



## 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  
Telephone: 651-361-7146 Fax: 651-642-0314 Email: ie-support.doc@state.mn.us

### INSPECTION DETAILS FOR:

#### North Homes Boys Program

**Address:** 1815 River Road, Grand Rapids, MN 55744

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

**Inspection Type:** Biennial **Inspected By:** Monaie Hebert – Detention Facility Inspector

**Inspected on:** 10/20/2021 to 10/22/2021

**Inspection Method:** Sections of 2960 standards that are applicable to the North Homes Boys Program include: Administrative Standards, Group Residential, Corrections, and Restrictive Procedures certifications.

The licensing inspection consisted of a tour of the physical plant, discussions with administration and staff members, review of staff training files, review of resident records, review of DRT and grievance documentation and interviews of clients.

**Officials Present During Inspection:** Quality Assurance Director Suzette Mallum

**Officials Present for Exit Interview:** Quality Assurance Director Suzette Mallum

**Issued Inspection Report to:** Executive Director Jim Christmas; Quality Assurance Director Suzette Mallum; Regional Manager Jacob McLellan

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	314	0

### TERMS OF OPERATION

**Authority to Operate:** approval

**Begins On:** 11/01/2021 **Ends On:** 10/31/2023

**Facility Type:** Non-Secure Juvenile Residential Facility

**Placed on Biennial Status:** Yes

**Biennial Status Annual Compliance Form Due On:** 10/31/2022

**Delinquent Juvenile Hold Approval:**

**Certificate Holder:** North Homes, Inc.  
303 SE First Street  
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	6	100	6.00	0	0	None.	Ages: 10-21.

### RULE COMPLIANCE DETAILS

**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 2****1. 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:**

A review of personnel records revealed that many staff annual evaluations were not accessible due to a change and transition to a new computer system. Indications are that the records exist and will be available in the future. New employees, onboarded after the system change had complete records.

**Corrective Actions:**

**Ensure that all staff evaluations are available for inspector review at the time of the inspection. Please provide this information to be in compliance with this rule part.**

**Response Needed By:****2. 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:**

During a review of well-being check logs, it was revealed that on two occasions there were missed checks. One had been addressed by management, and that staff is no longer employed with the facility. The second was within the past week of the time of the inspection and had not yet been addressed. A review of camera footage revealed that some staff are not conducting quality checks in a manner that would ensure safety of residents.

**Corrective Actions:**

**Consider more frequent review of well-being check logs. Ensure that missed checks are documented and addressed with the employee. Conduct frequent quality control reviews of camera footage. Document and address deficits and retrain staff when necessary.**

**Response Needed By:**

**INSPECTION COMMENTS**

The North Homes Boys Program biennial inspection visit was completed on October 20-22, 2021, 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 all resident living areas, medical and office areas, visiting areas and outdoor areas of the home.

The inspection also included discussions with staff, direct care staff, nursing 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 program.

The following comments and concerns are a result of the inspection. While these may not be specific rule violations, these are areas that provided constructive feedback to help address potential facility issues.

1) The facility response to COVID 19 has been good. Staff wear masks and have adequate PPE. There is adequate space to quarantine residents when necessary. They are following CDC guidelines.

2) Residents indicate they feel safe. Staff is respectful and responsive.

Concerns not noted in inspection:

1) Consider revising the facility Due Process form to indicate that a refusal to sign the document and state a position, will not be considered a request for a hearing. A hearing will only be initiated if the resident signs the form and requests a hearing. This does not deviate from current practice, the addition would simply further inform the resident.

2) Consider a detailed checklist for staff regarding cleaning tasks. Many of the vents appear to have not been cleaned for a significant period of time. Overall this facility appeared clean and well run.

I would like to thank you and your staff for the cooperation and assistance during this licensing process. Please contact me if you have any questions regarding this report or any other licensing matter. You can reach me at (651)261-1657.

**JJDPA Compliance**

This facility is nonsecure.

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature: *Monaie Hebert*