



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 Damascus Way Reentry Center Rochester FOR:

Address: 2118 Campus Drive, SUITE 300, Rochester, MN 55904

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

Inspection Type: Biennial **Inspected By:** Jen Pfeifer – Detention Facility Inspector **Inspected on:** 07/23/2019

Inspection Method: Site Visit, Policy Review, Resident and Staff Interviews.

Officials Present During Inspection: Executive Director Craig Fruen

Officials Present for Exit Interview: Executive Director Craig Fruen

Issued Inspection Report to: Executive Director Craig Fruen

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	3	2	88.00%	Compliance rating of 100%
2920	Essential	81	78	3	0	96.30%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 08/01/2019 **Ends On:** 07/31/2021 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 07/31/2020

Delinquent Juvenile Hold Approval: Not Applicable **Certificate Holder:** Damascus Way Reentry Center, Inc.

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	25	100	25.00	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2920 - Mandatory Rules Not In Compliance**Total: 3**

1. 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:

There was no current fire inspection.

Corrective Actions:

Obtain a fire inspection and submit to the Department of Corrections.

Response Needed By: 08/31/2019

2. 2920.7400 HEALTH CARE AND MEDICAL SERVICES. Subpart 1. Policy and procedures.

It is mandatory that the facility have written policies and procedures for medical, dental, and psychological emergencies. Written policies and procedures shall clarify for the staff what medical care may be given by them without specific orders from a licensed medical doctor. The staff shall be instructed as to how to obtain medical care and how to handle emergency cases.

Inspection Findings:

Medical policies do not reflect current practice.

Corrective Actions:

Update medical policies to ensure compliance with the Chapter 2920 rules and update to reflect current practice in the facility.

Response Needed By: 10/31/2019

3. 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:

Medication distribution policies are not being followed.

Corrective Actions:

It is recommended that all staff be trained on the facilities policy for medication distribution. Training should be done in a classroom setting and it is recommended that all staff sign off that they understand the policy and how medication is to be distributed. This was noted in the last inspection.

Response Needed By: 10/31/2019**Chapter 2920 - Essential Rules Not In Compliance****Total: 3****1. 2920.4100 STUDENTS OR VOLUNTEERS.**

When students or volunteers are used in adult community-based residential correctional facilities, a written policy and procedure must provide that a staff member is responsible for coordinating the volunteer service program. The policy must include the following elements: A. lines of authority, responsibility, and accountability for the volunteer services; B. a procedure for the screening and selection of volunteers that includes background screening; C. an orientation training program appropriate to the nature of the assignment; D. a requirement that volunteers agree in writing to abide by all program rules and policies, particularly relating to confidentiality of information; and E. a statement that the program administrator may discontinue a volunteer activity at any time by written notice.

Inspection Findings:

The facility does not do any type of background screening on volunteers.

Corrective Actions:

Develop a system for screening volunteers that come into the facility. Submit this plan to the Department of Corrections.

Response Needed By: 10/31/2019**2. 2920.6500 DISASTERS AND EMERGENCIES; PLANS AND PROCEDURES. Subpart 1. Plans.**

There shall be written plans and procedures for meeting potential disasters and emergencies, such as fire, severe weather, or other emergencies. All staff shall be familiar with the procedures for meeting potential disaster.

Inspection Findings:

At the time of the inspection, we discussed plans and procedures for several different disasters or emergencies that could occur. There is no plan in place and staff are unaware of what the procedures are if one were to take place.

Corrective Actions:

Develop emergency procedures and train staff on each procedure. Conduct drills on a regular basis to ensure staff's understanding of these procedures. Document training in the staff's training files.

Response Needed By: 10/31/2019**3. 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:

No special incidents have been reported to the Department of Corrections.

Corrective Actions:

Ensure that all incidents are reported to the Department of Corrections that fall under this rule. This was discussed at the time of the inspection.

Response Needed By: 10/31/2019

Chapter 2920 - Mandatory Rules In Compliance With Concerns**Total: 2**

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 orientation program is 30 hours but it does not include training that would be relevant to working with residents in this setting.

Corrective Actions:

Ensure that training is relevant to the work being performed in the job description. This will assist staff greatly when performing their job duties.

Response Needed By:

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:

There is a training plan but there is substantial training missing from the plan and there are no dates included.

Corrective Actions:

Continue developing the training plan.

Engage staff in training that is relevant to working with residents in a correctional setting. Diversity, Suicide Prevention, Supervision of Sex Offenders and Interpersonal Communications are some examples of training that was discussed during the inspection.

Response Needed By:**INSPECTION COMMENTS**

Since the time of the last inspection, the facility has made considerable improvements to its operating policies and practices.

Emergency evacuation drill should be added to the training program and training for staff should be relevant and related to the staff's direct duties. Suicide prevention training shall be added to the plan.

Medication delivery and documentation continues to be an issue for the facility. Daily practice is not consistent with policy. Staff shall be retrained on medication delivery policies and the Program Manager shall review medication logs as stated in facility policies.

Provide a copy of an updated fire inspection to the Department of Corrections.

Damascus Way Rochester will be placed on biennial inspections.

JJDP A Compliance

NA.

Report completed By: Jen Pfeifer – Detention Facility Inspector

Signature: *Jennifer Pfeifer*