



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:

Northwestern Minnesota Juvenile Center

Address: 1231 Fifth Street, Bemidji, MN 56619

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 08/23/2022 to 08/25/2022

Inspection Method: Facility tour, staff interviews, resident discussion and interaction, employee and resident file reviews, and related documentation reviews.

Officials Present During Inspection: Superintendent Mindy O'Brien

Officials Present for Exit Interview: Superintendent Mindy O'Brien

Issued Inspection Report to: Superintendent Mindy O'Brien; Regional Manager Jacob McLellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	311	3

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 09/01/2022 **Ends On:** 08/31/2024 **Facility Type:** Secure/Non-Secure Juvenile Residential/Detention Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 08/31/2023

Delinquent Juvenile Hold Approval: Not Applicable **Certificate Holder:** Northwestern Minnesota Juvenile Center
PO Box 247
Bemidji, MN 56619

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
Interchangeable non-secure residential/detention	Coed	24	100	24.00	0	0	Unit Name: Non-secure detention.	None.
Interchangeable secure residential/detention	Coed	16	100	16.00	0	0	Unit Name: Secure detention.	None.
Non-secure residential	Coed	25	100	25.00	0	0	Unit Name: Residential.	None.

RULE COMPLIANCE DETAILS**Chapter 2960 - Mandatory Rules Not In Compliance****Total: 3****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:

A review of medication administration practices revealed that there has not been consistent oversight of medication administration by a licensed medical professional for this licensing period per this rule part.

Corrective Actions:

The facility had a registered nurse employed part time for a portion of the licensing period. When that person left employment, they were unable to find a replacement resulting from staffing shortages due to COVID in their rural area. More recently, they were able to procure a contract company to remotely review their medication administration logs, however that company is not able to review the medication cart and verify medications and medication administration logs onsite. The facility is actively searching for a nurse to fill the position. If that cannot be accomplished, an LPN with a variance approved, would be acceptable.

Response Needed By: 10/31/2022**2. 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 client files in the residential treatment unit revealed that many treatment plans were not being started within 10 days of admittance. There was at least one file in which the treatment plan had not been started after approximately four months.

Corrective Actions:

Create a method for tracking treatment plan processes and ensuring compliance per this rule part. Ensure that all staff is aware of the timing and completion requirements for treatment plans.

Response Needed By: 10/31/2022**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:

A review of security/well-being check logs in some housing units revealed that the 30 minute checks are not being completed per this rule part. There were some checks logged and not completed, some missed checks, and some checks with poor quality in which staff are not pausing long enough to visualize and ensure resident safety. Noted: Supervisors are conducting monthly audits and identifying and addressing these issues with staff individually.

Corrective Actions:

Reeducate staff on the importance of accurate timing and quality well-being/ security round checks. Supervisors continue to complete audits to identify and address deficits.

Response Needed By: 10/31/2022

Chapter 2960 - Mandatory Rules In Compliance With Concerns**Total: 2****1. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.. Discipline plan.**

The license holder must have a discipline plan that includes the requirements in items A to F. D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan. The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours. Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented.

Inspection Findings:

A review of disciplinary room time documentation revealed some instances of inadequate documentation of required eight hour reviews per this rule part. It appears there was confusion regarding locked DRT and DRT served in a outside of room (attending school, group activities, recreation). It should be noted that the facility had few instances of DRT over eight hours in more recent quarters.

Corrective Actions:

Ensure that eight hour reviews are conducted on all disciplinary room time incidents spanning eight hours or more, regardless of where and how time is served.

Response Needed By:**2. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 6.D.1.. Discipline plan.**

The license holder must have a discipline plan that includes the requirements in items A to F. D. Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan. (1) A resident placed in disciplinary room time prior to a due process hearing must have a due process hearing within 24 hours, unless documented cause is shown to delay the hearing. Examples of cause for delay of a due process hearing include resident requests for a delay or that a due process hearing is logistically impossible as in the case of mass disturbances.

Inspection Findings:

A review of disciplinary hearings practices revealed that there were instances of major violations issued, resulting in disciplinary room time which did not receive due process hearings. These were reported within the facility quarterly restrictive procedures reports. It is possible this was reported in error, however, there was no way to confirm this without extensive record searches due to a database change.

Corrective Actions:

Ensure that all resident requests for disciplinary hearings related to major violations are realized within 24 hours per this rule part. When requested by a resident, this should occur regardless of the time spent in DRT unless violations are dismissed or reduced. Ensure that quarterly restrictive procedures reviews include accurate information.

Response Needed By:

INSPECTION COMMENTS

The Northwestern Minnesota Juvenile Center's biennial inspection was completed on August 23-25, 2022. Sections of the 2960 standards that are applicable to the programs at this facility include: Administrative, Group Residential, Secure, Detention, 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, gym/recreation areas and classrooms for the three program areas; secure detention, non-secure detention and residential programming.

The inspection also included discussions with multiple staff, supervisors, direct care staff, training coordinator, and administration, as well as discussions with and observation of staff interactions with residents. Documentation review included staff personnel 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 each of the individual programs.

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.

Comments:

1. The facility has invested in many physical plant improvements. They have added new flooring/carpeting, new furniture in resident bedrooms, new coatings in shower areas, and have other improvements planned.
2. The kitchen/food service has changed from contracted services to a kitchen manager cook, who plans and cooks all meals on site. The food appears to be excellent quality and the manager works with residents teaching cooking and food service skills.
3. Interviews with residents indicate that they feel safe in the facility and staff is fair and responsive to their needs.
4. Discipline room time guidelines have been significantly reduced for major facility violations. Facility staff does an excellent job at reducing number of DRT hours actually served. Residents continue to attend recreation, education and other activities while on DRT status, when safe to do so. The facility is commended for their work in this area.

Concerns not noted in formal inspection:

1. Consider revising the grievance process; utilize the existing drop boxes on the units for resident grievances and avoid having residents hand them directly to staff. This was discussed at the last inspection and noted. Residents are allowed to give grievances directly to supervisors, which alleviates the likelihood of having to hand directly to staff, however, it would be helpful to have another option should the supervisor not be in the area.
2. There have been major supervisory changes over the past several months and while long term, this is positive, in the short term it has created challenges due to learning curves. All supervisors appear excited to learn and function in their new roles.

Overall, the inspection went very well. There were great discussions with all unit supervisors and administrators. All appear open to constructive feedback and continuous process 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

All intake data was reviewed from October 1, 2021 to August 23, 2022.

No Federal Compliance violations were found in data reviewed. MH

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature: *Monaie Hebert*