



## 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:

#### Bethel Work Release Center

**Address:** 23 Mesaba Avenue, Duluth, MN 55806

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

**Inspection Type:** Biennial **Inspected By:** Lauren Bizzotto – Detention Facility Inspector **Inspected on:** 02/20/2025

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

**Officials Present During Inspection:** Program Director Andrea Cowdell

**Officials Present for Exit Interview:** Program Director Andrea Cowdell

**Issued Inspection Report to:** Executive Director Lisa Rindal; Program Director Andrea Cowdell

### RULE COMPLIANCE SUMMARY

| Rule Chapter | Requirement Type | Total Applicable | Total Compliance | Total Non Compliance | Total Compliance With Recommendations | Compliance Rating | Substantial Compliance Result/Criteria |
|--------------|------------------|------------------|------------------|----------------------|---------------------------------------|-------------------|--|
| 2920         | Mandatory        | 25               | 22               | 2                    | 1                                     | 92.00%            | Compliance rating of 100%              |
| 2920         | Essential        | 81               | 76               | 4                    | 1                                     | 95.06%            | Compliance rating of 90%               |

### TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 04/01/2025 **Ends On:** 03/31/2027 **Facility Type:** Adult Community-Based Residential Correctional Facility

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 03/31/2026

**Delinquent Juvenile Hold Approval:** no approval **Certificate Holder:** Duluth Bethel

**Special Conditions:** None.

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

| Bed Type  | Gender | Approved Capacity | Effective Date | %Operating Capacity | Operational Capacity | Bed Details | Conditions  |
|---|--------|-------------------|----------------|---------------------|----------------------|-------------|---|
| Adult Community-Based Residential Correctional Facility | Coed   | 40                | 3/11/2025      | 100                 | 40.00                | None.       | 16 female beds<br>24 male beds<br>These beds are coed and can be adjusted at any time based on the needs of the facility. |

### RULE COMPLIANCE DETAILS

**Chapter 2920 - Mandatory Rules Not In Compliance****Total: 2****1. 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 has a training plan but does not document the training hours completed by staff.

**Corrective Actions:**

**Within 30 days of receipt of this report, develop a plan to immediately start documenting staff's completed training hours and submit it to the Department of Corrections. The facility must submit the staff training completed in 2024, and the training completed so far in 2025.**

**Response Needed By: 05/07/2025****2. 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:**

Two of the seven medication records reviewed were documented in the system, but the count was not displaying, making auditing those medications impossible.

**Corrective Actions:**

**Within 30 days of receipt of this report, develop and submit a plan to the Department of Corrections that ensures all medications are accounted for.**

**Response Needed By: 05/07/2025****Chapter 2920 - Essential Rules Not In Compliance****Total: 4****1. 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 facility does not have a referral form including all elements of this Rule part.

**Corrective Actions:**

**Within 30 days of receipt of this report, develop a referral form including all elements of this Rule part.**

**Response Needed By: 05/07/2025****2. 2920.4900 RESIDENT RECORDS. Subpart 5. Summary of resident's progress.**

The record must include a summary of the resident's progress. These reports must be recorded regularly and must include the following: A. significant incidents, both positive and negative; B. changes in family situation; C. future planning; D. summary of resident's development; E. grievances, and F. disciplinary actions, if any.

**Inspection Findings:**

A review of the resident's progress notes showed that two of the three plans lacked details about future planning and goals.

**Corrective Actions:**

**Within 30 days of receipt of this report, retrain case managers to assist residents with developing goals and future planning and submit the documentation to the Department of Corrections. The inspector will monitor this during future site visits.**

**Response Needed By: 05/07/2025**

3. 2920.5400 FOOD SERVICE. Subpart 7. Substitutions.

A facility must keep records of one menu rotation and substitutions actually served. Substitutions must be of equal nutritional value.

**Inspection Findings:**

The facility does not keep records of substitutions served.

**Corrective Actions:**

**Within 30 days of receiving this report, the facility must develop a plan to ensure that it is keeping records of substitutions served.**

**Response Needed By: 05/07/2025**

4. 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:**

During the tour, areas of the building were dirty and needed repair. Dust was in the vents, and the floor and baseboards were dirty. The 'UA bathroom' on the woman's side appeared to have possible mold in the shower. The 'west bathroom' had corrosion areas in the middle shower and needed repair. Numerous ceiling tiles were pointed out during the inspection as needing to be replaced.

**Corrective Actions:**

**Within 30 days of receipt of this report, submit a plan to the Department of Corrections that identifies how the above-identified issues will be addressed. The inspector will monitor this during future site visits.**

**Response Needed By: 05/07/2025**

**Chapter 2920 - Mandatory Rules In Compliance With Recommendations**

**Total: 1**

1. 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 of five resident records reviewed did not have an updated tuberculosis screening. The Mantoux expired on February 8, 2025, and the resident was discharged February 24, 2025.

**Corrective Actions:**

**Within 30 days of receipt of this report, develop a plan to ensure all residents have an updated tuberculosis screening on file.**

**Response Needed By:**

**Chapter 2920 - Essential Rules In Compliance With Recommendations**

**Total: 1**

1. 2920.6700 BEDROOMS; REQUIREMENTS. Subpart 2. Multibed bedrooms.

Multibed bedrooms must provide 60 square feet per person of usable floor space with three feet between beds placed side by side, and one foot between beds placed end to end for ambulatory residents. For nonambulatory/nonmobile residents, the multibed bedrooms must provide 80 square feet of usable floor area. Multibed bedrooms for active, nonambulatory, mobile residents must be at least 100 square feet per resident. Mobility space at the end and one side of each bed must not be less than four feet per resident.

**Inspection Findings:**

During a tour of the facility, a review of room dimensions identified that the facility did not meet the size requirements. Rooms 200, 201, 202, 210, 214, 216, 302, and 308 were identified to be out of compliance. A capacity review was conducted in the DOC portal and the capacity quantity was reduced from 45 to 40 usable beds.

**Corrective Actions:**

**Immediately upon receiving this report, the facility must follow the capacity review and rule requirements. The inspector will monitor this during future site visits.**

**Response Needed By: 05/07/2025**

**INSPECTION COMMENTS**

The facility will remain on biennial inspections.

**JJDP A Compliance**

**Report completed By:** Lauren Bizzotto – Detention Facility Inspector

**Signature:**

