



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:

East Central Regional Juvenile Center

Address: 7565 Fourth Avenue, Lino Lakes, MN 55014

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 02/22/2023 to 02/24/2023

Inspection Method: This inspection visit consisted of a tour of the facility, review of state fire marshal inspection, food establishment inspection, Anoka County public health license, nutritional compliance statement, grievance reports, well-being checks, camera footage reviewed, resident files, employee files, MAR reviews, annual reports, resident interviews, employee interviews and policy manual review.

Officials Present During Inspection: Superintendent Nate Parker; Supervisor Mike Kouri

Officials Present for Exit Interview: Superintendent Nate Parker; Supervisor Mike Kouri

Issued Inspection Report to: Superintendent Nate Parker; Supervisor Mike Kouri; Regional Manager Jacob Mclellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	307	2

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 04/01/2023 **Ends On:** 03/31/2025 **Facility Type:** Secure Juvenile Detention/Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 03/31/2024

Delinquent Juvenile Hold Approval: **Certificate Holder:** Anoka County
7565 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	Coed	36	100	36.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 2**

1. 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:

The facility has a preplanned recreational activity schedule. The daily logs often reflect active recreation times shorter than the scheduled timeframe. Active recreation for residents in disciplinary room time status should also consist of the minimum amount of time for activities per this rule part. There was minimal documentation regarding the amount of time those residents on DRT receive for recreational activities.

Corrective Actions:

Ensure that residents are receiving the minimum amount of recreational time (large muscle and passive recreational activities). Residents in DRT status should be also be receiving the minimum amount of recreation. Recreational activities should be documented. Gym during school will count toward the time required for recreation.

Response Needed By: 04/14/2023

2. 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:

Upon review of restrictive procedures processes and reports, it was discovered that the facility had not been completing administrative reviews per this rule part. The facility administrator was signing off on the incidents after reviewing, however, the required information was not included. In the most recent quarter's incidents, most of the appropriate documentation was included.

Corrective Actions:

The facility began using a new form containing the correct information within the last several, however, was out of compliance for a majority of the licensing period.

Response Needed By: 04/14/2023**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:

Upon review of the medication administration documentation and process, it was discovered that there is no documented monthly review of the medication administration process. They do complete counts weekly, however, the documentation is not adequate to constitute audit verification.

Corrective Actions:

Create a process by which medication administration is formally reviewed/counted and documented monthly by a licensed health care professional (RN). Consider adding a form to the inside the medication administration log book where the person conducting the medication audit can document this monthly process.

Response Needed By: 04/14/2023

2. 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 providing substance abuse services for those referred to substance use treatment, however, there is minimal information given to those residents identified as having substance use issues but are not qualified to attend treatment.

Corrective Actions:

The facility was in the process of rectifying this issue at the time of the inspection. They had received educational workbooks addressing substance use related issues which they will be giving to each resident to work on with their primary counselor.

Response Needed By: 04/14/2023

3. 2960.0250 ADMISSION AND RELEASE POLICY AND PROCESS. Subpart 1. Personal privacy.

Admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident and the confidentiality of the transaction from unauthorized personnel.

Inspection Findings:

The intake area lacks privacy when there are residents being held in the holding area rooms. Staff and residents talking in the intake areas can easily be heard from inside those rooms. This was addressed during the last inspection and the facility revised the process of intake to accommodate privacy to the best of their ability. However, this is not always possible. There are isolated incidents in which the intake process may not be completely private.

Corrective Actions:

The facility should revise this process to create complete privacy from other residents during the intake process. Solutions such as a partition and a white noise machine were discussed.

Response Needed By:

4. 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:

The facility is conducting disciplinary room time reviews every eight hours per this rule part. These reviews do not adequately address the need for continued DRT. The reviews are conducted once per shift to include the overnight shift. This review only indicates "resident sleeping, continue DRT". There is no additional documentation. Oftentimes, a resident is not reviewed again following the early morning review for behaviors or potential discharge from DRT until the next shift, which may be several hours. Certain residents may not have an adequate review with behavioral observations and documented conversations for up to 16 hours or more hours.

Corrective Actions:

Ensure that DRT reviews are conducted with purpose. This is a review of the need for continued DRT, which should include behavioral observations and reflective discussions with residents that are documented in the review. If it is necessary to conduct a "review" for time compliance while resident is sleeping, another review should be conducted when the resident awakens or as soon as possible thereafter.

Response Needed By:

5. 2960.0330 ADMISSION AND CONTINUED STAY. Subpart 2. Admission documentation.

No resident may be received by a license holder until the referring agency has produced proper credentials and the placement person signs the placement person's name and title on a form identifying the purpose for placement that will be part of the intake record.

Inspection Findings:

A review of resident files revealed that there were two Federal detainees who did not have appropriate courts orders on file. There was documentation of detention provided by the U.S. Marshall Service, however, these were unsigned, electronic documents.

Corrective Actions:

This issue was resolved prior to the conclusion of the on-site inspection. The facility requested and received court orders for detention. These orders should be on file prior to or as close to receiving of the resident as possible.

Response Needed By:

6. 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:

Well-being checks/security rounds each half hour are conducted in compliance with this rule part. A video review of well-being checks indicated that some staff members do not appear to pause long enough during the check to fully ensure resident safety. This was addressed in the last inspection.

Corrective Actions:

Ensure that security round/well-being checks include a long enough pause to allow staff to visualize the resident and ensure safety. The facility is moving to an electronic well-being check system within the next 30 days, which can improve the quality of checks as staff are required to document current activity of the resident. This will also enhance administration's ability to verify timeliness of all checks.

Response Needed By:

7. 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:

In 2960.0710 Subparts 5C, 6F, and 7E, the use of restrictive procedures must be used in accordance with the resident's treatment plan. Not all residents in detention have a treatment plan. The facility did place notices up in the intake area informing new incoming residents of the possibility of restraint.

Corrective Actions:

Ensure that all residents have at minimum, a case or treatment plan created and signed at intake that outlines rules and expectations and informs of the possibility of the use of restrictive procedures when/if necessary to prevent harm of self or others.

Response Needed By:

INSPECTION COMMENTS

The East Central Regional Juvenile Center biennial inspection was completed on February 15-17, 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, Secure, Detention, Corrections and Restrictive Procedures. This inspection was conducted by Juvenile Facility Inspectors, Monaie Hebert and Marcia Sparrow of the Inspection and Enforcement Unit.

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 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, these are areas that provided constructive feedback to help address potential facility issues.

Comments:

1. The facility has upgraded their well-being check system to an electronic system which will be implemented within the next 60 days.
2. Since the last inspection, all resident rooms have been freshly painted and appeared clean. The facility is very well-maintained.
3. The facility is providing in house substance use treatment for non-detention, longer term residents, as well as more counseling and therapeutic options for everyone.
4. Residents interviewed spoke highly of the programming, facility and staff. They indicated that they feel that staff responds appropriately, respectfully, are approachable, and they feel safe and well-cared for.
5. Nearly all staff working with residents are probation officers or probation aids and are trained in motivational interviewing and other evidence-based practices.
6. The facility has added additional cultural programming conducted by staff and has added a mentor/educator coming in to work with the residents on cultural and community issues.

Concerns not noted in formal inspection:

1. The facility has transitioned to a new health care provider for the second time in three years. Some practices are unfamiliar to the nursing staff, who have less experience in juvenile corrections. Nursing staff should become more familiar with health/medical processes of the juvenile rule.

2. Incidence of discipline room time has increased, however, time spent in DRT per incident has decreased.

Overall, the inspection went very well. There were productive conversations with administration and staff. The facility has made many positive changes over the past licensing period. Administration appears appreciative of feedback and motivated to continue to make positive improvement.

We would like to sincerely thank you for your cooperation during this licensing visit.
Please contact me if you have any questions regarding this report, at 651-261-1657.

JJDP A Compliance

East Central Regional Juvenile Center has secure detention/residential beds for males and females (separate units).

-All secure beds are truly secure.

-All residents had valid court orders placing them in a secure detention/residential setting.

Based on admissions data from October 1 2022 to February 15, 2023, no violations were found.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature:

Monaie Hebert