



**U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: MENDOZA, Melvin Ariel Calero**

General Demographic/Background Information

- **Date of Birth:** September 29, 1983
- **Date:** October 13, 2022
- **Age:** 39
- **Gender:** Male
- **Country of Citizenship:** Nicaragua
- **Marital Status:** Unknown
- **Children:** N/A

Immigration History

- On April 13, 2022, the United States Customs and Border Protection (CBP) encountered Mr. MENDOZA in El Paso, Texas (TX), and charged him with illegal entry into the United States.
- On April 15, 2022, CBP transferred custody of Mr. MENDOZA to ICE Enforcement and Removal Operations custody at Torrance County Detention Facility (TCDF).
- On May 2, 2022, ICE transferred Mr. MENDOZA to Denver Contract Detention Facility (DCDF).

Criminal History

- N/A

Medical History

On April 16, 2022, a licensed practical nurse (LPN) completed Mr. MENDOZA's intake screening at TCDF. Mr. MENDOZA denied any current or past medical or mental health problems, prior drug, alcohol use, or taking medications. The LPN documented normal findings, cleared Mr. MENDOZA for general population (GP), and scheduled him for a routine follow-up.

On April 18, 2022, a licensed professional clinical counselor (LPCC) completed Mr. MENDOZA's mental health evaluation. Mr. MENDOZA denied any current or past mental health problems, suicide attempts or ideation, prior drug or alcohol use, or taking medications. The LPCC documented normal findings and instructed Mr. MENDOZA on TCDF's sick-call process.

On April 21, 2022, an advanced practice provider (APP) completed Mr. MENDOZA's intake health assessment. Mr. MENDOZA denied any current or past medical or mental health problems, prior drug, or alcohol use, or taking medications. The APP documented normal findings and cleared Mr. MENDOZA for GP without restrictions.

On May 1, 2022, a registered nurse (RN) completed Mr. MENDOZA's transfer form and documented no history of medical or mental health conditions, medications or known drug allergies.



On May 2, 2022, ICE transferred Mr. MENDOZA to DCDF. The same day an LPN completed Mr. MENDOZA's intake screening and noted Mr. MENDOZA denied any current or past medical or mental health problems, prior drug, or alcohol use, or taking medications. The LPN documented normal findings and cleared Mr. MENDOZA for GP.

On May 3 and 5, 2022, a physician and psychologist reviewed and approved Mr. MENDOZA's intake screening, respectively.

On May 21, 2022, an RN completed Mr. MENDOZA's intake health assessment. Mr. MENDOZA reported bilateral eye redness after periods of prolonged reading; denied any current or past medical or mental health problems; no prior drug or alcohol use or taking medications. The RN documented normal findings, cleared Mr. MENDOZA for GP, and scheduled him for a routine follow-up in one year.

On September 1, 2022, an LPN evaluated Mr. MENDOZA for right foot pain. Mr. MENDOZA reported an injury to his right foot while playing soccer 25 days prior. He described the pain as stabbing and worsening with weight bearing. The LPN documented a normal exam except for a "slightly elevated blood pressure (BP)" of 146/83mmHg [normal: less than 120/80mmHg]. The LPN provided Mr. MENDOZA acetaminophen (pain medication) 325 mg, two tablets, twice daily by mouth for five days, and ibuprofen (pain medication) 200 mg, two tablets, three times daily (TID), by mouth (PO) for five days in accordance with the Geo Group Nurse Assessment Protocol (GGNAP) for musculoskeletal pain, instructed him to stay off his right foot for 48 hours, and to return to the medical clinic if his condition worsened.

On September 12, 2022, an LPN evaluated Mr. MENDOZA for right foot pain. Mr. MENDOZA reported sharp pain in his right great toe. The LPN documented a normal exam, provided Mr. MENDOZA ibuprofen 200 mg, two tablets, three times a day by mouth for five days, in accordance with the GGNAP for musculoskeletal pain, instructed him to apply ice and warm compresses to the affected area, and to return to the medical clinic if his condition worsened.

On September 29, 2022, an LPN evaluated Mr. MENDOZA for right calf pain. Mr. MENDOZA reported severe pain and swelling to his right calf for the past two days. The LPN documented a normal exam except decreased range of motion in the right leg, provided ibuprofen 200 mg, two tablets, TID, PO for five days in accordance with the GGNAP for musculoskeletal pain, instructed him to elevate his right leg, apply ice over 24 hours, and return to the medical clinic if his condition worsened.

On October 13, 2022, at 10:49 a.m., a custody officer announced a medical emergency via radio transmission in Mr. MENDOZA's housing unit.

- **at 10:51 a.m.**, health staff responded to the medical emergency in Mr. MENDOZA's dormitory. An RN found Mr. MENDOZA awake, responding to verbal commands and sitting on a plastic chair with assistance from custody staff. He appeared pale, diaphoretic, cold, clammy, and the RN observed foamy saliva from the corner of his mouth, and the loss of bladder control. The RN administered oxygen via a non-rebreather mask at four liters, then increased it to six liters. The RN documented his breathing as even and unlabored, heart rate of 48 beats per minute [normal range 60–100 bpm], blood sugar of 93 milligrams per



deciliter [normal range 70-110 mg/dl], oxygen saturation of 89 percent [normal range 92-100%], and inability to obtain a BP.

- At 10:52 a.m., custody staff called 911, requested emergency medical services (EMS), transferred Mr. MENDOZA onto a stretcher, and transported him to the intake area. An RN attempted to obtain a BP measurement but was unsuccessful. Seconds later, Mr. MENDOZA exhibited “signs of confusion” (undefined).
- At 11:13 a.m., EMS personnel arrived, assumed care of Mr. MENDOZA, and attempted to insert an oropharyngeal airway (device used to assist with breathing) without success.
- At 11:15 a.m., EMS personnel transported Mr. MENDOZA to the University of Colorado Hospital (UCH) in Aurora, CO, for higher-level care. Upon arrival (time unknown) at the UCH emergency department, Mr. MENDOZA experienced cardiac arrest. EMS personnel and hospital staff performed cardiopulmonary resuscitation and administered advanced cardiac life support medications for several minutes.
- At 12:32 p.m., a UCH physician declared Mr. MENDOZA deceased.