



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
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

INSPECTION DETAILS FOR:

Portland House

Address: 514 Eleventh Avenue SE, Minneapolis, MN 55414

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

Inspection Type: Biennial **Inspected By:** Lauren Bizzotto – Detention Facility Inspector **Inspected on:** 10/26/2023 to 11/16/2023

Inspection Method: Facility tour, staff and resident interviews, staff and resident file reviews, and policy and procedures manual, and other related documentation reviews.

Officials Present During Inspection: Program Director Laurie Woodard; Senior Administrator Karen Kingsley

Officials Present for Exit Interview: Program Director Laurie Woodard; Senior Administrator Karen Kingsley

Issued Inspection Report to: Program Director Laurie Woodard; Senior Administrator Karen Kingsley

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	3	0	87.50%	Compliance rating of 100%
2920	Essential	77	73	4	0	94.81%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2023 **Ends On:** 11/30/2025 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2024

Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** Lutheran Social Services of Minnesota
2485 Como Avenue
St. Paul, MN 55108

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	25	100	25.00	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2920 - Mandatory Rules Not In Compliance**Total: 3****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:

Training hours were not revealed in the training plan. This was an area of concern on November 2, 2021, during the last inspection conducted.

Corrective Actions:

Within 30 days of receipt of this order, the facility must submit the yearly training plan with hours listed for each training.

Response Needed By: 01/30/2024**2. 2920.3900 MANTOUX TEST OR CHEST X RAY REQUIRED.**

It is mandatory that staff and residents be screened for tuberculosis according to Minnesota Statutes, section 144.445.

Inspection Findings:

Three of five personnel files reviewed did not contain documentation showing that the staff was screened according to Minnesota Statutes, section 144.445.

Four of five resident files did not contain documentation showing that the staff was screened according to Minnesota Statutes, section 144.445.

Corrective Actions:

Immediately ensure all staff and residents are screened for tuberculosis screening within the allotted time frame per state statute 144.445.

Within 30 days of receipt of this order, current staff and residents not screened must receive a tuberculosis screening which must be documented in their file.

Response Needed By: 01/30/2024**3. 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:

There was no documented running total for medications, making it impossible to complete a medication audit. This was an area of concern on November 2, 2021, during the last inspection conducted.

Corrective Actions:

Staff must count medications and log the amount initially upon intake and refill. Following the initial count, best practice would indicate that counts are done at least weekly so that when the administration review occurs, the count can be compared to the weekly count completed by staff. Within 30 days of receipt of this order, the facility must submit a plan that meets all applicable requirements.

Response Needed By: 01/30/2024

Chapter 2920 - Essential Rules Not In Compliance**Total: 4**

1. 2920.2600 MONITORING SYSTEM.

The facility shall have a system to monitor the program through inspections and reviews by the program administrator or designated staff.

Inspection Findings:

A review of tasks revealed that some processes required by the rule and policy have no regularly scheduled supervisory reviews. This is a repeat violation. The facility was also cited on November 2, 2021, during the last inspection conducted.

Corrective Actions:

The facility must develop a system that ensures supervisory review of processes for medication audits, room checks, room search logs, well-being checks - timing and camera reviews, fire drills, staff training, case plan reviews, and other routine tasks required by the rule are conducted. Documented supervisory reviews/inspections of the process ensure accountability in staff completing the tasks correctly and will allow an opportunity for retraining if necessary. Within 30 days of receipt of this report, submit a plan that meets all applicable rule requirements.

Response Needed By:

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:

The service plans lack objectives and do not always document realistic goals for the residents' time in the program.

Corrective Actions:

Within 30 days of receipt of this order retrain staff on developing a service plan and creating attainable goals and then submit the training documentation to the DOC.

Response Needed By: 01/30/2024

3. 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:

The facility policy states that staff should complete accountability checks four times per shift, with the first check completed in the first thirty minutes of any new shift. A review of four 24-hour periods shows the first accountability check of the shift was late eight times.

Corrective Actions:

Within 30 days of receipt of this order, the facility must retrain staff on facility policy for accountability checks and submit the documentation to the DOC.

Response Needed By: 01/30/2024

4. 2920.7600 PERSONNEL RECORDS. Subpart 1. General requirement; contents of record.

The adult community-based residential correctional facility shall maintain an accurate personnel record on each employee which shall include: A. initial application; B. appropriate results of employment investigation, if done; C. training and experience verification; D. wage and salary information; E. job performance evaluation completed at least annually; F. training programs which the employee participated in after employment began; G. documentation of sick leave, leave of absence, and vacation; H. grievance and disciplinary actions, if any; I. tuberculosis screening as required by law; J. dates of employment and termination with reason for termination; and K. results of a criminal history check.

Inspection Findings:

Three of the five personnel files reviewed did not contain documentation showing that the staff was screened according to Minnesota Statutes, section 144.445.

Corrective Actions:

Within 30 days of receipt of this order, ensure all staff have a tuberculosis screening documented in their file.

Response Needed By: 01/30/2024

INSPECTION COMMENTS

The Portland House (Lutheran Social Services) inspection site visit occurred on October 26, 2023. It consisted of a full tour of the physical plant, staff and resident interviews, discussions with administrators, and reviewing all policies, procedures, and programming. The wrap-up meeting with the facility administration occurred on November 16, 2023.

The facility appeared clean and well-maintained. The facility is a non-profit with many budgetary concerns, especially over the past four years, impacting their timelines for improvement projects, providing case management services and thorough case plans, and implementing a monitoring system.

During the audit, the administrative staff were open to feedback and looking for suggestions on filling the Department of Corrections beds and open to process improvement suggestions.

JJDP A Compliance

N/A

Report completed By: Lauren Bizzotto – Detention Facility Inspector

Signature:

