



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 Inc.

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

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

Inspection Type: Annual **Inspected By:** Jen Pfeifer – Detention Facility Inspector

Inspected on: 06/24/2019 to 06/26/2019

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

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	23	1	1	96.00%	Compliance rating of 100%
2920	Essential	76	68	5	3	93.42%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 07/01/2019 **Ends On:** 06/30/2020

Facility Type: Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: No

Biennial Status Annual Compliance Form Due On:

Delinquent Juvenile Hold Approval: no approval

Certificate Holder: Damascus Way, 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	18	100	18.00	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:

There is a policy in place for the accountability of medications, however this policy is not being followed. Medications are not counted or verified when they are brought in to the facility. Medication forms were found to not contain the name of the resident, the medication name, or dose that is to be taken. Medications are not always being signed for. Medications considered to be allowed in resident rooms are not logged for accountability.

Corrective Actions:

The facility should be following all state and federal regulations when it comes to medication delivery and accountability. All staff shall be trained on the medication policy and documentation shall be submitted to the Department of Corrections. The medication log shall be completed in such a manner as discussed at the time of inspection.

Response Needed By: 08/31/2019**Chapter 2920 - Essential Rules Not In Compliance****Total: 5**

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:

There is an admission form but it is not used consistently in all resident files.

Corrective Actions:

The facility created a form for admissions after the last inspection but it is not being completed for all residents. Ensure that the admissions form is being completed and located in all files.

Response Needed By:

2. 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:

In speaking with the program manager it was noted that there has been no training for them in the development of case plans. Some of the case plans were incomplete and others had no case plan.

Corrective Actions:

It is recommended that the case managers attend training in this area. Ensure that all resident files have case plans and the required follow up documentation.

Response Needed By:

3. 2920.5900 SECURITY PROCEDURES.

Written policies regarding security measures are required and must include: A. that the staff shall maintain a system of accounting for the residents at all times; B. that the facility shall have written procedures for the reporting of absconders; C. that the facility shall notify appropriate probation officers, parole officers, victims, if legally required, and other relevant officials as soon as it has been determined that a resident is missing; D. that the written policy shall prohibit weapons of any kind from being brought into the facility except by peace officers during the course of duties. The facility may have policy regarding the use of chemical agents by trained staff members; and E. a key inventory system for facility and resident keys.

Inspection Findings:

There is a system of accounting but logs do not accurately reflect when the check is happening. While I was sitting in the office for the inspection there was never a check completed by any of the staff, but logs were being filled out and there were residents in the house.

Corrective Actions:

Well-being checks shall be recorded with the actual time of the check. Staff will also physically go room to room to check if a resident is in the house or out to work.

Response Needed By:

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:

The carpet is in need of repair. Vents need to be cleaned and various other areas of the building are in need of attention both cosmetically and structurally.

Corrective Actions:

Damascus has plans to rebuild approximately two blocks away in the fall so no major updates will be completed at this time.

Response Needed By:

5. 2920.7600 PERSONNEL RECORDS. Subpart 1. General requirement; contents of record.

The adult community-based residential correctional facility shall maintain an accurate personnel record on each employee which shall include: A. initial application; B. appropriate results of employment investigation, if done; C. training and experience verification; D. wage and salary information; E. job performance evaluation completed at least annually; F. training programs which the employee participated in after employment began; G. documentation of sick leave, leave of absence, and vacation; H. grievance and disciplinary actions, if any; I. tuberculosis screening as required by law; J. dates of employment and termination with reason for termination; and K. results of a criminal history check.

Inspection Findings:

Personnel files did not contain required documentation.

Corrective Actions:

Personnel files did not contain background checks and other elements required by the rule. Ensure that all files have the this information.

Response Needed By: 08/31/2019

Chapter 2920 - Mandatory Rules In Compliance With Concerns**Total: 1****1. 2920.5000 INVOLVEMENT OF RESIDENT IN FAMILY AND COMMUNITY ACTIVITIES. Subpart 2. Involvement in community.**

It is mandatory that the facility uses community resources where appropriate to assist residents: A. in learning to use leisure time constructively; B. in finding suitable employment; C. in locating financial assistance through community resources; D. in education and vocational training programs and; E. with services to become self-sufficient, including assistance in obtaining housing, transportation, medical and dental services, and money management.

Inspection Findings:

The facility has job search, provide assistance in finding housing, and a bible study. There is no programming that goes on inside the facility.

Corrective Actions:

Create programming that assists residents with using their leisure time constructively, money management, any type of life skills or cognitive thinking. These types of groups will only enhance the offenders tool box when they are released from your facility into the community.

Response Needed By:

Chapter 2920 - Essential Rules In Compliance With Concerns

Total: 3

1. 2920.6200 SEARCHES.

In compliance with applicable laws, the facility shall maintain and post written policies and procedures for conducting searches of residents, their belongings, and all areas of the facility to control contraband and locate missing or stolen property. The facility must have a policy that addresses searches of visitors.

Inspection Findings:

Searches take place periodically but there is no system in place for documentation of searches completed or a place to document if anything is found that is not allowed.

Corrective Actions:

Create a system for searching resident rooms and property for contraband. Document when searches are complete.

Response Needed By:

2. 2920.6500 DISASTERS AND EMERGENCIES; PLANS AND PROCEDURES. Subpart 3. Absconding.

The facility must report absconding and all incidences of litigation filed against the facility resulting from matters related to the placement of a resident on the department quarterly reporting form.

Inspection Findings:

Varying temperatures were noted in almost every room inspected.

Corrective Actions:

Ensure systems are in good working order to maintain consistent temperatures in each room.

Response Needed By:

3. 2920.6600 BUILDINGS AND GROUNDS. Subpart 3. Heating equipment.

Heating equipment shall be in good condition, vented, and capable of maintaining consistent uniform temperatures as well as eliminating drafts. A comfortable temperature range shall be maintained in all rooms occupied by residents.

Inspection Findings:

Varying temperatures were noted in many of the rooms inspected.

Corrective Actions:

Ensure that equipment is in good working order to ensure the ability to maintain consistent temperatures throughout the facility.

Response Needed By:

INSPECTION COMMENTS

Damascus Way has plans to begin construction on a new facility in the fall of 2019. The current building is showing significant signs of age and is in need of both cosmetic and structural repair.

Personnel files are in need of organization and contain incomplete documentation. All personnel files shall contain the elements required in the rule.

It is highly recommended that the case managers receive training on creating case plans and the management of offenders. Emergency evacuation drills, tornado drills and cut down drills are also recommended. It is imperative that your staff are aware and practice your procedures prior to an emergency situation.

Medications are not being logged consistently according to facility policy. Policy must be followed to ensure proper delivery procedures. Documentation shall be accurate.

Documentation of well-being checks must be accurate. Each resident shall be observed and accounted for at the time of the check unless they are noted to be at work. Paperwork was observed filled out without the staff member at the desk, but no physical check was completed.

The facility will change to annual inspections at this time.

JJDPA Compliance

N/A.

Report completed By: Jen Pfeifer – Detention Facility Inspector

Signature:

