



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:

Nexus-Mille Lacs Family Healing, New Trails GH

Address: 312 Elm Street, Onamia, MN 56359

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Marcia Sparrow – Detention Facility Inspector **Inspected on:** 05/30/2024

Inspection Method: This inspection consisted of a tour of the facility, interviews with administration, residents, and staff, review of employee and youth files and a review of other pertinent licensing documentation.

Officials Present During Inspection: Clinical Director Erika Pool; Supervisor Denise Dallas

Officials Present for Exit Interview: Clinical Director Erika Pool; Supervisor Denise Dallas

Issued Inspection Report to: Clinical Director Erika Pool; Executive Director Shannon Amundson; Supervisor Denise Dallas; Regional Manager Jacob McLellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	312	3

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 07/01/2024 **Ends On:** 06/30/2026 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 06/30/2025

Delinquent Juvenile Hold Approval: **Certificate Holder:** Nexus
312 Elm Street
Onamia, MN 56359

Special Conditions:

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	Certifications: Group Residential Setting AND Corrections Standards	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 3****1. 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:

Incident on July 24, 2023, was not reported to DOC within 10 days of the incident per rule requirement.

Corrective Actions:

Ensure that all critical incidents are reported to DOC within ten calendar days of the incident.

Response Needed By:**2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 19. Family involvement.**

If family involvement is a goal in a resident's case plan, the license holder must list procedures and program plans which are in accordance with a resident's case plan, that facilitate the involvement of the resident's family or other concerned adult, in the resident's treatment or program activities.

Inspection Findings:

Two resident files reviewed showed that the extent of parent involvement was not documented.

Corrective Actions:

Ensure that the wishes of parent/guardian involvement are documented in every resident's file.

Response Needed By:**3. 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:

F. Incident on July 24, 2023, showed a resident was not checked on for over 30 minutes. In addition, in review of video, there are concerns that staff were not completing quality checks on the youth as it was timed to be less than one second per room observation.

Corrective Actions:

Ensure that all well-being checks are completed within the required 30 minutes, and staff are observing the youth breathing while sleeping for the safety of the youth.

Response Needed By:**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 1****1. 2960.0200 PHYSICAL PLANT AND ENVIRONMENT. Subpart A..**

A group residential facility must meet the requirements in items A to D. A. Buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair.

Inspection Findings:

The common areas of the facility were found to be clean and in good repair. However, the resident's rooms were not. Dirty dishes, clothing, and linens, food wrappers, and trash, were scattered on the floor of bedrooms. As explained by the facility supervisor, it was the responsibility of the resident to maintain the cleanliness of his room, however staff were not holding residents accountable for the tasks through the mandatory daily inspection per facility protocol.

Corrective Actions:

Ensure that staff are conducting daily inspections of resident rooms and holding residents accountable for the cleanliness.

Response Needed By:

INSPECTION COMMENTS

The Nexus Mille Lacs Family Healing, New Trails Group Home biennial inspection was completed on May 30, 2024, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities.

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

The inspection also included discussions with direct care staff, administration, residents, and observation of staff interactions with residents. Documentation review included staff personnel and training files, resident files, daily logs, treatment plans, menus, recreation schedules, well-being checks, policy and procedure manual, and resident handbook.

If you have any questions regarding this report, please email ie-support.doc@state.mn.us.

JJDPa Compliance

This is a nonsecure facility and youth have free egress at all times.

Report completed By: Marcia Sparrow – Detention Facility Inspector

Signature:

