

BILL LEE GOVERNOR

STATE OF TENNESSEE TENNESSEE CORRECTIONS INSTITUTE

279 D STEWARTS FERRY PIKE Percy Priest Cottage NASHVILLE, TENNESSEE 37214 (615) 741-3816 William Wall Executive Director

July 13, 2022

Sheriff Dexter Lunceford Carter County 900 Third Street Elizabethton, TN. 37643

Re: Carter County Detention Facility

Dear Sheriff:

The Tennessee Corrections Institute recently conducted the annual inspection for the above-named facility. The inspection revealed that this facility does not meet all the applicable minimum standards.

A re-inspection will be conducted on or about **September 9, 2022,** to determine if the deficiencies have been corrected. The final report will be presented to the Board of Control at its next meeting.

The Detention Facility Specialist assigned to your region is available for any assistance that you may need.

Sincerely,

William Wall

Executive Director

Cc: Patty Woodby; County Mayor

Jason Cate, Detention Facility Specialist

File



TENNESSEE CORRECTIONS INSTITUTE INSPECTION REPORT

| X Initial Inspection | Re- | Inspection | | | |
|--|------------------------------------|------------|------------------|--|--|
| Name of Facility: Carter County Detention Facility | | Тур | e of Facility: 1 | | |
| Location: 900 Third Street | Elizabethton | 37643 | Carter | | |
| Street | City | Zip | County | | |
| Facility Administrator: Dexter Lunceford | Sheriff | (423) 542 | (423) 542-1847 | | |
| Name | Title | umber | | | |
| Facility Manager: Eric Trivette | Captain | (423) 213 | (423) 213-7065 | | |
| Name | Title | umber | | | |
| County Mayor, City Mayor, Patty Woodby | Mayor | (423) 54 | 2-1801 | | |
| or city Administrator: Name | Title Phone Number | | | | |
| Location: 801 Elk Avenue | Elizabethton | 37643 | Carter | | |
| Street | City | Zip | County | | |
| | | | | | |
| | DFS Jason Cate | | | | |
| | Detention Facilities Specialist(s) | | | | |
| | July 13 th , 2022 | | | | |
| | Date of Inspection | | | | |
| Certify | | | | | |
| Do not certify | | | | | |
| X Re-inspection required | | | | | |
| Certify with approved BOC POA (New/U) | pdated) | | | | |

INSPECTION REPORTING FORM

| Date: July 13 th ,2022 Inspector: DFS Jason Cate & DFM Tonya Stacey | | | | | |
|---|---|-----------------|-----------------------------|------------------|--|
| Facility Name: | Carter County Detention Facility | T | ype: | 1 | |
| Overcro Overcro Current | ercrowded owded/County prisoners (plan attached) owded/County/State Prisoners (Attach ADP Calculations) ly operating under TCI approved plan y Change | | | | |
| | Name | | Tit | le | |
| | Brian McGinnis | Lieutenant | | | |
| Information | Ronnie Kent | Lieutenant | | | |
| provided by: | William Vinson | Sergeant | | | |
| | MeShell Bradshaw | Kitchen C/O | | | |
| 1400-104 Physical Plant: Deficiencies Found: Yes No X | | | | | |
| Additional Com | | | - th - 2.2.2 | | |
| The facility's go | enerator is serviced by Highlands Generator with last date of service by maintenance with last date of service on July 13th, 2022. | ice on Februa | ry 15 th , 2022. | The generator is | |
| 1400 1 05 44 | ninistration/Management | Deficie | ncies Found: | Yes X No | |
| | ninistration/Management: For staff are not in compliance. | Deficie | icies Found. | 103 /4 /10 | |
| | is in a trouble state. | | | | |
| Additional Con | | | | | |
| The facility's p | olicy and procedures were approved by Sheriff Dexter Lunceford | on February | 9 th , 2022. | 1th 2000 | |
| The facility's k | itchen hood is serviced by Advanced Fire Extinguishers with last | service date | on February 1 | 1"' ,2022. | |
| The facility's fire extinguishers are serviced by Advanced Fire Extinguishers with last service date of February 2022. The facility's fire alarm is serviced by CES Corporation with last service date on May 24 th , 2022. | | | | | |
| The facility's II | Te atacini is serviced by CES corporation with last service date of | Tritty 24 ,20 | LL | | |
| 1400-106 Per | | Deficie | ncies Found: | Yes X No | |
| (8) Training doesn't meet standards. Additional Comments: | | | | | |
| AMMINIMI COMMANDI | | | | | |
| 1400-107 Sec | urity: | Deficie | ncies Found: | Yes X No | |
| (20) Facility de | pesn't have sufficient correctional staff to perform functions | of the jail. Fa | cility is curre | ently using law | |
| | fficers to fill in on shifts with correctional staff. | | | | |
| Additional Con | nments: | | | | |
| | | | | | |
| 1400-108 Dis | cipline: | Deficie | encies Found: | Yes X No | |
| | rk doesn't include waivers, and guilty or not guilty pleas. | | | | |
| Additional Con | | | | | |
| | | | | | |
| | | TO 01 1 | | v Cv v C | |
| | 1400-109 Sanitation/Maintenance: Deficiencies Found: Yes X No | | | | |
| (2) Bravo: Lower 2 nd shower not draining, BM8,9 needs walls cleaned, BM9 has no hot water in sink. Alpha: A3- Hot water projects into the floor, AM9-Light out, Light out above AM9 | | | | | |
| C3- C3 #7 Needs walls cleaned, Light out above C3 #5, Light out above CM7 | | | | | |
| DA- Ceiling tiles need replaced; Air Vents need cleaned. | | | | | |
| Delta-Light out above D4. | | | | | |
| Kitchen: Sink Leaking, Floor tile missing or chipped, sink in dishwasher room leaking. | | | | | |
| (7) Kitchen: Black growth around back splash at dishwasher. | | | | | |
| Additional Comments: | | | | | |

RDA No. 2885

| Pest Control is provided monthly by McClain's Pest Control with last service date of July 11th, 2022. | | | | | |
|--|--|---------------------------------|----------|--|--|
| 1400-110 Food S | Services: | Deficiencies Found: | Yes No X | | |
| Additional Comm | | | | | |
| The menu pattern | was approved by Sarah Welborn-Corrieher on March 29th | ^h , 2022. | | | |
| 1400-111 Mail & | & Visiting: | Deficiencies Found: | Yes No X | | |
| Additional Comm | ents: | | | | |
| | | | | | |
| 1400-112 Inmat | e Programs & Activities: | Deficiencies Found: | Yes No X | | |
| Additional Comm | ents: | | | | |
| | | | | | |
| 1400-113 Medic | al Services: | Deficiencies Found: | Yes No X | | |
| Additional Comm | ents: | | | | |
| The facility's med | ical is provided by Southern Health Partners. | | | | |
| The medical proto | col letter and protocols were approved by Dr. Kenneth N | fathews on February 19th, 2022. | | | |
| The facility's first | aid kits were approved by Dr. Kenneth Mathews on Feb ng between health authority and administration did occur | ruary 18", 2022. | | | |
| The annual meeting | ig between health authority and administration did occur | | | | |
| 1400-114 Admis | ssion, Records and Release: | Deficiencies Found: | Yes X No | | |
| | istory checks are not occurring on a regular basis. | | | | |
| Additional Comm | | | | | |
| | | | | | |
| 1400-115 Hygie | ne: | Deficiencies Found: | Yes No X | | |
| Additional Comm | ents: | | | | |
| | ovided by Tennessee Business Enterprises. | | | | |
| \(\text{\tin}\text{\tetx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\text{\tin}\tint{\text{\text{\text{\text{\text{\tin}\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\texi}\tin}\tint{\text{\texi}\tittitt{\text{\text{\text{\text{\text{\texi}\text{\texit{\tet | | | | | |
| | vision of Inmates: | Deficiencies Found: | Yes X No | | |
| | vation watch logs are not in compliance. | | | | |
| Additional Comm | ents: | | | | |
| | | | | | |
| 1400-117 Classi | fication: | Deficiencies Found: | Yes No X | | |
| Additional Comm | ents: | | | | |
| | | | | | |
| X Initial Annual Report Re-inspection | | | | | |
| Exit Interview: | Name: | Title: | | | |
| | Ronnie Kent | Lieutenant | | | |
| | Brian McGinnis | Lieutenant | | | |
| | William Vinson | Sergeant | | | |
| | | | | | |
| Comments: | | | | | |

Due to deficiencies noted above I will re inspect on or before September 9th, 2022. Report prepared by: DFS Jason Cate

Note: The Tennessee Corrections Institute is authorized to grant this facility an extension not to exceed 60 days from the initial inspection to comply with minimum standards. No additional extensions may be granted. If applicable, a re-inspection will be conducted within 60 days and a recommendation will be made to the Board of Control. TCA 41-4-140, (4) (b) (1)



TENNESSEE CORRECTIONS INSTITUTE ANNUAL JAIL DATA PROFILE

| Facility Name: Carter County Detention Facility | | | | | | | | |
|--|------------------------|-------------------------|-------------------|--|-------------|-------------|-----------|-----|
| Date of Inspection/Re-inspection | n: J | July 13 th , | , 2022 | | | | | |
| Date of Construction: June 12 th , 2015 | | | | 1 | | | | |
| Date of Last Renovation: | | N/A | | | | | | |
| Certified Beds | | Male 226 | Female 70 | Current Number of Inmates | | | | |
| Total Certified Capacity | | 2 | 96 | Total Male: 161 Total Female: 45 | | | | |
| Population Day of Inspection | | 206 | | TDOC Backup Males: 27 TDOC Backup Females: 6 | | | | |
| January 13 th ,2022 through July | 13 th ,2022 | | 1: 264 | Со | mments: | | | |
| Average Daily Population | , | Male | e: 204 ale: 60 | | | | | |
| # of Current Full Time Detention | n Staff | 32 | # of C | Curre | ent Part T | ime Detent | ion Staff | 3 |
| Number of Full Time Positions | | 55 | Numl | oer c | of Part Tir | ne Position | S | 6 |
| Number of Support Staff | | 12 | Numl | er c | of Non-Fa | cility Supp | ort Staff | 21 |
| New Positions Created Since Last Inspection Number of New Hires Since Last Inspection | | | | 0 8 | | | | |
| Does the Detention Staff also perform as: Dis | | | spatchers? | | | Yes X | No | |
| Patrol Officers? | | | | Yes No X | | | | |
| Other (Specify.) | | | | | | | | |
| Total Annual Jail Budget | \$3,971,426 | .28 | | | | | | |
| (For this item, include janitori and dental care, detention staff | | | | | r, medica | 1 | | |
| Are you presently renovating, If Yes, what is the estimated da | | | ing a nev | v de | tention fa | cility? Yes | s[] No[| X] |
| Does your facility contractually | | | Yes [X |] 1 | No [] | | | |
| If Yes, how many beds are con | | | | | | | | |
| Does your facility contractually hold Federal Inmates? Yes [] No [X] If Yes, how many beds are contractually obligated? | | | | | | | | |
| Insurance Provider: Safety Eng | | | | | | | | |
| Address: 111 Hazel Path, Hendersonville, TN 37075 | | | | | | | | |
| Telephone: (615) 826 | | | , , | | | | | |
| CI-0031 (Rev. 11/2016) | | | | | | RDA | No. 2885 | |