



U.S. Immigration and Customs Enforcement (ICE) Detainee Death Report: PADRON, Wilfredo

General Demographic/Background Information

- **Date of Birth:** September 3, 1960
- **Date of Death:** November 1, 2018
- **Age:** 58
- **Sex:** Male
- **Country of Citizenship:** Cuba
- **Marital Status:** Married
- **Children:** One minor child

Immigration History

- Mr. PADRON was paroled into the United States on or about 07/16/1980 at or near Key West, FL.
- Mr. PADRON adjusted his status to that of a Lawful Permanent Resident on or about 08/15/1995 as of 10/10/1992.
- On 11/29/2001 Mr. PADRON was ordered removed by an Immigration Judge at Miami, FL.
- On August 15, 2018, ICE Enforcement and Removal Operations (ERO) Miami Fugitive Operations encountered and arrested Mr. PADRON at the ERO Miami Miramar Sub-Office after reporting for a scheduled order of supervision appointment.
- On this same date, ERO Miami revoked Mr. PADRON's release and transferred him to Krome Service Processing Center (KSPC) for removal.
- On August 17, 2018, ERO Miami transferred Mr. PADRON to Monroe County Detention Center (MCDC) pending repatriation efforts.

Criminal History

- 12/11/1985-VEHICLE THEFT/COCAINE POSSESSION-Convicted
- 06/08/1989-CARRYING CONCEALED WEAPON-Convicted
- 08/19/1991-COCAINE POSSESSION-Convicted
- 12/18/1991-AGGRAVATED ASSAULT-Convicted
- 11/12/1998-DWLS-Convicted
- 01/26/2002-DISORDERLY CONDUCT-Dismissed
- 02/28/2010-DRUG POSSESSION-Convicted

Medical History

- **On August 15, 2018**, a registered nurse (RN) completed Mr. PADRON's receiving screening and noted Mr. PADRON had a chronic condition requiring prioritization.
- **On August 16, 2018**, a RN completed Mr. PADRON's intake screening and noted Mr. PADRON had hypertension, pancreatitis, and prior left leg fracture. The RN observed him walking with a slow, steady gait and limp, as his left leg was shorter than the right.
- **On August 17, 2018**, an advanced practice provider (APP) completed Mr. PADRON's initial chronic care assessment and confirmed his chronic care history. In addition, the APP noted Mr. PADRON had been using a wheelchair to ambulate and denied any other chronic or acute medical complaints.



- **On August 18, 2018**, a physician (MD) co-signed the APP's initial chronic care note adding that Mr. PADRON should be added to the disability list. A RN noted that a wheelchair would be provided to the detainee while at MCDC and his chronic care medications were continued in accordance with his August 17, 2018 KSPC transfer summary.
- **On August 20, 2018**, an RN conducted a sick call assessment for Mr. PADRON's chief complaint of a runny nose. The RN noted Mr. PADRON's medical history and medications and added Mr. PADRON's newly reported history of a stroke in 2014 and 2018, with his last hospitalization in Arizona from January 24-31, 2018.
- **On August 29, 2018**, an RN conducted Mr. PADRON's health assessment and noted that he wears a bridge for missing teeth, cardiomegaly, hypertension, and a spot on the liver (reportedly diagnosed years ago but did not receive treatment). RN also noted, "Patient states a history of six strokes in the past and takes a baby aspirin."
- **On August 31, 2018**, Mr. PADRON submitted a written sick call request in English, stating that he "receives blood pressure medication at night." An RN scheduled a chart review with the APP for September 6, 2018.
- **On September 6, 2018**, at 11:32 a.m., an APP performed a chart review. Mr. PADRON's problem list included: allergic rhinitis, chronic pain due to trauma, chronic pancreatitis, and hypertension. The APP noted Mr. PADRON's medication list and changed his amlodipine from morning to nightly.
- **On October 26, 2018**, Mr. PADRON presented to the medical clinic for chest pain complaints, describing sharp, radiating pain to the left arm and back. Mr. PADRON was observed gripping his chest. An electrocardiogram (EKG) was performed and showed normal sinus rhythm with depressed ST. The RN initiated a telephone consultation with the APP, who ordered a hospital transfer to the Lower Keys Medical Center (LKMC) in Key West, FL, via emergency medical services (EMS). He was released back to MCDC about three hours later. According to the LKMC medical record, Mr. PADRON's chest x-ray results were: no active disease in the chest but indicated there was gas scattered throughout non-dilated bowel in non-specific pattern. There was severe deformity of the left hip with flattening of the femoral head, sclerotic and cystic changes with severe degenerative changes and near total obliteration of the joint space. There may be old post traumatic deformity of the left superior and inferior pubic rami. There were vascular calcifications. The EKG results were: normal sinus rhythm with non-specific ST abnormality. Mr. PADRON was diagnosed and treated for constipation.
- **On October 29, 2018**, an LPN monitored Mr. PADRON's blood pressure three times due to chest pain complaints. The LPN consulted with the APP. The APP ordered Mr. PADRON's placement in the medical housing unit due to his elevated blood pressure.
- **On October 31, 2018**, an RN documented that Mr. PADRON believed his medications were administered at the wrong time, causing his "BP to be worse, chest pains, headache, and similar symptoms of having a stroke like he did in the past." Mr. PADRON was escorted to the medical clinic for a blood pressure check. Mr. PADRON stated he wished to take the amlodipine 10 mg, as prescribed at the previous facility. The RN reviewed Mr. PADRON's medication and explained to him that his BP medications remained the same from KSPC. Mr. PADRON disagreed with the RN multiple times as she explained his medications. The RN offered to schedule Mr. PADRON for a medical appointment. Mr. PADRON stated he wanted to see the MD only. The RN scheduled Mr. PADRON to see the MD on November 11, 2018. The RN noted that Mr. PADRON was stable, even though his blood pressure was elevated.



Synopsis of Death

- **On November 1, 2018**, Mr. PADRON's roommate attempted to wake him for breakfast, but he was unresponsive. A medical emergency was then called over the radio.
 - At approximately 6:41 a.m., a RN and LPN arrived at the scene and found Mr. PADRON lying on the floor. The security staff initiated cardio-pulmonary resuscitation (CPR) which was in progress when the nurses arrived at the scene. Mr. PADRON was unresponsive, without a pulse. The nursing staff applied the automated external defibrillator to Mr. PADRON's chest. No rhythm was detected, and CPR was continued. Security staff contacted EMS.
 - At 6:49 a.m., EMS arrived and assumed CPR.
 - At 7:09 a.m., EMS transported Mr. PADRON to LKMC. The RN provided EMS a copy of Mr. PADRON's current medications and his history and physical.
 - At 7:47 a.m., security staff received notification from the LKMC's emergency room staff indicating that Mr. PADRON was pronounced deceased at 7:17 a.m.
- On March 8, 2019, the Monroe County Medical Examiner documented Mr. PADRON's cause of death as thrombosis of the right coronary artery due to atherosclerotic cardiovascular disease.