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: Damascus Way Reentry Center Inc.

Address: 5730 Olson Memorial Highway, Golden Valley, MN 55422

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

Inspection Type: Biennial **Inspected By:** Lauren Bizzotto – Detention Facility Inspector **Inspected on:** 04/02/2025

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

Officials Present During Inspection: Program Director Marlin Meszaros; Program Director Kevin Saunders

Officials Present for Exit Interview: Director Tierre Webster; Program Director Marlin Meszaros; Program Director Kevin Saunders

Issued Inspection Report to: Director Tierre Webster; Program Director Marlin Meszaros; Program Director Kevin Saunders

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	21	4	0	84.00%	Compliance rating of 100%
2920	Essential	80	74	6	0	92.50%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2025 **Ends On:** 06/30/2027 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2026

Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Damascus Way, Inc.

Special Conditions:

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	Male	26	1/1/1999	100	26.00	None.	

RULE COMPLIANCE DETAILS

Chapter 2920 - Mandatory Rules Not In Compliance **Total: 4**

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:

None of the personnel files contained documentation of completed orientation training.

Corrective Actions:

Within 30 days of receipt of this report, the facility must ensure all staff have orientation training completed and documented. The inspector will review during a follow-up visit.

Response Needed By: 05/19/2025

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 did not have a yearly training plan for 2025 and is not documenting the completed in-service training for each employee.

Corrective Actions:

Within 30 days of receipt of this report, the facility must develop and submit a training plan for the remainder of 2025. The facility must document the completed training for each employee for 2024 and 2025, which the inspector will review during a follow-up visit.

Response Needed By: 05/19/2025

3. 2920.3900 MANTOUX TEST OR CHEST X RAY REQUIRED.

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

Inspection Findings:

A review of tuberculosis screenings revealed that of the two files reviewed, one resident did not have this documentation. During a conversation with staff, they admitted that at least eight more residents did not have tuberculosis screening documentation in their files.

Corrective Actions:

Within 30 days of receipt of this report, all residents must have a current tuberculosis screening on file and documentation must be submitted to the Department of Corrections.

Response Needed By: 05/19/2025

4. 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:

Six of six medication records reviewed did not match the documented amount of medications in the system.

Corrective Actions:

Within 15 days of receipt of this report, the facility must develop and submit a plan to the Department of Corrections that ensures all medications are accounted for and the documentation remains accurate in the system. The inspector will continue to monitor this through follow-up site visits.

Response Needed By: 05/19/2025

Chapter 2920 - Essential Rules Not In Compliance Total: 6

1. 2920.4000 QUALIFICATIONS OF STAFF. Subpart 5. Requirements.

All staff shall be at least 18 years of age and have a criminal record background check before employment at the facility. A staff member may not be a resident of the program. Unpaid students and volunteers providing services are not considered staff. An adult community-based residential correctional facility may hire or retain a staff member or prospective staff member who has a felony criminal conviction. The prospective staff member must no longer be on active correctional supervision. The facility must nofity the commissioner of this fact and provide relevant information about the decision.

Inspection Findings:

During a review of all facility staff background checks, two staff were identified to have felony convictions on their record, and the facility did not notify and provide relevant information to the Department of Corrections.

Corrective Actions:

This violation has been corrected. The inspector will continue to monitor for compliance through follow-up site visits.

Response Needed By: 05/19/2025

2. 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 that includes all elements of this rule.

Corrective Actions:

Within 30 days of receipt of this report, develop and implement a referral form that includes all required elements of this rule and submit it to the Department of Corrections.

Response Needed By: 05/19/2025

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:

During a review of service plans, 12 plans were out of compliance for the following reasons: Nine files did not contain a service plan and three plans reviewed lacked progress details.

Corrective Actions:

Within 30 days of receipt of this report, the facility shall have a service plan available for all residents containing all required elements of this rule part. This will be reviewed through follow-up site visits.

Response Needed By: 05/19/2025

4. 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:

Three of three resident's files reviewed did not identify progress of elements
A, B, and D.

Corrective Actions:

Within 30 days of receipt of this report, the facility must retrain staff on how to document resident progress and submit this documentation to the Department of Corrections.

Response Needed By: 05/19/2025

5. 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:

During a conversation with the staff, the facility stated it is not reporting incidents of an unusual or serious nature as required.

Corrective Actions:

Within 30 days of receipt of this report, the facility must submit all reportable incidents that were not reported to the Department of Corrections from January 2024 to the present day. The facility must immediately start reporting incidents within the allotted 10 days. This will continue to be monitored through follow-up site visits.

Response Needed By: 05/19/2025

6. 2920.6500 DISASTERS AND EMERGENCIES; PLANS AND PROCEDURES. Subpart 4. Emergency notification.

In the event of an emergency such as serious illness, accident, or imminent death, the facility must notify the individuals designated by the resident. Permission for notification must be obtained from the resident prior to need, if possible.

Inspection Findings:

During the resident file review and based on a conversation with staff, the facility does not obtain a release of information for the resident's emergency contact.

Corrective Actions:

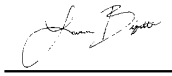
Within 30 days of receipt of this report, the facility must obtain a release of information for all resident's emergency contacts. This will be reviewed through follow-up site visits.

Response Needed By: 05/19/2025

INSPECTION COMMENTS

The facility will remain on biennial inspections.

JJDPA Compliance

N/A.

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