



U.S. Immigration and Customs Enforcement (ICE) Detainee Death Report: LEE, Kuan Hui

General Demographic/Background Information

- **Date of Birth:** November 17, 1968
- **Date of Death:** August 5, 2020
- **Age:** 51
- **Gender:** Male
- **Country of Citizenship:** Taiwan
- **Marital Status:** Divorced
- **Children:** Two (2)

Immigration History

- On October 31, 2004, the U.S. Customs and Border Protection admitted Mr. LEE as a nonimmigrant F-1 student with authorization to remain in the U.S., not to exceed his duration of status or April 10, 2008. Mr. Lee remained in the U.S. beyond his course completion without authorization from the Department of Homeland Security.
- On November 29, 2012, the U.S. Citizenship and Immigration Services denied Mr. LEE's Application to Register Permanent Residence or Adjust Status application (Form I-485).
- On January 23, 2020, the U.S. Border Patrol (USBP) arrested Mr. LEE at the Broward Health Imperial Hospital in Fort Lauderdale, Florida (FL), as a nonimmigrant in violation of his nonimmigrant status.
- On January 24, 2020, USBP transferred Mr. LEE to U.S. Immigration and Customs Enforcement (ICE) Enforcement and Removal Operations (ERO) custody in Miami, FL. ERO Miami housed Mr. LEE at Broward Transitional Center (BTC) in Pompano Beach, FL.
- On March 3, 2020, ERO Miami transferred Mr. LEE to Krome North Service Processing Center (KSPC).

Criminal History

- None

Medical History

Prior to KSPC

- **On January 25, 2020**, BTC transferred Mr. LEE to Broward Health North (BHN) hospital in Pompano Beach, FL, due to altered mental status.
- **On January 27, 2020**, BHN discharged Mr. LEE back to BTC.
- **On January 30, 2020**, BTC transferred Mr. LEE to Larkin Community Hospital (LCH) in South Miami, FL, due to altered mental status.

KSPC Medical Records

- **On March 3, 2020**, LCH discharged Mr. LEE, who was then transferred to KSPC. A registered nurse (RN) completed Mr. LEE's pre-screening and intake screening, noting a history of hypertension (HTN), atrial fibrillation (A-Fib), hyperlipidemia (HLD), schizophrenia, gastroesophageal reflux disease (GERD), and coronary artery disease (CAD). Mr. LEE's vital signs (VS) were normal, and he reported taking the following medications:



aspirin, carvedilol, apixaban, atorvastatin, lisinopril and nifedipine extended release, and olanzapine. The RN noted Mr. LEE was unable to ambulate and required a wheelchair. The RN consulted an advanced practice provider (APP), who ordered for Mr. LEE to be admitted to the medical housing unit (MHU) pending further evaluation.

- At 2:08 p.m., a medical doctor (MD) completed Mr. LEE's physical exam, noting Mr. LEE had weakness of the left arm and leg with unsteady gait when attempting to walk. Mr. LEE reported he was struck on the left side of his head, but could not recall when the injury occurred. The MD noted an indentation to the left side of the skull. There was no evidence of recent injury, and VS were within normal limits. The MD added the following diagnoses: left side hemiparesis, paralysis of the sixth cranial nerve (unable to turn eyes to the left), head injury, left ventricular hypertrophy, calcification of the mitral and aortic valves, and seborrheic dermatitis. The MD continued Mr. LEE's arrival medications, except his lisinopril prescription. In addition, the MD asked that Mr. LEE remain housed in MHU, requested Mr. LEE's previous medical records, referred Mr. Lee to a psychiatrist, and required daily follow-up visits.
- **On March 4, 2020**, at 11:41 a.m., the MD re-evaluated Mr. LEE, noting he was confused, disoriented, and could not remember anything when asked. The VS were normal. The MD added diagnoses of ataxia and confusional arousals. The MD changed the aspirin order from chewable to enteric coated, discontinued the apixaban, and ordered a computed tomography (CT) scan of the brain to evaluate for possible blood clot in the brain (March 10, 2020).
 - At 4:13 p.m., a psychiatrist completed Mr. LEE's initial psychiatric evaluation, diagnosed traumatic brain injury and schizophrenia, decreased the dosage of olanzapine, ordered lab studies, and planned to follow up in three to four weeks.
- **On March 7, 2020**, an RN evaluated Mr. LEE for complaints of chest pain. VS were normal, except an elevated blood pressure (BP) of 166/92 mmHg. The on-call APP ordered Mr. LEE be transferred to the Kendall Regional Medical Center (KRMC) emergency department in Tamiami, FL, for evaluation.
- **On March 8, 2020**, at 12:45 a.m., an RN evaluated Mr. LEE upon his return from KRMC. His VS were normal, except a BP of 178/111 mmHg. The RN consulted the on-call APP, and received orders to administer Mr. LEE's morning medications and recheck the VS. Mr. LEE refused his medications. The RN noted Mr. LEE was stable, when rechecked an hour later.
 - At 6:30 a.m., an APP evaluated Mr. LEE for complaints of chest pain. VS were normal, except a BP of 187/132 mmHg. The APP administered nitroglycerin (for heart related chest pain) and called 911. EMS personnel transported Mr. LEE to the KRMC emergency department at 7:22 a.m.
- **On March 9, 2020**, an RN evaluated Mr. LEE upon his return from KRMC, noting normal VS. The RN notified the on-call APP, and scheduled Mr. LEE for a next-day APP follow-up.
- **On March 10, 2020**, an MD evaluated Mr. LEE, noting normal exam and VS. The MD noted Mr. LEE had regularly refused his medications and educated Mr. LEE on the importance of medication compliance. Mr. LEE was transported off-site for the scheduled CT scan.
 - At 3:46 p.m., an RN evaluated Mr. LEE upon his return from his CT scan, noting a normal exam and VS, except a BP of 145/91 mmHg. Mr. LEE refused his evening medications.
- **On March 12, 2020**, at 6:30 a.m., an MD discharged Mr. LEE from MHU to general population housing with conditions that Mr. LEE must be on the lower tier and assigned to a lower bunk. Mr. LEE continued to refuse his medications, VS checks, and lab testing.



- At 3:41 p.m., a psychiatrist followed up with Mr. LEE, noting the CT scan revealed areas of previous brain injury from strokes, but no new injuries or bleeding.
- **On March 13, 2020**, an RN evaluated Mr. LEE for complaints of chest pain. VS were normal, except BP of 142/89 mmHg. The RN received orders from the on-call APP to perform an electrocardiogram, to administer aspirin and nitroglycerin, and to re-evaluate Mr. LEE. Mr. LEE's BP returned to normal, but he continued to complain of chest pain. The APP referred Mr. LEE to KRMC by EMS for evaluation.
- **On March 14, 2020**, at 3:34 a.m., an RN evaluated Mr. LEE upon his return from KRMC, noted there were no new orders, his VS were normal, and placed him in MHU until evaluated.
 - At 10:22 a.m., an APP evaluated Mr. LEE, noting a normal exam and VS. The APP prescribed acetaminophen, as needed for pain, and continued monitoring in MHU.
- **On March 15, 2020**, the APP discharged Mr. LEE to general population housing.
- **On March 16, 2020**, at 8:39 p.m., an RN evaluated Mr. LEE for chest pain and requesting nitroglycerin, noting a normal exam and normal VS, except BP of 142/86 mmHg. The RN received telephone orders from the on-call APP to administer acetaminophen, and to monitor Mr. LEE in MHU. Mr. LEE refused treatment.
 - At 11:18 p.m., an RN evaluated Mr. LEE for chest pain, noting a normal exam, normal VS, except a BP of 141/95 mmHg. Mr. LEE was agitated and demanded nitroglycerin for the chest pain. The RN received telephone orders from the on-call APP to admit Mr. LEE to MHU until an APP could evaluate him. Mr. LEE refused his medications.
- **On March 17, 2020**, a psychiatrist evaluated Mr. LEE, noting his agitation, defiance, hostility, and shouting. The psychiatrist ordered a referral for Mr. LEE to LCH for evaluation and treatment. EMS departed with Mr. LEE at 12:50 p.m.
- **On June 3, 2020**, an RN evaluated Mr. LEE upon his return from LCH, noting Mr. LEE would not speak, but would nod his head "yes" or "no." The RN also noted LCH's discharge diagnoses of schizophrenia, anxiety, and depression. The VS were normal. The RN received orders from an APP to place Mr. LEE in MHU pending a next-day evaluation.
- **On June 4, 2020**, at 10:33 a.m., a psychiatrist evaluated Mr. LEE, noting VS normal, except BP of 145/99 mmHg, and an Abnormal Involuntary Movement Scale (AIMS) score of zero (0). The psychiatrist prescribed lorazepam (initiated at LCH) for anxiety, ordered laboratory tests, and planned to follow-up with Mr. LEE in two to three days.
 - At 1:23 p.m., an APP evaluated Mr. LEE, noting a normal exam and VS, except a BP of 147/99 mmHg and a pulse (P) of 104 beats per minute (bpm). The APP administered nifedipine and aspirin for the elevated BP, prescribed all previous medications, and prescribed apixaban. Mr. LEE's BP and P improved to 134/90 mmHg and 94 bpm.
- **On June 11, 2020**, an APP prescribed lisinopril (for HTN) related to recurring episodes of elevated BP.
- **On June 12, 2020**, a psychiatrist performed a follow-up visit with Mr. LEE, noting an AIMS score of 0, no change in his mental status, and recommended continued monitoring in MHU.
- **On July 6, 2020**, KSPC transferred Mr. LEE from MHU to the Krome Behavioral Health Unit (KBHU) for housing and continued treatment.
- **On July 12, 2020**, Mr. LEE's COVID-19 test results returned as negative.
- **On July 16, 2020**, KSPC transferred Mr. LEE back from KBHU to MHU for housing and continued treatment.
- **From June 6 to July 30, 2020**, Mr. LEE refused his medications six times, and refused VS checks frequently.



- **On July 31, 2020**, at 5:20 a.m., an RN found Mr. LEE unresponsive in his bed, BP of 77/53 mmHg, P of 112 bpm, and oxygen saturation (SPO2) of 85 percent (%).
 - At 5:35 a.m., the RN called the on-call APP and received orders to transfer Mr. LEE by EMS to KRMC. The RN transferred Mr. LEE from his MHU room to the urgent care room, began administering oxygen, and reassessed VS - BP of 131/86 mmHg, P of 104 bpm, and SPO2 of 86%.
 - At 5:50 a.m., EMS personnel transferred Mr. LEE to KRMC where he was diagnosed with an intracranial hemorrhage, admitted to the intensive care unit in critical condition, intubated, and placed on a mechanical ventilator.
- **August 1 to 4, 2020**, Mr. LEE's condition remained unchanged.

Synopsis of Death

- **On August 5, 2020**, Mr. LEE suffered cardiac arrest, was resuscitated, then suffered a second cardiac arrest, that he did not recover from. An KRMC MD pronounced Mr. LEE deceased at 1:36 p.m.
 - The Miami-Dade County Medical Examiner Department concluded Mr. LEE died a natural death caused by hypertensive left thalamic hemorrhage.