



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:

Volunteers Of America Regional Corrections Center

Address: 2825 E Lake Street, Minneapolis, MN 55406

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

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

Inspected on: 08/26/2019 to 09/03/2019

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

Officials Present During Inspection: Program Manager Jordan DePonty

Officials Present for Exit Interview: Program Manager Jordan DePonty

Issued Inspection Report to: Director Chris Doege; Program Manager Jordan DePonty

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	2	0	91.67%	Compliance rating of 100%
2920	Essential	81	72	8	1	90.12%	Compliance rating of 90%

TERMS OF OPERATION

Authority to Operate: conditional approval **Begins On:** 09/01/2019 **Ends On:** 08/31/2020 **Facility Type:** Adult Community-Based Residential Correctional Facility

Placed on Biennial Status: No **Biennial Status Annual Compliance Form Due On:**

Delinquent Juvenile Hold Approval: no approval

Certificate Holder: Volunteers of America

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	58	100	58.00	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2920 - Mandatory Rules Not In Compliance**Total: 2**

1. 2920.3800 TRAINING PROGRAM. Subpart 1. Orientation session for new employees.

It is mandatory that the facility provide an orientation session for new employees. There must be a minimum of 30 hours of training that is relevant to staff duties and the population served. The training must be documented.

Inspection Findings:

There was no documentation provided of the orientation completed for new staff.

Corrective Actions:

Develop an orientation for new staff that includes training that is relevant to the work that they do and the residents served.

Response Needed By: 11/30/2019

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:

Medication logs recorded do not match the actual pill count.

Corrective Actions:

Develop a system of auditing the medications to ensure proper counts.

Response Needed By: 11/30/2019**Chapter 2920 - Essential Rules Not In Compliance****Total: 8**

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:

There is no system in place for auditing the program.

Corrective Actions:

Develop a system to monitor the program using internal inspections and reviews and resident interviews.

Response Needed By: 11/30/2019

2. 2920.2700 OPERATIONS MANUAL.

The adult community-based residential correctional facility shall have a policy and procedure manual that defines the philosophy and method for operating and maintaining the facility. This manual must be made available to all employees, reviewed annually, updated as needed, and used to train employees. The manual must include the following chapters: A. standards required by this chapter; B. administration and organization; C. fiscal management; D. personnel; E. training; F. admissions, orientation, property procedures, and discharge; G. resident activities; H. resident records; I. medical and health care services; J. resident rules and discipline; K. communication, mail, and visiting; L. safety and emergency; M. security and resident accountability; N. sanitation and hygiene; and O. food service. The program administrator or designee shall annually review the policy and procedure manual. The review must be documented in writing sufficient to indicate that policies and procedures have been reviewed and amended as appropriate to facility changes.

Inspection Findings:

The Operations Manual is in need of review and updates to reflect current practice. Some of the policies are dated 2013. This was noted in the last inspection.

Corrective Actions:

Review operations manual and update to reflect current practice. Submit update operations manual to the Department of Corrections by November 30, 2019.

Response Needed By: 11/30/2019

3. 2920.4900 RESIDENT RECORDS. Subpart 5. Summary of resident's progress.

The record must include a summary of the resident's progress. These reports must be recorded regularly and must include the following: A. significant incidents, both positive and negative; B. changes in family situation; C. future planning; D. summary of resident's development; E. grievances, and F. disciplinary actions, if any.

Inspection Findings:

Case files are not being updated on a regular basis.

Corrective Actions:

Resident files should be maintained on a regular bases with clear case plans and progress notes.

Response Needed By: 11/30/2019

4. 2920.5400 FOOD SERVICE. Subpart 4. Manager.

If the facility is preparing the meals, the facility must have a certified food manager.

Inspection Findings:

According to the Health Inspector there needs to be at least one staff with a CFPM Certificate. Serve Safe is not adequate.

Corrective Actions:

Have the kitchen manager obtain this certification and submit a copy to the Department of Corrections.

Response Needed By: 11/30/2019

5. 2920.6200 SEARCHES.

In compliance with applicable laws, the facility shall maintain and post written policies and procedures for conducting searches of residents, their belongings, and all areas of the facility to control contraband and locate missing or stolen property. The facility must have a policy that addresses searches of visitors.

Inspection Findings:

There is no policy in place for the search of visitors.

Corrective Actions:

Update policy to reflect current practice.**Response Needed By: 11/30/2019**

6. 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:

No incidents have been reported through the Statewide Supervision System since the last inspection.

Corrective Actions:

Update Policy to reflect required reporting in the Chapter 2920 Rules. Obtain login information from the Department of Corrections and enter all incidents defined in the rule.

Response Needed By: 11/30/2019

7. 2920.6500 DISASTERS AND EMERGENCIES; PLANS AND PROCEDURES. Subpart 3. Absconding.

The facility must report absconding and all incidences of litigation filed against the facility resulting from matters related to the placement of a resident on the department quarterly reporting form.

Inspection Findings:

Absconders are not being reported to the Department of Corrections through S3 or by phone to the Department of Corrections.

Corrective Actions:

Ensure that all incidents required by the 2920 Rules are being reported to the Department of Corrections.

Response Needed By: 11/30/2019

8. 2920.6600 BUILDINGS AND GROUNDS. Subpart 1. General.

Building and grounds must be clean and in good repair. There must be a maintenance budget for ongoing repair and replacement of equipment for the facility.

Inspection Findings:

The building is showing significant signs of age. Specifically deteriorating brick, ceiling damage, cracked walls and ceilings, and fire gaps around pipes and conduits.

Corrective Actions:

It is imperative the facility create a maintenance plan to address on-going building issues and repairs. It is recommended that items be put in the plan in order of importance and that these repairs are submitted as part of the annual budget until deficiencies have been corrected.

Submit maintenance plan for building repairs to the Department of Corrections.

Response Needed By: 03/01/2020

Chapter 2920 - Essential Rules In Compliance With Concerns

Total: 1

1. 2920.6500 DISASTERS AND EMERGENCIES; PLANS AND PROCEDURES. Subpart 1. Plans.

There shall be written plans and procedures for meeting potential disasters and emergencies, such as fire, severe weather, or other emergencies. All staff shall be familiar with the procedures for meeting potential disaster.

Inspection Findings:

Fire drills are completed, but there was no documentation of severe weather or drills involving other emergencies.

Corrective Actions:

Complete emergency drills for other emergency situations other than fire. Staff should be familiar with procedures involving severe weather, suicide or attempted suicide, etc.

Response Needed By:

INSPECTION COMMENTS

Jordan DePonty is the new Program Manager. He is not familiar with the 2920 which govern halfway houses so will need to familiarize himself with this prior to the next inspection.

The VOA on Lake Street will no longer house DOC offenders.

Since the last inspection the building continues to show signs of age. Not only cosmetically but there also appears to be deficiencies in the electrical and HVAC systems as well. Exhaust fans in the bathrooms are blowing air instead of drawing air. Duct cleaning is needed as well.

Both the inside and outside of the building appear to be in disrepair. Deteriorating brick, broken glass, exposed wire, tree limbs on the roof, ceiling damage, water damage, and dirty exhaust vents are the most notable.

It is recommended the facility continue to make updates and changes as needed and that a maintenance personnel be hired to fill vacant position. It is imperative that the facility complete preventative maintenance as much as possible.

The policy manual is in need of updates to reflect current policy and procedure. This was noted in the last inspection.

Medication logs were inaccurate. Varying tools for auditing medications was discussed and plans to implement were determined the day of the inspection.

Due to having a new program manager, the need for updates in the policy manual and the concerns for the physical plant, Volunteers of America at the Lake Street location will remain on annual inspections.

JJDP A Compliance

N/A

Report completed By: Jen Pfeifer – Detention Facility Inspector

Signature:

