U.S. Immigration and Customs Enforcement (ICE)
Detainee Death Report: PEREZ-Montufa, Onoval (a.k.a. Onoval PEREZ)

General Demographic/Background Information

- **Date of Birth:** August 31, 1968
- **Date of Death:** July 12, 2020
- **Age:** 51
- **Gender:** Male
- **Country of Citizenship:** Mexico
- **Marital Status:** Married
- **Children:** Three (3)

Immigration History

- On March 7, 2007, Enforcement and Removal Operations (ERO) encountered Mr. PEREZ at the Monroe County Jail (MCJ) in Rochester, NY following his arrest on federal drug charges.
- On April 23, 2007, ERO lodged an Immigration Detainer – Form I-247 on Mr. PEREZ.
- On June 1, 2020, ERO encountered Mr. PEREZ at Devens Federal Medical Center (FMC-D) in Ayer, MA.
- On June 8, 2020, ERO served Mr. PEREZ, a Final Administrative Removal Order – Form I-851, charging removability as an alien convicted of an aggravated felony.
- On June 15, 2020, ERO transferred Mr. PEREZ from FMC-D to Krome Service Processing Center (KSPC) for housing.
- On June 24, 2020, ERO Miami transferred Mr. PEREZ to Glades County Detention Center (GCDC).

Criminal History

- On February 8, 2008, the U.S. District Court, Western District of New York in Rochester, NY convicted Mr. PEREZ of violation of Title 21 U.S. Code Section 846, conspiracy to distribute and possess with intent to distribute five (5) kilograms or more of cocaine. Mr. Perez was sentenced to 240 months of incarceration, five (5) years of supervised released, and a fine.

Medical History

KSPC Medical Records

- **On June 15, 2020** and upon arrival at KSPC, a registered nurse (RN) screened Mr. PEREZ for coronavirus (COVID-19) symptoms (negative), conducted a COVID-19 nasal swab test (negative), and completed his medical intake screening.
    - The RN noted normal vital signs (VS) except for an elevated blood pressure (BP) and an elevated blood sugar (BS).
    - Mr. PEREZ reported currently taking medications and a history of diabetes mellitus (DM), hypertension (HTN), hyperlipidemia, and neuropathy. He also reported he had a coronary artery bypass graft in 2017 and received treatment for tuberculosis in 2015.
- **On June 16, 2020**, an advanced practice provider (APP) completed Mr. PEREZ's physical exam, reviewed his intake screening, noted his medical history, and documented additional history findings of left retinal detachment and left great and fourth toe amputations (2017). The APP documented Mr. PEREZ's VS as normal, except for an elevated BP. The APP continued Mr. PEREZ's medications for DM, HTN, hyperlipidemia, and neuropathy; recommended a low

fat, low sodium/cholesterol diet; and ordered laboratory studies and an electrocardiogram (EKG).

- **On June 18, 2020**, an APP evaluated Mr. PEREZ for lightheadedness and documented an elevated BP of 153/65 mmHg and a BS of 266 mg/dl. The APP referred Mr. PEREZ for outside cardiology and ophthalmology evaluation.
- **On June 20, 2020**, an APP evaluated Mr. PEREZ for intermittent shortness of breath, moderate chest pain, pitting edema, and dry mouth. His EKG showed normal sinus rhythm, and his VS were: BP - 147/69 mmHg, pulse (P) - 57 beats per minute (bpm), and a BS of 225 mg/dl.
    - The APP ordered supplemental oxygen via nasal cannula and nitroglycerin 0.4 mg for chest pain. The APP also called for emergency medical services (EMS), who arrived at approximately 11:00 a.m. and transported Mr. PEREZ to Kendall Regional Hospital (KRH) for evaluation.
- **On June 23, 2020**, an RN evaluated Mr. PEREZ after his return to KSPC. His VS were: BP of 201/76 mmHg (re-check was 199/71 mmHg), and a P of 89 bpm. Mr. PEREZ denied any current symptoms, reported completing two stress tests on June 20, 2020, and admitted to not receiving any medications since that date. The RN encouraged him to drink fluids.
    - The RN rechecked Mr. PEREZ's BP manually an hour later (145/80 mmHg), notified the on-call provider, and received a verbal order to administer labetalol 600 mg (anti-hypertensive) and to continue all other previous medications.
    - A licensed practice nurse (LPN) notified the on-call APP that Mr. PEREZ had refused his anti-hypertensive and hyperlipidemia medications. The APP ordered a follow-up appointment with Mr. PEREZ for June 25, 2020.
- **On June 24, 2020**, ERO Miami transferred Mr. PEREZ to GCDC. KSPC completed the COVID-19 symptoms screening (negative) prior to his departure.

GCDC Medical Records

- **On June 24, 2020,** an LPN completed Mr. PEREZ's influenza and coronavirus symptom screening and documented Mr. PEREZ's temperature (98.0° F). Mr. PEREZ denied any symptoms at that time.
- **On June 25, 2020**, an LPN completed Mr. PEREZ's intake screening and documented normal VS except for an elevated BP of 170/66 mmHg. The LPN noted Mr. PEREZ's reported medical history and reviewed the accompanying transfer summary. The following orders were auto populated into Mr. PEREZ's electronic medical record: diabetic diet with evening snack; chronic care appointment and initial health assessment scheduled for June 30, 2020; blood pressure checks, two times daily, for five days; and blood sugar checks, two times daily, for 14 days. The LPN notified the on-call provider, and received a verbal order to continue all medications listed on the transfer summary.
- **On June 29, 2020**, a facility medical doctor (MD) evaluated Mr. PEREZ for an elevated temperature (101.5° F) and left ear pain. Mr. PEREZ denied any other symptoms but reported receiving two COVID-19 laboratory tests previously at FMC-D and KSPC. The MD noted an unremarkable physical examination and stable VS, except for an elevated BP of 155/70 mmHg. The MD ordered a chest x-ray, completed a COVID-19 laboratory test, and placed Mr. PEREZ on respiratory isolation in the medical housing unit (MHU).
- **On June 30, 2020**, an LPN evaluated Mr. PEREZ in the MHU's respiratory isolation room, documented his VS: T of 101.8° F, P of 103 bpm, and oxygen saturation (SpO2) of 94%. Mr.

PEREZ complained of body aches, but denied any other symptoms. The LPN administered acetaminophen and encouraged him to increase his fluid intake.

- **On July 1, 2020**, at approximately 9:22 a.m., an LPN notified the MD regarding Mr. PEREZ's symptoms of shortness of breath, fatigue, low SpO2, and fever for three days. The LPN noted Mr. PEREZ's pending COVID-19 test results and his VS were normal except for a low-grade temperature (99.0° F) and SpO2 of 90%. The MD gave the LPN verbal orders to administer supplemental oxygen via nasal cannula, initiate antibiotic therapy, and transfer Mr. PEREZ via EMS to Lakeside Medical Center (LMC) for further evaluation.
    - At approximately 11:14 a.m., Mr. PEREZ arrived at LMC emergency department (ED). An MD evaluated Mr. PEREZ for shortness of breath, dry cough, loss of appetite, and weakness. Mr. PEREZ denied any pain at that time. Mr. PEREZ's VS were normal, except for a BP of 173/62 mmHg, T of 100.3° F, and an SpO2 of 90% on room air.
    - While in the ED, Mr. PEREZ received antibiotics, acetaminophen, anticoagulant medication, and supplemental oxygen via a non-rebreather mask. The MD ordered an EKG (normal), chest x-ray (possible small right pleural effusion, diffuse bilateral interstitial opacity), laboratory studies (elevated glucose, blood urea nitrogen, creatinine, liver enzymes; low white blood cells, red blood cells, hemoglobin, and hematocrit).
    - The MD also ordered a COVID-19 test (positive) and admitted Mr. PEREZ to the telemetry unit with a diagnosis of pneumonia and acute kidney failure.
- **On July 2, 2020**, the MD evaluated Mr. PEREZ and noted his fever, positive COVID-19 results, and elevated inflammatory markers. The MD consulted a pulmonologist, nephrologist, cardiologist, and infectious disease (ID) specialist and considered initiating plasma transfusion with remdesivir (anti-viral medication). After the consultations, the MD's decided to hold Mr. PEREZ's anti-hypertensive, diabetes, and hyperlipidemia medications.
- **On July 3, 2020**, the ID specialist recommended not to initiate remdesivir due to Mr. PEREZ's poor renal function, and ordered a renal ultrasound which showed normal results. Mr. PEREZ's urinalysis showed moderate blood and significant protein, which the MD suspected was related to diabetic nephropathy (progressive kidney disease). The MD ordered COVID-19 convalescent plasma (CCP) transfusion.
- **On July 4 and 5, 2020**, Mr. PEREZ became non-compliant with his oxygen supplementation by removing his non-rebreather mask, which resulted in decreased SpO2 levels, increased pulse, and unresponsiveness. The rapid response team reapplied the non-rebreather mask, which improved Mr. PEREZ's condition and increased his responsiveness. Mr. PEREZ received a chest x-ray due to increased difficulty breathing. The chest x-ray results showed an enlarged heart, pulmonary vascular congestion, and diffuse interstitial edema.
- **On July 6, 2020**, the MD evaluated Mr. PEREZ, noted the chest x-ray results as congestive heart failure, and placed Mr. PEREZ on a bilevel positive airway pressure machine.
- **On July 7, 2020**, Mr. PEREZ became confused, agitated, and refused the non-rebreather mask which decreased his SpO2 levels. He was transferred to the intensive care unit (ICU), where he received an intravenous diuretic, twice daily. Mr. PEREZ also received a CCP transfusion.
- **On July 8, 2020**, the MD intubated Mr. PEREZ and placed him on ventilatory support due to acute respiratory distress.

Synopsis of Death

- **On July 12, 2020**, at approximately 3:50 p.m., LMC called a code blue (medical emergency) for Mr. PEREZ. The responders palpated a pulse and an ICU nurse administered respirations

with a bag-valve mask without the endotracheal tube in place. The ED MD arrived and attempted to intubate Mr. PEREZ, but Mr. PEREZ became pulseless as advanced life saving measures continued. Mr. PEREZ never regained consciousness, and after approximately twenty minutes of life saving measures, the MD pronounced Mr. PEREZ dead at 4:24 p.m.

- The preliminary cause of death was COVID-19 pneumonia and manner of death was natural. Contributory causes of death include congestive heart failure and atherosclerotic and hypertensive cardiovascular disease.