



# 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, Benson, MN 56215

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

**Inspection Type:** Annual **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 05/24/2022

**Inspection Method:** This was an annual inspection. The inspection consisted of a physical plant tour, interviews with clients and staff, review of employee files, review of client files, review of restrictive procedure reports, grievances and other related documentation. A review of the cameras for well-being checks was also done.

**Officials Present During Inspection:** CEO Jeannie Thompson

**Officials Present for Exit Interview:** CEO Jeannie Thompson

**Issued Inspection Report to:** CEO Jeannie Thompson; Regional Manager Dayna Burmeister

## RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	310	1

## TERMS OF OPERATION

**Authority to Operate:** approval **Begins On:** 06/01/2022 **Ends On:** 05/31/2023 **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:** Heartland Ranch Inc.  
189 Highway 9 NE  
Benson, MN 56215

**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	Female	34	100	34.00	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 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:**

Staff in this facility distributes medications to residents. A review of medication administration documentation revealed that there is no documentation of the nurse reviewing and auditing medication administration monthly.

**Corrective Actions:**

**Ensure that the nurse assigned to the facility documents monthly medication administration reviews appropriately.**

**Response Needed By: 07/31/2022****Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 5**

## 1. 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 the medication administration process revealed that in many cases medication coming in with a new resident is not verified per this rule part.

**Corrective Actions:**

**Ensure that medications incoming with residents are being verified with a medically licensed person who prescribed or distributed the medication (physician, pharmacist) per this rule part.**

**Response Needed By:**

## 2. 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 time-out usage documentation revealed that time-outs are being used for periods longer than necessary and documentation is inadequate to determine reasons for continued time-out. Documentation indicates residents were calm for several 30 minute checks prior to time-out ending, with limited information as to reasons time-out was continued. In some cases, time-out was extended for hours with calm behaviors described.

**Corrective Actions:**

**Time-out will be used as a behavioral intervention and will not be utilized for extended periods of time once the resident has reflected and calmed. Documentation needs to be clear and indicate the reason for continued time-out.**

**Response Needed By:**

3. 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:**

A review of schedules and daily logs revealed that recreation time is not documented adequately. It was difficult to verify when and how residents are achieving their two hours of recreation per day. Indications are that there are multiple daily activities which would meet the requirements of this rule part, however, schedules and daily logs were not detailed enough to verify all residents are offered and/or participate in activities. Some listed leisure activities do not appear to be led by staff or preplanned/organized. Schedules indicate that leisure activities are often individual activities that residents engage in on their own and are not necessarily preplanned.

**Corrective Actions:**

**Revise schedules to include details regarding specific leisure/active recreation that is preplanned and directed by qualified staff. Ensure daily logs are detailed regarding recreation or program activities completed. Substitutions should be documented.**

**Response Needed By:**

4. 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; E. escort of residents outside security area; F. one half hour interval security inspection routines when residents are not under direct supervision; 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 random review of the one half hour security inspection (well-being check) logs revealed one check that occurred at 33 minutes. This facility completes random, staggered checks which usually occur every 10 - 15 minutes. Supervisors complete audits of logs.

During the physical plant tour, a sharps drawer was found to be unlocked in the Hearts of Freedom residence. Facility policy and procedures indicate this drawer should be locked.

**Corrective Actions:**

**Ensure that security/well-being checks are always completed within a 30 minute interval and continue to stagger these checks for unpredictably. Ensure that supervisors are reviewing the logs regularly and documenting they are doing so. Ensure that late checks are addressed with the employee and the communication is documented.**

**Ensure that employees are following policy and procedure regarding storage of sharps and tools.**

**Response Needed By:**

## 5. 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:**

A review of restrictive procedures documentation revealed that in two reports, the administrator signed an administrative review form, however did not indicate the following: whether the restrictive procedure was used in accordance with the treatment plan; the rule standards governing the use of restrictive procedures were met; or the staff who implemented the restrictive procedure were properly trained.

**Corrective Actions:**

**Please ensure that administrative reviews are conducted and documented per this rule part.**

**Response Needed By:****INSPECTION COMMENTS**

The Heartland Ranch annual inspection was completed on May 24th, 2022, 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, Group Residential, Corrections and Restrictive Procedures.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, and gym/recreation areas.

The inspection also included discussions with staff; supervisors, direct care staff, human resource/training staff, nursing and recreation staff and administration, as well as discussions with residents 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 programs.

The inspection went very well. There were productive discussions with staff and administration. Administration appears transparent and appreciative of feedback that leads to continuous 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.

**JJDPA Compliance**

This is a completely nonsecure facility which affords youth free egress at all times.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature: *Monaie Hebert*