



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 FOR:

180 Degrees, Inc.

Address: 236 Clifton Avenue S, Minneapolis, MN 55403

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

Inspection Type: Annual **Inspected By:** Lauren Bizzotto – Detention Facility Inspector **Inspected on:** 10/06/2023 to 11/27/2023

Inspection Method: Facility tour, staff and resident interviews, staff and resident file reviews, policy and procedures manual, and other related documentation reviews.

Officials Present During Inspection: Operations Manager Tony Hunter

Officials Present for Exit Interview: Operations Manager Tony Hunter

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	25	20	5	0	80.00%	Compliance rating of 100%
2920	Essential	75	67	8	0	89.33%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2023 **Ends On:** 11/30/2024 **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: 5**

1. 2920.3800 TRAINING PROGRAM. Subpart 1. Orientation session for new employees.

It is mandatory that the facility provide an orientation session for new employees. There must be a minimum of 30 hours of training that is relevant to staff duties and the population served. The training must be documented.

Inspection Findings:

The facility could not provide documentation showing the staff completed their orientation in the three files reviewed.

Corrective Actions:

Within 30 days of this order, develop a process where orientation training is documented, and the hours are tracked, and then submit this plan to the DOC. Ensure all staff have completed the required 30 hours of orientation training.

Response Needed By: 01/30/2024

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:

The facility could not provide a yearly training plan listing the courses, a brief description, hours, and projected dates.

Corrective Actions:

Within 30 days of receipt of this order, develop and submit an in-service training plan for calendar year 2024 of training relevant to staff member's duties. In the training plan, include scheduled dates, course descriptions, and hours of training.

Response Needed By: 01/30/2024

3. 2920.3900 MANTOUX TEST OR CHEST X RAY REQUIRED.

It is mandatory that staff and residents be screened for tuberculosis according to Minnesota Statutes, section 144.445.

Inspection Findings:

One resident of the three resident files reviewed did not contain documentation showing that the resident was screened according to Minnesota Statutes, section 144.445.

Corrective Actions:

Immediately ensure all residents are screened for tuberculosis within the allotted time frame per state statute 144.445. Within 30 days of receipt of this order, the current residents not screened must have tuberculosis screening documentation in their file.

Response Needed By: 01/30/2024

4. 2920.6300 COMPLIANCE WITH LAWS.

It is mandatory that the facility comply with zoning codes, building codes, housing codes, and health and fire codes. It is the responsibility of the program administrator to request necessary inspections. Health and fire inspections must be done as required by the health and fire department. Written documentation that all building and zoning codes are met must be on file at the facility.

Inspection Findings:

The facility installed a fence over the last two years. Hennepin County determined that the fence is out of compliance with the city of Minneapolis due to its height. The facility did not notify the DOC about plans for building the fence or about the fence being out of compliance. The facility is waiting to hear back from the city about a possible variance being granted for the fence.

Both health and fire inspections were out of date during the inspection. This has been corrected.

Corrective Actions:

Immediately notify the DOC upon receiving the decision about the variance for the fence. All future construction plans must be submitted to the DOC for review and approval before construction begins.

Ensure there is a plan in place for all health and fire inspections to be completed on time.

Response Needed By: 01/30/2024

5. 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:

This inspector could not conduct a medication audit as there was no current medication count. During the review of medications, this inspector found the medication cabinet to be unlocked and accessible to anyone. This was cited with concerns in the last inspection conducted on November 8, 2021.

Corrective Actions:

Staff will count medications, and the amount will be logged initially upon intake and refill. Following the initial count, best practice would indicate that counts are done at least weekly so that when the administration review occurs, the count can be compared to the weekly count completed by staff. When not in use, the medication cabinet must be locked, and the key should be securely stored. Within 30 days of receipt of this order, the facility must submit a plan that meets all applicable requirements.

Response Needed By: 01/30/2024

Chapter 2920 - Essential Rules Not In Compliance

Total: 8

1. 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:

A review of tasks revealed that some processes required by the rule and policy have no regularly scheduled supervisory reviews. This was a concern during the last inspection conducted on November 5, 2021.

Corrective Actions:

The facility must develop a system that ensures supervisory review of processes for medication audits, room checks, room search logs, well-being checks - timing and camera reviews, fire drills, staff training, case plan reviews, and other routine tasks required by the rule are conducted. Documented supervisory reviews/inspections of the process ensure accountability in staff completing the tasks correctly and will allow an opportunity for retraining if necessary. Within 30 days of receipt of this report, submit a plan that meets all applicable rule requirements.

Response Needed By: 01/30/2024

2. 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:

Five of five personnel files reviewed did not contain updated CPR and first aid training certifications. A staff member with current CPR and first aid training was not always working.

Corrective Actions:

Ensure all staff are current on their CPR and first aid training certification. The findings were immediately addressed with the facility, and they corrected the issue.

Response Needed By:

3. 2920.4900 RESIDENT RECORDS. Subpart 3. Plan.

Facility staff and the resident shall develop a written service plan that specifies the needs of the resident; the expected goals and objectives of the individualized plan; the participation of the resident, staff, support services, and community resources in the attainment of these goals and objectives; and the resident's progress in meeting the goals.

Inspection Findings:

The service plans lack objectives and do not always document realistic goals for the residents' time in the program. Some progress and goal completion is noted in case notes, but not always in detail with objectives or additional goals.

Corrective Actions:

Within 30 days of receipt of this order, retrain staff on developing a service plan and creating attainable goals and submit the training documentation to the DOC.

Response Needed By: 01/30/2024

4. 2920.5400 FOOD SERVICE. Subpart 1. Sanitation and health regulations.

When the facility provides or contracts for food service, the service must comply with and meet all sanitation and health regulations.

Inspection Findings:

The health and sanitation report was outdated during the inspection, with the last one completed on October 6, 2022.

Corrective Actions:

This was corrected, and no further action is needed.

Supervisory staff should consider more frequent oversight of these areas.

Response Needed By:

5. 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:

The facility policy states that staff should complete accountability checks every two hours. A review of three 24-hour periods shows the accountability checks are late 15 times. This is a repeat violation. The facility was also cited on November 8, 2021, during the last inspection conducted.

Corrective Actions:

Within 30 days of receipt of this order, the facility must retrain staff on facility policy for accountability checks and submit the documentation to the DOC.

Response Needed By: 01/30/2024

6. 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:

Some bathrooms and bedroom areas needed cleaning and maintenance. In some bedrooms, there appeared to be old food, beverages, and garbage. Per facility policy, residents are not allowed food in their rooms. The bathrooms appeared dirty and needed tile repairs, paint touch-ups, lightbulb replacement, and grime and garbage removal. Screens are missing on many windows. This was a concern noted on the November 8, 2021, inspection report.

Corrective Actions:

Within 30 days of receipt of this order, submit a plan to address the maintenance and sanitation concerns following facility policy.

Response Needed By: 01/30/2024

7. 2920.6800 FURNISHINGS PROVIDED EACH RESIDENT.

Each resident shall be provided, at a minimum: bed, mattress, supply of bed linen and towels, adequate lighting, and closet/locker space.

Inspection Findings:

At least three rooms did not have adequate lighting. In one room, lights were flickering when they were on. There were no light bulbs in some of the light fixtures in at least two resident rooms.

Corrective Actions:

Within 30 days of receipt of this order, fix or replace all lighting fixtures that are not working correctly and replace bulbs.

Response Needed By:

8. 2920.7600 PERSONNEL RECORDS. Subpart 1. General requirement; contents of record.

The adult community-based residential correctional facility shall maintain an accurate personnel record on each employee which shall include: A. initial application; B. appropriate results of employment investigation, if done; C. training and experience verification; D. wage and salary information; E. job performance evaluation completed at least annually; F. training programs which the employee participated in after employment began; G. documentation of sick leave, leave of absence, and vacation; H. grievance and disciplinary actions, if any; I. tuberculosis screening as required by law; J. dates of employment and termination with reason for termination; and K. results of a criminal history check.

Inspection Findings:

Three of the three reviewed personnel files did not have annual evaluations completed.

Corrective Actions:

Within 30 days of receipt of this order, current staff who have been at the facility for over a year must have an updated annual review documented in their file.

Response Needed By:

INSPECTION COMMENTS

The on-site inspection for the 180 Degrees residence occurred on October 6 and October 27, 2023. It consisted of a full tour of the physical plant, staff and resident interviews, discussions with administrators, and reviewing all policies, procedures, and programming. The wrap-up meeting with the facility administration occurred on October 27, 2023.

During the visit on October 6, 2023, the necessary documentation was not readily available to the inspector, resulting in a return visit on October 27, 2023. Although the inspector notified the administration of the documentation needed for the inspection, some documents were unavailable.

During the inspection, most of the staff did not have their CPR certification updated. The facility was required to submit its roster and schedule to the DOC to verify that a staff member was certified in CPR on each shift until the staff received proper training.

This inspector observed positive and proactive conversations between residents and the staff throughout the inspection process. Both staff and residents are looking forward to the remodel, as it will include some great areas for the residents to work and focus on their release. The DOC construction inspector approved the remodel plans, and construction will start soon.

JJDP A Compliance

N/A.

Report completed By: Lauren Bizzotto – Detention Facility Inspector

Signature:

