



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:

Prairie Lakes Youth Programs - Haven House Girls Group Home

Address: 822 Park Avenue NW, Willmar, MN 56201

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 11/22/2021 to 11/23/2021

Inspection Method: This on-site inspection consisted of a tour of the group home. The inspection also included discussions with administration, review of staff and resident files, a review of camera footage, a review of pertinent documentation, and a review of the policy and procedure manual.

Officials Present During Inspection: Executive Director Holly Booth; Program Director Amy Krupke

Officials Present for Exit Interview: Executive Director Holly Booth; Program Director Amy Krupke

Issued Inspection Report to: Executive Director Holly Booth; Program Director Amy Krupke; Regional Manager Dayna Burmeister

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:** 12/01/2021 **Ends On:** 11/30/2023 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 11/30/2022

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
Non-secure residential	Female	12	100	12.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 4

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 the medication logs and process revealed that the public health nurse did not oversee medication administration for several months and failed to follow the requirements of this rule part.

Corrective Actions:

Ensure that the registered nurse assigned to your facility reviews the medication logs and documents errors and reviews per this rule part.

Response Needed By: 02/01/2022

2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 5.E.. Discipline policy and procedures required.

The license holder must have discipline policies and procedure that require the resident's abuse history and developmental, cultural, disability, and gender needs be taken into consideration when deciding the disciplinary action to be taken with a resident. The policy must include the requirements in items A to E. E. The license holder must be certified to use restrictive procedures according to part 2960.0710 prior to the use of a restrictive procedure with a resident.

Inspection Findings:

This facility certification/licensure does not include Restrictive Procedures certification. The facility has been utilizing the PLYP Secure facility inappropriately for behavioral consequences when a resident has a dual court order. The resident is discharged (no discharge report completed) and sent to secure, has a hearing and serves DRT associated with the behavior engaged in at the nonsecure group home. Additionally, the policy manual cites 2960.0710.2, restrictive procedures, but has no restrictive procedures certification. While the procedures discussed in policy are not outside of their approved licensure, the manual should not cite this rule without the certification.

Corrective Actions:

The practice of utilizing PLYP Secure facility for this purpose must cease. Residents should not be sent to the secure facility to serve DRT, or for any reason other than full discharge from programming or pending charges. If the facility desires the ability to utilize DRT when appropriate, they must apply and be approved for the Restrictive Procedures Certification.

Response Needed By: 02/01/2022

3. 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:

A review of staff files revealed that employee reviews for 2019 and some for 2020 were not completed. This is residual from prior management. All reviews have been completed for employees since the new program director began her position.

Corrective Actions:

This has been corrected. It is a repeat violation, however, the practice has now changed.

Response Needed By: 02/01/2022

4. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 8. Disciplinary room time use.

Disciplinary room time must be used only for major violations and be used according to the facility's restrictive procedures plan. In addition to the restrictive procedures plan requirements in subpart 2, the license holder who uses disciplinary room time must meet the following requirements: A. the license holder must give the resident written notice of an alleged violation of a facility rule; B. the license holder must tell the resident that the resident has a right to be heard by an impartial person regarding the alleged violation of facility rules; and C. the license holder must tell the resident that the resident has the right to appeal the determination made by the impartial person in item B internally to a higher authority at the facility.

Inspection Findings:

This facility is not approved for disciplinary room time (DRT) usage as it is a nonsecure facility without any restrictive procedures certification. The facility has been utilizing the secure program by discharging a resident and admitting to the secure program if the court order permits. Once at the secure facility (a separate program) the resident is given a hearing, serves DRT for the violation at the nonsecure group home and may be admitted back into the group home at a time deemed appropriate, which may be after DRT is served.

Corrective Actions:

Cease this practice. The resident should not serve DRT associated with behaviors in a nonsecure group home. A resident may be sent to the secure facility only with pending new charges or upon formal discharge, and should not have consequences associated with this program.

Response Needed By: 02/01/2022**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 3****1. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 7. Culturally appropriate care.**

The license holder must document the provision of culturally appropriate care to each resident that includes: A. opportunities to associate with culturally and racially similar adults, peers, and role models; B. opportunities to participate in positive experiences related to the resident's cultural and racial group; C. culturally appropriate program services that address the needs of all residents in care; and D. cultural sensitivity, including the provision of interpreters and English language skill development to meet the needs of facility residents as required by Laws 1995, chapter 226, article 3, section 60, subdivision 2, paragraph (2), clause (v).

Inspection Findings:

The facility appears to be providing these services per this rule part, however, lacks appropriate documentation. They do appear to have a variety of options and diverse staff working with residents to provide these services.

Corrective Actions:

Document this programming and specific cultural activity in your facility calendar for tracking compliance.

Response Needed By:**2. 2960.0150 PERSONNEL POLICIES. Subpart 4.C.. Personnel training.**

The license holder must develop an annual training plan for employees that addresses items A to D. C. The license holder must provide orientation and training to staff and volunteers regarding: (1) culturally competent care; (2) racial bias and racism issues; (3) gender issues, including the psychosocial development of boys and girls; (4) sexual orientation issues; and (5) physical, mental, sensory, and health related disabilities, bias, and discrimination.

Inspection Findings:

The annual training plan does not include some of the specific training topics mentioned in this rule part. It does appear that the trainings are occurring throughout the year, therefore they are in compliance.

Corrective Actions:

Ensure that the training topics required by this rule part are specifically addressed in the annual training plan.

Response Needed By:**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 random review of well-being checks revealed that some staff do not conduct checks adequate to ensure resident well-being, in some cases, walking by a closed door or barely stopping to look into the resident room. The program director conducts regular camera reviews. The paper process for documenting well-being checks is cumbersome and could be more concise.

Corrective Actions:

Some staff will need to complete additional training on well-being checks. Program director should document missed/late/poor checks and action taken. Consider a well-being check documentation process which encourages consistency in forms and processes for all shifts.

Response Needed By:**INSPECTION COMMENTS**

The Prairie Lakes Girls Group Home Haven House biennial inspection was completed on November 22-23, 2021, 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, and Corrections. This inspection was conducted by Monaie Hebert, Juvenile Inspector, of the Inspection and Enforcement Unit. This was the first inspection of the facility by this inspector, and also the first inspection with the current management. There is one variance for the new program director (2960.0560.2) for educational requirements.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included a home tour which included resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, kitchen and classroom areas of the secure facility.

The inspection also included discussions with supervisors, direct care staff, administrative staff and observation of staff interactions with residents. Documentation review included staff personal 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 of the program.

Below are comments/ constructive feedback not necessarily mentioned in specific rules:

- 1) The facility is clean and well maintained.
- 2) COVID 19 protocol includes staff masks, rapid testing on site for residents and staff if needed, screens per CDC recommendations.

Overall, the inspection went well. There were practices surrounding the use of restrictive procedures which created several areas of non-compliance. This appears to be the result of past practice, prior to the new administration. PLYP organization has had several leadership changes over the past few months and the new administration and facility program director appear open to constructive feedback and motivated to make positive changes in processes and programming, as well as corrections of procedural errors.

Thank you for your assistance and cooperation throughout the inspection. Please contact me at (651) 261-1657 if you have any questions regarding this report or any other licensing matter.

JJDPa Compliance

This program in a nonsecure facility.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature: *Monaie Hebert*