



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:** 10/12/2022

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

Officials Present During Inspection: Jail Administrator Steve Olson; Corrections Officer Carrie Bissell

Officials Present for Exit Interview: Jail Administrator Steve Olson; Corrections Officer Carrie Bissell

Issued Inspection Report to: Jail Administrator Steve Olson; Sheriff Nathan Stadler; 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	104	14	1	88.24%	Compliance rating of 100%
2911	Essential	93	88	5	0	94.62%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 11/01/2022 **Ends On:** 10/31/2023 **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: 14

- 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 DOC.

Response Needed By: 05/01/2023

2. 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. The policy manual has not been signed as having been reviewed.

Corrective Actions:

This was noted in the last inspection. Update policies as outlined in the report and submit to DOC.

Response Needed By: 05/01/2023

3. 2911.2500 SEPARATION OF INMATES. Subpart 1. General.

A combination of separate housing units inclusive of special management areas, general population, and minimum security areas and cells, dormitories, and dayroom spaces shall be provided to properly segregate inmates pursuant to Minnesota Statutes, section 641.14. The facility shall provide for the separate housing of the following categories of inmates: A. female and male inmates; B. community custody inmates such as work release or sentencing to service; C. inmates requiring disciplinary segregation; D. inmates requiring administrative segregation; E. juveniles who do not meet Minnesota statutory requirements for placement with adults; F. special management, general population, and minimum security inmates as considered appropriate to the facilities design intent and classification system; and G. inmates classified as mentally ill or special needs inmates in a manner consistent with Minnesota Statutes, section 253B.05.

Inspection Findings:

Inmates are being classified but were found not to be properly separated according to classification levels.

Corrective Actions:

Ensure that after the classification process, inmates are properly separated into the appropriate housing spaces available.

Response Needed By: 11/01/2022

4. 2911.2525 ADMISSIONS. Subpart 1. Policies and procedures.

A facility shall have written policies and procedures for processing new inmates to the facility to include, at a minimum, the following: A. obtaining and documenting available emergency medical information within two hours of admission; B. verification of court commitment papers or other legal documentation of detention. Verification shall include checking the date of admission, duration of confinement, and specific charges; C. a search of the inmate and the inmate's possessions; D. inventory and storage of the inmate's personal property; E. initial medical screening to include an assessment of the inmate's health status, including any medical or mental health needs; F. telephone calls made by the inmate during the booking and admission process and prior to assignment to other housing areas; G. shower and hair cleansing; H. issue of bedding, clothing, and personal hygiene items according to the rule requirements applicable to the anticipated length of stay of the inmate; I. photographing and fingerprinting including notation of identifying marks or unusual characteristics such as birthmarks or tattoos; J. interviewing to obtain the following identifying data: (1) name and aliases of person; (2) current address, or last known address; (3) health insurance information; (4) gender; (5) age; (6) date of birth; (7) place of birth; (8) race; (9) present or last place of employment; (10) emergency contact including name, relation, address, and telephone number; and (11) additional information concerning special custody requirements or special needs; K. initial classification of the inmate and assignment to a housing unit; L. an assigned booking number; and M. Social Security number, driver's license number, or state identification number, if available.

Inspection Findings:

All elements of the rule are not included in policy.

Corrective Actions:

Update the current policy to include all elements of the rule listed and submit to the Department of Corrections.

Response Needed By: 12/31/2022

5. 2911.2525 ADMISSIONS. Subpart 3. Orientation to rules and services.

A facility shall develop a written policy and procedure that provides: A. a method for all newly admitted inmates to receive orientation information in a manner the inmates can understand; and B. documentation by a statement that is signed and dated by the inmate that the inmate completed orientation.

Inspection Findings:

Orientation is not being completed.

Corrective Actions:

Ensure that the orientation process is being completed and that all inmates are signing that they received it. Documentation shall be kept in the inmates file.

Response Needed By: 12/31/2022

6. 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: 12/31/2022

7. 2911.4000 ANNUAL FOOD SERVICE REVIEW.

A facility's menu content and cycle shall be reviewed at least once annually by a registered dietitian or nutritionist to ensure compliance with part 2911.3900. The review the findings shall be documented and on file.

Inspection Findings:

The menu has not been signed by the dietician.

Corrective Actions:

Contact the dietician to obtain the approval of menus and a signed statement that all meals are in compliance with Chapter 2911.3900. Submit to the Department of Corrections by 12/31/22.

Response Needed By: 12/31/2022

8. 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: 11/01/2022

9. 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: 03/31/2023

10. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 2. Data practices.

The medical record file shall be maintained separately and according to the Minnesota Government Data Practices Act, Minnesota Statutes, chapter 13.

Inspection Findings:

Medical information was found in jail booking files and not confidentially stored in specific medical files.

Corrective Actions:

Ensure that all medical records and documentation are stored separately from the inmates booking file.

**Educate staff on the Data Privacy Act and the requirements in the rule.
Notify the Department of Corrections when this has been completed.**

Response Needed By: 11/01/2022

11. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 6. Transfer of records.

A facility shall have a written policy and procedure regarding the transfer of health records and information that establishes the following requirements: A. summaries or copies of the health record are sent to the facility to which the inmate is transferred. Upon the request and written authorization of the inmate, physicians or medical facilities in the community shall be provided health record information; and B. The facility administrator or designee, which may include the responsible physician, health care personnel, or health-trained staff of the facility from which the inmate is being transferred, shall minimally share with the facility administrator of the facility designated to receive the inmate information regarding the inmate's medical management, security, and ability to participate in programs. In the absence of informed consent forms signed by the inmate involved, the information may be provided in summary manner to ensure a level of medical care consistent with the inmate's needs.

Inspection Findings:

Transfer forms are not being completed with the required information in the rule.

Corrective Actions:

**Create a transfer form that includes all items listed in the rule.
Provide documentation to DOC by 11/1/2022.**

Response Needed By: 11/01/2022

12. 2911.6400 DELIVERY, SUPERVISION, AND CONTROL OF MEDICATION.

In consultation with the health authority, a facility administrator shall have a written policy and procedure for the secure storage, delivery, administration, and control of medication according to parts 2911.6500 to 2911.6800.

Inspection Findings:

Medication Counts were not accurate. Medication delivery is not being entered correctly into the Electronic Medical Records keeping system.

Corrective Actions:

It is recommended that the facility develop an audit system for the control of all medications and that the audit process be completed no less than twice per month.

Response Needed By: 12/31/2022

13. 2911.6600 DELIVERY. Subpart 5. Recording deliveries.

A person responsible for delivering medications shall do so according to orders, and record the delivery of medications in a manner approved by the health care authority.

Inspection Findings:

Medication deliveries are not being recorded consistently in the Electronic Medication Record Keeping system which has caused inmate medication counts to be off.

Corrective Actions:

In conjunction with the medical authority, all staff shall be retrained in the requirement of medication delivery; specifically the recording of each delivery.

Submit completed training documentation to the DOC by December 31, 2022.

Response Needed By: 12/31/2022

14. 2911.7100 INMATES WITH SPECIAL NEEDS. Subpart 1. Postadmission screening.

The facility written policy and procedure shall require postadmission screening and referral for care of inmates with special needs, whose adaptation to the correctional environment in significantly impaired.

Inspection Findings:

There is no policy in place for special needs inmates or the requirement of a post admission screening.

Corrective Actions:

Work with your medical authority to create a policy for those inmates with special needs that may require a need for postadmission screening and referral.

Response Needed By: 03/31/2023

Chapter 2911 - Essential Rules Not In Compliance

Total: 5

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 must include all training listed under the requirements in the rule.

These trainings must 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 must be documented in facility training records.

Response Needed By: 12/31/2022

2. 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:

Because the requirements for education have changed, the facility no longer provides education in the facility.

Corrective Actions:

Continue efforts to locate educational programming for the jail. It is recommended that the facility obtain study guides for taking the GED. Provide a written plan to the Department of Corrections by April 30, 2023 with a plan for providing educational opportunities in the facility as required by the rule.

Response Needed By: 04/30/2023**3. 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. 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, 2022.

Response Needed By: 12/31/2022**4. 2911.4950 RESPONSE TO RESISTANCE. Subpart 4. Equipment.**

The issue, storage, inspection, and use of chemical agents, impact devices, electronic control devices, and other security devices shall be governed by written policy and procedure. All unissued security devices and equipment shall be stored in a secure, readily accessible depository located outside inmate housing and activity areas, and inventoried at least monthly to determine condition and expiration dates of the devices and equipment.

Inspection Findings:

Equipment is not inventoried monthly.

Corrective Actions:

**Create a monthly inventory form for unissued security equipment.
This was completed prior to the inspection report being submitted.**

Response Needed By: 10/31/2022**5. 2911.5000 POST ORDERS; FORMAL INMATE COUNT; WELL-BEING CHECKS. Subpart 1. Post orders and accountability.**

There shall be written orders for every security post that are reviewed annually and updated if necessary. A written policy and procedure shall require that personnel read, sign, and date applicable post orders at least annually, or as needed for new posts or revisions. Medium and large facilities with multiple posts may need to conduct these reviews more often.

Inspection Findings:

The post orders are not being reviewed and signed annually. There is a 3-ring binder with a sign-off sheet that has not been completed.

Corrective Actions:

Ensure that reviewing and signing post orders are being completed at least annually.

Response Needed By: 12/31/2022

Chapter 2911 - Mandatory Rules In Compliance With Concerns**Total: 1**

1. 2911.1000 TRAINING PLAN.

A facility administrator or designee shall develop and implement a training plan for the orientation of new employees and volunteers and provide for continuing in-service training programs for all employees and volunteers. Training plans shall be documented and describe curriculum, methods of instruction, and objectives. In-service training plans shall be prepared annually and shall provide documentation indicating that training for individual employees has taken into consideration their length of service, position within the organization, and previous training completed.

Inspection Findings:

The current training plan does not include all of the elements of the standard. There is an in-service training plan in policy that lists what training are required for staff during orientation, as well as refresher training annually. Curriculum, methods of instruction and objectives are not in the current plan. The training plan does not reflect the training that staff are receiving.

Corrective Actions:

Complete a training plan for 2023 that contains all of the rule. Ensure the training plan reflects accurately the training staff are receiving.

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. Master control is being used as a default location for dispensing medications. Medications are stored in an unlocked cabinet.

Operational Concerns:**Hardel Sherell Act:**

- No documentation that the required Release of Information (ROI) is being signed/completed at intake.
- No policy in place for death reviews within 90 days of a death occurring in the facility and reporting that death within 24 hours of occurring.
- There is no policy on the Duty to Report under the new guidelines.
- No policy on the use of prone restraint.

The Lake County Jail is lacking oversight by a medical authority. Although there is a contract in place for a designated health authority, there seems to be little follow up with medical or nursing staff.

There is no documentation of a 14-day follow up assessment completed in the inmate medical files. Mental Health Services are not provided at the facility. If an inmate is referred by the Correctional Officer; nursing is notified, and a consultation takes place with the medical provider.

Medication deliveries are not consistently documented therefore causing medication counts to be incorrect.

The medical policies were not signed by the medical authority.

The policy does not reflect the current requirements for pregnant females which is required by statute.

The facility does not have sufficient programming opportunities for a Class 111 jail housing inmates up to one year. Currently the jail is providing, AA, recreation time, and Bible Study. The County shall seek out additional vocational/educational programming and report to DOC within three (3) months of receipt of this report.

The facility has not completed annual drills for fire, severe weather, man down or cut down. It is imperative that the facility complete these drills on a regular basis to ensure that staff are aware of is expected during an emergency situation.

DOC will schedule an on-site visit with the facility within 6 months of receipt of this report to ensure compliance with standards outlined in the report.

The Lake County Jail will remain on an annual inspection schedule.

JJDPA Compliance

On October 12, 2022, 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 0 (zero) 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:


