



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 Metro

Address: 444 Lynnhurst Street, St. Paul, MN 55104

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

Inspection Type: Biennial **Inspected By:** Jen Pfeifer – Detention Facility Inspector

Inspected on: 01/08/2021 to 01/10/2021

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

Officials Present During Inspection: Program Director Tamara Shelton; Director of Corrections Services LuAnne Buck

Officials Present for Exit Interview: Program Director Tamara Shelton; Director of Corrections Services LuAnne Buck

Issued Inspection Report to: Program Director Tamara Shelton; Director of Corrections Services LuAnne Buck

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	23	0	1	100.00%	Compliance rating of 100%
2920	Essential	78	76	1	1	98.72%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 02/01/2021 **Ends On:** 01/31/2023 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 01/31/2022

Delinquent Juvenile Hold Approval: Not Applicable **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	Female	26	100	26.00	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2920 - Essential Rules Not In Compliance**Total: 1**

1. 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:

Monthly fire inspections were not completed.

Corrective Actions:

This was discussed in detail at the time of the inspection. Monthly inspections were not completed due to an oversight when there was a changeover in staff. The facility will document the first three months and submit those to the Department of Corrections by 3/1/2021.

Response Needed By: 03/01/2021**Chapter 2920 - Mandatory Rules In Compliance With Concerns****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 counts there was one medication that where there was a discrepancy between what was recorded for the count and the actual medication on hand.

Corrective Actions:

This was rectified at the time of the inspection. Medication counts are audited weekly.

Response Needed By:**Chapter 2920 - Essential Rules In Compliance With Concerns****Total: 1**

1. 2920.7000 BATHROOM FACILITIES.

Every facility must be equipped with adequate and conveniently located toilet rooms for its employees and residents. Washbasins and toilets must be provided in the ratio of one toilet to every ten residents and one washbasin for every six residents. One bath or shower must be available for every eight residents.

Inspection Findings:

There is a bathroom located on each floor, each with a toilet and a tub/shower.

Floor 3 has the capability to house 11 residents.

Floor 2 has the capability to house 9 residents. If full the facility does not meet the requirements in the rule and is short one toilet and a sink.

Corrective Actions:

It would take a significant remodel to become compliant with this rule as there is not enough space in the bathroom to just add the required washbasin and toilet. This is also only an issue when the facility is at full capacity.

No Corrective Action is needed at this time.

INSPECTION COMMENTS

RS Eden is working towards a new training program which will include defensive tactics and mental health training. Scenario based drills and audits of bed checks have been added to improve operations.

Overall resident numbers have been down in the facility and LuAnn Buck has been filling in as the Program Manager. COVID-19 has presented several operational challenges for the facility and the staff.

The facility is currently going through Organizational Change. The facility has been short staffed and overtime has been used frequently to cover the required staffing allowances in the rule.

LuAnn was well organized and maintains a high standard of care for the residents in the house which is client centered and focused on reentry.

RS Eden will remain on biennial inspections.

JJDP A Compliance

N/A.

Report completed By: Jen Pfeifer – Detention Facility Inspector

Signature: 