



## 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:

#### PORT Group Homes - Boys

**Address:** 1406 Laurel Street, Brainerd, MN 56401

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

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

**Inspected on:** 03/21/2023 to 03/23/2023

**Inspection Method:** On site, in person.

**Officials Present During Inspection:** Administration Heather Kelm; Program Director Kirsten McKee

**Officials Present for Exit Interview:** Administration Heather Kelm; Program Director Kirsten McKee

**Issued Inspection Report to:** Administration Heather Kelm; Regional Manager Jacob McLellan

### RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	309	4

### TERMS OF OPERATION

**Authority to Operate:** approval

**Begins On:** 04/01/2023 **Ends On:** 03/31/2025

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

**Placed on Biennial Status:** Yes

**Biennial Status Annual Compliance Form Due On:** 03/31/2024

**Delinquent Juvenile Hold Approval:**

**Certificate Holder:** PORT of Crow Wing County  
PO Box 488  
Brainerd, MN 56401

**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	14	100	14.00	0	0	Located at 1406 Laurel Street. CRF #1036940.	None.

### RULE COMPLIANCE DETAILS

#### Chapter 2960 - Mandatory Rules Not In Compliance

Total: 4

1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 3.A.. Resident admission documentation.

Upon or within five working days after admission, the license holder must obtain and document the information in items A and B to the extent permitted by law: legal authority for resident placement;

**Inspection Findings:**

The facility admits both social service and correctional residents into their program. A review of resident files revealed that in some cases there is no appropriate documentation of legal authority to hold. Indications are that all residents are placed legitimately, however, not all documentation was in place or received.

**Corrective Actions:**

**Ensure that appropriate documents/court orders are received within appropriate timelines per this rule part. Court orders can refer to guardianship along with authorization for placement/placement agreements, criminal court orders indicating placement at the facility, or probation authority to place.**

**Response Needed By: 05/23/2023**

2. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 4.A.. Inventory and handling of resident property.

The license holder must inventory the resident's personal property, including clothing, and have the resident and the license holder sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The license holder must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's treatment plan. The license holder must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.

**Inspection Findings:**

When reviewing property inventory documentation, it was revealed that the facility does not obtain a resident signature for all property being put into storage or inventory. Additionally, the property area is disorganized.

**Corrective Actions:**

**Ensure that both the resident and staff are signing for all property being stored per this rule part. Reorganize and revise the property area so that resident property is safely stored.**

**Response Needed By: 05/23/2023**

3. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.D.. 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. D. The screenings must include documented inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility. The resident and resident's family response must be documented.

**Inspection Findings:**

Many of the screenings are completed prior to the resident's admission. Staff indicated that they do talk to parents and guardians, however, do not always document the extent to which the resident wants the family involved and the extent to which the family wants to be involved in the resident's care.

**Corrective Actions:**

**Ensure that information regarding the extent to which the parents/guardians would like to be involved in the resident's care is documented. Also document the extent to which the resident would like the parents/guardians involved.**

**Response Needed By: 05/23/2023**

4. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.2.. 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). (2) The license holder must document attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. If permission is denied and the parent has the legal right to deny permission, then the medication will be discontinued under the supervision of a physician unless a court order to administer the medication is obtained.

**Inspection Findings:**

Review of medical information and intake data revealed that in some cases there is no documentation regarding parental or guardian consent to administer over the counter or prescribed medications.

**Corrective Actions:**

**Ensure that each resident has consent for medication use documented in their file. Document attempts to reach the parent or guardian if there is no contact made.**

**Response Needed By: 05/23/2023**

**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 3****1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.4.. 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). (4) The license holder must document and follow the prescribing physician's directions for monitoring medications used by the resident.

**Inspection Findings:**

While reviewing the medication administration records, there was one record in which the medication was documented correctly, however, there were some medications sent to school and this was not noted appropriately. All counts were accurate.

**Corrective Actions:**

**Ensure appropriate documentation of any medications being sent to the school by adding the information to the medication administration record.**

**Response Needed By:**

**2. 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:**

The facility contracts with an agency to review medication administration monthly. They are sending their medication administration review forms to the company to review. There is no actual on-site review or audit.

**Corrective Actions:**

**The facility will be required to review the process with their contract agency to ensure quality control and adherence to this rule part. The contract agency should conduct some form of physical audit of medications and medication administration to ensure accuracy.**

**Response Needed By:**

**3. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.B.. Discharge.**

The license holder must meet requirements of items A and B. B. The transition services plan must include at least the elements in subitems (1) to (7): (1) housing, recreation, and leisure arrangements; (2) appropriate educational, vocational rehabilitation, or training services; (3) a budget plan and a description of the resident's financial and employment status; (4) transportation needs; (5) treatment services; (6) health services; and (7) personal safety needs. For a resident with a disability, the transition services plan must address the resident's need for transition from secondary education services to postsecondary education and training, employment provider participation, recreation and leisure, and home living according to Minnesota Statutes, section 125A.08.

**Inspection Findings:**

Transition/discharge reports do not provide detail per this rule part. The information is available and discussed, it is not completely outlined in the document that is utilized as the discharge report.

**Corrective Actions:**

**Ensure that all information relevant to discharge and transition is provided in the discharge/transition plan report per this rule part.**

**Response Needed By:**

**INSPECTION COMMENTS**

The PORT Boys Group Home biennial inspection was completed on March 21 - 23, 2023, 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, Detention, Corrections and Restrictive Procedures.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included intake, medical area, resident living areas, bathrooms, visiting/meeting/group rooms, gym/recreation areas, kitchen and outside areas of the non-secure facility. All documentation relevant to the rule was reviewed including, but not limited to, randomly selected resident and staff files, training files and plans, medication administration records, staffing plans, restrictive procedure reports, well-being check data, policy and program manuals and other pertinent documents to ensure rule compliance.

The inspection also included discussions with staff and administration and observation of staff interactions with residents.

The following comment are a result of the inspection.

**Comments:**

- 1) The facility plans to install new camera systems over the next year, which will enhance the ability to monitor residents and ensure quality supervision.
- 2) Programming has been added over the past two years that addresses sexual victimization and trauma.
- 3) The facility has added an activities director who has revised programming and activities so that residents are exposed to and participate in a wide variety of activities both on and off grounds.

**Concerns:**

- 1) Consider assigning a staff member to monitoring and ensuring that all intake/admission paperwork is appropriately signed by staff and external partners, and that all paperwork is received in the appropriate timelines.

I would like to thank PORT Administration and staff for their cooperation and assistance during this licensing process. Their transparency and willingness to engage in constructive conversations regarding program and process improvement is appreciated.

Please contact me if there are any questions regarding this report or any other licensing matter. I can be reached at 651-261-1657.

**JJDP A Compliance**

PORT Boys Group Home is a non-secure facility. All beds are non-secure and residents have free egress from the facility.

**Report completed By:** Monaie Hebert – Senior Detention Facility Inspector

**Signature:** *Monaie Hebert*