



## 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 - Girls

**Address:** 115 First Street N, Brainerd, MN 56401

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

**Inspection Type:** Annual **Inspected By:** Stephanie Kantola – Detention Facility Inspector

**Inspected on:** 02/11/2025 to 02/13/2025

**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	335	14

### TERMS OF OPERATION

**Authority to Operate:** approval

**Begins On:** 04/01/2025 **Ends On:** 03/31/2026

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

**Placed on Biennial Status:** No

**Biennial Status Annual Compliance Form Due On:**

**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	Female	14	5/21/2012	100	14.00	0	0	Unit Name: Non-secure residential, CRF #1057221.	

### RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 14

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:**

Five 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 on-going 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, the license holder must develop a system that ensures 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:**

One of six resident files reviewed did not have the required signatures for the inventory.

**Corrective Actions:**

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

**Response Needed By:**

4. 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 revealed education screens were not dated , therefore it could not be determined if they were completed within the required timeframe. Two of six files identified vulnerability and sexually abusive screens were not completed.

**Corrective Actions:**

**Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding all resident screening components. The license holder updated their educational screen template to include a date section.**

**Response Needed By:**

5. 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:**

Two of three resident files reviewed revealed that the residents were admitted with prescribed medications and there was no contact made to the prescribing medically licensed person.

**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:**

6. 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:**

The license holder failed to ensure their plan for safe delivery of medications was being followed. One resident did not have prescribed medication available due to a medication running out and the resident missed 29 doses of the medication. Another resident ran out of her prescribed medication which resulted in three missed doses. The license holder's policy identifies that staff are to follow up when there are 7 days left of a medication.

**Corrective Actions:**

**Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding prescribing physician's directions for medication.**

**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. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.A.4.. Resident and family grievance procedures.

A. The written grievance procedure must require, at a minimum, that: (4) a person filing a grievance must receive a response within five days.

**Inspection Findings:**

A review of grievances on file revealed one of four was responded to after 5 days.

**Corrective Actions:**

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

**Response Needed By:**

9. 2960.0180 FACILITY OPERATIONAL SERVICE POLICIES AND PRACTICES. Subpart 4. Audio or visual recording of resident.

Photographs, videotapes, and motion pictures of a resident taken on program premises or by program personnel are considered a resident record. Photographs of a resident for identification and recordings by videotape and audiotape for the purpose of enhancing therapy, staff supervision, or security may be required. A resident must be informed when actions are being recorded, and has the right to refuse any recording unless authorized by law, necessary for program security, or to protect the health and safety of a resident. The use of an audio or visual recording of a resident must comply with data practices laws.

**Inspection Findings:**

There was no indication of residents being informed of their actions being recorded.

**Corrective Actions:**

**The license holder posted notice of recording while inspector was onsite, no further corrective action is required.**

**Response Needed By:**

10. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.A.. Discharge.

The license holder must meet requirements of items A and B. A. Prior to the resident's release from the program, the license holder, in conjunction with the placing agency, must develop a transition services plan for the resident. The plan must recommend ways to meet the resident's needs and identify resources that are available in the community to address the resident's continuing needs after release from the facility. The plan must consider the environment into which the resident will return, and recommend how the resident may deal with issues and potential challenges within that environment. The plan must be developed with input from the resident, the resident's family members, if appropriate, the providing school district, and the persons who will provide support services to the resident upon release. A copy of the plan must be given to the resident and to the school, or to the residential treatment facility that the resident will attend or is placed in after release.

**Inspection Findings:**

Two of three resident files reviewed did not contain a transitional services plan that met compliance. One file contained a plan that had begun, but was incomplete. The other file did not have a transitional services plan.

**Corrective Actions:**

**Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding transitional services plans.**

**Response Needed By:**

**11. 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:**

Two 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 discharge.**

**Response Needed By:**

**12. 2960.0560 PERSONNEL STANDARDS. Subpart 4. Initial staff orientation training.**

A. A staff person who provides correctional program services must complete orientation training related to the specific job functions for which the staff person was hired and the needs of the residents the person is serving. During the first 45 calendar days of employment, and before assuming sole responsibility for care of residents, staff who provide correctional program services must complete training in the topics in subitems (1) - (7): (1) the license holder's policies and procedures related to correctional program services; (2) resident rights; (3) emergency procedures; (4) policies and procedures on approved restrictive procedures, strip searches, and resident-assisted searches; (5) rules of conduct and policies and procedures related to resident behavior; (6) emergency and crisis services; and (7) problems and needs of residents and their families. B. A staff person may not participate in the use of restrictive procedures with a resident before completing approved training according to item A, subitem (4).

**Inspection Findings:**

One of two personnel files reviewed did not contain documentation that staff received orientation within the 45 calendar days prior to assuming sole responsibility of residents.

**Corrective Actions:**

**Within 30 days of receipt of this inspection report license holder is to ensure all required trainings are in compliance with MN Rule 2960 and have a plan utilized to help ensure compliance.**

**Response Needed By: 04/17/2025**

**13. 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**

**14. 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:**

A camera review of multiple days and times revealed well-being checks that were not completed within the 30 minute required time. On 1/20/25 staff failed to do well-being checks between the times of 5:50p-7:49p which is when the local police department arrived with two residents that had absconded from the facility. When the police and residents arrived, the two staff working were unaware the residents had left the facility. Additionally, not all well-being checks were conducted in a manner that the ensured the staff observed residents were present and alive and were not experiencing visible or audile distress.

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

This license holder will be placed on an annual inspection for the next inspection cycle.

**JJDPA Compliance**

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

**Report completed By:** Stephanie Kantola – Detention Facility Inspector

**Signature:** \_\_\_\_\_