



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:

Heartland Ranch Inc.

Address: 189 Highway 9 NE, Benson, MN 56215

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Stephanie Kantola – Detention Facility Inspector

Inspected on: 04/01/2025 to 04/02/2025

Inspection Method: Onsite, scheduled biennial inspection.

Officials Present During Inspection: Administrator Jeannie Thompson; Program Director Lori Roemen

Officials Present for Exit Interview: Administrator Jeannie Thompson; Program Director Lori Roemen

Issued Inspection Report to: Administrator Jeannie Thompson; Program Director Lori Roemen

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	349	341	8

TERMS OF OPERATION

Authority to Operate: **Begins On:** 06/01/2025 **Ends On:** 05/31/2027 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 05/31/2026

Delinquent Juvenile Hold Approval: **Certificate Holder:** Heartland Ranch Inc.
189 Highway 9 NE
Benson, MN 56215

Special Conditions:

Approved Capacity Details **Operational Capacity is calculated as a percent of Approved Capacity beds.*

Bed Type	Gender	Approved Capacity	Effective Date	%Operating Capacity	Operational Capacity	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Restrictive Technique Services	Female	34	12/15/2017	100	34.00	0	0	None.	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 8

1. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 3.B.. Basic rights information.

The license holder must meet the requirements of this subpart. The license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.

Inspection Findings:

Six of six resident files reviewed revealed the license holder did not notify the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.

Corrective Actions:

**Immediately and on an ongoing basis the license holder is to meet the requirements of notification to the resident's parent, guardian, or custodian.
The license holder updated their admission form to include this notification.**

Response Needed By:

2. 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:

A review of the license holder's annual program evaluation revealed that subparts 4, 5, and 7 were missing.

Corrective Actions:

Immediately and on an ongoing basis the license holder must meet the requirements for completing annual program evaluations.

Response Needed By:

3. 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:

Four of six resident files reviewed revealed that the files did not contain screenings that were completed. The review of the resident files also revealed that the health screens were missing the following required information; history of abuse and vulnerability to abuse, potential for self-injury, and most recent physician's and clinic's name, address, and telephone number.

Corrective Actions:

Immediately and on an ongoing basis the license holder must meet requirements in regards to resident screening.

Response Needed By:

4. 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:

Three of four residents who were admitted to the facility with prescribed medications, revealed the license holder did not contact the licensed prescriber. Additionally, two of five resident medication administration records reviewed revealed significant lack of documentation. File 1 revealed in a month prescribed medications was documented as "R" (refused) 58 times and documented as "" (explain) 22 times with no follow up documentation or explanations. File 2 revealed in a month prescribed medication was documented as "R" (refused) 20 times with no follow up documentation or explanations.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must implement a plan to MN DOC that addresses the license holder's plan to contact the licensed prescriber and the delivery of medication to residents.

Response Needed By: 05/30/2025

5. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 14.d.. Emergency plan.

The plan must specify responsibilities assumed by the license holder for assisting a resident who requires emergency care or special assistance to a resident in emergencies. The license holder must review the plan with staff and residents at least once every six months.

Inspection Findings:

The license holder was not able to provide documentation that the emergency plan was reviewed with staff and residents at least once every six months.

Corrective Actions:

Within 30 days of receipt of this inspection report the license holder must submit their plan for reviewing their emergency plan with staff and residents which must meet requirements of MN Rule 2960.

Response Needed By: 05/30/2025

6. 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:

One of two resident files reviewed did not contain a transitional services plan.

Corrective Actions:

Immediately and on an ongoing basis the license holder must meet the requirements of transitional services plans. The license holder has completed an updated transitional services plan that they will be utilizing.

Response Needed By:

7. 2960.0560 PERSONNEL STANDARDS. Subpart 5. Individual staff development and evaluation plan.

The license holder must ensure that an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers correctional program services. The plan must: A. be developed within 90 days after the person begins employment and at least annually thereafter; B. meet the staff development needs specified in the person's annual employee evaluation; and C. ensure that an employee who provides, supervises, or directly administers program services has sufficient training to be competent to deliver the correctional services assigned to the employee.

Inspection Findings:

Five of five staff files reviewed revealed the files were not compliant with the required staff evaluation plans. Two of the files did not include evaluation plans and three of the files had evaluation plans that were completed late.

Corrective Actions:

Within 30 days of receipt of this inspection report the license holder must develop a plan to ensure compliance with 90 day and annual evaluation plans and submit the plan to MN DOC.

Response Needed By: 05/30/2025

8. 2960.0570 FACILITY OPERATIONAL POLICIES AND PROCEDURES. Subpart 3. security policies and procedures.

The license holder must have security policies and procedures that include the topics in items A to K: A. control and recovery of contraband; B. delivery and service procedure; C. prohibition of firearms and other weapons in resident areas; D. search procedures, including strip searches and resident-assisted searches; E. escort of residents outside security area; F. when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3; G. lock and key procedures; H. inspection of physical plant procedures; I. count procedures; J. weapons, tools, equipment, medications, and hazardous substances; and K. use of chemical irritants.

Inspection Findings:

A review of the license holder's well being checks revealed that three of ten viewed checks were not conducted to allow staff to observe for signs of life and to ensure the safety and well-being of residents. One documented well being check was 1 minute over the 30 minute required time.

Corrective Actions:

Within 30 days of receipt of this inspection report the license holder must train staff on well being checks and submit the training documentation to MN DOC.

Response Needed By: 05/30/2025

INSPECTION COMMENTS

The license holder will be training the remainder of the staff that have not yet received the training requirements to implement the use of Safety Based Separation (SBS).

JJDPa Compliance

No violations were identified.

Report completed By: Stephanie Kantola – Detention Facility Inspector

Signature: