



# 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:

### Midwest Challenge

**Address:** 3049 Columbus Avenue, Minneapolis, MN 55407

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

**Inspection Type:** Biennial **Inspected By:** Jen Pfeifer – Detention Facility Inspector **Inspected on:** 07/10/2019

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

**Officials Present During Inspection:** Administrator Keely Perry

**Officials Present for Exit Interview:** Administrator Keely Perry

**Issued Inspection Report to:** Administrator Keely Perry; President Gary Parker

## 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	24	21	1	2	95.83%	Compliance rating of 100%
2920	Essential	78	72	4	2	94.87%	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:** Midwest Challenge, Genesis Program

**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	24	100	24.00	9 beds @ 3045 Columbus and 15 beds @ 3049 Columbus.	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:**

The medication records were incomplete. MARS sheets were not filled out correctly, medication given was not documented and medication counts were off. This was noted in the last inspection.

**Corrective Actions:**

**It is recommended that all staff be trained in the medication delivery by a qualified agency or health professional. Medications shall be recorded upon intake. Medication given shall be recorded along with staff signature or initials indicating such. The facility shall document when residents do not take their medications as ordered.**

**Response Needed By: 09/30/2019****Chapter 2920 - Essential Rules Not In Compliance****Total: 4**

## 1. 2920.4900 RESIDENT RECORDS. Subpart 2. General.

The facility must maintain accurate and complete case records, reports, and statistics necessary for the conduct of its program. Appropriate safeguards must be established to protect the confidentiality of the records, and minimize the possibility of theft, loss, or destruction.

**Inspection Findings:**

The case records on clients are incomplete.

**Corrective Actions:**

**It is recommended that the Administrator or a designee audit case files to ensure accuracy.**

**Response Needed By: 09/30/2019**

## 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:**

I reviewed all resident case files and there is no written service plan. The resident fills out a form with things they want to work on but there is no plan that is developed by facility staff.

**Corrective Actions:**

**It is recommended that case managers receive training in developing effective case plans, documentation and relative training in the dynamics of individuals returning to the community after incarceration. Service plans shall be developed with clear goals and objectives and case managers should be documenting progress notes with the residents progress with this plan.**

**Response Needed By: 09/30/2019**

3. 2920.4900 RESIDENT RECORDS. Subpart 5. Summary of resident's progress.

The record must include a summary of the resident's progress. These reports must be recorded regularly and must include the following: A. significant incidents, both positive and negative; B. changes in family situation; C. future planning; D. summary of resident's development; E. grievances, and F. disciplinary actions, if any.

**Inspection Findings:**

Documentation in resident files is incomplete.

**Corrective Actions:**

**It is recommended that a review of resident files takes place on a regular basis. This will help to ensure proper documentation.**

**Response Needed By: 09/30/2019**

4. 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:**

Checks of residents are not being completed according to the policy.

Checks are recorded in numerous locations making it difficult to track when and if a check was completed. Blank resident checks forms were also found.

**Corrective Actions:**

**Develop a system to document resident checks. This should be consistent for all staff. Ensure that resident checks are being completed per policy. This was noted in the last inspection.**

**Response Needed By: 09/30/2019**

**Chapter 2920 - Mandatory Rules In Compliance With Concerns**

**Total: 2**

1. 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 in place however it lacks areas of training that are relevant to the daily job requirements and dynamics of the residents living in the house.

**Corrective Actions:**

**It is recommended that the administrator research other areas of training for the staff and the work that they do on a daily basis.**

**Response Needed By:**

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2. 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:**

This is not documented anywhere.

**Corrective Actions:**

**With the development of effective case plans, community resources should be used when possible. This should be documented in the case notes with each resident.**

**Response Needed By:**

**Chapter 2920 - Essential Rules In Compliance With Concerns**

**Total: 2**

1. 2920.5200 ADULT COMMUNITY-BASED RESIDENTIAL CORRECTIONAL FACILITY RULES AND GRIEVANCES.

The facility must establish a method whereby residents and staff review group, resident, or program problems; and review rules, changes in rules, and procedures in the facility. A written grievance procedure must be made available to each resident that outlines the grievance procedure and the appeal process.

**Inspection Findings:**

There is no formal process to review the program. I was unable to find anything where residents are able to review the program.

**Corrective Actions:**

**It is recommended that regular house meetings be held to go over expectations and allow the residents to provide feedback to help strengthen the operations of the house.**

**Response Needed By:**

2. 2920.6400 FIRE SAFETY; POLICY AND PROCEDURES.

Written policy and procedures must specify the facility's fire prevention regulations and practices. New staff must be trained on these procedures during facility orientation. These procedures must include: A. provision for an adequate fire protection service; B. a system of fire inspection and testing of equipment determined by the local fire official; C. smoke detectors; D. annual fire drills and extinguishers; and E. procedures requiring one staff member to be knowledgeable about potential fire hazards and to make monthly inspections that must be documented.

**Inspection Findings:**

Fire drills are being conducted monthly but appear to be redundant.

**Corrective Actions:**

**It was recommended at the time of the inspection to use various scenarios for fire drills using alternate places for exit routes. This will ensure that residents and staff are fully prepared for such an emergency.**

**Response Needed By:**

**INSPECTION COMMENTS**

Midwest Challenge has completed some cosmetic repairs which has improved the overall appearance. There are still some minor repairs that need to be completed such as replacing blinds, cracks and areas of the basement that were discussed at the time of the inspection.

There is a training plan in place however it is recommended that training be added that is relevant to the daily job duties of the staff.

A review of case files indicated that Case Plans are not being developed for the residents. These should be completed with the resident with clear objectives and case managers shall document the progress or need for improvement on each plan.

The completion of resident checks shall be done according to facility policy and documented to ensure compliance with the rule. Several of these checks were documented as required. Perimeter checks should be added to the daily check list.

Midwest Challenge will remain on biennial inspections.

**JJDP A Compliance**

NA.

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

**Signature:**



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