



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

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## INSPECTION DETAILS FOR:

### Beltrami County Jail

**Address:** 626 Minnesota Avenue NW, Bemidji, MN 56601

**MN Governing Rule:** 2911 Local Adult Detention Facilities

**Inspection Type:** Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 03/27/2024

**Inspection Method:** Facility walk-through, staff and inmate interviews, staff and inmate file reviews, facility documentation and video reviews.

**Officials Present During Inspection:** Chief Deputy Jarrett Walton; Jail Administrator Calandra Allen

**Officials Present for Exit Interview:** Chief Deputy Jarrett Walton; Jail Administrator Calandra Allen

**Issued Inspection Report to:** Chief Deputy Jarrett Walton; Jail Administrator Calandra Allen; Sheriff Jason Riggs; County Administrator Tom Berry; Regional Manager Jake McLellan

## RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance	Total Compliance With Concerns	Compliance Rating	Substantial Compliance Result/Criteria
2911	Mandatory	126	117	8	1	93.65%	Compliance rating of 100%
2911	Essential	102	98	2	2	98.04%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 06/01/2024 **Ends On:** 05/31/2025 **Facility Type:** Jail  
**Placed on Biennial Status:** No **Biennial Status Annual Compliance Form Due On:**  
**Delinquent Juvenile Hold Approval:** no approval **Certificate Holder:** Beltrami County Sheriff's Office  
**Special Conditions:**

### 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
Secure	Coed	80	90	72.00	None.	

## RULE COMPLIANCE DETAILS

### Chapter 2911 - Mandatory Rules Not In Compliance

**Total: 8**

- 2911.2500 SEPARATION OF INMATES. Subpart 1. General.

A combination of separate housing units inclusive of special management areas, general population, and minimum security areas and cells, dormitories, and dayroom spaces shall be provided to properly segregate inmates pursuant to Minnesota Statutes, section 641.14. The facility shall provide for the separate housing of the following categories of inmates: A. female and male inmates; B. community custody inmates such as work release or sentencing to service; C. inmates requiring disciplinary segregation; D. inmates requiring administrative segregation; E. juveniles who do not meet Minnesota statutory requirements for placement with adults; F. special management, general population, and minimum security inmates as considered appropriate to the facilities design intent and classification system; and G. inmates classified as mentally ill or special needs inmates in a manner consistent with Minnesota Statutes, section 253B.05.

**Inspection Findings:**

The facility is not separating inmates according to their assigned classification. Maximum custody inmates were found to be housed with inmates classified as medium. Medium classified inmates were found to be housed with those classified as minimum.

**Corrective Actions:**

**The facility shall provide training for all staff on classification and separation standards outlined in the rule. This training shall be documented and submitted to the Department of Corrections for review by May 31, 2024.**

**Response Needed By: 05/31/2024**

2. 2911.6500 STORAGE. Subpart 1. Locked area.

Medication shall be stored in a locked area. The storage area shall be kept locked when not in use by authorized staff.

**Inspection Findings:**

Medication carts were not locked and were not in use at the time the inspector was in the medical unit.

**Corrective Actions:**

**Medication carts shall be locked when not in use. The inspector shall monitor during onsite visits to the facility.**

**Response Needed By: 05/31/2024**

3. 2911.6500 STORAGE. Subpart 2. Refrigeration.

Medication requiring refrigeration shall be refrigerated and secured and the temperature checked daily. There must be separate refrigeration for medications only.

**Inspection Findings:**

Temperature checks of the medication refrigerator were not recorded daily as required.

**Corrective Actions:**

**The facility shall ensure that temperature checks are completed daily. The inspector will monitor compliance.**

**Response Needed By: 04/30/2024**

4. 2911.6500 STORAGE. Subpart 5. Controlled substances.

There shall be a procedure for maximum security storage of and accountability for controlled substances.

**Inspection Findings:**

Controlled substance counts were not accurate and were not documented as required for accountability.

**Corrective Actions:**

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**In conjunction with the medical authority, the facility shall develop an audit system to ensure that all medications are accounted for accurately. The system for auditing shall be submitted to the Department of Corrections for review. Completed audits shall be submitted to the inspector for review on the 30th day of each month for a period of 90 days.**

**Response Needed By: 08/31/2024**

5. 2911.6500 STORAGE. Subpart 6. Needles and other medical sharps.

There shall be a written policy and procedure for the control and disposal of medical sharps and supplies. Medical sharps and supplies when used or stored in inmate housing areas shall be accounted for and secured in a locked area.

**Inspection Findings:**

Sharps found in the medical cart were unaccounted for on the inventory control sheet. Counts of sharps were not accurate.

**Corrective Actions:**

**In conjunction with the health authority, the facility shall create a system for auditing medical sharps to ensure accountability. The audit system shall be submitting to the inspector for review. Completed audits shall be submitted to the inspector on the 30th of each month for a period of 90 days.**

**Response Needed By: 08/31/2024**

6. 2911.6600 DELIVERY. Subpart 14. Expiration of medication order.

Health care personnel shall be notified of impending expiration of a medication order so that it can be determined whether the medication should be continued or altered.

**Inspection Findings:**

Expired over the counter medications were found to be active and in use in the medication storage area.

**Corrective Actions:**

**All expired medications shall be disposed of and not available for inmate use. This will be monitored by the inspector during onsite visits to the facility.**

**Response Needed By: 04/30/2024**

7. 2911.6600 DELIVERY. Subpart 5. Recording deliveries.

A person responsible for delivering medications shall do so according to orders, and record the delivery of medications in a manner approved by the health care authority.

**Inspection Findings:**

Delivered medications were not recorded on the MAR as required. This was discussed with medical in detail at the time of the inspection.

**Corrective Actions:**

**Medication deliveries shall be recorded at the time of delivery. This will be monitored by the inspector during onsite visits to the facility.**

**Response Needed By: 04/30/2024**

8. 2911.6800 CONTROL. Subpart 1. Records.

Records of receipt, the quantity of the drugs, and the disposition of all prescription medications shall be maintained in detail to enable an accurate accounting.

**Inspection Findings:**

Medication counts were not accurate in the medication cart. This is a repeat violation from the last annual inspection.

**Corrective Actions:**

**The facility shall maintain an accurate and regular system of accounting for medications. When errors are found they must be documented to include how the error was rectified. In conjunction with the medical authority, the facility shall create a system of auditing all medications. This audit shall be submitted to the inspector for review. Medication audits shall be submitted to the inspector on the 30th of each month for a period of 90 days.**

**Response Needed By: 08/31/2024****Chapter 2911 - Essential Rules Not In Compliance****Total: 2**

## 1. 2911.1300 CUSTODY STAFF TRAINING.

A facility shall have a written policy and procedure that provides that all custody staff receive 120 hours of orientation and training during the first year of employment. Forty of these hours are completed prior to being independently assigned to a particular post. All persons in this category are given an additional 16 hours of training each subsequent year. At a minimum, training completed before independent assignment to a particular post shall include: A. security procedures; B. supervision of inmates; C. signs of suicide risk and suicide precautions; D. vulnerable inmates; E. response to resistance regulations and tactics; F. report writing; G. inmate rules and regulations; H. rights and responsibilities of inmates; I. fire and emergency procedures; J. key control; K. interpersonal relations and communication skills; L. diversity training; M. distribution of medications; N. right to know; and O. blood-borne pathogens and communicable diseases.

**Inspection Findings:**

Documentation did not show that new employees received at least 120 hours of initial training or at least 40 hours of training prior to independent assignment to a post. Additionally, staff training records were not maintained in a manner in which the inspector could review for compliance. Training records were unorganized and not sufficient for the inspection to identify that all staff completed the required number of training hours.

**Corrective Actions:**

**Ensure that all staff members have the correct amount of documented training and refresher training that is designated as mandatory in facility policy. Update all training records and submit to the Department of Corrections for review.**

**Response Needed By: 06/30/2024**

## 2. 2911.7300 FIRE INSPECTION. Subpart 4. Weekly inspection.

There shall be an applicable fire code and safety inspection of the facility at least weekly by a designated staff member.

**Inspection Findings:**

Weekly fire and safety inspections were not completed on May 21, August 27, and November 5, 2023.

**Corrective Actions:**

**Fire inspections shall be completed weekly. The facility administrator or designee shall monitor for compliance and report any missed inspections to the inspector for a period of 90 days.**

**Response Needed By: 08/31/2024****Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 1**

## 1. 2911.1000 TRAINING PLAN.

A facility administrator or designee shall develop and implement a training plan for the orientation of new employees and volunteers and provide for continuing in-service training programs for all employees and volunteers. Training plans shall be documented and describe curriculum, methods of instruction, and objectives. In-service training plans shall be prepared annually and shall provide documentation indicating that training for individual employees has taken into consideration their length of service, position within the organization, and previous training completed.

**Inspection Findings:**

There is a training plan in place, however it does not include all elements required in the rule.

**Corrective Actions:**

**The training plan shall include methods of instruction, objectives of training, and describe each curriculum used.**

**Response Needed By:**

**Chapter 2911 - Essential Rules In Compliance With Concerns**

**Total: 2**

**1. 2911.1600 DESIGNATED TRAINING OFFICER.**

A facility shall have a designated training officer responsible for: A. maintenance of training plans as required in part 2911.1000; B. maintenance of training records in sufficient detail to allow inspector assessment of compliance with parts 2911.1100 to 2911.1700; and C. documentation of waivers of training requirements based on equivalent training received before employment or demonstrated competency through proficiency testing.

**Inspection Findings:**

Training records were unorganized and not sufficient for the inspector to identify that all staff completed the required number of training hours.

**Corrective Actions:**

**Training records shall be organized in such a way that are easy to identify what trainings have been completed and the number of hours each staff have completed.**

**Response Needed By:**

**2. 2911.4900 SECURITY INSPECTION.**

The facility shall have a written policy and procedure to require the facility administrator or designee to inspect all areas within the security perimeter, and equipment at least monthly and initiate corrective action if needed.

**Inspection Findings:**

There is a monthly security inspection but it does not include all of the security equipment or devices for the facility such as duress buttons, the restraint chair, the evacuation bag, and cut down knives.

**Corrective Actions:**

**Update the monthly security check to include all security equipment the facility uses. Documentation should be kept for verification purposes.**

**Response Needed By:**

**INSPECTION COMMENTS****PHYSICAL PLANT INSPECTION:**

- 1) The lack of storage noted in the 2023 inspection report including the intake area is still a concern. The intake area is insufficient for the number of bookings conducted annually and the intake holding cells and property storage are not integrated into the space making this area staff intensive.
- 2) The recreation and visiting spaces are not large enough for inmates to participate in active recreation. The space is not sufficient for the number of inmates and does not meet the needs of the inmate population. The decentralized program design is split between floors increasing the amount of inmate movement and staff time.
- 3) The design of the bunks and showers include several ligature points that would not meet current construction standards. Beltrami County has not addressed these deficiencies since the last annual inspection. It is recommended the County study options to mitigate these ligature points in the facility. A plan shall be submitted to the Department of Corrections that address these concerns for approval by June 30, 2024.

The facility will remain on an annual inspection cycle.

**JJDPA Compliance**

On March 26, 2024, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Beltrami County jail has no approval to hold delinquent juveniles. According to DOC Portal and facility records the Beltrami County jail held or processed zero (0) juveniles from October 2023 through the date of inspection.

DSO: No violations determined.

Jail Removal: No violations determined.

Sight and Sound Separation: No violations determined.

Based on these facts and documentation that reviewed, no violations of the JJDP Act were identified during the Beltrami County Jail inspection.

**Report completed By:** Jen Pfeifer – Senior Detention Facility Inspector

**Signature:**

