lesions. Denied fevers, chills, sore throat, body aches, HA. No acute medical concerns.

Objective:

General: Well nourished. Sitting comfortably. Pleasant. NAD. A&Ox3.
Skin: +multiple papular lesions with central scabbing on face, bilateral UEs, anterior and posterior thorax. +pustule on posterior left upper thorax on erythematous base.
Head: NC/AT.
EENT: Anicteric. EOMI. Mucus membranes moist.
Neck: Supple.
Heart: S1/S2. RRR.
Vascular: No pitting edema.
Pulm: No cyanosis. No nasal flaring, accessory muscle use, retractions. Pt speaking in full sentences without difficulty. Non-labored breathing at RA. CTAB. Equal rise and fall of bilateral chest walls.
Abdomen: Soft. NT/ND.
MSK: Normal gait. Moving bilateral UEs and LEs without difficulty.
Neuro: Speech clear. Thought coherent.

Assessment:

+Varicella Infx

Plan:

1. Continue to house pt in Med Iso 154
2. C/w current medication regimen as previously ordered
3. Notify medical staff ASAP if fevers, chills, body aches, HA, N/V occurs
4. Will see pt tomorrow for evaluation

Education:

Notify medical staff ASAP if fevers, chills, body aches, HA, N/V occurs

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By EVANGELISTA, ERIC on 05/07/2026 11:18:00

Does a nurse need to review this note for orders:

☒ Yes

Interpreter:

☒ Yes

Interpreter Name and/or #:

22625 spanish

Save Log

User Name	AuditDateAndTime
EVANGELISTA, ERIC, PAC	05/07/2026 11:18:00

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/13/2026 17:01:44		False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L██████████ L██████, L██████ E██████

Patient Number: █████9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: █████/2006

Facility: MESA VERDE IPC

Electronically Signed By EVANGELISTA, ERIC on 05/07/2026 11:18:00

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Integumentary/Skin Condition

Subjective

Subjective:

Spanish speaking Detainee was housed at MED-ISO- 154 due to (+) Varicella. P/D stated, " I feel much better"

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 4

Describe Other pain:

dull pain

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED], L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By Pineda, Rica Buena on 05/06/2026 21:10:47

Temperature:
97.8

Respiratory Rate:
18

O2 Sat:
98

Pulse Rate:
70

Blood Pressure:
115/75

Weight:
166

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NORMAL

Skin:

☒ Normal

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

clear

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

05/06/2026

Last stool appearance (Color, consistency):

☒ Normal

Self-void:

☒ Yes

Foley:

☒ No

Incontinence of urine:

☒ No

Does the I/D/R have a wound:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED], L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED]/2006

Facility: MESA VERDE IPC

Electronically Signed By Piñeda, Rica Buena on 05/06/2026 21:10:47

☒ Yes

Wound type:

maculo-papular, erythematous, vesicle

Dressing type (describe):

none

Location of wound:

all over the body

Size (in cm):

pinpoint to 1 cm

Drainage (amt./color):

none/dry scabs

Signs of Infection:

☒ No

Hand/Arm strength Equal (If applicable):

☒ Yes

Leg strength Equal (If applicable):

☒ Yes

Pedal pulses Equal (If applicable):

☒ Yes

Edema:

☒ No

Does the I/D/R have an IV:

☒ No

Comments:

P/D is alert and oriented X3. Respiration is even and unlabored. No distress noted. Complaining of mild itchiness and generalized pain. Due routine and prn meds given. P/D tolerated well. Will monitor.

Assessment

Assessment:

Risk for infection due to skin breakdown related to Varicella lesions

Plan and Education

Plan:

1. Continue MOU housing with airborne and contact precautions

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By Pineda, Rica Buena on 05/06/2026 21:10:47

L [REDACTED] L [REDACTED] L [REDACTED] # [REDACTED] 9856 - Alt#:954B766E-7A56-4E15-BD23-9D94EBEF103D - MRN#:5586697
DOB: [REDACTED]/2006 (19y) Location: ICE-01-01-C-NA-47U-LOW

2. Appropriate DME required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition
6. Encourage not to pick or scratch skin lesions to prevent further skin breakdown and infection.

Education:

P/D verbalized understanding of treatment regimen.

Interpreter Needed:

☒ Yes

Interpreter Name and/or #:

DO: Castillo

Save Log

User Name	AuditDateAndTime
Pineda, Rica Buena, RN	05/06/2026 21:10:47

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
EVANGELISTA, ERIC, PAC	05/07/2026 11:48:08	REVIEWED	False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By Pineda, Rica Buena on 05/06/2026 21:10:47

4 of 4

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

☒ Other

Current symptoms:

+varicella infx

Is this form being completed by a Nurse:

☒ No

Is this an admission, continuation of observation, or a discharge:

☒ Continuation of Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ Each shift

Type of note:

☒ SOAPE

Subjective:

Seen for f/u. +varicella infx. Reported doing well. Denied eruption of new rashes/lesions. Denied fevers, chills, SOB, sore throat, body aches. No acute medical concerns.

Objective:

General: Well nourished. Sitting comfortably. Pleasant. NAD. A&Ox3.

Skin: +multiple papular lesions with central scabbing on face, bilateral UEs, anterior and posterior thorax. +multiple pustule lesions on posterior thorax on erythematous base..

Head: NC/AT.

EENT: Anicteric. EOMI. Mucus membranes moist.

Neck: Supple.

Heart: S1/S2. RRR.

Vascular: No pitting edema.

Pulm: No cyanosis. No nasal flaring, accessory muscle use, retractions. Pt speaking in full sentences without difficulty. Non-labored breathing at RA. CTAB. Equal rise and fall of bilateral chest walls.

Abdomen: Soft. NT/ND.

MSK: Normal gait. Moving bilateral UEs and LEs without difficulty.

Neuro: Speech clear. Thought coherent.

Assessment:

Varicella Infx

Plan:

1. Continue to house pt in Med Iso 154
2. C/w current medication regimen as previously ordered
3. Notify medical staff ASAP if fevers, chills, body aches, HA, N/V occurs

Education:

Notify medical staff ASAP if fevers, chills, body aches, HA, N/V occurs

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By EVANGELISTA, ERIC on 05/06/2026 13:47:07

DOB: [REDACTED] 2006 (19y) Location: ICE-01-01-C-NA-47U-LOW

Does a nurse need to review this note for orders:

☒ Yes

Interpreter:

☒ Yes

Interpreter Name and/or #:

22859 spanish

Save Log

User Name	AuditDateAndTime
EVANGELISTA, ERIC, PAC	05/06/2026 13:47:07

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/13/2026 17:01:25		False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By EVANGELISTA, ERIC on 05/06/2026 13:47:07

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Alteration in skin integrity

☒ Integumentary/Skin Condition

Subjective

Subjective:

Patient was admitted to MOU on 5/1/26 for varicella infection with airborne and contact precautions in place. Itching and pain has subsided.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 1

Describe Other pain:

Denies any pain at this time

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By HICKS, STEPHANIE on 05/06/2026 08:31:34

Vital Signs

Temperature:

98.0

Respiratory Rate:

16

O2 Sat:

98

Pulse Rate:

73

Blood Pressure:

108/60

Weight:

166

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

☒ No

Incontinence of urine:

☒ No

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED], L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By HICKS, STEPHANIE on 05/06/2026 08:31:34

Does the I/D/R have a wound:

☒ No

Edema:

☒ No

Does the I/D/R have an IV:

☒ No

Comments:

Multiple scab-forming lesions are present on the face, scalp, head, and torso, with a few improved pustules remaining on the torso and right arm.

Assessment

Assessment:

Impaired skin integrity r/t (+) varicella infection with multiple lesions

Plan and Education

Plan:

1. Continue MOU housing with airborne and contact precautions
2. Appropriate PPE required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition

Education:

Patient is aware of plan and has verbalized understanding.

Interpreter Needed:

☒ Yes

Interpreter Name and/or #:

Guzman, LVN

Save Log

User Name	AuditDateAndTime
KAUR, SATVIR, RN	05/07/2026 08:34:59
HICKS, STEPHANIE, RN	05/06/2026 08:31:34
HICKS, STEPHANIE, RN	05/04/2026 08:03:07

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
EVANGELISTA, ERIC, PAC	05/06/2026 12:11:20	Reviewed	False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By HICKS, STEPHANIE on 05/06/2026 08:31:34

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

NO ANSWER PROVIDED

Subjective

Subjective:

"I'm Okay"

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ No

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Temperature:

97.3

Respiratory Rate:

17

O2 Sat:

99

Pulse Rate:

63

Blood Pressure:

118/67

Weight:

164

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By Pineda, Rica Buena on 05/05/2026 23:03:25

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

normal

Skin:

☒ Normal

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

clear

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

05/05/2026

Last stool appearance (Color, consistency):

☒ Normal

Self-void:

☒ Yes

Foley:

☒ No

Incontinence of urine:

☒ No

Does the I/D/R have a wound:

☒ Yes

Wound type:

maculo-papular, erythematous, vesicle

Dressing type (describe):

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By Pineda, Rica Buena on 05/05/2026 23:03:25

none

Location of wound:

all over the body

Size (in cm):

pinpoint to 1 cm

Drainage (amt./color):

none/dry scabs

Signs of Infection:

☒ No

Hand/Arm strength Equal (If applicable):

☒ Yes

Leg strength Equal (If applicable):

☒ Yes

Pedal pulses Equal (If applicable):

☒ Yes

Edema:

☒ No

Does the I/D/R have an IV:

☒ No

Comments:

Patient is resting quietly, watching TV. Alert and oriented x3. Denies pain at this time. No signs and symptoms of infection noted to skin lesions. No complaints made at this time. Will continue to monitor.

Assessment

Assessment:

Risk for infection due to skin breakdown related to Varicella lesions.

Plan and Education

Plan:

1. Continue MOU housing with airborne and contact precautions
2. Appropriate DME required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition
6. Encourage not to pick or scratch skin lesions to prevent further skin breakdown and infection.

Education:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By Pineda, Rica Buena on 05/05/2026 23:03:25

Detainee verbalized understanding.

Interpreter Needed:

☒ Yes

Interpreter Name and/or #:

DO: Tapia

Save Log

User Name	AuditDateAndTime
Pineda, Rica Buena, RN	05/05/2026 23:03:25

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
EVANGELISTA, ERIC, PAC	05/06/2026 07:44:28	Reviewed	False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By Pineda, Rica Buena on 05/05/2026 23:03:25

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

☒ Other

Current symptoms:

Varicella Infx

Is this form being completed by a Nurse:

☒ No

Is this an admission, continuation of observation, or a discharge:

☒ Continuation of Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ Each shift

Type of note:

☒ SOAPE

Subjective:

Seen for evaluation. +varicella infx. Reported that he is doing well. Denied new rashes or lesions. Denied pain, fevers, chill, sore throat, HA, body aches. No additional medical concerns.

Objective:

General: Well nourished. Sitting comfortably. Pleasant. NAD. A&Ox3.

Skin: +multiple lesions with central scabbing on face, bilateral UEs, anterior and posterior thorax. +multiple vesicular lesions on RUE and posterior thorax.

Head: NC/AT.

EENT: Anicteric. EOMI. Mucus membranes moist.

Neck: Supple.

Heart: S1/S2. RRR.

Vascular: No pitting edema.

Pulm: No cyanosis. No nasal flaring, accessory muscle use, retractions. Pt speaking in full sentences without difficulty. Non-labored breathing at RA. CTAB. Equal rise and fall of bilateral chest walls.

Abdomen: Soft. NT/ND. No CVATB.

MSK: Normal gait. Moving bilateral UEs and LEs without difficulty.

Neuro: Speech clear. Thought coherent.

Assessment:

Varicella Inx

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By EVANGELISTA, ERIC on 05/05/2026 16:44:24

DOB: 2006 (19y) Location: ICE-01-01-C-NA-47U-LOW

Plan:

1. Continue to house pt in Med Iso 154
2. C/w current medication regimen as previously ordered
3. Notify medical staff ASAP if fevers, chills, body aches, HA, N/V occurs

Education:

Notify medical staff ASAP if fevers, chills, body aches, HA, N/V occurs

Does a nurse need to review this note for orders:

☒ Yes

Interpreter:

☒ Yes

Interpreter Name and/or #:

22862 spanish

Save Log

User Name	AuditDateAndTime
EVANGELISTA, ERIC, PAC	05/05/2026 16:44:24

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/13/2026 17:01:34		False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L E

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By EVANGELISTA, ERIC on 05/05/2026 16:44:24

2 of 2

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Alteration in skin integrity

☒ Integumentary/Skin Condition

Subjective

Subjective:

Patient was admitted to MOU on 5/1/26 for varicella infection with airborne and contact precautions in place. Itching has subsided and pain has subsided.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 1

Describe Other pain:

Denies any pain at this time

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By HICKS, STEPHANIE on 05/05/2026 08:26:57

Vital Signs

Temperature:

98.4

Respiratory Rate:

16

O2 Sat:

99

Pulse Rate:

61

Blood Pressure:

115/70

Weight:

166

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

☒ No

Incontinence of urine:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By HICKS, STEPHANIE on 05/05/2026 08:26:57

☒ No

Does the I/D/R have a wound:

☒ No

Edema:

☒ No

Does the I/D/R have an IV:

☒ No

Comments:

Multiple scab-forming lesions are present on the face, scalp, head, and torso, with improved pustules remaining on the torso.

Assessment

Assessment:

Impaired skin integrity r/t (+) varicella infection with multiple lesions

Plan and Education

Plan:

1. Continue MOU housing with airborne and contact precautions
2. Appropriate PPE required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition

Education:

Patient is aware of plan and has verbalized understanding.

Interpreter Needed:

☒ Yes

Interpreter Name and/or #:

Guzman, LVN

Save Log

User Name	AuditDateAndTime
KAUR, SATVIR, RN	05/07/2026 08:34:59
HICKS, STEPHANIE, RN	05/05/2026 08:26:57
HICKS, STEPHANIE, RN	05/04/2026 08:03:07

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
EVANGELISTA, ERIC, PAC	05/05/2026 13:55:12	Reviewed	False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By HICKS, STEPHANIE on 05/05/2026 08:26:57

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

NO ANSWER PROVIDED

Subjective

Subjective:

"I feel okay, I just have a little bit of headache"

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 2

Describe Other pain:

headache

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By Pineda, Rica Buena on 05/04/2026 21:57:59

Temperature:

98.6

Respiratory Rate:

18

O2 Sat:

99

Pulse Rate:

70

Blood Pressure:

127/80

Weight:

166

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

normal

Skin:

☒ Normal

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

clear

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

05/04/2026

Last stool appearance (Color, consistency):

☒ Normal

Self-void:

☒ Yes

Foley:

☒ No

Incontinence of urine:

☒ No

Does the I/D/R have a wound:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By Pineda, Rica Buena on 05/04/2026 21:57:59

☒ Yes

Wound type:

lesions/vesicles/pustules

Dressing type (describe):

none

Location of wound:

face and torso

Size (in cm):

pinpoint/ 1/2 to 1cm

Drainage (amt./color):

no drainage noted at this time

Signs of Infection:

☒ No

Hand/Arm strength Equal (If applicable):

☒ Yes

Leg strength Equal (If applicable):

☒ Yes

Pedal pulses Equal (If applicable):

☒ Yes

Edema:

☒ No

Does the I/D/R have an IV:

☒ No

Comments:

P/D is alert, oriented X3. Respiration is even and unlabored. With scab forming lesions/ vesicles to the face and torso. No signs and symptoms of infection noted. Will continue to monitor.

Assessment

Assessment:

Risk for infection due to skin breakdown related to varicella

Plan and Education

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By Pineda, Rica Buena on 05/04/2026 21:57:59

Plan:

1. Continue MOU housing with airborne and contact precautions
2. Appropriate DME required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition

Education:

Verbalized understanding.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
Pineda, Rica Buena, RN	05/04/2026 21:57:59

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
EVANGELISTA, ERIC, PAC	05/05/2026 13:55:48	Reviewed	False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By Pineda, Rica Buena on 05/04/2026 21:57:59

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

NO ANSWER PROVIDED

Is this form being completed by a Nurse:

☒ No

Is this an admission, continuation of observation, or a discharge:

☒ Continuation of Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ Each shift

Type of note:

☒ SOAPE

Subjective:

Patient had fever and headache over the weekend but stated that he feels much better today. Denies headache, cough, coryza. Appetite good.

Objective:

Seen in full PPE, not in acute distress

HEENT: PERRLA. anicteric sclerae, no nasooral discharge, no TPC, no glossitis

Neck: supple, no LAD

C/L: CTAB

CVS: RRR, no M/R/G

ABD: soft, non tender, NABS

EXT: no edema

Skin: generalized, multiple, discrete rash all over the body on the trunk and extremities, some are umbilicated, some tiny lesions that showed drying. Some lesions especially on the upper extremities and trunk are still with fluid and have not crusted.

CNS: alert and oriented x 4. grossly intact

Assessment:

1. Varicella infection lesions have not completely crusted at this time. No complication identified at this time. Continue respiratory/contact isolation.

Plan:

1. Continue housing in MOU with airborne and contact precautions until all lesions have crusted.

2. SQWINCHER ZERO PACKET (ELECTROLYTE SOLUTION ORAL) -- [DISSOLVE 1 PACKET(S) IN WATER AND DRINK ORALLY TWICE DAILY EACH PACKET IN 750 ML WATER] - (5/4/2026 - 5/7/2026)

3. VITAMIN D2 2,000UNIT CAPS (ERGOCALCIFEROL) -- [TAKE 1 CAPSULE(S) ORALLY ONCE DAILY TAKE WITH FAVORITE MEAL OF THE DAY] - (5/4/2026 - 6/2/2026)

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By BARUIZ, ALTAGRACE on 05/04/2026 18:59:56

Education:

1. Discussed plans as above.
2. Patient instructed to report new symptoms of cough, headache, recurrence of fever.

Does a nurse need to review this note for orders:

☒ Yes

Interpreter:

☒ Yes

Interpreter Name and/or #:

22766 Spanish

Save Log

User Name	AuditDateAndTime
BARUIZ, ALTAGRACE, MD	05/04/2026 18:59:56

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/04/2026 18:59:56	Form Processed Approval	False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L: [REDACTED] L: [REDACTED], L: [REDACTED] E: [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By BARUIZ, ALTAGRACE on 05/04/2026 18:59:56

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Alteration in skin integrity

☒ Integumentary/Skin Condition

Subjective

Subjective:

Patient was admitted to MOU on 5/1/26 for varicella infection with airborne and contact precautions in place. Itching has subsided, however patient c/o 6/10 HA.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 6

Describe Other pain:

HA

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By HICKS, STEPHANIE on 05/04/2026 08:13:56

Vital Signs

Temperature:

97.7

Respiratory Rate:

16

O2 Sat:

98

Pulse Rate:

70

Blood Pressure:

111/67

Weight:

166

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

☒ No

Incontinence of urine:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By HICKS, STEPHANIE on 05/04/2026 08:13:56

☒ No

Does the I/D/R have a wound:

☒ No

Edema:

☒ No

Does the I/D/R have an IV:

☒ No

Comments:

Multiple scab-forming lesions are present on the face, scalp, head, and torso, with only a few pustules remaining on the torso.

Assessment

Assessment:

Impaired skin integrity r/t (+) varicella infection

Plan and Education

Plan:

1. Continue MOU housing with airborne and contact precautions
2. Appropriate DME required with physical encounters
3. Continue medications regimen
4. Encourage fluid intake
5. Report any changes in current condition

Education:

Patient is aware of plan and has verbalized understanding.

Interpreter Needed:

☒ Yes

Interpreter Name and/or #:

Guzman, LVN

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By HICKS, STEPHANIE on 05/04/2026 08:13:56

Save Log

User Name	AuditDateAndTime
KAUR, SATVIR, RN	05/07/2026 08:34:59
HICKS, STEPHANIE, RN	05/04/2026 08:13:56
HICKS, STEPHANIE, RN	05/04/2026 08:03:07

Notes List

Created On	Description	Category Name	Created By
2026-05-05 08:28:40	Data entry error; correction to plan: 2. Appropriate PPD required with physical encounters	ADDENDUM	HICKS, STEPHANIE, RN

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 12:47:28		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By HICKS, STEPHANIE on 05/04/2026 08:13:56

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Integumentary/Skin Condition

Subjective

Subjective:

D/P states he is having head pain 5/10, he is eating better and was able to shower today. States that his skin is itchy.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 5

Describe Other pain:

Dull, achy head pain

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 05/03/2026 20:32:26

Temperature:

98.1

Respiratory Rate:

18

O2 Sat:

98

Pulse Rate:

98

Blood Pressure:

153/77

Weight:

163

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

NO ANSWER PROVIDED

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

NO ANSWER PROVIDED

Incontinence of urine:

NO ANSWER PROVIDED

Does the I/D/R have a wound:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L L E

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: /2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 05/03/2026 20:32:28

NO ANSWER PROVIDED

Edema:

☒ No

Does the I/D/R have an IV:

NO ANSWER PROVIDED

Comments:

D/P A/O, ambulatory, sitting on his bunk watching movies. Steady gait

Assessment

Assessment:

D/P A/O, ambulatory, sitting on his bunk watching movies. Steady gait, coherent thought process,

Plan and Education

Plan:

DNC will remain in Medical Isolation until virus is no longer communicable.
Initiate Airborne and Contact precautions.
Gown, gloves and N95 mask to be worn by all who enter isolation room.
Medications as ordered.
Encourage fluid intake

Education:

Encouraged to apply and reapply Calamine lotion.
Notify medical and/or security for sudden dizziness, Intense headache, confusion, cough, vomiting or stiff neck.
Avoid scratching affected areas.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
MCKINNEY, DEENA, RN	05/03/2026 20:32:28

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:18:54		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 05/03/2026 20:32:28

3 of 3

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

☒ Other

Current symptoms:

Currently housed in Med Iso for varicella infection, in airborne and contact precaution. Reports mild itching and headache

Is this form being completed by a Nurse:

☒ Yes

Is this a verbal or telephone order from the provider:

☒ Yes

Is this a telephone round:

☒ Yes

Name of provider contacted:

H. Punsalan, NP

Time provider contacted:

08:00

Is this an admission, continuation of observation, or a discharge:

☒ Continuation of Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ Each shift

Type of note:

☒ Admin

Admin Notes:

Continue current medications and plan of care.

Interpreter:

☒ No

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/03/2026 13:41:52

L [REDACTED] L [REDACTED] L [REDACTED] # [REDACTED] 9856 - Alt#: 954B766E-7AB6-4E15-BD23-9D99EBEF103D - MRN#: 5586697
DOB: [REDACTED] 2006 (19y) Location: ICE-01-01-C-NA-47U-LOW

Save Log

User Name	AuditDateAndTime
VILLEGAS, ALEXANDREA, RN	05/03/2026 13:41:52

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:19:38		False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary
Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By VILLEGAS, ALEXANDREA on 05/03/2026 13:41:52

Nursing Assessment Protocol - Headache

Facility: MESA VERDE IPC

Subjective

Is the I/D/R being seen by an NP/PA:

☒ No

Chief Complaint (acute symptoms):

C/o Headache pain level 8/10 to occipital region . Currently housed in medical for varicella infection . Denies dizziness, change of vision, or nausea, vomiting.

Allergies:

NO KNOWN DRUG ALLERGY

Sick Call:

☒ Routine

Time of onset:

07500

Activity at onset:

getting out of bed

Duration:

NO ANSWER PROVIDED

Pain location:

☒ Occipital

Pain intensity:

☒ 8

One Sided or Equal:

one sided

Sun/heat exposure:

NO ANSWER PROVIDED

Character:

☒ sharp

History:

NO ANSWER PROVIDED

Current medications (OTC &RX)

ACYCLOVIR 800MG TABLET -- [TAKE 1 TABLET(S) ORALLY TWICE DAILY] -- 2026-04-30--2026-05-07

ARTIFICIAL TEARS DROPS -- [INSTILL 2 DROP(S) INTO EACH EYE FOUR TIMES DAILY AS NEEDED FOR DRY EYES] -- 2026-04-01--2026-06-29

BANOPHEN 25MG CAPLET -- [TAKE 1 TABLET(S) ORALLY THREE TIMES DAILY] -- 2026-05-01--2026-05-08

CALAMINE PLS 1-8% LOT -- [APPLY LOTION TOPICALLY FOUR TIMES DAILY AS NEEDED] -- 2026-04-30--2026-05-06

Nursing Assessment Protocol - Headache

GeoGroup - Nursing Assessment Protocol - Headache

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/03/2026
08:36:28

IBUPROFEN 800MG TABLET -- [TAKE 1 TABLET(S) ORALLY THREE TIMES DAILY AS NEEDED] -- 2026-04-30--2026-05-06

Any relief from meds:

NO ANSWER PROVIDED

Associated symptoms:

☒ chills

Change in vision:

☒ No

Recent head injury:

☒ No

Visual acuity:

OD

NO ANSWER PROVIDED

OS

NO ANSWER PROVIDED

OU

NO ANSWER PROVIDED

Numbness:

☒ No

Tingling:

☒ No

Loss of consciousness:

☒ No

Dizziness:

☒ No

Objective

Did I/D/R refuse vitals:

☒ No vitals Refused

Vitals

Blood Pressure:

115/71

Pulse Rate:

100

Respiratory Rate

17

Temperature:

98.1

Weight:

162

O2 Sat:

98

Respiratory rhythm:

Equal chest rise and fall, non-labored

Heart sounds:

NO ANSWER PROVIDED

Nursing Assessment Protocol - Headache

GeoGroup - Nursing Assessment Protocol - Headache

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/03/2026
08:36:28

Mental status/orientation:

Alert and orientated x 3

Are you currently thinking about killing or harming yourself:

☒ No

Right pupil:

Size (mm):

3

Shape:

☒ Round

Reactivity:

☒ rapid

Left pupil:

Size (mm):

3

Shape:

☒ Round

Reactivity:

☒ rapid

Gait:

☒ steady

Diabetic:

☒ No

Hands grips:

NO ANSWER PROVIDED

Pedal pulses:

NO ANSWER PROVIDED

Skin:

☒ Normal

Able to touch chin-to-chest with mouth closed:

☒ Yes

Evidence of trauma:

NO ANSWER PROVIDED

Assessment

Assessment:

Alteration in comfort due to headache

Alert and oriented x 3. Breathing even and unlabored on room air. Calm and cooperative. Sitting comfortably and ambulating with a normal gait. Speaking in full sentences and demonstrates a coherent thought process. No acute distress was noted. Maculo-papular rashes on torso, face, scalp, head.

Plan

Plan:

☒ 5. Offer Acetaminophen 325 mg, two tabs P.O. BID PRN x 5 days (administer 10 pre-packaged packets as KOP)

Passes issued:

NO ANSWER PROVIDED

Are there any additional orders not listed in Plan Section above:

☒ No

Notified Psychiatrist/Mental Health provider or MD/NP/PA for orders:

☒ No

Suicide Alert status according to policy and procedures:

☒ No

Education

Education provided:

☒ Instructed on factors that trigger headaches and on stress reduction techniques.

☒ I/D/R verbalized understanding of above instructions.

Referral

Is the referral needed:

☒ No

Is this an after hours emergency:

☒ No

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
VILLEGAS, ALEXANDREA, RN	05/03/2026 08:36:28

Nursing Assessment Protocol - Headache

GeoGroup - Nursing Assessment Protocol - Headache

Patient Name: [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By VILLEGAS, ALEXANDREA on 05/03/2026 08:36:28

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Alteration in skin integrity

☒ Integumentary/Skin Condition

Subjective

Subjective:

Detainee seen for nursing rounds and assessment while admitted to MOU for varicella infection. Detainee c/o Headache 8/10 , chills, and generalized itching.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ No

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Temperature:

98.1

Respiratory Rate:

17

O2 Sat:

98

Pulse Rate:

Blood Pressure:

Weight:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/03/2026 08:28:11

100

115/71

162

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

☒ No

Incontinence of urine:

☒ No

Does the I/D/R have a wound:

☒ No

Edema:

☒ No

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By VILLEGAS, ALEXANDREA on 05/03/2026 08:28:11

Does the I/D/R have an IV:

☒ No

Comments:

NO ANSWER PROVIDED

Assessment

Assessment:

Alert and oriented x 3. Breathing even and unlabored on room air. Calm and cooperative. Sitting comfortably and ambulating with a normal gait. Speaking in full sentences and demonstrates a coherent thought process. No acute distress was noted. Maculo-papular rashes on torso, face, scalp, head,

Plan and Education

Plan:

DNC will remain in Medical Isolation until virus is no longer communicable.
Initiate Airborne and Contact precautions.
Gown, gloves and N95 mask to be worn by all who enter isolation room.
Medications as ordered.
Encourage fluid intake

Education:

Notify medical and/or security for sudden dizziness, Intense headache, confusion, cough, vomiting or stiff neck.
Avoid scratching affected areas.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
VILLEGAS, ALEXANDREA, RN	05/03/2026 08:28:11

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:19:28		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IRC
Electronically Signed By: VILLEGAS, ALEXANDREA on 05/03/2026 08:28:11

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Integumentary/Skin Condition

Subjective

Subjective:

D/P Varicella Zoster +

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 5

Describe Other pain:

Dull, achy head pain

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 05/02/2026 20:38:14

Temperature:
98.4

Respiratory Rate:
16

O2 Sat:
99

Pulse Rate:
100

Blood Pressure:
130/84

Weight:
162

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

NO ANSWER PROVIDED

Abdomen- Normal:

NO ANSWER PROVIDED

Bowel sounds:

NO ANSWER PROVIDED

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

NO ANSWER PROVIDED

Foley:

NO ANSWER PROVIDED

Incontinence of urine:

NO ANSWER PROVIDED

Does the I/D/R have a wound:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 05/02/2026 20:38:14

NO ANSWER PROVIDED

Edema:

NO ANSWER PROVIDED

Does the I/D/R have an IV:

NO ANSWER PROVIDED

Comments:

NO ANSWER PROVIDED

Assessment

Assessment:

, Seen at 1953 for assessment and medication administration. At this time D/P received Motrin 800mg po x 1 for headache pain. A/O, ambulatory, Head pain of 5/10. D/P showered and applied Calamine lotion to his skin. Lesions are scattered, red and are beginning to crust. V/S all WNL. Amount of meal consumed increased to approximately 50%

Plan and Education

Plan:

DNC will remain in Medical Isolation until virus is no longer communicable.
Initiate Airborne and Contact precautions.
Gown, gloves and N95 mask to be worn by all who enter isolation room.
Medications as ordered.
Encourage fluid intake

Education:

Notify medical and/or security for sudden dizziness, intense headache, confusion, cough, vomiting or stiff neck.
Gown, gloves and mask to be worn by DNC when transferring to the yard.
Avoid scratching affected areas.

Interpreter Needed:

☒ Yes

Interpreter Name and/or #:

Officer Valdez

Save Log

User Name	AuditDateAndTime
MCKINNEY, DEENA, RN	05/02/2026 20:38:14

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:23:31		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L L E
Patient Number: 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: 2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 05/02/2026 20:38:14

3 of 3

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

☒ Other

Current symptoms:

Currently housed in Med Iso for varicella infection, in airborne and contact precaution. Reports mild itching and rash on torso, head, scalp, face.

Is this form being completed by a Nurse:

☒ Yes

Is this a verbal or telephone order from the provider:

☒ Yes

Is this a telephone round:

☒ Yes

Name of provider contacted:

H. Punsalan, NP

Time provider contacted:

06:50

Is this an admission, continuation of observation, or a discharge:

☒ Continuation of Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ Each shift

Type of note:

☒ Admin

Admin Notes:

Continue current medications and plan of care.

Interpreter:

☒ Yes

Interpreter Name and/or #:

LVN Y. Beltran

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By KAUR, SATVIR on 05/02/2026 09:04:39

DOB: 2006 (19y) Location: ICE-01-01-C-NA-47U-LOW

Save Log

User Name	AuditDateAndTime
KAUR, SATVIR, RN	05/02/2026 09:04:39

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:21:48		False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L L E

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By KAUR, SATVIR on 05/02/2026 09:04:39

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Integumentary/Skin Condition

Subjective

Subjective:

P/D stated, I am good, it's itchy"

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ No

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Temperature:

98.2

Respiratory Rate:

18

O2 Sat:

99

Pulse Rate:

90

Blood Pressure:

120/73

Weight:

165

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By CRISTOBAL, MANUEL on 05/02/2026 08:12:17

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

NO ANSWER PROVIDED

Abdomen- Normal:

☒ Yes

Bowel sounds:

NO ANSWER PROVIDED

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

NO ANSWER PROVIDED

Incontinence of urine:

NO ANSWER PROVIDED

Does the I/D/R have a wound:

NO ANSWER PROVIDED

Edema:

NO ANSWER PROVIDED

Does the I/D/R have an IV:

NO ANSWER PROVIDED

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By CRISTOBAL, MANUEL on 05/02/2026 08:12:17

Comments:

NO ANSWER PROVIDED

Assessment

Assessment:

Scattered maculopapular rash to face, torso, back UE/LE, Positive for Varicella Zoster viral infection.

Plan and Education

Plan:

DNC will remain in Medical Isolation until virus is no longer communicable.

Initiate Airborne and Contact precautions.

Gown, gloves and N95 mask to be worn by all who enter isolation room.

Medications as ordered.

Encourage fluid intake

Education:

Notify medical and/or security for sudden dizziness, Intense headache, confusion, cough, vomiting or stiff neck.

Gown, gloves and mask to be worn by DNC when transferring to the yard.

Avoid scratching affected areas.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
CRISTOBAL, MANUEL, RN	05/02/2026 08:12:17

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:24:08		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By CRISTOBAL, MANUEL on 05/02/2026 08:12:17

SOAPE/Administrative Note

Facility: MESA VERDE IPC

Encounter Type:

☒ Face to Face

Person Completing Note:

☒ Nurse

Allergies:

NO KNOWN DRUG ALLERGY

Type of Note:

☒ Administrative

Administrative Note

Administrative Note:

Temp at 0515 was 101.3. Gave Motrin 800mg po x 1 as PRN

I/D/R BMI:

Metric BMI

31.51

Schedule follow-up with:

☒ Follow-up as needed in Medical via Sick Call for any future problems

Is this note being completed for a hunger strike (Only complete if you are a Nurse, Mid-level (not behavioral health) and/or HSA/DON):

☒ No

Are there any orders that require Provider signoff:

☒ No

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
MCKINNEY, DEENA, RN	05/02/2026 05:31:28

SOAPE/Administrative Note

SOAPE and Administrative note for Medical Providers or Nurses

Patient Name: L [REDACTED] L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 05/02/2026 05:31:28

SOAPE/Administrative Note

Facility: MESA VERDE IPC

Encounter Type:

☒ Face to Face

Person Completing Note:

☒ Nurse

Allergies:

NO KNOWN DRUG ALLERGY

Type of Note:

☒ Administrative

Administrative Note

Administrative Note:

Temperature recheck at 21:30 has decreased from 103.6 to 101.6. HA 3/10.

I/D/R BMI:

Metric BMI

31.51

Schedule follow-up with:

☒ Follow-up as needed in Medical via Sick Call for any future problems

Is this note being completed for a hunger strike (Only complete if you are a Nurse, Mid-level (not behavioral health) and/or HSA/DON):

☒ No

Are there any orders that require Provider signoff:

☒ No

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
MCKINNEY, DEENA, RN	05/01/2026 21:39:40

SOAPE/Administrative Note

SOAPE and Administrative note for Medical Providers or Nurses

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 05/01/2026 21:39:40

Verbal Order

Facility: MESA VERDE IPC

Medication Order(s) as reported by patient:

NO ANSWER PROVIDED

Orders Received from Provider:

- Tylenol 650 mg PO x 1 now.
- Initiated cooling measures.
- Recheck temperature to ensure it is decreasing.
- Continue to monitor.

Orders read back and verified x 2:

☒ Yes

Follow-up needed:

☒ Follow-up as needed

Save Log

User Name	AuditDateAndTime
MCKINNEY, DEENA, RN	05/01/2026 21:07:12

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:20:57		False

Verbal Order

For Nurse use in documenting telephone orders received from providers

Patient Name: L [REDACTED] L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 05/01/2026 21:07:12

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Integumentary/Skin Condition

Subjective

Subjective:

DNC is requesting cream for his rash that has been order but hasnt arrived to the faciltiy yet. Pt states he has a headache of 7/10.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ Yes

Pain scale

☒ 7

Describe Other pain:

Head, aching, dull pain

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 05/01/2026 21:05:21

Temperature:
103.6

Respiratory Rate:
18

O2 Sat:
99

Pulse Rate:
100

Blood Pressure:
136/88

Weight:
161

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

hot

Skin:

☒ Flushed

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

clear

Oxygen use:

☒ No

Abdomen- Normal:

☒ Yes

Bowel sounds:

NO ANSWER PROVIDED

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

NO ANSWER PROVIDED

Incontinence of urine:

NO ANSWER PROVIDED

Does the I/D/R have a wound:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L E

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 05/01/2026 21:05:21

NO ANSWER PROVIDED

Edema:

☒ Yes

Does the I/D/R have an IV:

☒ No

Comments:

Phoned NP Punsalan regarding elevated temperature of 103.6 at 20:23. Tylenol 650 mg x 1 PO now was given in addition to PRN Motrin 800mg. Cooling measures were initiated. Pt. was instructed to keep ice packs in his armpits with a layer of cloth between skin and ice pack. Oral temperature confirmed 103.6 temperature. Instructed to monitor temperature to ensure it decreases. will recheck in 1 hour. Pt has received PRN Benadryl and Acyclovir 800 mg during this assessment.

Assessment

Assessment:

D/P is visibly shaking, face is flushed. C/O headache of 7/10. A/O ambulates to bathroom and door. States he is consuming fluids. Consuming approximately 25% of his meals. Temperature of 103.6.

Scattered maculopapular rash to face, torso, back UE/LE, Positive for Varicella Zoster viral infection.

Plan and Education

Plan:

DNC will remain in Medical Isolation until virus is no longer communicable.
Initiate Airborne and Contact precautions.
Gown, gloves and N95 mask to be worn by all who enter isolation room.
Medications as ordered.
Encourage fluid intake

Education:

Notify medical and/or security for sudden dizziness, Intense headache, confusion, cough, vomiting or stiff neck.
Gown, gloves and mask to be worn by DNC when transferring to the yard.
Avoid scratching affected areas.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
MCKINNEY, DEENA, RN	05/01/2026 21:05:21

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:22:48		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED]
Patient Number: [REDACTED] 856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 05/01/2026 21:05:21

SOAPE/Administrative Note

Facility: MESA VERDE IPC

Encounter Type:

☒ Face to Face

Person Completing Note:

☒ Nurse

Allergies:

NO KNOWN DRUG ALLERGY

Type of Note:

☒ Administrative

Administrative Note

Administrative Note:

S/O: Blood draw collected for VZV Real Time PCR, Varicella-Zoster Ab, IgM, and Varicella -Zoster IgG

A/P: after obtained verbal consent; blood draw collected via 23 gauze butterfly right AC by RN Cristobal. Detainee tolerated well. Detainee educated to contact medical if he has any questions or concerns. Detainee verbalized understanding.

I/D/R BMI:

Metric BMI

32.29

Schedule follow-up with:

☒ Follow-up as needed in Medical via Sick Call for any future problems

Is this note being completed for a hunger strike (Only complete if you are a Nurse, Mid-level (not behavioral health) and/or HSA/DON):

☒ No

Are there any orders that require Provider signoff:

☒ Yes

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
KAUR, SATVIR, RN	05/01/2026 15:22:11

SOAPE/Administrative Note

SOAPE and Administrative note for Medical Providers or Nurses

Patient Name: L L E

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By KAUR, SATVIR on 05/01/2026 15:22:11

L [REDACTED] L [REDACTED] L [REDACTED] E [REDACTED] # [REDACTED] 856 - Alt#: 954B766E-7AB6-4E12-BD23-9D94EBEF103D - MRN#: 5586697
DOB: [REDACTED] 2006 (19y) Location: ICE-01-01-C-NA-47U-LOW

Verbal Order

Facility: MESA VERDE IPC

Medication Order(s) as reported by patient:

NO ANSWER PROVIDED

Orders Received from Provider:

VZV Real Time PCR

VARICELLA-ZOSTER AB, IGM

Orders read back and verified x 2:

☒ Yes

Follow-up needed:

☒ Follow-up as needed

Save Log

User Name	AuditDateAndTime
KAUR, SATVIR, RN	05/01/2026 15:19:08

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
PUNSALAN, HOMER, NP	05/01/2026 16:04:03		False

Verbal Order

For Nurse use in documenting telephone orders received from providers

Patient Name: L [REDACTED] L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By KAUR, SATVIR on 05/01/2026 15:19:08

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

☒ Other

Current symptoms:

Currently housed in Med Iso for varicella infection, in airborne and contact precaution. Reports itching and increased rash on torso, head, scalp, face.

Is this form being completed by a Nurse:

☒ No

Is this an admission, continuation of observation, or a discharge:

☒ Continuation of Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ Each shift

Type of note:

☒ SOAPE

Subjective:

C/o increased itching and increased rashes on torso, face, scalp, head.

Objective:

Gen: alert and oriented, no acute distress

Skin: + widespread, erythematous, maculo-papular rashes on torso, face, scalp, head, with scattered vesicles throughout.

Vital signs table per RN rounds

Assessment:

1. Varicella infection

Plan:

1. Continue current treatment plan.
2. VSV IgG and VZV IgM testing today.
3. Give Benadryl 25 mg PO TID ATC x 7 days.
4. KOP Calamine lotion.

Education:

1. Plan of care discussed with detainee.

Does a nurse need to review this note for orders:

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By PUNSALAN, HOMER on 05/01/2026 14:43:31

☒ Yes

Interpreter:

☒ Yes

Interpreter Name and/or #:

LVN Beltran

Save Log

User Name	AuditDateAndTime
PUNSALAN, HOMER, NP	05/01/2026 14:43:31

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	05/05/2026 13:27:34		False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED]/2006
Facility: MESA VERDE IPC
Electronically Signed By PUNSALAN, HOMER on 05/01/2026 14:43:31

Verbal Order

Facility: MESA VERDE IPC

Medication Order(s) as reported by patient:

NO ANSWER PROVIDED

Orders Received from Provider:

Varicella Zoster Virus (VZV) Antibodies, IgG

Orders read back and verified x 2:

☒ Yes

Follow-up needed:

☒ Follow-up as needed

Save Log

User Name	AuditDateAndTime
CRISTOBAL, MANUEL, RN	05/01/2026 13:44:23

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
PUNSALAN, HOMER, NP	05/01/2026 16:00:55		False

Verbal Order

For Nurse use in documenting telephone orders received from providers

Patient Name: L [REDACTED] L [REDACTED] L [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By CRISTOBAL, MANUEL on 05/01/2026 13:44:23

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Integumentary/Skin Condition

Subjective

Subjective:

P/D stated that he has headache and itching all over the body.

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ No

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Temperature:

98.4

Respiratory Rate:

18

O2 Sat:

99

Pulse Rate:

74

Blood Pressure:

117/65

Weight:

165

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By CRISTOBAL, MANUEL on 05/01/2026 08:32:02

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

NO ANSWER PROVIDED

Abdomen- Normal:

☒ Yes

Bowel sounds:

☒ Normal

Last BM:

4/30/2026

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

☒ No

Incontinence of urine:

☒ No

Does the I/D/R have a wound:

☒ No

Edema:

☒ No

Does the I/D/R have an IV:

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By CRISTOBAL, MANUEL on 05/01/2026 08:32:02

☐ No

Comments:

NO ANSWER PROVIDED

Assessment

Assessment:

Risk for infection

Scattered maculopapular rash to face, torso, back UE/LE, Positive for Varicella Zoster viral infection.

Plan and Education

Plan:

P/D will remain in Medical Isolation until virus is no longer communicable.

Initiate Airborne, droplet and Contact precautions.

Gown, gloves and N95 mask to be worn by all who enter isolation room.

Medications as ordered.

Encourage fluid intake

Education:

Notify medical and/or security for sudden dizziness, Intense headache, confusion, cough, vomiting or stiff neck.

Gown, gloves and mask to be worn by DNC when transferring to the yard.

Avoid scratching affected areas.

Interpreter Needed:

☒ Yes

Interpreter Name and/or #:

Beltran

Save Log

User Name	AuditDateAndTime
CRISTOBAL, MANUEL, RN	05/01/2026 08:32:02

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
PUNSALAN, HOMER, NP	05/01/2026 16:02:31		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By CRISTOBAL, MANUEL on 05/01/2026 08:32:02

Medical Observation Nursing Progress Rounds - HS-142.6

Facility: MESA VERDE IPC

Is I/D/R refusing:

☒ No

Is I/D/R on Hunger Strike:

☒ No

Reason for Medical Observation:

☒ Integumentary/Skin Condition

Subjective

Subjective:

DNC states he is still feeling "OK" denies HA and body aches

Chest pain:

☒ No

Abdominal pain:

☒ No

Other pain:

☒ No

Nausea/vomiting:

☒ No

Cough/SOB:

☒ No

Urinary Symptoms:

☒ No

Observation

Did I/D/R refuse vitals:

☒ No vitals Refused

Vital Signs

Temperature:

98.7

Respiratory Rate:

18

O2 Sat:

99

Pulse Rate:

77

Blood Pressure:

129/87

Weight:

165

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: 2006

Facility: MESA VERDE IPC

Electronically Signed By MCKINNEY, DEENA on 04/30/2026 23:22:32

Alert & Oriented x 3:

☒ Yes

Speech slurred:

☒ No

Skin temperature (Cold, hot, warm, normal):

NO ANSWER PROVIDED

Skin:

NO ANSWER PROVIDED

Heart- Regular Rate and Rhythm:

☒ Yes

Lung sounds (bilaterally):

NO ANSWER PROVIDED

Oxygen use:

NO ANSWER PROVIDED

Abdomen- Normal:

☒ Yes

Bowel sounds:

NO ANSWER PROVIDED

Last BM:

NO ANSWER PROVIDED

Last stool appearance (Color, consistency):

NO ANSWER PROVIDED

Self-void:

☒ Yes

Foley:

NO ANSWER PROVIDED

Incontinence of urine:

NO ANSWER PROVIDED

Does the I/D/R have a wound:

NO ANSWER PROVIDED

Edema:

NO ANSWER PROVIDED

Does the I/D/R have an IV:

NO ANSWER PROVIDED

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 04/30/2026 23:22:32

Comments:

NO ANSWER PROVIDED

Assessment

Assessment:

Scattered maculopapular rash to face, torso, back UE/LE, Positive for Varicella Zoster viral infection.

Plan and Education

Plan:

DNC will remain in Medical Isolation until virus is no longer communicable.

Initiate Airborne and Contact precautions.

Gown, gloves and N95 mask to be worn by all who enter isolation room.

Medications as ordered.

Encourage fluid intake

Education:

Notify medical and/or security for sudden dizziness, Intense headache, confusion, cough, vomiting or stiff neck.

Gown, gloves and mask to be worn by DNC when transferring to the yard.

Avoid scratching affected areas.

Interpreter Needed:

NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
MCKINNEY, DEENA, RN	04/30/2026 23:22:32

Notes List

Created On	Description	Category Name	Created By
2026-04-30 23:22:57	LATE ENTRY FOR 04/30/2026	ADDENDUM	MCKINNEY, DEENA, RN

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
PUNSALAN, HOMER, NP	05/01/2026 16:02:18		False

Medical Observation Nursing Progress Rounds - HS-142.6

Medical Observation Nursing Progress Rounds - HS-142.6

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By MCKINNEY, DEENA on 04/30/2026 23:22:32

Restrictive Housing Unit Daily Behavioral and Physical Evaluation - HS-176

Facility: MESA VERDE IPC

Current Date:

04/30/2026

Current Time:

19:08:30

RHU Cell #:

iso 154

Date Discharged (if applicable):

NO ANSWER PROVIDED

Special Diet(s) (if applicable):

NO ANSWER PROVIDED

Medication(s) with Compliance:

None

Allergies:

NO KNOWN DRUG ALLERGY

Health Record was reviewed for any contraindications to placement in segregation:

☒ Yes

If contraindications exist what action was taken:

NO ANSWER PROVIDED

Hygiene:

☒ Neat/Clean

Nutrition:

☒ Taking full meals

Orientation:

☒ Alert ☒ Orientated

Affect:

☒ Appropriate

Suicide Risk:

☒ No

Medication Compliance:

☒ N/A - I/D/R is not on Medications

Additional Notes:

pt states they are doing well

Referral(s) Needed:

☒ No referrals needed at this time

Restrictive Housing Unit Daily Behavioral and Physical Evaluation - HS-176

Daily eval for use when I/D/R is placed in the RHU

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By GONZALES HERRERA, ANIBAL on 04/30/2026
19:09:56

Interpreter Needed:
NO ANSWER PROVIDED

Save Log

User Name	AuditDateAndTime
GONZALES HERRERA, ANIBAL, RN	04/30/2026 19:09:56

**Restrictive Housing Unit Daily Behavioral and Physical
Evaluation - HS-176**

Daily eval for use when I/D/R is placed in the RHU

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]
Patient Number: [REDACTED] 9856
Location: ICE-01-01-C-NA-47U-LOW
DOB: [REDACTED] 2006
Facility: MESA VERDE IPC
Electronically Signed By GONZALES HERRERA, ANIBAL on 04/30/2026
19:09:56

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Facility: MESA VERDE IPC

Reason for Medical Observation:

☒ Other

Current symptoms:

Varicella infection

Is this form being completed by a Nurse:

☒ No

Is this an admission, continuation of observation, or a discharge:

☒ Admit to Medical Observation

Rounds to be done by nursing staff to include vital signs:

☒ Each shift

Type of note:

☒ SOAPE

Subjective:

Referred by RN for evaluation per c/o rashes on face, arms, chest and back x one day. Reports rashes itchy.

Objective:

Gen: alert and oriented, no acute distress

HEENT: PERRLA, anicteric sclera

Pulmonary: clear to auscultation bilaterally

Cardio: RRR

Skin: +scattered maculopapular rash on face, chest, both arms, back; +some vesicles on back, chest

Assessment:

1. Varicella infection

Plan:

1. Acyclovir 800 mg PO QID x 7 days.

2. Benadryl 25 mg PO TID prn 7 days.

3. Calamine lotion topically QID prn x 7 days.

4. Ibuprofen 800 mg PO TID prn x 10 days.

5. House in Med Iso, initiate airborne and contact precautions.

6. Screen nearby bunkmates/dormmates for Varicella immunity (VZV IgG antibody test)

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By PUNSALAN, HOMER on 05/30/2026 15:49:19

L [REDACTED] L [REDACTED], L [REDACTED] E [REDACTED] # [REDACTED] 9856 - Alt#:954B766E-7AB6-4E15-BD23-9D94EBEF103D - MRN#:5586697
DOB: [REDACTED] 2006 (19y) Location: ICE-01-01-C-NA-47U-LOW

Education:

1. Course of treatment, plan of care explained to detainee.

Does a nurse need to review this note for orders:

☒ Yes

Interpreter:

☒ Yes

Interpreter Name and/or #:

LVN Beltran

Save Log

User Name	AuditDateAndTime
PUNSALAN, HOMER, NP	04/30/2026 15:49:19

Signoff Comments List

Approved By	Approved On	Signoff Note	Is Declined
BARUIZ, ALTAGRACE, MD	04/30/2026 16:16:21		False

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Medical Observation Admission, Daily Rounds (MD, NP, PA/Beh Health), Discharge Summary

Patient Name: L [REDACTED] L [REDACTED] E [REDACTED]

Patient Number: [REDACTED] 9856

Location: ICE-01-01-C-NA-47U-LOW

DOB: [REDACTED] 2006

Facility: MESA VERDE IPC

Electronically Signed By PUNSALAN, HOMER on 04/30/2026 15:49:19

1
2 Natalia Vieira Santanna,
3 CA BAR No. 337502
4 MI BAR No. P76443
5 SANTANNA LAW OFFICES
6 PO Box 7528, Oakland, CA, 94601
7 (510) 922-0154 (Telephone)
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9 Attorney for Petitioner

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otavio@yousalaw.com (Email)
Attorney for Petitioner

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF CALIFORNIA

8 L.E.L.L.,
9 Petitioner,

10 v.

11 Minga WOFFORD, et al.

12 Respondents.

No.

**(PROPOSED) TEMPORARY
RESTRAINING ORDER AND ORDER TO
SHOW CAUSE**

(PROPOSED) ORDER

13
14 Upon review of Petitioner's Renewed Ex Parte Motion for Temporary Restraining Order
15 based on changed circumstances, and any response filed by Respondents, the application is
16 **GRANTED**. Pursuant to Rule 65 of the Federal Rules of Civil Procedure and Civil L.R. 231,
17 the Court orders as follows:

TEMPORARY RESTRAINING ORDER

18 The Court concludes that Petitioner has met his burden of showing: (1) a likelihood of
19 success on the merits of his claim that his prolonged detention is unlawful and violates the Due
20 Process Clause of the Fifth Amendment; (2) Petitioner is suffering irreparable harm as a result
21 of the continuation of his unlawful custody for more than ten months, during which he
22 contracted varicella, was subjected to prolonged medical isolation under harsh conditions,

1
2 received inadequate medical care, and continues to experience unresolved health consequences;
3 (3) the balance of equities weigh in Petitioner's favor; and (4) the public interest favors granting
4 the application. Accordingly, a temporary restraining order pursuant to Federal Rule of Civil
5 Procedure 65 and the inherent equitable powers of this Court is warranted.

6 It is hereby ORDERED that Respondents are ENJOINED as follows:

7 1. Respondents must immediately release Petitioner from custody pending these
8 proceedings and may not re-detain him pending further order of this Court. No bond or
9 electronic monitoring shall be required.

10 2. Respondents are enjoined from transferring Petitioner out of this District or
11 removing him pending resolution of these habeas proceedings, consistent with this Court's
12 Minute Order of February 22, 2026. No security shall be required.

13 **ORDER TO SHOW CAUSE**

14 Respondents are ordered to show cause before this Court why a preliminary injunction
15 should not issue requiring Respondents to abide by the injunctions ordered herein. The hearing
16 on the order to show cause will be held on _____ at _____.
17 Respondents shall file responsive papers on _____.

18 Petitioner is ordered to serve this Temporary Restraining Order and Order to Show
19 Cause and all supporting pleadings and papers on Respondents by _____.

20 Respondents are hereby notified of their right to apply to the Court for modification or
21 dissolution of the Temporary Restraining Order on two (2) days' notice or such shorter notice as
22 the Court may allow. Fed. R. Civ. P. 65(b).

IT IS SO ORDERED.

Date: June _____, 2026 at _____.

United States District Judge