



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:

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:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 10/20/2021

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 John Gross

Officials Present for Exit Interview: Supervisor John Gross

Issued Inspection Report to: Superintendent Nate Parker; Supervisor John Gross; District Supervisor Jacob McLellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	313	3

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 12/01/2021 **Ends On:** 11/30/2023 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2022

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: 3

1. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 1. Basic rights.

A resident has basic rights including, but not limited to, the rights in this subpart. The license holder must ensure that the rights in items A to R are protected: A. right to reasonable observance of cultural and ethnic practice and religion; B. right to a reasonable degree of privacy; C. right to participate in development of the resident's treatment and case plan; D. right to positive and proactive adult guidance, support, and supervision; E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation; F. right to adequate medical care; G. right to nutritious and sufficient meals and sufficient clothing and housing; H. right to live in clean, safe surroundings; I. right to receive a public education; J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a case manager in accordance with the resident's case plan; K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene; L. right of access to protection and advocacy services, including the appropriate state appointed ombudsman; M. right to retain and use a reasonable amount of personal property; N. right to courteous and respectful treatment; O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03; P. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation; Q. right to be informed of and to use a grievance procedure; and R. right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as it is allowed in the correctional facility's discipline plan.

Inspection Findings:

2960.0050 RESIDENT RIGHTS AND BASIC SERVICES Subp.1 H. right to live in clean, safe surroundings; At the time of the inspection several of the vacant and occupied resident bedrooms were dirty. This included trash on the floor, and dried liquid stains on the walls. The resident bathrooms have significant cleanliness and ventilation issues/concerns. The bathrooms get a lot of use and the grout is stained, and the paint has rust and possible mold in the upper areas of these rooms.

Corrective Actions:

Create a better system for staff to check bedrooms and bathrooms of cleanliness and safety. Create cleanliness and safety standards and expectations for staff and residents. If staff are not able to correct the issue it should be reported to the Supervisor.

Response Needed By: 12/15/2021

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:

Bedding and linens were found to be worn out, transparent and unfit for use.

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.

Response Needed By: 12/15/2021

3. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 6. Use of physical holding or seclusion.

Physical holding and seclusion are behavior management techniques which are used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective. The emergency use of physical holding or seclusion must meet the conditions of items A to M: A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency; C. the use of physical holding or seclusion must end when the threat of harm ends; D. the resident must be constantly and directly observed by staff during the use of physical holding or seclusion; E. the use of physical holding or seclusion must be used under the supervision of a mental health professional or the facility's program director; F. physical holding and seclusion may be used only as permitted in the resident's treatment plan; G. staff must contact the mental health professional or facility's program director to inform the program director about the use of physical holding or seclusion and to ask for permission to use physical holding or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding or seclusion; H. before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 regarding the use of physical holding and seclusion at the facility; I. when the need for the use of physical holding or seclusion ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; J. staff must treat the resident respectfully throughout the procedure; K. the staff person who implemented the emergency use of physical holding or seclusion must document its use immediately after the incident concludes. The documentation must include at least the following information: (1) a detailed description of the incident which led to the emergency use of physical holding or seclusion; (2) an explanation of why the procedure chosen needed to be used to prevent or stop an immediate threat to the physical safety of the resident or others; (3) why less restrictive measures failed or were found to be inappropriate; (4) the time the physical hold or seclusion began and the time the resident was released; (5) in at least 15 minute intervals during the use of physical holding or seclusion, documentation of the resident's behavioral change and change in physical status that resulted from the use of the procedure; and (6) the names of all persons involved in the use of the procedure and the names of all witnesses to the use of the procedure; L. the room used for seclusion must be well lighted, well ventilated, clean, have an observation window which allows staff to directly monitor a resident in seclusion, fixtures that are tamperproof, with electrical switches located immediately outside the door, and doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and M. objects that may be used by a resident to injure the resident's self or others must be removed from the resident and the seclusion room before the resident is placed in seclusion

Inspection Findings:

Review of resident files and treatment plans indicate a lapse in use of restrictive procedures. The residents are signing off on due process forms which are not a treatment plan.

Corrective Actions:

Create a treatment plan for each youth upon entering the facility. Treatment plan should clearly indicate the use of restrictive procedures in the event of imminent threat of harm to self or others. It should also have an area on the form to modify the use of restrictive procedures based on the individuals physical and or emotional needs (ie. youth with broken arm, pregnant youth, past trauma).

Response Needed By: 12/15/2021

INSPECTION COMMENTS

The Anoka County Juvenile Center- Nonsecure Program biennial inspection was completed on October 20, 2021, 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.

The following comments and concerns are a result of the inspection. While these may not be specific rule violations, these are areas that provided constructive feedback to help address potential facility issues.

Comments:

1. The facility response to COVID-19 follows CDC guidelines and includes masks for residents and staff, and an area for all entering to sanitize hands prior to entry into the facility. The accommodations for quarantined youth (either positive or pending test results) are good.
2. The new camera system has been installed and is operating. The camera views are good, and the system offers numerous angle and sightlines.
3. There has been the addition of Controlled Force restrictive procedure training for staff.
4. The on-site medical services of MEND are new to the facility. Facility staff are no longer administering medications and the process of medical call and 24 nursing assistance/access is good.
5. Camera review of the well-being checks looked good.

Concerns not noted in formal inspection:

1. The resident bedrooms have cabinets for resident clothing and belongings. The upper cabinet doors are potential tie off points for self-injurious behaviors. Please consider removing these upper cabinet doors as a safety precaution.
2. The physical plant inspection identified several safety concerns with desktops peeling up from the wood and missing screws and vent cover pieces. Please consider replacing all slatted vent covers with the solid plastic vented covers used in several rooms. These covers pose less of a safety risk and appear to be very difficult to damage.
3. Consider implementing staff and resident surveys monthly to gain information and address possible cleanliness and safety issues, as well as create a better working environment for staff and living environment for residents.

Overall, the inspection went well. Maintaining normal operations during COVID-19 mitigation efforts have been challenging for all facilities and the Anoka County Juvenile Center- Nonsecure Program is commended on their efforts in this area.

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 me at 507-382-9791.

JJDPa Compliance

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

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature:

