



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:

Go Forward Residential Group Home, Inc.

Address: 1781 Pleasant Street, La Prairie, MN 55744

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Annual **Inspected By:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 09/20/2019

Inspection Method: Facility inspection, staff and resident interviews, employee and resident file reviews, and related documentation reviews.

Officials Present During Inspection: Director Darla Nubson

Officials Present for Exit Interview: Director Darla Nubson

Issued Inspection Report to: Director Darla Nubson; Records Manager Sherry Hill

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	312	1

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 10/01/2019 **Ends On:** 09/30/2020 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: No **Biennial Status Annual Compliance Form Due On:**

Delinquent Juvenile Hold Approval: **Certificate Holder:** Go Forward Residential Group Home, Inc.

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
Non-secure residential	Male	10	100	10.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 1**

1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 6.2.. Daily resident activities.

The license holder must know the whereabouts of each resident.

Inspection Findings:

The policy for this rule part is in place. The inspection identified that the practice is lacking and should include documentation and a clear log of resident whereabouts when off grounds with staff. Communication in this area needs to be corrected.

Corrective Actions:

Create a communication log/chart and process so all staff are aware of resident whereabouts at all times. Train all staff to use and follow said policy and take corrective action with staff that fail to follow the policy.

Response Needed By: 10/31/2019**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 3**

1. 2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT. Subpart 3. Program evaluation.

A. The license holder must annually evaluate strengths and weaknesses of the program using at least the performance indicators in subitems (1) to (7): (1) accidents; (2) the use of restrictive procedures; (3) grievances; (4) adverse findings, allegations of maltreatment under Minnesota Statutes, section 626.556, citations, and legal actions against the license holder; (5) results of a resident and family satisfaction survey required in part 2960.0140, subpart 1; (6) information from subparts 1 and 2; and (7) critical incidents. B. The program evaluation in item A must be kept for two licensing periods.

Inspection Findings:

The program evaluation for 2018 was not completed as there was not sufficient information to base improvements on. This is a reminder that the Program Evaluation for 2019 must be completed the end of 2019.

Corrective Actions:

Create an evaluation process/document that includes there 7 key areas.

Response Needed By:

2. 2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT. Subpart 6. Community involvement.

Each facility must have a board of directors or advisory committee that represents the interests, concerns, and needs of the residents and community being served by the facility. The board of directors or advisory committee must meet at least annually. The license holder must meet at least annually with community leaders representing the area where the facility is located to advise the community leaders about the nature of the program, the types of residents served, the results of the services the program provided to residents, the number of residents served in the past 12 months, and the number of residents likely to be served in the next 12 months.

Inspection Findings:

The Go Forward Advisory Committee consists of three members and has met once. It is imperative that this committee meet at least annually and be provided with information outlined in this rule part.

Corrective Actions:

Schedule the meeting at least annually and provide the advisory committee with the program evaluation for 2019, any licensing reports and the areas set forth in this rule part. The committee is a valuable resource, especially for new programs.

Response Needed By:

3. 2960.0550 PROGRAM CERTIFICATION APPROVAL. Subpart 4.A&B&C.. Minimum criteria for certification.

The LH must meet the requirements of items A to D. A. The LH must identify specific, measurable outcomes that indicate that the LH will meet the needs of the target population served by the facility's program. The measurable outcomes must be directly related to the program objectives stated in the LH's correctional program services certification application. B. The certification applicants must offer at least the services in subitems (1) to (4) in their correctional services program: (1) social and interpersonal skills development to achieve the outcomes in units (a) to (d): (a) the resident resolves conflict in an appropriate manner; (b) the resident develops and maintains supportive relationships; (c) the resident communicates and interacts appropriately with peers and adults; and (d) the resident is aware of race and gender bias issues; (2) chemical use and abuse awareness; (3) correctional programming to achieve the outcomes in units (a) and (b): (a) the resident makes reparations for past behavior; and (b) the resident addresses relationships with the resident's family, community, & school; and (4) transition and life skills development to achieve the outcomes in units (a) and (b): (a) the resident practices age appropriate self-care and self-reliance; and (b) the resident is released with a place to live, a plan for constructive daily activity, a means of financial support, and a system to support continued progress in the community. C. The LH must notify the placement agency that the LH cannot meet the resident's needs, if the LH's program of correctional program services inadequately addresses the resident's needs that were identified through screening/assessment. The LH must document notification of the placement agency and the action taken by the placement agency in response to notification from the LH.

Inspection Findings:

The skills group is occurring on a weekly basis, however the documentation of said group and topics covered are not being documented.

Corrective Actions:

Create a process to document the skills group and include date, topic, residents present and group reaction. This is specific to the Correctional Programs Certification.

Response Needed By:

INSPECTION COMMENTS

The annual inspection of Go Forward consisted of facility inspection, policy and procedure review, resident file review, staff file review, staffing plan discussions, documentation review and staff/administration discussions.

Initial approval to operate was given in October 2018. A six month inspection occurred in March of 2019. Current resident count at the time of the on-site inspection was 4 residents.

The first year of operation for all new facilities usually includes some growing pains- in terms of modifying policies, adjusting procedures, making sure staff have adequate and relevant training and trying to provide the best over all services for residents. Go Forward Inc. has had some adjustments to overcome, but has done an acceptable job of learning from situations and moving forward. This program's intentions are to clearly continue to provide appropriate care and treatment of residents.

Along with the rule corrections indicated in this report, the following recommendations are being made for the Go Forward Inc. Group Residential facility:

1. Find a process to continually update your Statement of Intended Use for the facility to reflect the multiple services that you can provide within the facility and those services available in the community.
2. Update the orientation and ongoing training to include topics relevant to the population you intend to serve and document all trainings.
3. Hire additional staff to assist with recreation and programing. While not a current issue, additional staff can potentially prevent burn out for current staff.

Please contact me if you have any questions regarding this report or any other licensing matter. I can be reached at (507) 834-6226.

JJDPa Compliance

This is a nonsecure facility.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature:

