



# 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:** Monaie Hebert – Detention Facility Inspector **Inspected on:** 07/07/2021

**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               | 22               | 0                    | 2                              | 100.00%           | Compliance rating of 100%              |
| 2920         | Essential        | 78               | 76               | 2                    | 0                              | 97.44%            | Compliance rating of 90%               |

## TERMS OF OPERATION

**Authority to Operate:** 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:** 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 - Essential Rules Not In Compliance****Total: 2**

## 1. 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:**

There were improvements with case plan progress notes since the last inspection, however, their process is difficult to follow. Goals are not marked as complete on a specific service/case plan. They are in a case note format separated from the case plan itself. Service/case plans continue to be on a form, which residents fill out, and do not appear to have a goal/objective format that is filled out by case managers. Case managers have received case planning training per recommendations of the last inspection.

**Corrective Actions:**

**At minimum, case managers should have the case planning form filled out and if residents struggle to develop goals, using a risk assessment tool for planning may be helpful. Individual service/case plans should be developed with clear goals and objectives for meeting those goals. Plans should be tracked consistently on the form to clearly show when goals are met and when. Noted: During the inspection an updated form was developed for goal setting and tracking.**

**Response Needed By: 08/18/2021**

## 2. 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. Per the last inspection, the facility did implement a new form to use per shift, however this form is not always filled out correctly and consistently.

**Corrective Actions:**

**Continue to develop/streamline the process of well-being checks/accounting of residents. During the inspection, a new form was created that should alleviate this issue and create more effective tracking of staff compliance with well-checks. Ensure that resident checks are being completed per policy. It is suggested that camera audits be completed monthly to ensure checks are being done at the times noted. This has been a challenge for the past two inspections.**

**Response Needed By: 08/11/2021****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 that consists of relevant training to the population served, which was addressed in their last inspection. Most staff did not meet the 16 hour requirement for 2020 due to COVID restrictions. The 2021 training plan is minimal at present due to cancellations surrounding COVID restrictions.

**Corrective Actions:**

**Continue to add relevant trainings and utilize online resources when not able to complete in person trainings. This will allow staff to complete minimally required hours when in person training is not possible.**

**Response Needed By:**

2. 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:**

Current medication counts were correct, however, staff does not always count when the medications come in with a refilled or new prescription. They do carry a count over when a resident refuses medication or does not show for medications, however, they do not note the reason the medication count remained the same. Staff is not trained by a health care professional for medication administration.

**Corrective Actions:**

**Medications shall be counted consistently upon intake or new or refilled prescription. The facility shall document the reasons for med counts remaining the same from day to day (refusal, no show).**

**It is recommended that staff is trained in medication administration by a qualified health care professional.**

**Response Needed By:**

**INSPECTION COMMENTS**

The inspection of Midwest Challenge occurred on July 7, 2021 and consisted of a full tour of all living areas in both homes, staff interviews, discussions with administrators, a review of all policies, procedures and programming. There have been improvements in both program processes and cosmetics within the homes since the last inspection.

Below are comments related to the inspection, not necessarily notes in the rules area:

In one home, there are issues with the ceiling that has decorative beams and sheetrock which needs repair. This should be addressed and repaired.

Air vents should be cleaned as some are dusty.

Overall, the homes appear to be clean and comfortable.

Overall, this inspection went well. I appreciate your cooperation in the inspection process.

Midwest Challenge will remain on biennial inspections. If you have any questions or concerns, please contact me at 651-261-1657 or [Monai.e.hebert@state.mn.us](mailto:Monai.e.hebert@state.mn.us).

**JJDP A Compliance**

NA.

Report completed By: Monai.e Hebert – Detention Facility Inspector

Signature:

*Monai.e Hebert*