



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:

Northwest Regional Corrections Center

Address: 816 Marin Avenue, SUITE 110, Crookston, MN 56716

MN Governing Rule: 2911 Local Adult Detention Facilities

Inspection Type: Biennial **Inspected By:** Troy Okerlund – Detention Facility Inspector **Inspected on:** 12/29/2021

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

Officials Present During Inspection: Jail Administrator Joey Pederson

Officials Present for Exit Interview: Executive Director Andrew Larson; Jail Administrator Joey Pederson

Issued Inspection Report to: Executive Director Andrew Larson; County Administrator Charles Whiting; Regional Manager Jacob 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	126	118	4	4	96.83%	Compliance rating of 100%
2911	Essential	100	98	1	1	99.00%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 02/01/2022 **Ends On:** 01/31/2024 **Facility Type:** Jail
Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 01/31/2023
Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Tri-County Community Corrections
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	200	95	190.00	Located at 816 Marin Avenue.	Facility has self reduced capacity due to lack of staffing 12-21.

RULE COMPLIANCE DETAILS

Chapter 2911 - Mandatory Rules Not In Compliance

Total: 4

- 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 facility does a good job with policy and has been working on it in regards to recent state statute changes. Progress has been made however, the last signed review of the policy was March 4th, 2020. Some policy reference deleted rules or rules that have been renumbered. Some of the policy was found to conflict with itself. Also, more text needs to be added to the policy so it reflects the required text in 2911.

Corrective Actions:

Review policy as it relates to 2911 to confirm all needed rule requirements are in policy. Revise policy as needed to be consistent and up-to-date. Review and sign policy annually.

Response Needed By: 06/30/2022

2. 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:

The well-being checks are being done in a timely manner but it was noted that during sleeping hours some staff completed the well-being checks at a pace that was too fast to be regarded as a well-being check.

Corrective Actions:

Well-being checks need to be completed at a pace that verifies all inmates are ok. Staff need to have a review of policy or retraining on how proper well-being checks are completed. Submit corrective action of proper well-being checks to the Department of Corrections for review.

Response Needed By: 06/30/2022

3. 2911.5450 DANGEROUS MATERIALS.

A facility shall have a written policy and procedure that specifies that materials dangerous to either security or safety shall be properly secured. Storage and use of flammable, toxic, and caustic materials must be in accordance with all applicable laws and regulations of governing jurisdictions. The policy must cover control and use of tools and culinary and medical equipment.

Inspection Findings:

Inspectors observed a number of long straps approximately twice the length and width of a belt with a strapping or tightening mechanism on them. They looped around a shelving unit in the dry storage area in the kitchen. This area is off camera and accessible to inmates. These straps are used to strap lunch trays down that are delivered to a nearby juvenile facility that is currently closed. The straps are currently not listed in a policy or procedure that identifies materials dangerous to the security and safety of the inmates and staff.

Inspectors observed multiple cleaning bottles throughout the facility with no labels. Unknown chemicals without labels should be treated as flammable, toxic, and caustic.

Corrective Actions:

The straps must be removed or added to policy, and inventory. It is recommended that the straps be stored in the secure office along with the kitchen sharps that inmates did not have access to.

OSHA requires secondary container labels when operations in a work-place setting includes the transferring of smaller amounts from the original container to a secondary container such as a bottle. The facility must attach appropriate labels identifying the product consistent with Hazard Communication Standard, 29 CFR 1910.1200 (Employers are to provide information to their employees about the hazardous chemicals to which they are exposed, by means of a hazard communication program, labels and other forms of warning, safety data sheets, and information and training.)

Response Needed By: 06/30/2022

4. 2911.6800 CONTROL. Subpart 1. Records.

Records of receipt, the quantity of the drugs, and the disposition of all prescription medications shall be maintained in detail to enable an accurate accounting.

Inspection Findings:

Medication accounting could not be verified during the inspection. While reviewing inmate medication it was found that medication count was off. Some of the confusion could be explained by returning excessive amounts of medication that didn't get documented, however in some cases a cause for the error could not be determined at that time.

Corrective Actions:

Review books and create an audit program if warranted. If an ongoing issue are present, corrective action must be taken.

Response Needed By: 06/30/2022

Chapter 2911 - Essential Rules Not In Compliance

Total: 1

1. 2911.2600 CLASSIFICATION OF INMATES. Subpart 2. Status change.

The inmate classification plan shall specify criteria and procedures for determining and changing the status of an inmate, including custody, transfers, override functions, and major changes in programs. The plan shall include an appeal process for classification decisions. The use of any override shall be documented.

Inspection Findings:

The inmate classification plan didn't have a clearly defined "override" process.

Corrective Actions:

The inmate classification plan shall specify criteria and procedures for determining and changing the status of an inmate including override. The plan shall include an appeal process for classification decisions. The use of any override shall be documented.

Response Needed By:

Chapter 2911 - Mandatory Rules In Compliance With Concerns

Total: 4

1. 2911.2750 INMATE HYGIENE. Subpart 1. Personal hygiene.

The facility administrator or designee shall have and implement a written policy for personal hygiene practices of all inmates to include special assistance for those inmates who are unable to care for themselves. A written policy and procedure shall require that articles needed for personal hygiene are available to all inmates, and include at a minimum, the following: A. soap; B. toothbrush; C. toothpaste; D. shampoo; E. shaving equipment; F. materials essential to feminine hygiene; G. comb; and H. toilet paper.

Inspection Findings:

The jail is providing all required hygiene items. The jail doesn't list Shampoo in it's policy.

Corrective Actions:

Add shampoo in policy per 2911.

Response Needed By:

2. 2911.5550 LOCKS AND KEYS. Subpart 3. Regular testing.

Locks to security doors or gates shall be tested for proper function at least weekly to ensure proper operation.

Inspection Findings:

Facility emergency exit locks are not tested on a weekly basis.

Corrective Actions:

Create a detailed weekly lock inspection procedure for the facility to check all emergency exit doors both manually and electronically. Submit the new lock inspection procedures to the Department of Corrections for review.

Response Needed By:

3. 2911.6800 CONTROL. Subpart 4. Destruction of medication.

The destruction of medication on expiration dates or when retention is no longer necessary or suitable must be consistent with requirements of the Minnesota Pollution Control Agency.

Inspection Findings:

Inspectors located several over-the-counter drugs that were past expiration and still in use. One of the expiration dates was May of 2020.

Corrective Actions:

It is recommended that staff write on over-the-counter drugs with a large permanent marker the month and date of expiration to make it easily identifiable when the drug has reached its expiration date. Staff should then dispose of the drug according to Minnesota Pollution Control Agency recommendations once expired.

Response Needed By: 06/30/2022

4. 2911.7200 HOUSEKEEPING, SANITATION, AND PLANT MAINTENANCE. Subpart 1. General.

A facility shall have a policy and procedure that provides that the facility shall: A. be kept in good repair to protect the health, comfort, safety, and well-being of inmates and staff; B. document weekly sanitation inspections; and C. document deficiencies from the weekly sanitation inspection, if any, have been ordered.

Inspection Findings:

Cells were found to be in distress. Some cells had writing on the wall. A lot of cells had wet paper stuck in the vents.

Corrective Actions:

During the pandemic more effort should be made to clean and sanitize cells. Paint as needed.

2900.0500 CONSTRUCTION OF LIVING AREA. Subp. 5. Ventilation and heating vents. All ventilation and heating vents shall be located so as not to create an air flow directly on a bed or eating area.

It appears vents maybe blowing on inmates. Vents should be modified if feasible.

Response Needed By:

Chapter 2911 - Essential Rules In Compliance With Concerns**Total: 1****1. 2911.6200 MEDICAL AND DENTAL RECORDS. Subpart 2a. Sharing information.**

The responsible physician or health care personnel shall share with the facility administrator information regarding an inmate's medical management, security, and ability to participate in programs.

Inspection Findings:

Mental Health Screen is not stored in the medical folder.

Corrective Actions:

Mental Health Screen is considered medical data and must be stored in the inmates medical folder.

1. Chapter 13.851 Sub. 12.**2. 641.15 Sub. 3a.**

3. HIPAA: The Privacy Rule protects all "individually identifiable health information" held or transmitted by a "covered entity" or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information "Protected Health Information (PHI)."

"Individually identifiable health information" is information, including demographic data, that relates to: the individual's past, present or future physical or mental health.

Response Needed By: 06/30/2022**INSPECTION COMMENTS**

NWRCC is a well-run facility and continues to run at a high level of compliance. As always, the facility will need to continue to evaluate the needs of their staff and inmates and adjust accordingly. The facility recently voluntarily reduced capacity due to reduced staffing levels. The facility is taking a multi prong approach to not only hire new staff but also working on staff retention. It should continue to be a top priority of the facility to focus on well-being checks and the quality of those checks. Northwest Regional Correction Center has one of the largest policies and procedure manual seen in the region. This can be overwhelming for new staff who must know and adhere to all policies. It was recommended during the inspection that the facility methodically review their policies and modify as necessary. It may also be helpful to split up the policy book into different subcategories.

The facility will stay on a biennial status.

JJDP A Compliance

On December 29, 2021, a Juvenile Justice and Delinquency Prevention Act audit was conducted. The Northwest Regional Corrections Center does not have approval to hold juveniles. No juveniles were brought to the facility. The facility does not participate in any scared straight programming.

Report completed By: Troy Okerlund – Detention Facility Inspector**Signature:**