



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
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

INSPECTION DETAILS FOR:

Bethel Work Release Center

Address: 23 Mesaba Avenue, Duluth, MN 55806

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Sarah Johnson – Senior Detention Facility Inspector **Inspected on:** 09/05/2019

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

Officials Present During Inspection: Program Director Lisa Rindal

Officials Present for Exit Interview: Program Director Lisa Rindal

Issued Inspection Report to: Executive Director Dennis Cummings; Program Director Lisa Rindal; County Administrator Kevin Gray; District Supervisor Sherry Hill

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	117	113	2	2	98.29%	Compliance rating of 100%
2911	Essential	75	75	0	0	100.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 06/01/2019 **Ends On:** 05/31/2021 **Facility Type:** Jail Annex
Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 05/31/2020
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	%Operating Capacity	Operational Capacity	Bed Details	Conditions
Minimum secure	Female	15	100	15.00	None.	None.
Minimum secure	Male	35	100	35.00	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance**Total: 2**

1. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 5. Well-being.

A facility shall have a system providing for well-being checks of inmates. A written policy and procedure shall provide that all inmates are personally observed by a custody staff person at least once every 30 minutes. Thirty-minute checks should be staggered. If a well-being check does not occur due to an emergency, it must be documented in the jail log and have supervisory review and approval. More frequent observation is required for those inmates of a special need classification who may be harmful to themselves. Examples of inmates of a special need classification include those classified as potentially suicidal, or as mentally ill, or those experiencing withdrawal from drugs or alcohol.

Inspection Findings:

The well-being checks are mostly being done in a timely manner with a few being over 30 minutes, but it was noted that during sleeping hours staff completed the well-being checks at a pace that was too fast to be regarded as a well-being check. Also, some staff did not always fully enter each sleeping room.

Corrective Actions:

Well-being checks need to be completed at a pace that verifies all inmates are ok. Staff need to have a review of policy or retraining on how proper well-being checks are completed. It is strongly recommended that the Administrator be reviewing video of well-being checks. Submit corrective action of proper well-being checks to the Department of Corrections for review.

Response Needed By: 11/01/2019

2. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 6. Medical screening.

A facility shall have a written policy and procedure that requires medical screening is performed and recorded by trained staff on all inmates on admission to the facility. The findings are to be recorded in a manner approved by the health authority. The screening process shall include procedures relating to: A. Inquiry into: (1) current illness and health problems, including dental emergencies, and other infectious diseases; (2) medication taken and special health requirements; (3) use of alcohol and other drugs that include types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of problems that may have occurred after ceasing use, for example, convulsions; (4) past and present treatment or hospitalization for mental illness or attempted suicide; (5) other health problems designated by the health authority; and (6) signs and symptoms of active tuberculosis to include weight loss, night sweats, persistent cough lasting three weeks or longer, coughing up blood, low grade fever, fatigue, chest pain, prior history of active tuberculosis disease, and results of previous tuberculin skin or blood testing. B. Observations of: (1) behavior that includes state of consciousness, mental status, appearance, conduct, tremor, and sweating; and (2) body deformities, trauma markings, body piercings, bruises, lesions, and jaundice. C. Disposition to: (1) general population; (2) general population and referral to appropriate health care service; (3) referral to appropriate health care service on an emergency basis; and (4) other.

Inspection Findings:

The medical screening at intake does not meet the rule requirements of A and B of the rule.

Corrective Actions:

The medical screen will need to be updated to be more thorough in its medical questions to inmates. Work with your medical provider to create an inmate medical screen that addresses the rule and also provides adequate medical information.

Response Needed By: 11/01/2019**Chapter 2911 - Mandatory Rules In Compliance With Concerns****Total: 2**

1. 2911.1900 POLICY AND PROCEDURE MANUALS.

A facility shall have a written policy and procedure manual that is electronically available to staff and relevant regulatory authorities and defines the philosophy and method for operating and maintaining the facility. This manual shall be made available to all employees, reviewed annually, updated as needed, and staff trained accordingly. The manual shall include, at a minimum, the following chapters: A. correctional standards required under this chapter; B. administration and organization; C. fiscal management; D. personnel; E. training; F. inmate records; G. safety and emergency; H. security and control; I. sanitation and hygiene; J. food service; K. medical and health care services; L. inmate rules and discipline; M. communication, mail, and visiting; N. admissions, orientation, classification, property control, and release; O. inmate activities, programs, and services; and P. a written suicide prevention and intervention plan. The facility administrator or designee shall review policy and procedure manuals at least once each year. The review shall be documented in written form sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

Inspection Findings:

Most emergency policies for the facility need to be updated to adequately address all emergencies the facility may have such as inmate death, inmate assault, serious medical, and infectious diseases.

Corrective Actions:

Update current emergency policies to reflect the facilities procedures. The policies need to be in detail as to provide staff with clear direction for any facility emergency. Staff need to review all policy changes and documentation should be kept for verification purposes. Submit updated policies to the Department of Corrections when completed.

Response Needed By:

2. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 1. Emergency plan.

A facility shall have a written disaster plan. The plan shall include policies and procedures designed to protect the public by securely detaining inmates who represent a danger to the community or to themselves when the facility must be evacuated in total. The plan shall also include: A. location of alarms and fire fighting equipment; B. an emergency drill policy as follows: (1) at least annual drills at all facility locations; and (2) drills shall be conducted even when evacuation of extremely dangerous inmates may not be included; C. specific assignments and tasks for personnel; D. persons and emergency departments to be notified; E. procedure for evacuation of inmates; and F. arrangements for temporary confinement of inmates.

Inspection Findings:

The facility conducts extensive fire drills throughout the year but they do not complete or document an evacuation drill.

Corrective Actions:

Conduct an emergency evacuation drill to include all staff. It would be recommended to complete the drill when all staff are present or when they are conducting a fire drill and could incorporate the evacuation drill. Submit to the Department of Corrections a plan for an evacuation drill for the facility.

Response Needed By:**INSPECTION COMMENTS**

Medical Services - The medical services and inmate medical review needs an overall restructuring. All medical charts and medical intakes at the facility should be reviewed by medical personnel to address ongoing medical issues of inmates and provide medical support which is currently lacking. Medication delivery times should have dedicated medication delivery times and accountability of inmates receiving or refusing medications. The medical question at intake are inadequate and should include more in-depth medical questions. This may require the facility to add additional nursing hours to address this concern. Work with your medical provider to address these concerns.

The drop ceilings in inmate areas continue to be a concern. These ceilings provide places for inmates to hide contraband creating a potential security issue. Searching the ceilings monthly is staff intensive. The Department of Corrections recommends the facility install a security ceiling with security clips that don't allow for resident access.

There is an excellent amount of programs, activities, and case management at the facility. The facility operates more as a halfway house with strong emphasis on reentry and community based programing.

Staff members do an excellent job completing weekly and monthly checks of all areas.

JJPA Compliance

On September 5th, 2019, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Bethel Work Release Center does not have approval to hold juveniles and they did not hold any juveniles between October 2018 and the day of inspection. The facility does not have any "scared straight" programming.

Report completed By: Sarah Johnson – Senior Detention Facility Inspector

Signature:


