



## Facility Inspection Report Issued By The Minnesota Department of Corrections Pursuant to MN Statute 241.021, Subdivision 1

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### INSPECTION DETAILS FOR:

#### Dakota County Juvenile Services Center

**Address:** 1600 Highway 55, Hastings, MN 55033

**MN Governing Rule:** 2960 Children's Residential Facility

**Inspection Type:** Biennial **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 06/13/2022 to 06/15/2022

**Inspection Method:** The scheduled inspection visit consisted of a physical plant, safety and security inspection. The physical plant inspection included all resident bedrooms, holding rooms, resident living areas, resident shower areas, bathrooms, the intake area and shower/bathroom room, visiting/meeting/group rooms, gym/recreation areas, classroom and school areas.

**Officials Present During Inspection:** Director Matt Bauer

**Officials Present for Exit Interview:** Director Matt Bauer

**Issued Inspection Report to:** Director Matt Bauer; Regional Manager Dayna Burmeister

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	311	301	3

### TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 07/01/2022 **Ends On:** 06/30/2024 **Facility Type:** Secure Juvenile Detention/Residential Facility

**Placed on Biennial Status:** Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2023

**Delinquent Juvenile Hold Approval:** **Certificate Holder:** Dakota County  
1600 W Highway 55  
Hastings, MN 55033

**Special Conditions:**

**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	Coed	40	100	40.00	10	0	None.	None.

### RULE COMPLIANCE DETAILS

**Chapter 2960 - Mandatory Rules Not In Compliance****Total: 3****1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.C.. Health and hygiene services.**

The license holder must meet the conditions in items A to F. C. Maintaining stock supplies of prescription drugs at the facility is prohibited.

**Inspection Findings:**

A review of the medication administration practices with their contracted provider revealed that there are multiple types of stock prescription medications held in the medication cart. This includes Haldol, anti-anxiety medications, antibiotics etc. This is not permitted without a variance.

**Corrective Actions:**

**Remove stock medications from the facility. This facility has access to these medications from the adult facility in close proximity. It suggested that their contract medical provider review the full 2960 rule regarding health services for juveniles.**

**Response Needed By: 08/19/2022****2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.1.. 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). (1) The license holder must contact a newly admitted resident's prescribing medically licensed person to verify the following information regarding prescribed medication: (a) instructions about how the medication must be administered; (b) the symptoms that the medication will alleviate; and (c) the symptoms that would warrant consultation with the physician.

**Inspection Findings:**

A review of prescription medication storage practices revealed that medical staff is storing medications to be destroyed in an unlocked cabinet within the locked medical office. There were three bubble packs of Adderall in the cabinet along with other medications. At minimum, the medications should have been in a locked cabinet within the locked office. Provider is not verifying an incoming resident's medication with the prescribing physician or pharmacist per this rule part.

**Corrective Actions:**

**Keep all prescribed medications that are in the facility in a locked cabinet. Destroy unused/discontinued medications at the earliest opportunity. When a new resident comes in with prescribed medications, document verification of those medications per this rule part.**

**Response Needed By: 08/19/2022****3. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.. 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. The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours. Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented.

**Inspection Findings:**

At the time of the inspection, a review of Disciplinary Room Time (DRT) documentation revealed missing information in the required the eight hour reviews. Eight hour reviews were documented, however, there was minimal information as to why continued DRT was necessary, and in some cases it was unclear whether resident basic rights were adhered to (shower, physical activity, meals, education). This appears to be staff not adequately documenting rather than the facility actually not adhering to resident rights, based on other documentation. This was a compliance issue in the last inspection and some improvements were made.

**Corrective Actions:**

**DRT documentation must include, at minimum, information regarding activities, including meals, education, shower, physical activities and other basic resident rights. This documentation will include notes regarding resident at the time of the eight hour review to include reasons for continued DRT.**

**Response Needed By: 08/19/2022**

**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 7****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 nurse indicates that she reviews medication administration at least monthly. Indications are that this is occurring, however, there is no documentation confirmation.

**Corrective Actions:**

**Continue to conduct thorough medication administration oversight, including at least one time monthly a complete medication count and a review of the medication administration logs. Document this oversight by signing each MAR or on a separate sheet. Ensure there is an effective process for addressing medications errors when identified.**

**Response Needed By:****2. 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:**

The contracted medical provider utilizes an electronic medication administration process. When reviewing the medication administration documentation, it was revealed that there are times when despite the medication being administered and documented, the entered documentation disappears from the system. This process is therefore, an inconsistent way of documenting medication administration.

**Corrective Actions:**

**Resolve the technical issues with the electronic documentation and until then, return to the use of the paper MAR. If this is not resolvable, return to using the paper MAR indefinitely.**

**Response Needed By:****3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 5.D.. Discipline policy and procedures required.**

The license holder must have discipline policies and procedure that require the resident's abuse history and developmental, cultural, disability, and gender needs be taken into consideration when deciding the disciplinary action to be taken with a resident. The policy must include the requirements in items A to E. D. The license holder must meet the following requirements for the use of time out: (1) time out must be used as a nonemergency behavior management technique which is used to intervene in a resident's undesirable behavior and to allow the resident to reflect and become calm before returning to ongoing activities at the facility; (2) time out must be used under the direction of a mental health professional, the facility director, or the program manager; (3) the use of time out must be consistent with the resident's treatment plan; (4) staff must escort a resident to an unlocked room or other separate living space in the facility that is safe; (5) staff must assess the resident in time out at least every 30 minutes and determine when the resident may return to ongoing activity at the facility; (6) staff must have completed at least the following training before they use time out with a resident: (a) the needs and behaviors of residents; (b) building relationships with residents; (c) alternatives to time out; (d) de escalation methods; (e) avoiding power struggles with residents; and (f) documentation standards for the use of time out; (7) the treatment team must include and document the review of the use of time out for each resident during the review of the resident's treatment plan; and (8) staff must document the use of time out in the resident's record and include the information in units (a) to (d): (a) the factors or circumstances which caused the need for the use of time out; (b) the resident's response to the time out; (c) the resident's ability to de escalate during the time out procedure; and (d) the resident's ability to maintain acceptable behavior after the time out.

**Inspection Findings:**

A review of practices regarding time out usage revealed that the process is not always tracked appropriately. Time out documentation is in the CSTS system, however is difficult to track that documentation. They often do not officially differentiate the staff directed time out usage, from resident requested or staff "suggested" time in room.

**Corrective Actions:**

**When time out is utilized, the process must be documented per the requirements of this rule part. The facility will use the time out form from past practice consistently to track staff directed time outs for residents.**

**Response Needed By: 08/19/2022**

4. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 9.D.. Educational services.

The license holder must ensure that educational services are provided to residents according to items A to D, except where not applicable, due to the age of the resident or the resident's short stay in the facility. D. The license holder must provide education about chemical health to the resident who has had a problem related to inappropriate chemical use, but who does not have a sufficient chemical use history to refer to treatment. The education must provide the resident with opportunities to examine the problems associated with inappropriate chemical use.

**Inspection Findings:**

The facility is currently utilizing a contract provider for substance use treatment. There does not appear to be any qualified education for those who do not qualify for substance use treatment but have a history of inappropriate substance use.

**Corrective Actions:**

**Incorporate sessions of low level substance use related education for residents who do not meet full criteria for substance use treatment services, but have a history of inappropriate substance use.**

**Response Needed By:**

5. 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:**

There is a preplanned schedule for activities, however, the recreation schedule does not appear to have a full two hours of preplanned, staff lead activities for leisure and physical recreation activities. It appears that residents are getting adequate scheduled physical activity, however leisure activities are not necessarily pre-planned or staff lead.

**Corrective Actions:**

**Continue providing physical activity per current schedule and gym class. Create a leisure activity schedule for pre-planned staff led leisure activities.**

**Response Needed By:**

6. 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 the treatment, case planning process revealed that in some cases, the program director does not sign the treatment plan until the end of a resident stay.

**Corrective Actions:**

**Ensure that the program director oversees and signs each initial treatment plan for approval at the time of creation and distribution, which should be done at the beginning of programming.**

**Response Needed By:**

7. 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:**

The administrative review process and forms do not include the required information per this rule part.

**Corrective Actions:**

**Ensure that the administrative review form contains all of there requirements of this rule part, including; 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.**

**Response Needed By:**

**INSPECTION COMMENTS**

The Dakota County Juvenile Service Center biennial inspection was conducted on June 13-15, 2022, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities. Sections of the 2960 standards that are applicable to this facility include: Administrative, Group Residential, Secure, Detention, Corrections and Restrictive Procedures.

This inspection included discussions with staff, supervisors, direct care staff, nursing staff and observation of staff interactions with residents. Resident interviews were conducted in a private area without staff present. 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 documentation. There was also discussion and review of the facility policy and procedure manual.

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 continues to follow COVID-19 protocol per the CDC guidelines.
2. Residents report that overall they feel safe and cared for, and appear comfortable with staff and surroundings.

**Suggested for Review:**

1. Review the cultural programming schedule and add age and culturally appropriate activities.
2. Consider reorganizing treatment plans to include all pertinent information and ensure that all case managers are utilizing a consistent process.
3. Well-being checks are reviewed regularly and are time compliant, however, it appears that some staff would benefit from additional training on conducting quality checks.
4. Training meets minimum requirements, however, staff would benefit from additional training regarding the populations served and other focused training (trauma, mental health, cultural). Due to the size and nature of this facility, as well as the extensive employee turnover, it is strongly suggested that facility add a designated full time training manager.

Overall, the inspection went very well. There were productive discussions with administration and staff. Administration transparency is greatly appreciated and it appears all are interested in continuous improvement for the facility.

Thank you for your cooperation during this licensing visit. Please contact me if you have any questions regarding any licensing or this inspection report. I can be reached at 651-261-1657.

**JJDPA Compliance**

Upon review of admissions to the Dakota County Juvenile Services Center beginning October 1, 2021 through June 16, 2022 and there were no JJDP violations of the core requirements of the JJDP act. This facility meets Federal Compliance Standards.

**Report completed By:** Monaie Hebert – Senior Detention Facility Inspector

**Signature:**

*Monaie Hebert*