



# Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

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## INSPECTION DETAILS FOR:

### Lake County Jail

**Address:** 613 Third Avenue, Two Harbors, MN 55616

**MN Governing Rule:** 2911 Local Adult Detention Facilities

**Inspection Type:** Annual **Inspected By:** Jen Pfeifer – Senior Detention Facility Inspector **Inspected on:** 10/20/2021 to 10/25/2021

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

**Officials Present During Inspection:** Corrections Officer Vicki Bailey

**Officials Present for Exit Interview:** Corrections Officer Vicki Bailey

**Issued Inspection Report to:** Jail Administrator Steve Olson; Sheriff Carey Johnson; County Administrator/PZ Administrator Matt Huddleston; Regional Manager Jake McLellan

## 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	119	111	6	2	94.96%	Compliance rating of 100%
2911	Essential	93	90	2	1	97.85%	Compliance rating of 90%

## TERMS OF OPERATION

**Authority to Operate:** conditional approval **Begins On:** 11/01/2021 **Ends On:** 10/31/2022 **Facility Type:** Jail

**Placed on Biennial Status:** No **Biennial Status Annual Compliance Form Due On:**

**Delinquent Juvenile Hold Approval:** 24 hrs exclusive of weekends and holidays **Certificate Holder:** Lake County Sheriff's Office

**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
Secure	Coed	27	80	21.60	None.	None.

## RULE COMPLIANCE DETAILS

### Chapter 2911 - Mandatory Rules Not In Compliance

**Total: 6**

- 2911.1350 MEDICAL TRAINING FOR CUSTODY STAFF.

By policy and procedure a training program shall be established by the facility administrator in cooperation with the health authority, that provides instruction in the following areas: A. first aid training for custody personnel responsible for the supervision, safety, and well-being of prisoners; B. recognition of signs and symptoms of illness and knowledge of action required in potential emergency situations; C. administration of first aid and cardiopulmonary resuscitation (CPR). Recertification training shall occur as required with respect to first aid and CPR. The training shall be documented; D. methods of obtaining assistance; E. recognition of signs and symptoms of mental illness, developmental disabilities, emotional disturbance, and chemical dependency; and F. procedures for inmate transfers to appropriate medical facilities or other health care providers.

**Inspection Findings:**

There is not sufficient training in this area to meet the requirements in the rule. It is imperative that jail/dispatch staff receive training in each of these areas on a regular basis.

**Corrective Actions:**

**Consult with the medical authority and arrange for medical training to occur in each of the required areas outlined in the rule. Provide documentation of this training to the Department of Corrections for review by May 1, 2022.**

**Response Needed By: 05/01/2022**

**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:**

There was no documentation that a fire drill had been conducted.

**Corrective Actions:**

**Complete a fire drill and submit to the Department of Corrections for review by December 31, 2021.**

**Response Needed By: 12/31/2021**

**3. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 2. Quarterly review of emergency procedures.**

There shall be a review of emergency procedures once every three months. The review shall include: A. assignment of persons to specific tasks in case of emergency situations; B. instructions in the use of alarm systems and signals; C. systems for notification of appropriate persons outside the facility; D. information on the location and use of emergency equipment in the facility; E. specification of evacuation routes and procedures; and F. that the review be documented and require signature or initialing by all staff.

**Inspection Findings:**

There was no documentation of quarterly emergency reviews. According to the last inspection, the Jail Administrator had developed a system to track quarterly reviews of emergency procedures. However, support staff have not done these reviews and several custody staff were missing reviews of policies.

**Corrective Actions:**

**Complete review of emergency reviews quarterly and ensure that all applicable support staff are reviewing emergency procedures at least quarterly and that these reviews are documented.**

**Response Needed By: 12/31/2021**

**4. 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:**

A review of video logs revealed two late well-being checks.

**Corrective Actions:**

**Review with staff the importance of well-being checks and the requirements listed in the rule. Document this review in the annual training records to be reviewed by the inspector.**

**Response Needed By: 11/15/2021**

5. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 1. Availability of resources, general.

Under the direction of a health authority, a facility shall develop a written policy and procedure that provides for the delivery of health care services, including medical, dental, and mental health services.

**Inspection Findings:**

There was no documentation of an annual review of the medical policies or sign off by the medical authority.

**Corrective Actions:**

**The medical authority shall review medical policies yearly and provide documentation/signature of that review.**

**Response Needed By: 12/31/2021**

6. 2911.5800 AVAILABILITY OF MEDICAL AND DENTAL RESOURCES. Subpart 3. Health care policy review.

Facility policy shall ensure that each policy, procedure, and program in the health care delivery system is reviewed and documented at least annually under the direction of the health authority and revised as necessary.

**Inspection Findings:**

Policy and procedure have been developed and implemented but there is no documentation of review by the health authority.

**Corrective Actions:**

**Work with the health authority to review and approve medical policy and procedure annually.**

**Response Needed By: 12/31/2021**

**Chapter 2911 - Essential Rules Not In Compliance**

**Total: 2**

1. 2911.1300 CUSTODY STAFF TRAINING.

A facility shall have a written policy and procedure that provides that all custody staff receive 120 hours of orientation and training during the first year of employment. Forty of these hours are completed prior to being independently assigned to a particular post. All persons in this category are given an additional 16 hours of training each subsequent year. At a minimum, training completed before independent assignment to a particular post shall include: A. security procedures; B. supervision of inmates; C. signs of suicide risk and suicide precautions; D. vulnerable inmates; E. response to resistance regulations and tactics; F. report writing; G. inmate rules and regulations; H. rights and responsibilities of inmates; I. fire and emergency procedures; J. key control; K. interpersonal relations and communication skills; L. diversity training; M. distribution of medications; N. right to know; and O. blood-borne pathogens and communicable diseases.

**Inspection Findings:**

Several training elements that were found on the annual training plan were not reflected in the training records. Orientation training is not consistent with the requirements in the rule under this section.

**Corrective Actions:**

**Orientation of new staff shall include all training listed under the requirements in the rule. These trainings shall be reflected in the training plan and in training records. The facility must develop an orientation training for new jail/dispatch staff that include the required elements. This training shall be documented in facility training records.**

**Response Needed By: 02/01/2022**

2. 2911.3700 EMERGENCIES AND UNUSUAL OCCURRENCES. Subpart 4. Reporting of unusual occurrences.

Incidents of an unusual or serious nature shall be reported within ten days of the incident in writing to the Department of Corrections in the format required by the department. The reports shall include the names of persons involved, staff and inmates, nature of the unusual occurrence, actions taken, and the date and time of the occurrence. Unusual occurrences requiring reporting to the DOC include such occurrences as: A. attempted suicide; B. suicide; C. homicide; D. death, by means other than suicide or homicide; E. serious injury or illness subsequent to detention including incidents resulting in hospitalization for medical care; F. hospitalization associated with mental health needs; G. attempted escape or escape from a secured facility; H. incidents of fire requiring medical treatment of staff or inmates or a response by a local fire authority; I. riot; J. assaults of one inmate by another that result in criminal charges or outside medical attention; K. assaults of staff by inmates that result in criminal charges or outside medical attention; L. injury to inmates through response to resistance by staff controlling inmate behavior; M. 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 N. reporting of all notices of intent to file litigation against the facility resulting from matters related to the detention or incarceration of an inmate; O. sexual misconduct, such as inmate on inmate, staff on inmate, and inmate on staff; and P. use of sexual materials, electronic media for sexual purposes, or both. In the event of an emergency such as serious illness or injury where death may be imminent, individuals designated by the inmate shall be notified. Permission for notification, if possible, shall be obtained from the inmate.

**Inspection Findings:**

There have been no incidents reported to the Department of Corrections since 2018. Incidents that require reporting were discussed at length during the inspection.

**Corrective Actions:**

**Review all incidents including medical and submit those that require reporting under the rule by December 31, 2021.**

**Response Needed By: 12/31/2021**

**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:**

The policy and procedure manual is not updated to reflect current practice or changes in mandatory statute language.

**Corrective Actions:**

**Update policy and procedure manual and submit to the Department of Corrections by May 1, 2022.**

**Response Needed By:**

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:**

A medical screen is being completed at intake, however the medical authority is not reviewing these screenings following intake.

**Corrective Actions:**

**It is imperative that the facility develop a plan with the medical authority to review medical screenings that are completed at intake to assess for care that may need an emergent care or assess for chronic conditions that need regular or immediate follow-up.**

**Response Needed By:****Chapter 2911 - Essential Rules In Compliance With Concerns****Total: 1****1. 2911.3100 INMATE ACTIVITIES AND PROGRAMS. Subpart 4. Education.**

A facility shall have a written policy and procedure that provides for inmate access to educational programs, vocational counseling, and when available, vocational training. When possible, a facility shall arrange to have these educational programs delivered in classroom specifically designed and equipped for educational or vocational programming. Class I facilities are exempt from this requirement with the exception of those approved by the commissioner to house inmates serving alternative sentences. Text books necessary to complete a course of study, to the extent that local resources permit, shall be made available to inmates. The facility shall not be responsible for the purchase of text books to complete a course of study.

**Inspection Findings:**

An education policy has been written and submitted to the DOC but should detail what efforts will be taken to obtain educational programming.

**Corrective Actions:**

**Continue efforts to locate educational programming for the jail and update policy when acquired.**

**Response Needed By:**

**INSPECTION COMMENTS****Physical Plant:**

Continued efforts should be made to install additional cameras to eliminate blind spots in the secure perimeter.

The kitchen and the property room are undersized. This has resulted in having to store items in other parts of the facility.

Medical storage and work area are lacking. This has resulted in master control being used as a default.

**Operational Concerns**

The Lake County Jail lacks significant oversight by a medical authority. Although there is a contract in place for a designated health authority, there seems to be little to no follow up with medical staff or nursing. Nursing does not review the medical screens completed at intake and there was no documentation of a 14-day follow up assessment completed in the inmate medical files. I was also unable to attain any information regarding mental health services provided either on-site, via zoom, or off-site. Due to the electronic recording of medication delivery, I was unable to verify medication counts.

The Lake County Jail will be placed on a annual inspection schedule.

**JJDPA Compliance**

On October 20, 2021, a Juvenile Justice and Delinquency Prevention (JJDP) Act audit was conducted. The Lake County Jail has received a "Rural Exception" to the JJDP Act (JJDP). This allows the facility to hold a delinquent juvenile up to 24 hours, excluding weekends and holiday. There are three core requirements that are looked at during our facility review. Those core requirements are Deinstitutionalization of Status Offenders (DSO), Removal of Juveniles for Adult Jail and Adult Lockups (Jail Removal), and Sight and Sound separation.

The Lake County Jail held or processed no juveniles between October 1, 2021 and the day of inspection.

The facility does not participate in any "Scared Straight" programs for any youth that are under public authority.

No violations of the JJDP act were identified during this inspection.

**Report completed By:** Jen Pfeifer – Senior Detention Facility Inspector

**Signature:**

