



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: Stephanie Kantola – Detention Facility Inspector

Inspected on: 02/11/2025

Inspection Method: Announced, Full

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

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

Issued Inspection Report to: Executive Director Heather Kelm; Program Director Kirsten McKee

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	349	339	10

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 04/01/2025 **Ends On:** 03/31/2027

Facility Type: Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes

Biennial Status Annual Compliance Form Due On: 03/31/2026

Delinquent Juvenile Hold Approval:

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

Special Conditions:

Approved Capacity Details **Operational Capacity is calculated as a percent of Approved Capacity beds.*

Bed Type	Gender	Approved Capacity	Effective Date	%Operating Capacity	Operational Capacity	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Restrictive Technique Services	Male	14	3/23/2011	100	14.00	0	0	Located at 1406 Laurel Street. CRF #1036940.	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 10

1. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 3.B.. Basic rights information.

The license holder must meet the requirements of this subpart. The license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available.

Inspection Findings:

Six of six resident files reviewed revealed there was no notification by the license holder to residents' parent, guardian, or custodian within a reasonable time after admission by the facility that the resident rights and basic services information is available.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards in regards to resident right notifications.

Response Needed By:

2. 2960.0060 PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT. Subpart 3. Program evaluation.

A. The license holder must annually evaluate strengths and weaknesses of the program using at least the performance indicators in subitems (1) to (7): (1) accidents; (2) the use of restrictive procedures; (3) grievances; (4) adverse findings, allegations of maltreatment under Minnesota Statutes, section 626.556, citations, and legal actions against the license holder; (5) results of a resident and family satisfaction survey required in part 2960.0140, subpart 1; (6) information from subparts 1 and 2; and (7) critical incidents. B. The program evaluation in item A must be kept for two licensing periods.

Inspection Findings:

The license holder's annual evaluation is missing subparts (3) and (4) from part A.

Corrective Actions:

Within 30 days of receipt of the inspection report license holder is to develop a system that ensures that the requirements of this Rule are met annually.

Response Needed By: 04/17/2025

3. 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:

Four of six resident files reviewed did not contain documentation that residents inventories were completed as required.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding the inventory of resident's personal property.

Response Needed By:

4. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.1.. 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. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field. (1) The health screening must note the resident's history of abuse and vulnerability to abuse, potential for self injury, current medications, and most recent physician's and clinic's name, address, and telephone number.

Inspection Findings:

Review of 6 resident health screens revealed all 6 of the screens did not meet requirements of this Rule part with information required to be collected.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding health screens.

Response Needed By:

5. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.C.3.. 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. C. The license holder must screen or arrange to have a resident screened according to the timelines in subitems (1) to (3). (3) The resident need not be screened if a screening or assessment completed within the last six months is already on file. If there is reason to believe that the resident's condition has changed since the last screening or assessment, a new screening must be completed. If the resident is transferred from another facility, the sending facility's records about the resident must be immediately requested by the receiving facility. The requirements in this item do not apply to residents on detention status for less than six working days in a detention facility.

Inspection Findings:

Six of six resident files reviewed contained screens that did not meet requirements. Six of six health screens did not meet requirements, six of six education screens did not meet requirements, two of six cultural screens did not meet requirements, two of six gender screens did not meet requirements, and one of six vulnerability screens did not meet requirements.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding resident screening.

Response Needed By:

6. 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:

Six of six resident files reviewed revealed that all of them were out of compliance with this Rule part as the license holder did not contact the resident's prescribing medically licensed person to verify the required information.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding contacting a newly admitted resident's prescribing medically licensed person to verify the required information.

Response Needed By:

7. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 14.d.. Emergency plan.

The plan must specify responsibilities assumed by the license holder for assisting a resident who requires emergency care or special assistance to a resident in emergencies. The license holder must review the plan with staff and residents at least once every six months.

Inspection Findings:

Two of six staff files reviewed did not contain the semiannual review of the emergency plan being completed. Both staff missing this semiannual review have been employed with the license holder longer than 6 months.

Corrective Actions:

Within 30 days of receipt of this inspection report license holder is to ensure all required trainings/emergency plan reviews are in compliance with MN Rule 2960.

Response Needed By: 04/17/2025

8. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.C.. Discharge.

The license holder must meet requirements of items A and B. C. The license holder must give written notice of the resident's projected discharge date to: (1) the resident; (2) the resident's case manager and parent, if permitted, or legal guardian; (3) the providing school district; and (4) the school district the resident will go to, if known.

Inspection Findings:

Three of three resident files reviewed did not contain written notice of discharge as required.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding notice of resident discharge.

Response Needed By:

9. 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:

Five of six personnel files reviewed did not contain individual staff development and evaluation plans completed as required. Two staff persons had 90 day evaluation plans that were completed late, and three staff persons did not have the required evaluation plans completed.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must develop a plan to help ensure all required evaluations are in compliance. The license holder must submit all employee evaluation plans within 30 days to MN DOC for the year 2024 and those completed in 2025.

Response Needed By: 04/17/2025

10. 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, including strip searches and resident-assisted searches; E. escort of residents outside security area; F. when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3; 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:

Camera review of multiple days and times revealed that there was one of four overnight shift well-being checks that was beyond the 30 minute required check time. The majority of those checks were not quality checks that allowed for enough time to ensure the definition of well-being check was met.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must retrain all staff on the requirements of well-being checks and submit the training documentation to MN DOC.

Response Needed By: 04/17/2025

INSPECTION COMMENTS

The PORT Boys Group Home biennial inspection was completed on February 11-13, 2025, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities.

JJDPA Compliance

PORT Boys Group Home is non-secure.
All of the resident beds are non-secure.

Report completed By: Stephanie Kantola – Detention Facility Inspector

Signature: _____