



Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

Inspection and Enforcement Unit, 1450 Energy Park Drive, Suite 200, St.Paul MN 55108
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INSPECTION DETAILS 180 Degrees, Inc. FOR:

Address: 236 Clifton Avenue, Minneapolis, MN 55403

MN Governing Rule: 2920 Adult Community-Based Residential Correctional Facility

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Detention Facility Inspector **Inspected on:** 11/06/2019 to 11/18/2019

Inspection Method: Facility tour, staff interviews, employee and resident file reviews, and related documentation reviews.

Officials Present During Inspection: Operations Manager Nuwoe Cooper

Officials Present for Exit Interview: Operations Manager Nuwoe Cooper

Issued Inspection Report to: CEO Dan Pfarr

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance	Total Compliance With Concerns	Compliance Rating	Substantial Compliance Result/Criteria
2920	Mandatory	24	20	3	1	87.50%	Compliance rating of 100%
2920	Essential	74	56	17	1	77.03%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 12/01/2019 **Ends On:** 11/30/2020 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: No **Biennial Status Annual Compliance Form Due On:**

Delinquent Juvenile Hold Approval: no approval

Certificate Holder: 180 Degrees, Inc.
236 Clifton Avenue S
Minneapolis, MN 55403

Special Conditions: None.

Approved Capacity Details **Operational Capacity is calculated as a percent of Approved Capacity beds.*

Bed Type	Gender	Approved Capacity	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Adult Community-Based Residential Correctional Facility	Male	34	100	34.00	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2920 - Mandatory Rules Not In Compliance**Total: 3**

1. 2920.3600 INSURANCE COVERAGE.

It is mandatory that the facility have professional liability insurance, workers' compensation, and physical plant insurance.

Inspection Findings:

Insurance Coverage Information was not available at the time of the inspection.

Corrective Actions:

Submit insurance coverage information to the inspector for review.

Response Needed By: 01/01/2020

2. 2920.3800 TRAINING PROGRAM. Subpart 2. In-service training program.

It is mandatory that the facility have a yearly training plan. The facility shall provide a minimum of 16 hours per year of training to help staff meet the individual and group needs of residents. The training must be relevant to the staff member's duties. The training must be documented.

Inspection Findings:

There is no yearly training plan in place. Staff have not received the required number of training hours.

Corrective Actions:

As discussed at the time of the inspection, create a yearly training plan and submit to the Department of Corrections. Create a plan that provides relevant training to all staff.

Response Needed By: 03/01/2020

3. 2920.7400 HEALTH CARE AND MEDICAL SERVICES. Subpart 3. Medication.

The program health care plan shall adhere to state and federal laws and rules regarding distribution of medications. The plan shall stipulate that medications be administered only as instructed by a licensed physician. It is mandatory that: A. the program administrator establish policies and procedures for reviewing the safe use, storage, and disbursement of prescription drugs. The policies must address which medication the residents are not allowed to keep on the resident's person; B. medications that cannot be kept on the resident's person must be kept in a secured area and documented when given to a resident; C. there are policies and procedures to address destruction of medication; and D. there are policies regarding the use of over-the-counter medications.

Inspection Findings:

Medication counts are not accurate and documentation was not complete.

Corrective Actions:

Ensure that all staff are trained in the delivery and documentation of medications. Document and submit to the Department of Corrections. This was noted in the last inspection.

Response Needed By: 03/01/2020**Chapter 2920 - Essential Rules Not In Compliance****Total: 17**

1. 2920.2000 MEETINGS TO BE HELD.

The governing board of the facility shall hold meetings at least biannually in order to establish policy and ensure conformity to legal and fiscal requirements.

Inspection Findings:

There was no information available at the time of the inspection.

Corrective Actions:

Submit meeting notes to the Department of Corrections.

Response Needed By: 01/01/2020

2. 2920.2100 RECORD MAINTENANCE.

The facility shall maintain records of its activities, including the minutes of board meetings, financial data, and statistical information. The records are subject to review by the commissioner.

Inspection Findings:

Board Meeting minutes or notes were not available at the time of the inspection.

Corrective Actions:

Submit to the Department of Corrections by 01/01/2020.

Response Needed By: 01/01/2020

3. 2920.2600 MONITORING SYSTEM.

The facility shall have a system to monitor the program through inspections and reviews by the program administrator or designated staff.

Inspection Findings:

There is not a system in place for monitoring and reviewing the program.

Corrective Actions:

**Create a monitoring system for the facility. This can be done through building inspections, interviews and house meetings.
Submit plan to the Department of Corrections.**

Response Needed By: 01/01/2020

4. 2920.2700 OPERATIONS MANUAL.

The adult community-based residential correctional facility shall have a policy and procedure manual that defines the philosophy and method for operating and maintaining the facility. This manual must be made available to all employees, reviewed annually, updated as needed, and used to train employees. The manual must include the following chapters: A. standards required by this chapter; B. administration and organization; C. fiscal management; D. personnel; E. training; F. admissions, orientation, property procedures, and discharge; G. resident activities; H. resident records; I. medical and health care services; J. resident rules and discipline; K. communication, mail, and visiting; L. safety and emergency; M. security and resident accountability; N. sanitation and hygiene; and O. food service. The program administrator or designee shall annually review the policy and procedure manual. The review must be documented in writing sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

Inspection Findings:

The Operations Manual does not include all elements in the rule.

Corrective Actions:

**Update Operations Manual to include A-O in the manual. Review this manual annually and document.
Send updated manual to the Department of Corrections.
This was noted in the last inspection.**

Response Needed By: 03/01/2020

5. 2920.3000 ANNUAL WRITTEN BUDGET.

The program administrator or designated employee shall prepare an annual written budget of anticipated revenues and expenditures which is approved by the governing board.

Inspection Findings:

This was not available at the time of the inspection.

Corrective Actions:

Submit annual budget to the Department of Corrections for review.

Response Needed By: 01/01/2020

6. 2920.3200 FINANCIAL AUDIT.

The facility fiscal process must include an annual financial audit.

Inspection Findings:

The audit was not available at the time of the inspection.

Corrective Actions:

Submit annual audit to the inspector for review.

Response Needed By: 01/01/2020

7. 2920.3400 WRITTEN FISCAL SYSTEM.

The facility shall have a written fiscal system that accounts for all income and expenditures on an ongoing basis and shall include internal controls, petty cash, bonding, signature control on checks, resident funds, and employee expense reimbursement.

Inspection Findings:

There was no written account available at the time of the inspection.

Corrective Actions:

Submit to the Department of Corrections for review.

Response Needed By: 01/01/2020

8. 2920.3700 PERSONNEL POLICIES; GENERAL. Subpart 1. Written policies.

There shall be written personnel policies for personnel employed by the adult community-based residential correctional facility, which specify salaries, increments, hours of work, work schedule, benefits, periodic performance evaluation, and other conditions of employment.

Inspection Findings:

Personnel Policies were not available at the time of the inspection. This documentation was requested to be emailed but as of the date of this report nothing has been received.

Corrective Actions:

Submit personnel policies to the Department of Corrections.**Response Needed By: 03/01/2020**

9. 2920.3700 PERSONNEL POLICIES; GENERAL. Subpart 3. Policies available to commissioner.

The personnel policies shall be available to the commissioner.

Inspection Findings:

The policy manual were requested at the time of the inspection. These were not available and as of the date of this report have not been submitted to the inspector for review.

Corrective Actions:**Submit the policy manual to the Department of Corrections.****Response Needed By: 03/01/2020**

10. 2920.3700 PERSONNEL POLICIES; GENERAL. Subpart 8. Maintenance of personnel record.

The facility shall make provisions for, and allow time for, a personnel record to be kept for each staff member which includes date of beginning and end of employment, hours, salary or wages, qualifications, evaluations, resume or application, references, and training sessions.

Inspection Findings:

Personnel files were not available at the time of the inspection.

Corrective Actions:**A future date will be set for the inspector to do an on-site visit to review these files to ensure compliance with hiring procedures and other required documentation.****Response Needed By: 03/01/2020**

11. 2920.3800 TRAINING PROGRAM. Subpart 4. First aid training.

Employees who provide direct service to residents must have first aid and cardiopulmonary resuscitation (CPR) training. Certificates or documents verifying current training must be kept in the staff member's file. Training must be provided by a certified instructor. At least one staff member in the facility must have current first aid and CPR training.

Inspection Findings:

Not all of the staff are current in CPR, First Aid and other required trainings.

Corrective Actions:**Ensure all staff are current with training and that verification is located in the training files.****Response Needed By: 03/01/2020**

12. 2920.4400 ADMISSION FORM.

The adult community-based residential correctional facility referral form on each client to be admitted into residency includes at a minimum: A. name; B. address; C. date of birth; D. sex; E. reason for referral; F. whom to notify in case of emergency; G. date information gathered; H. signature of both interviewee and interviewer gathering information; I. name of referring agency of committing authority; J. special medical problems or needs; K. legal status, including jurisdiction, length, and conditions of placement; L. financial arrangements for medical care; M. financial arrangements for placement; N. present medications; O. driver's license or Minnesota state identification number; and P. vehicle title and vehicle insurance, if applicable.

Inspection Findings:

The admissions form does not include all elements listed in the rule. Some of the information gathered is scattered throughout the file and not gathered on the admission form. Not all files contained an admissions form.

Corrective Actions:

Update client intake form to include all elements listed in the rule.

Ensure that case managers are completing an intake form and that it is located in the resident files. This was noted in the last inspection.

Response Needed By: 01/01/2020

13. 2920.5900 SECURITY PROCEDURES.

Written policies regarding security measures are required and must include: A. that the staff shall maintain a system of accounting for the residents at all times; B. that the facility shall have written procedures for the reporting of absconders; C. that the facility shall notify appropriate probation officers, parole officers, victims, if legally required, and other relevant officials as soon as it has been determined that a resident is missing; D. that the written policy shall prohibit weapons of any kind from being brought into the facility except by peace officers during the course of duties. The facility may have policy regarding the use of chemical agents by trained staff members; and E. a key inventory system for facility and resident keys.

Inspection Findings:

Policy states that checks should be done on residents at least every two hours and this is not being done or is not recorded on the inmate accountability form.

Corrective Actions:

Ensure that residents are accounted for according to facility policy.

It is recommended that staff are retrained on policy and the importance of these checks.

This was noted in the last inspection.

Response Needed By: 01/01/2020

14. 2920.6200 SEARCHES.

In compliance with applicable laws, the facility shall maintain and post written policies and procedures for conducting searches of residents, their belongings, and all areas of the facility to control contraband and locate missing or stolen property. The facility must have a policy that addresses searches of visitors.

Inspection Findings:

There is a policy in place, however searches are not completed on a regular basis. Rooms have property scattered everywhere and it appears it would be extremely difficult to complete an inspection.

Corrective Actions:

Complete room inspections according to policy.

Response Needed By: 01/01/2020

15. 2920.6400 FIRE SAFETY; POLICY AND PROCEDURES.

Written policy and procedures must specify the facility's fire prevention regulations and practices. New staff must be trained on these procedures during facility orientation. These procedures must include: A. provision for an adequate fire protection service; B. a system of fire inspection and testing of equipment determined by the local fire official; C. smoke detectors; D. annual fire drills and extinguishers; and E. procedures requiring one staff member to be knowledgeable about potential fire hazards and to make monthly inspections that must be documented.

Inspection Findings:

Fire drills re completed once a month, however there is no documentation of training on fire protection equipment, potential fire hazards or documentation of monthly fire inspections.

Corrective Actions:

Conduct and document monthly fire inspections. Include fire protections service training in the annual training plan. Ensure monthly fire inspections are completed and documented.

Response Needed By: 03/01/2020**16. 2920.6500 DISASTERS AND EMERGENCIES; PLANS AND PROCEDURES. Subpart 2. Reporting of unusual occurrences.**

Incidents of an unusual or serious nature must be reported within ten days of the incident to the Department of Corrections in a manner required by the department. Incidents of an unusual or serious nature include such incidents as: A. attempted suicide; B. suicide; C. homicide; D. death, by means other than suicide or homicide; E. serious injury or illness incurred subsequent to placement including incidents resulting in hospitalization for medical care or hospitalization associated with mental health needs; F. incidents of fire requiring medical treatment of staff or residents or a response by a local fire authority; G. riot; H. assaults of one resident by another; I. assaults of staff by resident; J. occurrences of infectious diseases and action taken relative to same when a medical authority has determined that the inmate must be isolated from other inmates; and K. sexual misconduct between residents or between staff and a resident.

Inspection Findings:

There have been no incidents reported to the Department of Corrections since February 26, 2016 even though the facility has had reportable incidents.

Corrective Actions:

Report incidents as discussed at the time of the inspection. The program manager shall report all reportable incidents from 11/1/2018 to the present.

Response Needed By: 03/01/2020**17. 2920.6600 BUILDINGS AND GROUNDS. Subpart 1. General.**

Building and grounds must be clean and in good repair. There must be a maintenance budget for ongoing repair and replacement of equipment for the facility.

Inspection Findings:

The facility in general was extremely dirty.

Duct tape was used in several areas to repair damage. Bathroom shower tiles were found to be damaged or missing. Windows in bathrooms and resident sleeping areas were found to be damaged or broken. Many windows were missing screens.

Corrective Actions:

The facility recently hired new maintenance personnel. Items in need of repair were noted at the time of the inspection. Noted items shall be completed by March 1, 2020.

Response Needed By: 03/01/2020**Chapter 2920 - Mandatory Rules In Compliance With Concerns****Total: 1****1. 2920.3700 PERSONNEL POLICIES; GENERAL. Subpart 7. Ratio of staff to licensed capacity.**

It is mandatory that the ratio of staff to residents must be at least one staff person for every 40 residents on site. The facility must have staff appropriate to the provided programming.

Inspection Findings:

The facility is understaffed. They are two direct service positions down and one case manager short. Staff are working excessive amounts of overtime.

Corrective Actions:

It is imperative that the Program Manager work with the CEO to begin the process of hiring for these vacant positions.

Response Needed By:**Chapter 2920 - Essential Rules In Compliance With Concerns****Total: 1****1. 2920.6500 DISASTERS AND EMERGENCIES; PLANS AND PROCEDURES. Subpart 1. Plans.**

There shall be written plans and procedures for meeting potential disasters and emergencies, such as fire, severe weather, or other emergencies. All staff shall be familiar with the procedures for meeting potential disaster.

Inspection Findings:

These plans should be updated to include the use of the new fire escape route.

Corrective Actions:

Submit new escape route plans to the Department of Corrections.

Response Needed By:

INSPECTION COMMENTS**Physical Plant:**

The facility overall was dirty and there are many areas in need of repair. These items were noted by maintenance personnel during the inspection. Most notably were the missing tiles and floor boards and general repairs that were done using duct tape.

Training is an area of great concern. Training records indicate that the only training staff are receiving are CPR and First Aid. Suggestions for training were discussed at the time of the inspection. Medication delivery training should also be added to the yearly training plan. Conducting scenario based emergency drills was also suggested.

The Program Manager will be leaving December 2019. It is imperative that the facility contact the Department of Corrections when a replacement is hired.

180 degrees shall develop an overall plan including time lines to address the multiple deficiencies noted during the inspection. Failure to do so may result in a reduction of bed capacity until the noted deficiencies are corrected.

The facility will be placed on annual inspections.

JJDP A Compliance

N/A

Report completed By: Jen Pfeifer – Detention Facility Inspector

Signature:

