



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: Biennial **Inspected By:** Monaie Hebert – Detention Facility Inspector **Inspected on:** 09/22/2021

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 Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	308	4

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 10/01/2021 **Ends On:** 09/30/2023 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 09/30/2022

Delinquent Juvenile Hold Approval: **Certificate Holder:** Go Forward Residential Group Home, Inc.
PO Box 586
Grand Rapids, MN 55744

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: 4

- 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5. Resident screening.

A resident admitted to a facility must be appropriately screened by a trained person, using screening instruments approved by the commissioner of human services and corrections.

Inspection Findings:

Some resident files did not contain required screenings per this rule part. The facility indicates that screenings are completed at all intakes, however, they were not available at the time of inspection.

Corrective Actions:

Ensure that all screenings are completed and documented in the resident files per this rule part.

Response Needed By: 11/26/2021

2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.5.. 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). (5) Facility staff responsible for medication assistance, other than a medically licensed person, must have a certificate verifying their successful completion of a trained medication aide program for unlicensed personnel offered through a postsecondary institution, or staff must be trained to provide medication assistance according to a formalized training program offered by the license holder and taught by a registered nurse.

Inspection Findings:

During the inspection it was reported that the nurse was reviewing the medical/medication logs on a regular basis, however, because the review is conducted electronically the facility does not maintain documentation on site. The current system is cumbersome and difficult to track, allowing for errors. There does not appear to be a formal process for the overseeing RN to track and address medication errors.

Corrective Actions:

The process for medication administration should be streamlined for ease of tracking administered medications. Ensure that the overseeing medical health professional (RN) is documenting the monthly medication administration review appropriately and that administration is addressing and taking corrective action for medication errors. This includes accurate on hand medication counts.

Response Needed By: 11/26/2021

3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 17.A.. Critical incident and maltreatment reports.

The license holder must report critical incidents and the maltreatment of a resident according to items A to D. A. The license holder must report critical incidents of a serious nature that involve or endanger the life or safety of the resident or others to the commissioner of human services or corrections within ten days of the occurrence on forms approved by the commissioner of human services or corrections.

Inspection Findings:

There were six incidents total according to facility documentation; three incidents requiring a police response and two applicable illness/injury reports for residents needing medical attention were not reported in S3.

Corrective Actions:

Ensure that all incidents are entered per this rule part. Incidents which require medical attention outside of scheduled appointments, police or first responder response, and other incidents outside of normal daily activity are to be reported to DOC.

Response Needed By: 11/26/2021

4. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.2.. Facility programs.

The license holder must prepare written program descriptions and policies and procedures that implement the program described. Measurable program outcomes must also be identified. B. Each resident must have a treatment plan. (2) The license holder must review the resident's case and treatment plans on a monthly basis or, if necessary, more often and recommend changes, if appropriate.

Inspection Findings:

There is no evidence of treatment plan review. Facility administrator indicates that residents are discussed daily and that resident cases are reviewed every 30 - 45 days. There is no formal documentation of these reviews.

Corrective Actions:

At least one time monthly, document that resident's treatment plans are discussed and document pertinent information for each resident to be used in formal treatment plan updates and discharge planning.

Response Needed By: 11/26/2021

Chapter 2960 - Mandatory Rules In Compliance With Concerns**Total: 4**

1. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 2.B.1.. Facility programs.

The license holder must prepare written program descriptions and policies and procedures that implement the program described. Measurable program outcomes must also be identified. B. Each resident must have a treatment plan. (1) The license holder must begin to develop a treatment plan within ten days of admission.

Inspection Findings:

A review of resident files revealed that some treatment plans were vague and did not address specific goal areas. Some referred to programming language such as "Have all green days." While this may be understandable to program personnel, this is not an objective goal. There were few specific goals and objectives to achieve those goals.

Corrective Actions:

Administration involvement in treatment planning and treatment plan approval. Ensure there are treatment plans that indicate clear goals and objectives for each resident. Goals should be defined and clear to enable various audiences (parents, judges, social workers, residents) to comprehend what the goals are and the means to achievement.

Response Needed By:

2. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.A.. Discharge.

The license holder must meet requirements of items A and B. A. Prior to the resident's release from the program, the license holder, in conjunction with the placing agency, must develop a transition services plan for the resident. The plan must recommend ways to meet the resident's needs and identify resources that are available in the community to address the resident's continuing needs after release from the facility. The plan must consider the environment into which the resident will return, and recommend how the resident may deal with issues and potential challenges within that environment. The plan must be developed with input from the resident, the resident's family members, if appropriate, the providing school district, and the persons who will provide support services to the resident upon release. A copy of the plan must be given to the resident and to the school, or to the residential treatment facility that the resident will attend or is placed in after release.

Inspection Findings:

Discharge Reports were addressed in the last inspection. These reports appear to be more of daily log of events and provided inconsistent information regarding goal achievement. Reports are computer generated and provide a day to day account of the resident's stay versus an actual summary of services, goal achievement, reasons why goals were not met, and future planning.

Corrective Actions:

The discharge report should indicate all services provided, consistently reported information on goal achievement, why certain goals were not met, if applicable. It should contain information on transitional services in place related to residence, programming, employment, education, medical care etc. The discharge should not be a daily log from the beginning of the resident's stay, rather, a summary of events and accomplishments.

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:

Residents attend group with a outside therapist with a specific rotating programming curriculum. The facility also purchased a program which includes curriculum in primary life and high risk areas. Staff completes one on one sessions with residents. The documentation of the sessions completed for both curriculum areas is inadequate.

Corrective Actions:

Facility staff needs to provide documentation in each resident file as to which specific sessions and subjects have been completed for both the outside agency and internal one on one sessions. Tracking both on either an electronic or written checklist type document for ease and accuracy of documentation would be most effective.

Response Needed By:

4. 2960.0550 PROGRAM CERTIFICATION APPROVAL. Subpart 4.D.. Minimum criteria for certification.

The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. The plan must include at least the following requirements: (1) regulations that are reasonable/necessary to protect the facility's security & the resident's welfare; (2) at least two hours daily of organized and supervised physical exercise and recreational activities and leisure time activities for residents, excluding time spent watching television. Organized and supervised physical exercise and recreational activities include preplanned exercise or activities that are supervised and directed by qualified or trained staff; (3) provisions for indoor space and equipment for active recreation; and (4) provisions for outdoor recreational space, equipment, and supportive staff for outdoor recreational program services.

Inspection Findings:

The current schedule provides for one hour of active recreation. The leisure time hour is scheduled along with homework in the daily schedule.

Corrective Actions:

The leisure time should not be combined with homework. The two hour recreation requirement should be a stand alone activity. You may do one hour of active and one hour of passive recreation or leisure, or you may schedule two hours of active recreation. Verifiable organized sports and physical education is applicable provided the activity is logged in the resident file and daily log.

Response Needed By:

INSPECTION COMMENTS

The Go Forward Inc. annual inspection was completed on September 22, 2021, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities. Sections of the 2960 standards that are applicable to this facility include: Administrative, Group Residential and Corrections.

This scheduled inspection visit consisted of a physical plant, safety and security inspection. The physical plant inspection included resident living areas, resident bedrooms, bathrooms, dining area and upper and main level meeting/group rooms and outside areas.

The following comments and concerns are a result of the inspection. While these are not 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 for residential settings.
2. The home is operated as a family like structure. Residents appear well cared for, indicate they feel safe and like the environment. Observations of and discussions with staff were positive and indicate staff is interested in resident success.
3. Programming has been added using outside professionals. Staff is actively working on an updated process for everyday programming that facilitates objective goals for movement through the program.
4. The facility has added several staff as indicated in the last inspection; this allows more programming, more activities and more relief for existing employees and administrators.

Concerns:

1. The Statement of Intended Use continues to need revision as mentioned in the last inspection. All staff should have documentation of training in trauma informed care curriculum or this should be removed from the statement of intended use.
2. Administration needs more involvement and familiarity with required daily processes and should oversee documentation of adherence to the 2960 Rule compliance.

There were improvements in deficient areas since the last inspection, there are new areas of concern as noted in the inspection. Moving forward it will be important to continuously work toward compliance on all 2960 rules. Go Forward will be placed on a biennial inspection cycle provided they correct non-compliance issues within the allotted time frame of November 26, 2021.

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

JJDPa Compliance

This is a nonsecure facility.

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature:

Monaie Hebert