



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:

RS Eden - Reentry West

Address: 855 W Seventh Street, St. Paul, MN 55102

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

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 03/08/2023

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

Officials Present During Inspection: Program Director Isaiah Sansfield ; Director of Corrections Services Kim O Grady

Officials Present for Exit Interview: Program Director Isaiah Sansfield ; Director of Corrections Services Kim O Grady

Issued Inspection Report to: Program Director Isaiah Sansfield ; Director of Corrections Services Kim O Grady

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	25	23	1	1	96.00%	Compliance rating of 100%
2920	Essential	81	78	1	2	98.77%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 04/01/2023 **Ends On:** 03/31/2025 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 03/31/2024

Delinquent Juvenile Hold Approval: no approval **Certificate Holder:** RS Eden

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	32	100	32.00	None.	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:

While reviewing medication documentation and processes, it was revealed that staff are not conducting verification counts of monitored medications. They are not consistently documenting in client's files. There is minimal documentation of refusals and medication counts were off when compared to administration records. It is noted that technically staff does not "administer" medications. They supervise, monitor and store. Policies exist, however, these are not being followed correctly. The policy regarding disposal of medications needs revision as it instructs to flush medications down the toilet, which is not their current practice.

Corrective Actions:

Create a process by which medications are audited regularly, to include identifying medication count and documentation errors. Consider all staff retraining on the medication supervision/monitoring process. Revise policy regarding medication disposal to reflect current practice.

Response Needed By: 05/15/2023**Chapter 2920 - Essential Rules Not In Compliance****Total: 1**

1. 2920.6500 DISASTERS AND EMERGENCIES; PLANS AND PROCEDURES. Subpart 2. Reporting of unusual occurrences.

Incidents of an unusual or serious nature must be reported within ten days of the incident to the Department of Corrections in a manner required by the department. Incidents of an unusual or serious nature include such incidents as: A. attempted suicide; B. suicide; C. homicide; D. death, by means other than suicide or homicide; E. serious injury or illness incurred subsequent to placement including incidents resulting in hospitalization for medical care or hospitalization associated with mental health needs; F. incidents of fire requiring medical treatment of staff or residents or a response by a local fire authority; G. riot; H. assaults of one resident by another; I. assaults of staff by resident; J. 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 K. sexual misconduct between residents or between staff and a resident.

Inspection Findings:

The facility is not currently reporting relevant critical incidents to MN Department of Corrections per this rule part. Incidents would be unusual in this facility as medical incidents would be the majority of incidents and resident manage their own medical care, except in extreme emergencies.

Corrective Actions:

Begin reporting emergent incidents into the S3 system per this rule part. This includes ambulance, police and fire response to facility.

Response Needed By: 05/15/2023**Chapter 2920 - Mandatory Rules In Compliance With Concerns****Total: 1**

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:

A review of the training records for the inspection period revealed that there are staff members who did not have 16 hours of documented training. The facility management indicates that all staff does have the required training, however, the systems they utilize do not necessarily capture all completed training, which is something they are working on.

Corrective Actions:

Ensure that all staff complete the required 16 hours of training and the training is documented accurately across systems/databases.

Response Needed By:

Chapter 2920 - Essential Rules In Compliance With Concerns

Total: 2

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:

The facility management staff indicates that they review processes, however, there is no documentation to confirm these reviews.

Corrective Actions:

Create a process for verifying supervisory oversight in operational processes and programming. A spreadsheet that lists each process (security count reviews, fire drills, case management functions, etc.) with regular reviews for quality assurance. Noted: The facility reports that they have begun developing this process.

Response Needed By:

2. 2920.4900 RESIDENT RECORDS. Subpart 11. Written policy concerning consent form.

The facility must have a release of information consent form, which includes: A. name of person, agency, or organization requesting information; B. name of person, agency, or organization releasing information; C. the specific information to be disclosed; D. the purpose or need for the information; E. date consent form is signed; F. signature of the resident; G. signature of an individual witnessing resident signature; H. date consent form expires; and I. that the authorization can be withdrawn in writing.

Inspection Findings:

The facility utilizes a fingerprint and/or PIN number system to sign releases of information, therefore there is no physical signature on releases.

Corrective Actions:

Consider using a signature pad if completing electronic releases or use paper releases which the client signs and scan those into the client's electronic file.

Response Needed By:

INSPECTION COMMENTS

The biennial inspection of RS Eden West Facility was conducted on March 8, 2023, using Minnesota Rules, Chapter 2920. Inspection results are contained in the various sections of this report.

This was the first inspection conducted by this inspector. This inspection visit consisted of a physical plant inspection, including the intake area, all resident living areas including all resident bedrooms and bathrooms. The inspection also included discussions with administration and staff members, review of staff personnel and training files, daily schedule for residents, resident files, review of daily logs, menus, and other pertinent documentation.

The following comments and concerns are a result of the inspection. While some comments may not be specific rule violations, they include constructive feedback to help address potential facility issues.

Comments:

1. The facility has experienced a full managerial transition. The new director has been with the facility for approximately two years. Upper level managers have also been replaced in the past several months, along with many employees.
2. The facility has implemented new behavioral/mental health and transitional programming that will be of great benefit to residents.

Concerns:

1. This is an old structure requiring constant maintenance, updates and repair. The physical plant is generally acceptable, although there were areas throughout with minor issues needing repair. These items were discussed at the time of the inspection.
2. Consider conducting more frequent documented camera reviews of security verification counts to ensure that staff are operating within policy.

Thank you for your cooperation and transparency during this inspection review. Your administration and staff appear to be committed to continuous improvement and appreciative of constructive feedback.

Please contact me if you have any questions regarding this report or any licensing concerns at 651-261-1657.

JJDP A Compliance

N/A

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature:

Monaie Hebert