



## 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:

#### The Bridge Residential Facility LLC

**Address:** 34490 S Pughole Lake Road, Grand Rapids, MN 55744

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

**Inspection Type:** Annual **Inspected By:** Lisa Becking – Senior Detention Facility Inspector

**Inspected on:** 06/16/2021

**Inspection Method:** Physical plant inspection, policy and procedure review. All documentation is in place.

**Officials Present During Inspection:** CEO Sarah Trombley

**Officials Present for Exit Interview:** CEO Sarah Trombley

**Issued Inspection Report to:** CEO Sarah Trombley; Regional Manager 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:** 09/01/2021 **Ends On:** 08/31/2022

**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:** Sarah Trombley  
34490 S. Pughole Lake Road  
Grand Rapids, MN 55744

**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	8	100	8.00	0	0	Ages 11-21.	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:**

F. physical holding and seclusion may be used only as permitted in the resident's treatment plan; Treatment plans are not addressing the use of restrictive procedures.

**Corrective Actions:**

**All treatment plans need to include verbiage pertaining to the use of restrictive procedures.**

**Response Needed By: 07/30/2021**

**INSPECTION COMMENTS**

An annual inspection of The Bridge Residential Program was conducted on June 16, 2021. The inspection consisted of a physical plant inspection, policy and procedure review, staffing plan discussions, documentation, logs and treatment plan review, programing and staff/administration discussions.

Initial approval to operate was given in September 2020. A six month inspection occurred in March of 2020.

The first year of operation for all new facilities usually requires some modification of policies, adjusting procedures, staff training and providing the best overall services for residents. The Bridge Residential Program has had minor adjustments and has done an acceptable job of learning from situations and moving forward. This program's intentions are to clearly continue to provide appropriate care, skill building and treatment services for all residents.

Along with the rule corrections indicated in this report, the following recommendations are being made for The Bridge Residential Program:

**Comments:**

1. The facility response to COVID-19 follows CDC guidelines and included masks for residents and staff, ample amounts of hand sanitizer, extensive questionnaire and temperature checks for all staff and visitors prior to entering the building.
2. The physical plant has been well maintained. Most residents are doing a good job or keeping their living spaces clean and comfortable.

**Concerns:**

1. Please keep your Statement of Intended use up-to-date.
2. Transition plans are adequate but could use more detail and direction for resident.

The inspection confirms that this facility is in compliance with policies and procedures under MN Rule 2960, for DOC licensed Residential Programs. This facility follows the House Parent model.

The next inspection will take place in one year as a way to provide continued support and technical assistance to the facility.

If you have any questions please contact me at 507-382-9791.

**JJDPa Compliance**

Nonsecure facility. Residents have free egress at all times.

**Report completed By:** Lisa Becking – Senior Detention Facility Inspector

**Signature:**

