



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
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

INSPECTION DETAILS FOR:

Anoka County Juvenile Center - Nonsecure Program

Address: 7555 Fourth Avenue, Lino Lakes, MN 55014

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Marcia Sparrow – Detention Facility Inspector **Inspected on:** 11/15/2023 to 11/16/2023

Inspection Method: This inspection consisted of policy and procedure review, physical plant inspection, interviews with administration, staff and youth, review of employee and youth files, and review of other related documentation.

Officials Present During Inspection: Superintendent Nate Parker; Supervisor Maya Mason

Officials Present for Exit Interview: Supervisor Maya Mason

Issued Inspection Report to: Superintendent Nate Parker; Supervisor Maya Mason; District Supervisor Jacob McLellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	310	5

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2023 **Ends On:** 11/30/2025 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2024

Delinquent Juvenile Hold Approval: Not Applicable **Certificate Holder:** Anoka County Community Corrections
2100 Third Avenue, Suite C100
Anoka, MN 55303

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	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Interchangeable non-secure residential/detention	Coed	25	100	25.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 5

1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.E.. Health and hygiene services.

The license holder must meet the conditions in items A to F. E. The license holder must keep records for a resident who receives prescription drugs at the facility and note: the quantity initially received from the pharmacy, amount of medication given, dosage, and time when the medication was taken. The license holder must document a resident's refusal to take prescription medication.

Inspection Findings:

A review of medication administration records revealed that in one of the five resident files reviewed, the medication administration record during one month contained two incidents in which the medication administration action was not documented and there was no recorded acknowledgement of the error. Medication administration is done by a contract company and not by staff.

Corrective Actions:

Ensure that all medication administration records are completely filled out and in the event of an error in recording data, there is documentation of the error being acknowledged.

Response Needed By:

2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 13. Resident clothing, bedding, and laundry.

The license holder must ensure that a resident has: A. an adequate amount of clean clothing appropriate for the season; B. an appropriate sized, clean, fire retardant mattress; two sheets or one sheet and clean mattress cover; sufficient clean blankets to provide comfort under existing temperature conditions; and one pillow and one pillowcase that is antiallergenic, if required, to meet a resident's health care needs. Existing non fire retardant mattresses may continue to be used until they are replaced, provided that the existing mattresses are replaced no later than July 1, 2015; and C. adequate bath towels and washcloths. Clean bedding and linens must be furnished upon each new admission, and bedding and linens must be cleaned once a week or more often as needed to maintain a clean and safe environment. Bedding and linens that are worn out or unfit for further use must not be used.

Inspection Findings:

Bed linens found in several of the bedrooms were worn to transparency. There were newer, less worn items in the laundry room for use. Some of the blankets and towels were also worn and should not be used for residents.

Corrective Actions:

Bedding and linens that are worn out or unfit for further use must be removed and replaced with the new bedding and linens available in the facility. These items should be reviewed and discarded by staff regularly.

Response Needed By:

3. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 3. Records and reports

The license holder must have a record retention schedule. The license holder must: A. comply with reporting requirements of Minnesota Statutes, section 253C.01; B. maintain the records in subitems (1) to (11) according to state law: (1) admission and release records; (2) resident personal property records; (3) special occurrence or incident records; (4) records of staff and volunteer training; (5) food service records; (6) daily log records; (7) records about which services were provided to each resident, outcomes of treatment for each resident, and outcomes for program services and program evaluation reports; (8) medical and dental records; (9) disciplinary records and records of appeals; (10) special and regular education records; and (11) resident, family, and referring agency satisfaction survey; and C. store records in an organized, retrievable manner that ensures confidentiality.

Inspection Findings:

The facility has fragmented storage practices. A portion of client files created at intake are electronic, documents retrieved from placing or other outside agencies, or created by primary counselors are stored in one or more paper files. The system is disorganized, cumbersome, and finding data is difficult. All reviewed files, including medical files, were disorganized.

Corrective Actions:

Develop a plan to organize all client files so that data is readily available. Base files should be inclusive of all information, except medical information outside of initial screenings. Medical files should be organized chronologically and kept by medical personnel.

Response Needed By:

4. 2960.0200 PHYSICAL PLANT AND ENVIRONMENT. Subpart A..

A group residential facility must meet the requirements in items A to D. A. Buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair.

Inspection Findings:

At the time of the inspection there were several dirty vents in bedrooms and bathrooms. One vent had slats removed and paper towels placed in the vent itself. There was standing water and dried soap scum inside two of the shower handrails in two different bathrooms. There was rust and dark spots around the inside of the showers. The bathrooms were generally unclean. This was addressed on the last inspection and the facility has a resolution plan in place as the bathrooms will be remodeled before year end.

Corrective Actions:

Ensure that staff is checking for items of disrepair (such as the broken vents) and reporting those for maintenance. Ensure that staff is monitoring cleanliness of bathrooms, especially between super clean days. Bathrooms will be remodeled in December 2023 which will alleviate the disrepair.

Response Needed By:

5. 2960.0560 PERSONNEL STANDARDS. Subpart 3. supervision of treatment.

The program director must: A. supervise the development of each resident's individual treatment plan; B. be involved in the resident's treatment planning process and sign the resident's individual treatment plan; C. supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress; and D. document on a biweekly basis a review of all the program services provided for the resident in the preceding week.

Inspection Findings:

A review of client files and processes revealed that residents admitted for the sex specific outpatient program do not have a facility created case/treatment plan that is supervised and signed off on by the Program Director of NSP. There is a comprehensive criminogenic needs treatment plan created by the primary, however, this is not supervised or signed off on by the program director.

Corrective Actions:

Ensure that each resident admitted to the NSP program has a comprehensive facility case/treatment plan. For sex specific outpatient programming residents, that case plan can include the elements of the normally created plan along with the completion of the outpatient program as a goal for completion.

Response Needed By:**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 1**

1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.B.. Health and hygiene services.

The license holder must meet the conditions in items A to F. B. The license holder must maintain a record of the illness reported by the resident, the action taken by the license holder, and the date of the resident's medical, psychological, or dental care.

Inspection Findings:

There are medical files with records of medical encounters and client data. The files for all residents are in paper files, disorganized and not in chronological or any discernable order.

Corrective Actions:

Ensure that medical information is in an organized format; client data, medical encounters, and MARS, at minimum, should be separated and in chronological order.

Response Needed By:

INSPECTION COMMENTS

The Anoka County Juvenile Center - Nonsecure Program's biennial inspection was completed on November 15 & 16 2023, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities. Sections of the 2960 standards that are applicable to the programs at this facility include: Administrative, Group Residential, Detention, Corrections and Restrictive Procedures.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included intake, medication cart/room, resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, gym/recreation areas, and kitchen.

Documentation review included resident files, daily logs, treatment plans, menus, recreation schedules, grievance documentation, well-being checks and logs, restrictive procedure quarterly reviews and other pertinent facility documentation. There was also a review of the facility policy and procedure manual, resident handbook and overviews for the program.

Thank you and your staff for your cooperation during this biennial inspection. If you have questions or concerns related to this report or any other licensing matter, please feel free to contact Inspections and Enforcement at 612-468-2027.

Anoka County has the right to request reconsideration of this correction order. Under Minnesota Statutes Section 241.021 subdivision 1e, any request for reconsideration does not stay any provision of this order. A request for reconsideration must:

- Be in writing;
- Be sent by certified mail to the Commissioner and postmarked no later than 30 calendar days after receipt of this order;
- Specify the parts of the order that are alleged to be in error;
- Explain why the violation is in error; and
- Include any supporting documentation to show why the order is in error.

Failure to follow these requirements will result in the loss of the right to request reconsideration. The timeline to seek reconsideration begins upon receipt of this order. Please send any request for reconsideration to:

Commissioner, Department of Corrections
ATTN: Inspection and Enforcement Unit
1450 Energy Park Drive, Suite 200
St. Paul, MN 55108

JJDP A Compliance

This is a nonsecure program and the youth always have free egress out of this building.

Report completed By: Marcia Sparrow – Detention Facility Inspector

Signature:

