

March 10, 1987

Joseph Solien, Chief Executive Officer
St. Peter Regional Treatment Center
Minnesota Valley Social Adaptation Center
St. Peter, MN 56082

Dear Mr. Solien:

CORRECTION ORDER

On December 8, 9, 10, 11, and 12, 1986, the Minnesota Valley Social Adaptation Center (MVSAC) was reviewed to determine compliance with the provisions of Minnesota Rules, parts 9525.0210 through 9525.0430 (Formerly Rule 34) and 9555.8000 through 9555.8500 (Formerly Rule 10), which govern the licensure of residential programs for persons with mental retardation. The licensed capacity of the program was 204 men, women, and children, aged five and over. At the time of the review 154 (adults and children) were receiving services.

VIOLATIONS AND CORRECTION ORDERS

The following violation(s) of state and (or) federal laws and rules were observed. Corrective action for each violation is required by Minnesota Statutes, section 245.805, and is hereby ordered by the Commissioner of Human Services. Failure to correct the violations within the prescribed amount of time may result in fines and/or action against your license, as provided for in Minnesota Statutes, sections 245.801 and 245.803.

To assist you in complying with the correction orders, a "suggested method of correction" may be included for any or all of the violations cited. Please be advised that a "suggested method of correction" is only a suggestion and you are not required to follow the "suggested method of correction." Failure to follow the "suggested method of correction" will not result in a fine or an action against your license. However, regardless of the method used, you are required to correct the violation(s) within the prescribed amount of time.

All documentation and other evidence of compliance that is required by this correction order must be submitted to the Division of Licensing.

1. Citation: Minnesota Rules, part 9555.8300, subpart 2, Individual Abuse Prevention Plan.

Violation: (a) In all records reviewed, the individual abuse prevention plans relied on the program abuse prevention plan for measures to minimize risk of abuse/neglect. The program abuse prevention plan did not adequately cover all areas of vulnerability assessed for the individual. (b) Individual abuse prevention plan assessments addressed only vulnerabilities to risk of abuse/neglect while the resident is in the household, and did not address other environments.

Time Frame for Correction: By May 1, 1987 submit evidence that 25 percent of the resident records have been reviewed for identification of all vulnerabilities not addressed by the program abuse prevention plan. All resident records must be reviewed and revised by the Interdisciplinary Team (IDT) by March 1, 1988. Submit a report which lists the residents for whom plans have been revised every 90 days.

2. **Citation:** Minnesota Rules, part 9555.8400, subpart 2.

Violation: The facility's policies on reporting of abuse were inconsistent. A reporting system (dated April 21, 1986, on page 154 of the policy manual) does not include the requirement to record pertinent dates and times, and name and address of alleged perpetrator. However, the above items were included in Campus Policy 72400.

Time Frame for Correction: By May 1, 1987, submit evidence that the inconsistent procedures have been corrected, and that staff have been informed of the requirements.

3. **Citation:** Minnesota Rules, part 9555.8400, subpart 2.

Violation: The reporting procedure does not specify that reports may be made directly to the outside investigative authorities.

The procedure specified in the abuse prevention plan dated April 21, 1986, page 153) instructs staff to report internally before notifying other agencies.

Interviews revealed that the staff's understanding is that reporters must report internally before reporting to other agencies.

Time Frame for Correction: By May 1, 1987, submit a copy of the revised policy and evidence that all mandated reporters have been informed of this policy revision.

4. Citation: Minnesota Rules, part 9555.8400, subpart 5.

Violation: The reporting policies and procedures did not include a provision requiring the communication of all knowledge and written information regarding incidents of abuse or neglect to the Department of Human Services.

Policy 72400, page 4, states: "Information regarding incidents of abuse or neglect will be communicated to the Department of Human Services at the discretion of the CEO."

Time Frame for Correction: By May 1, 1987, submit a revised policy which requires all information regarding incidents of abuse or neglect to be communicated to the Department. Also submit evidence that all mandated reporters have been informed of the revised policy.

5. Citation: Minnesota Rules, part 9525.0340, subpart 1.B.

Violation: The IDT, in the formulation of the individualized program and treatment plan, shall consider the proper exercise of the residents' and parents' civil and legal rights, including the right to adequate service.

Of the sixteen (16) resident records reviewed, there was no documentation that residents' rights had been addressed by the IDT at the annual review.

Time Frame for Correction: Beginning immediately, and on a continuing basis as annual reviews occur, document that the IDT has considered the proper exercise of residents' and parents' civil and legal rights. Submit copies of three records by July 1, 1987.

Suggested Method of Correction: The IDT could address freedom of movement, financial arrangements, right to vote, community participation, etc. Also, when a resident is on a program for maladaptive behaviors which would restrict his/her rights, this issue could be reviewed by the IDT. Areas to be addressed could be taken from the "Resident's Bill of Rights."

6. Citation: Minnesota Rules, part 9525.0330, subpart 2.

Violation: The program did not complete an assessment of resident #634 on an annual basis.

Time Frame for Correction: By May 1, 1987, submit a copy of the completed assessment for resident #634. Also submit evidence that all records have been reviewed to identify any other incomplete assessments.

7. Citation: Minnesota Rules, part 9525.0330, subpart 2.d. Behavioral Assessments.

Violation: There was no documentation that the residents participated in the behavioral assessment, or that information was supplied by their parents, when appropriate.

Time Frame for Correction: Beginning April 1, 1987, and on a continuing basis, all residents (or parents) must participate in the completion of behavioral assessments, unless valid reasons for failure to participate are documented in the resident's records.

8. Citation: Minnesota Rules, parts 9525.0430 and 9525.0350.

Violation: All records do not furnish sufficiently detailed documentation of the resident's progress, regression, or general response to program to plan and evaluate the resident's program. Incomplete or inaccurate baseline data was utilized in the development of objectives. Without specific and objective behavioral data, resident progress toward achievement of objectives or regression cannot be adequately evaluated.

For example:

- a. The record for resident #634 in Bartlett 1 - North reveals subjective statements about performance such as, "responds inconsistently to noise" and "tracking skills are inconsistent."
- b. The record for resident #257 in Bartlett 2 - South revealed no baseline data.
- c. The record for resident #485 in Bartlett 2 - North revealed no baseline data for two objectives, and identified the first week of "treatment data" as baseline data in two other objectives.

Time Frame for Correction: Beginning immediately, all new or revised resident programs must be based on specific, objective data. By July 1, 1987, submit three resident programs with baseline data and sufficient information to evaluate the resident's response to the program.

9. Citation: Minnesota Rules, part 9525.0350; Evaluation and Services.

Violation: There was no documentation that the interdisciplinary team (IBT) evaluated all services utilized by each resident. For example: client #331 from Bartlett 1 - South East did not have an IBT evaluation of the appropriateness of Occupational Therapy (OT), Physical Therapy (PT), and medical services.

Time Frame for Correction: Beginning April 1, 1987, and on a continuing basis, the interdisciplinary team of each resident must evaluate all services utilized by the resident.

10. Citation: Minnesota Rules, part 9525.0260, subpart 2.

Violation: Interior and exterior doors were locked. The facility used locked doors as a substitute for program or staff interaction for one resident in Bartlett 1 - South, East household. The wardrobes in her bedroom were locked with no corresponding program to teach appropriate skills.

Time Frame for Correction: By May 1, 1987, submit evidence that the above identified resident's team has met and determined the need for locked wardrobes, and designed a program that will result in unlocking her wardrobe, or document the rationale for continued use of locks.

11. Citation: Minnesota Rules, part 9525.0280, subpart 4 and part 9525.0370, subpart 1.

Although the facility staff as a whole demonstrated an understanding of the normalization principle, there was a lack of age appropriate materials on Bartlett 2 - North.

Time Frame for Correction: By July 1, 1987, submit (a) evidence that all staff on Bartlett 2 - North have received additional training in practical application of the principle of normalization; and, (b) a plan to increase age appropriate materials on Bartlett 2 - North.

12. Citation: Minnesota Rules, part 9525.0330, subpart 2.C.(8) and part 9525.0340, subpart 1.

Violation: The program has not adequately assessed the need for treatment plans in the area of maladaptive sexual behavior. For example:

- a. In Bartlett 2 - North, East household a resident was masturbating in the day room for a period of 5 to 10 minutes. Staff only intervened when a licenser brought this to a staff person's attention.
- b. The annual review for resident #713 documented inappropriate sexual activity in public places. No program was developed.

Time Frame for Correction: By May 1, 1987, submit evidence that the IDT for the residents described in (a) and (b) above have developed plans to teach appropriate sexual behaviors, or have documented the rationale if programs are not developed. On a continuing basis, inform IDTs of maladaptive sexual behavior and implement appropriate program plans.

13. Citation: Minnesota Rules, part 9525.0340, subpart 1.K. and part 9525.0280, subpart 5.

Violation: Resident #713 was moved from Bartlett 2 West household to Bartlett 2 - North household without input or consent of the IDT or the resident. The resident had a history of sleep difficulties (e.g., not sleeping at night, sleeping in the day room, short periods of sleep, etc.) that had been managed in West household. After the move to North household, the sleep difficulties greatly increased.

Time Frame for Correction: By May 1, 1987, submit evidence that the IDT has met and discussed the situation described above. Include documentation of the IDT's recommendations and subsequent implementation.

RECOMMENDATIONS

The following recommendations are not requirements of Minnesota Rules or laws governing your services or facility. These recommendations are provided to call your attention to areas where your facility or service is in minimum compliance with the requirements of rules or laws but it would be advisable to strengthen your efforts in these areas.

Failure to follow these recommendations will not result in a fine or action against your license at this time. However, should failure to follow recommendations result in a violation of rules or laws at a future date, you will be cited for noncompliance and may be subject to fines or action against your license.

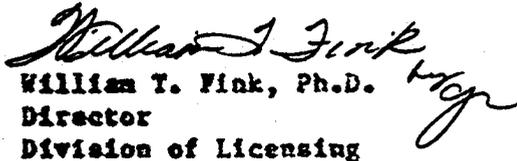
It is recommended that staff be encouraged to eat with residents. Staff interviews revealed a willingness to do so if schedules allowed.

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Provide a copy of this letter to each local social service agency that has clients placed at your facility.

If you have any questions concerning this Correction Order, please contact Becky Eikmeier at (507/931-9270).

Sincerely,


William T. Fink, Ph.D.
Director
Division of Licensing

DGTH-35

cc: Sandra S. Gardebring, Commissioner
Maria Gomez, Assistant Commissioner
Al Hanzal, Assistant Commissioner
Margaret Sandberg, Assistant Commissioner
Beverly Haydinger, Assistant Attorney General
Julie Brunner, Welsh Compliance Unit