

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 Prairie Lakes Youth Programs - Captain's Academy FOR:

Address: 1804 Civic Center Drive NE, PO BOX 902, Willmar, MN 56201

MN Governing Rule:	2960	Children's Residential Facility
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Inspection Type: Bienn	nial Ir	nspected By: Lisa Becking	 Senior Detention Facility Inspector 	Inspected on:	10/02/2019 to 10/03/2019	
Inspection Method: This inspection consisted of a tour of the facility, interviews with administration and staff, review of employee and resident files, and a review of other compliance relate documentation.						
Officials Present During Inspection: Executive Director Darrin Balken; Program Director Jared O'Niell						
Officials Present for Exit Interview: Executive Director Darrin Balken; Program Director Jared O'Niell						
Issued Inspection Report	to: Executive Director I	Darrin Balken; Regional Mana	iger Dayna Burmeister			

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	315	1

TERMS OF OPERATION

Authority to Operate: approval	Begins On: 09/01/2019 Ends On: 08/31/20	1 Facility Type: Non-Secure Juvenile Detention/Residential Facility
Placed on Biennial Status: Yes	Biennial Status Annual Compliance Form Due On	08/31/2020
Delinquent Juvenile Hold Approval:		Certificate Holder: Prairie Lakes Joint Powers Board 1808 Civic Center Drive NE Willmar, MN 56201

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	Male	22	100	22.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 1

1. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 6. Use of physical holding or seclusion.

Physical holding and seclusion are behavior management techniques which are used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective. The emergency use of physical holding or seclusion must meet the conditions of items A to M: A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency; C. the use of physical holding or seclusion must end when the threat of harm ends; D. the resident must be constantly and directly observed by staff during the use of physical holding or seclusion; E, the use of physical holding or seclusion must be used under the supervision of a mental health professional or the facility's program director; F, physical holding and seclusion may be used only as permitted in the resident's treatment plan; G. staff must contact the mental health professional or facility's program director to inform the program director about the use of physical holding or seclusion and to ask for permission to use physical holding or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding or seclusion; H. before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 regarding the use of physical holding and seclusion at the facility; I. when the need for the use of physical holding or seclusion ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility: J. staff must treat the resident respectfully throughout the procedure. K. the staff person who implemented the emergency use of physical holding or seclusion must document its use immediately after the incident concludes. The documentation must include at least the following information: (1) a detailed description of the incident which led to the emergency use of physical holding or seclusion; (2) an explanation of why the procedure chosen needed to be used to prevent or stop an immediate threat to the physical safety of the resident or others; (3) why less restrictive measures failed or were found to be inappropriate; (4) the time the physical hold or seclusion began and the time the resident was released; (5) in at least 15 minute intervals during the use of physical holding or seclusion, documentation of the resident's behavioral change and change in physical status that resulted from the use of the procedure; and (6) the names of all persons involved in the use of the procedure and the names of all witnesses to the use of the procedure; L. the room used for seclusion must be well lighted, well ventilated, clean, have an observation window which allows staff to directly monitor a resident in seclusion, fixtures that are tamperproof, with electrical switches located immediately outside the door, and doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and M. objects that may be used by a resident to injure the resident's self or others must be removed from the resident and the seclusion room before the resident is placed in seclusion

Inspection Findings:

The review of resident treatment plans identified that they were missing documentation regarding restrictive procedures.

Corrective Actions:

All resident treatment plans will address specific restrictive procedures used at PLYP and when and how they will be used.

Response Needed By: 11/15/2019

INSPECTION COMMENTS

This was a new facility for this inspector. A previous site visit on May8, 2019, allowed the inspector to become familiar with the physical pant and building layout. This inspection consisted of policy and procedure review, file reviews, programing discussion, resident interviews, staff interviews and documentation review.

Thank you for your cooperation and patience during this inspection. If you have questions about this report or any other licensing matter, please feel free to contact me at 507-834-6226.

JJDPA Compliance

Non-secure facility, free egress for youth at all times.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature: Lisa Becking