



U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: PEREZ, Isidro

General Demographic/Background Information

- **Date of Birth:** May 5, 1950
- **Date of Death:** June 26, 2025
- **Age:** 75
- **Gender:** Male
- **Country of Citizenship:** Cuba

Immigration History

On April 1, 1966, the former Immigration and Naturalization Service paroled Mr. PEREZ into the United States (U.S.) at Houston, Texas.

On June 5, 2025, Homeland Security Investigations (HSI) Miami, U.S. Border Patrol (BP), and U.S. Customs and Border Protection – Air and Marine Operations arrested Mr. PEREZ, without incident at the Murray Nelson, Government Center in Key Largo, Florida.

On the same date, HSI Miami issued Mr. PEREZ a Notice to Appear, Service Form I-862, charging inadmissibility pursuant to Section 212(a)(6)(A)(i) of the Immigration and Nationality Act as an alien present without admission or parole.

On June 6, 2025, HSI Miami transferred Mr. PEREZ to the custody of Enforcement and Removal Operations Miami who detained him at the Krome Service Processing Center (KSPC), in Miami, Florida.

Criminal History

On February 10, 1981, the United States District Court for the Southern District of Florida convicted Mr. PEREZ for violation of 21 U.S.C. § 844 - possession of a controlled substance. The court sentenced Mr. PEREZ to ten months of incarceration.

On January 25, 1984, United States District Court for the Southern District of Florida convicted PEREZ for violation of 21 U.S.C. § 844 - possession of a controlled substance. The court sentenced Mr. PEREZ to one year and six months of incarceration.

Synopsis of Events

On June 6, 2025, Mr. PEREZ's intake screening was completed by a registered nurse (RN). The RN documented normal vital signs, right foot swelling with pain, history of hypertension (HTN), coronary artery disease (CAD), stent placement three years ago, upper and lower back pain, and current use of HTN and heart medication. The RN provided Mr. PEREZ pain medication, scheduled a follow-up visit with an advanced practice provider (APP), and cleared him for general population (GP).



- **On the same date**, an APP ordered the continuation of the same HTN and heart medication, and pain medication as needed.

On June 9, 2025, an APP completed Mr. PEREZ's initial physical exam and documented normal vital signs, history of HTN, CAD, and osteoporosis, and denial of mental health issues. The APP ordered routine labs and electrocardiogram (EKG), a heart healthy diet, cholesterol medication, scheduled a cardiology referral, and cleared him for GP.

On June 12, 2025, an APP ordered pain medication to treat Mr. PEREZ's complaint of joint pain.

- **On the same date**, a licensed practical nurse (LPN) completed Mr. PEREZ's EKG and documented his denial of chest pain, headache, numbness, tingling or dizziness. The LPN instructed Mr. PEREZ to return to the medical clinic if his symptoms changed.

On June 16, 2025, an RN evaluated Mr. PEREZ for complaint of flu-like symptoms, documented normal vital signs, and his denial of shortness of breath, pain or discomfort and provided Mr. PEREZ with a one-time dose of allergy medication, instructed him to rest, drink warm liquids, and return to the medical clinic if his condition did not improve.

- **On the same date**, an APP evaluated Mr. PEREZ for his complaints of cough and chest discomfort and documented normal vital signs, inspiratory wheezes with cough. The provider also reviewed Mr. PEREZ's lab results and EKG finding and discussed managing his cholesterol and blood sugar. The APP diagnosed Mr. PEREZ with acute bronchitis and ordered treatment for shortness of breath, and an antibiotic, and cleared him for GP.

On June 17, 2025, an out-patient cardiologist evaluated Mr. PEREZ, noted his EKG result showed ischemic changes and admitted Mr. PEREZ to the telemetry unit at Larkin Community Hospital (LCH), for acute coronary syndrome. The LCH physician noted a plan to transfer Mr. PEREZ to Larkin Community Hospital, Palm Spring (LCHPS) for cardiac catheterization.

On June 18, 2025, an LCH physician documented Mr. PEREZ completed his cardiac catheterization at LCHPS, where he remained stable, with plans to treat him with a percutaneous coronary intervention.

On June 19, 2025, an LCHPS physician documented Mr. PEREZ's stent placement, and noted he became bradycardic and hypotensive in the catheterization lab, and received a one-time dose of atropine. The LCHPS physician consulted with critical care and pulmonology for further management.

Between June 20 and 23, 2025, Mr. PEREZ received critical care for myocardial infarction.



On June 24, 2025, a KSPC RN completed Mr. PEREZ's post-hospital admission evaluation, documented normal vital signs, and obtained orders from an on-call APP to admit Mr. PEREZ to the medical housing unit (MHU) for observation, and to immediately administer acetaminophen PO.

On June 25, 2025, a physician completed Mr. PEREZ's post-hospital admission evaluation, documented normal vital signs, his denial of distress, ordered heart medication and vitamin supplements, and continued Mr. PEREZ's MHU admission.

- **On the same date**, during MHU rounds, an RN observed Mr. PEREZ awake, alert, and walking around his room, with no distress.

On June 27, 2025, during MHU rounds, an APP documented Mr. PEREZ was laying comfortably in his bed, denied chest pain, shortness of breath, fever or chills, and reported doing great, and sleeping well. The APP discussed medication and treatment plan with Mr. PEREZ, and advised him to notify MHU staff if any medical symptoms develop.

- **At approximately 6:54 p.m.**, an RN evaluated Mr. PEREZ for his complaint of a headache and provided him with acetaminophen.
- **At approximately 6:57 p.m.**, Mr. PEREZ complained of chest pain. An RN assessed him and administered his prescribed nitroglycerin.
- **At approximately 7:00 p.m.**, health staff completed an EKG.
- **At approximately 7:05 p.m.**, health staff administered a second dose of nitroglycerin, reported Mr. PEREZ's abnormal EKG result to the APP, and administered an additional nitroglycerin dose. The APP ordered Mr. PEREZ's transfer to the local hospital for further care.
- **At approximately 7:11 p.m.**, health staff called 911 and requested emergency medical services (EMS).
- **At approximately 7:15 p.m.**, health staff observed Mr. PEREZ in distress and repositioned him to an upright position in bed, and administered oxygen via nasal cannula (NC) until his oxygen saturation reached 92%.
- **At approximately 7:17 p.m.**, While on oxygen via NC, Mr. PEREZ's oxygen saturation dropped to 72%. Health staff used an Ambu bag to provide respiratory support, recorded a low manual blood pressure reading, high blood glucose reading, and a low heart rate.
- **At approximately 7:19 p.m.**, health staff announced a medical emergency at the facility and documented no change in Mr. PEREZ's alertness.



- **At approximately 7:31 p.m.**, emergency medical services (EMS) personnel arrived at KSPC and assumed Mr. PEREZ's care.
- **At approximately 7:45 p.m.**, Mr. PEREZ became unresponsive. EMS personnel transferred him to the floor and immediately began cardiopulmonary resuscitation (CPR).
- **At approximately 8:00 p.m.**, EMS personnel departed KSPC with Mr. PEREZ and continued CPR delivery via a mechanical CPR delivery device.
- **At approximately 8:30 p.m.**, EMS personnel arrived at HCA Florida Kendall Hospital emergency room (ER) with Mr. PEREZ.
- **At approximately 8:42 p.m.**, An ER physician declared Mr. PEREZ deceased.