



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

Address: 7545 Fourth Avenue, Lino Lakes, MN 55014

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Detention Facility Inspector

Inspected on: 03/01/2022 to 03/03/2022

Inspection Method: On Site, in person inspection.

Officials Present During Inspection: Director John Gross; Superintendent Nate Parker

Officials Present for Exit Interview: Director John Gross; Superintendent Nate Parker

Issued Inspection Report to: Director John Gross; Superintendent Nate Parker; Regional Manager Jacob McLellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	306	297	1

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 05/01/2022 **Ends On:** 04/30/2024

Facility Type: Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 04/30/2023

Delinquent Juvenile Hold Approval:

Certificate Holder: Anoka County
7545 Fourth Avenue
Lino Lakes, MN 55014

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 secure residential/detention	Male	50	100	50.00	25	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 1****1. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 10. Administrative review.**

The license holder must complete an administrative review of the use of a restrictive procedure within three working days after the use of the restrictive procedure. The administrative review must be conducted by someone other than the person who decided to impose the restrictive procedure, or that person's immediate supervisor. The resident or the resident's representative must have an opportunity to present evidence and argument to the reviewer about why the procedure was unwarranted. The record of the administrative review of the use of a restrictive procedure must state whether: A. the required documentation was recorded; B. the restrictive procedure was used in accordance with the treatment plan; C. the rule standards governing the use of restrictive procedures were met; and D. the staff who implemented the restrictive procedure were properly trained.

Inspection Findings:

A review of restrictive procedures incidents revealed that in some cases an administrative review with proper elements is not being conducted per this rule part. These reviews should be completed for all incidents of restrictive procedures usage and must include the required components of this rule part, when applicable.

Corrective Actions:

Ensure that when restrictive procedures are utilized, there is an administrative review conducted with appropriate information reviewed and documented.

Response Needed By: 05/10/2022**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 8****1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.5.b.. Health and hygiene services.**

The license holder must meet the conditions in items A to F. D. The license holder, in consultation with a medically licensed person, must have a plan for the safe storage and delivery of medicine. The license holder must meet the requirements in subitems (1) to (5). A medically licensed person must provide consultation and review of the license holder's administration of medications at least monthly.

Inspection Findings:

The facility contracts with MEND Correctional Care for medical services. In conversations with the MEND Nursing staff, it was revealed that there is no documentation of monthly oversight of medication administration by a licensed medical professional. Indications are that this is occurring, however there is no such documentation.

Corrective Actions:

Ensure that monthly medication oversight is documented and signed off by a medically licensed professional (RN).

Response Needed By:**2. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.B.. Discharge.**

The license holder must meet requirements of items A and B. B. The transition services plan must include at least the elements in subitems (1) to (7): (1) housing, recreation, and leisure arrangements; (2) appropriate educational, vocational rehabilitation, or training services; (3) a budget plan and a description of the resident's financial and employment status; (4) transportation needs; (5) treatment services; (6) health services; and (7) personal safety needs. For a resident with a disability, the transition services plan must address the resident's need for transition from secondary education services to postsecondary education and training, employment provider participation, recreation and leisure, and home living according to Minnesota Statutes, section 125A.08.

Inspection Findings:

The facility provides detailed transition/discharge plans, and residents fill out paperwork with transition details, however, written plans include a summary with detail of the residents stay, and lack transitional services and planning documentation per this rule part.

Corrective Actions:

Ensure that transition plans include the elements require by this rule part. The transition services plan must include at least the elements in subitems (1) to (7): (1) housing, recreation, and leisure arrangements; (2) appropriate educational, vocational rehabilitation, or training services; (3) a budget plan and a description of the resident's financial and employment status; (4) transportation needs; (5) treatment services; (6) health services; and (7) personal safety needs. For a resident with a disability, the transition services plan must address the resident's need for transition from secondary education services to postsecondary education and training, employment provider participation, recreation and leisure, and home living according to Minnesota Statutes, section 125A.08.

Response Needed By:

3. 2960.0240 PERSONNEL POLICIES. Subpart 4.C.. Personnel training.

The license holder must provide staff training. C. Employees of a long term secure detention facility who have direct contact with residents must complete a minimum of 40 hours of in service training per year. One half of the training must be skill development training. Staff of an eight day temporary holdover facility must complete 24 hours of in service training. Twenty four hour temporary holdover staff and other facility staff and volunteers must complete in service training consistent with professional licensure requirements and responsibilities and the license holder's annual training plan.

Inspection Findings:

A review of employee training records revealed that there was missing training record documentation for 2020. Indications are that training was completed to the best of the facility's ability considering COVID restrictions, however due to a system change, records were not available. Concessions were made for training requirements through 2020 based on the pandemic, therefore they are not considered out of compliance. 2021 training records are complete.

Corrective Actions:

Ensure that training for all future licensing periods is documented and saved.

Response Needed By:

4. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 4.C.. Medical services.

If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies, and materials, as determined by the responsible physician, must be provided to deliver primary health care.

Inspection Findings:

Currently residents are seen by nursing staff in a location that may not provide privacy. When the nurse needs to meet with residents depending on the situation, it may be in a group room with windows on all sides off the living unit or in an open bathroom area in the unit.

Corrective Actions:

Consider utilizing the intake office and attached bathroom for situations requiring privacy. Consider other more permanent options or spaces for routine medical care.

Response Needed By:

5. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.1.. Discipline plan.

The license holder must have a discipline plan that includes the requirements in items A to F. D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan. (1) A resident placed in disciplinary room time prior to a due process hearing must have a due process hearing within 24 hours, unless documented cause is shown to delay the hearing. Examples of cause for delay of a due process hearing include resident requests for a delay or that a due process hearing is logistically impossible as in the case of mass disturbances.

Inspection Findings:

A review of discipline records revealed that in at least one case a resident requested an appeal and none was documented, and in one case, the discipline report/hearing was offered past the allotted timeframe of 24 hours.

Corrective Actions:

Ensure that all residents requesting a hearing or appeal are given that opportunity and these processes are documented. Ensure that all residents in DRT are presented with an opportunity to admit the violation and/or request a hearing within 24 hours.

Response Needed By:

6. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 8.B.. Exercise and recreation.

Provisions for a minimum of two hours of daily preplanned exercise or activities supervised and directed by trained staff and recreational activities and leisure time activities, excluding time spent watching television;

Inspection Findings:

A review of daily schedules and logs revealed that residents do not consistently have two hours of preplanned exercise or recreation per this rule part. There are activities occurring, they are not necessarily scheduled ahead/preplanned and organized.

Corrective Actions:

Ensure that there is at least one hour of preplanned exercise and one hour of preplanned organized activities supervised and directed by trained staff in the schedule each day.

Response Needed By:

7. 2960.0360 SECURITY POLICIES AND PROCEDURES. Subpart 1. Content of policies and procedures.

A license holder who offers correctional program services must develop security policies and procedures regarding the following: A. control and recovery of contraband; B. delivery and service procedures; C. prohibition of firearms and other weapons in resident areas and measures to ensure that weapons are inaccessible to residents; D. search procedures; E. escort of residents outside the secured area; and F. one half hour interval well being checks, when residents are not under direct supervision.

Inspection Findings:

A review of well-being checks revealed that at least two checks in the five days (several shifts) were conducted late by 30 seconds to one minute. These late checks were addressed by supervision. The quality of the reviewed well-being checks at this facility is very good.

Corrective Actions:

Ensure that reviews of cameras and well-being check logs are monitored regularly to ensure quality and timeliness of checks for the safety of residents. Retrain staff who experience issues with quality or timely checks.

Response Needed By:

8. 2960.0370 LOCKS AND KEYS. Subpart 1.B.. storage.

The license holder must ensure that keys that serve a critical security purpose must be easily identifiable and never issued except upon order of the facility administrator or person in charge, and according to established procedure. No security keys shall be made available to residents.

Inspection Findings:

A review of control room processes revealed that on occasion keys are returned to a drawer from outside the control room and the drawer is not immediately pulled in to the control room to secure keys. This occurs when the control room staff is not aware that staff has placed the keys in the drawer or is busy with another task. During the inspection, this process was witnessed. At the time of this incident, there were no residents in the area.

Corrective Actions:

This issue should be addressed immediately. Keys should never be left in a drawer, unattended, without being pulled into the control room. Staff placing keys is responsible to ensure that keys are returned safely prior to leaving the area.

Response Needed By:

INSPECTION COMMENTS

The Anoka County Juvenile Center biennial inspection was completed on March 1 - 3, 2022, 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, Secure, Detention, Corrections and Restrictive Procedures.

This scheduled inspection visit consisted of a physical plant safety and security inspection.

The physical plant inspection included intake, medical area, resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, gym/recreation areas, kitchen and classroom areas of the secure facility.

The inspection also included discussions with multiple staff, supervisors, direct care staff, nursing staff and administration, as well as discussions with and observation of staff interactions with residents.

Documentation review included staff personal and training files, resident files, daily logs, treatment plans, menus, recreation schedules, grievance documentation, well-being checks 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, there are areas that provided an opportunity for constructive feedback to help address potential facility issues.

Comments:

1. The facility continues to follow CDC recommendations in response to the COVID-19 pandemic. There are adequate areas to quarantine youth and staff continue to wear masks while working.
2. The facility continues to improve their statistics in the use of restrictive procedures and disciplinary room time and have implemented and trained staff in a standardized technique of RP utilized by multiple facilities throughout the state.
3. The facility has completed installation/upgrade of a new video monitoring system since the last inspection.

Concerns not noted in formal inspection:

1. Consider retrofitting handicapped railings with caps in bathrooms, showers and any bedrooms where residents may be alone, for safety. As discussed, this is in process.
2. Consider rearranging and updating resident handbook, to include moving the resident rights toward the front of the book along with the facility rules.
3. The facility has implemented a plan to enhance cultural programming utilizing program staff. Consider a curriculum with more focus on cultural and ethnic backgrounds than the current program rotation includes. Also consider utilizing outside agencies to supplement and create greater opportunities for residents to associate with racially and culturally similar adults.

The facility has a new supervisor and a new superintendent due to recent retirements. Overall, this inspection went well. The staff and administration's transparency and willingness to discuss and address areas of concern is appreciated.

Thank you for your cooperation during this licensing visit.

Please contact me if you have any questions regarding this report, at 651-261-1657.

JJDPA Compliance

After a review of admissions from October 1, 2021 through March 3, 2022, there were no violations of the JJDP act. MH

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature: *Monaie Hebert*