



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:

Damascus Way Reentry Center Rochester

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

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

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Detention Facility Inspector **Inspected on:** 06/16/2021

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

Officials Present During Inspection: Program Director Craig Fruen; Program Director Dan Sapeda

Officials Present for Exit Interview: Program Director Craig Fruen; Program Director Dan Sapeda

Issued Inspection Report to: Executive Director Tierre Webster; Program Director Craig Fruen; Program Director Dan Sapeda

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	23	1	1	96.00%	Compliance rating of 100%
2920	Essential	81	78	1	2	98.77%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 08/01/2021 **Ends On:** 07/31/2023 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 07/31/2022

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: 1**

1. 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 consistently. Medication counts were not accurate. There was no incoming count to verify quantity from pharmacy and staff counting of medications appears inconsistent and inaccurate.

Corrective Actions:

It is recommended that staff be re-trained on the facilities policy for medication distribution. Staff should be counting the medications as they are taken into the facility and recounted by staff and managers per policy. There should be a documented accountability system in place for medication errors.

Response Needed By: 07/16/2021**Chapter 2920 - Essential Rules Not In Compliance****Total: 1**

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 background checks of volunteers is inconsistent.

Corrective Actions:

Ensure consistent background checks of volunteers who have contact with residents.

Response Needed By: 09/16/2021**Chapter 2920 - Mandatory Rules In Compliance With Concerns****Total: 1**

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 lacks some specific training relevant to working with this population/residents in this setting. It appears there is some formal on the job training, however this is not effectively documented.

Corrective Actions:

Ensure that training is relevant to the job description and population served. Document trainings that are occurring on the job, such as case management, staffings, etc.

Response Needed By:**Chapter 2920 - Essential Rules In Compliance With Concerns****Total: 2****1. 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:

There is a plan in place consistent with this rule part. The facility indicates that they conduct drills and scenario based training per their last inspection, however documentation is lacking. There were documented incidents for the past two months (May/June 2021).

Corrective Actions:

Ensure the monthly documentation of drills and training regarding emergency procedures.

Response Needed By:**2. 2920.6700 BEDROOMS; REQUIREMENTS. Subpart 1. Single bedrooms.**

Single bedrooms must provide 70 square feet of usable floor space with a side dimension of not less than seven feet for ambulatory residents. For nonambulatory residents, the requirements are 100 square feet of usable floor area with a side dimension of not less than nine feet.

Inspection Findings:

One bedroom in the facility is slightly short of the required 70 square feet. At the time of the inspection there was a resident assigned to that room, yet they were not full to capacity. The facility produced a signed statement from the resident that he requested to be assigned that room. During the last inspection they were told to utilize this room only when at capacity. Residents request the room due to the location and privacy of that room.

Corrective Actions:

Request a permanent variance to use this room when not at capacity. If a variance is not approved, require a signed statement from a resident who requests this room which informs the resident that the room is under the required square footage amount.

Response Needed By:**INSPECTION COMMENTS**

The inspection of Damascus Way Rochester Campus occurred on 06/16/2021. This consisted of a full building tour, review required documentation and current policies and procedures, as well as discussion with staff and managers. This was the first inspection conducted by this facility inspector.

There were improvements since the last inspection and continue to be some challenge areas. Please follow up per the time frame indicated.

I would like to thank you for your cooperation during the inspection process. There were productive conversations regarding potential process improvements that would likely streamline and simplify some areas of operations.

Please reach out to me with any questions or concerns.

JJDP A Compliance

NA.

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature: *Monaie Hebert*