



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:

Valley-Lake Boy's Home, Inc.

Address: 3850 200th Avenue, Breckenridge, MN 56520

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 11/04/2021

Inspection Method: This inspection visit consisted of a tour of the home, including the kitchen and dining area, all living units, resident bedrooms and outside areas. The inspection also included discussions with administration and staff members, review of staff and resident files, a review of camera footage, a review of logs and other pertinent documentation, and a review of the policy and procedure manual.

Officials Present During Inspection: Executive Director Joanna Etzler

Officials Present for Exit Interview: Executive Director Joanna Etzler

Issued Inspection Report to: Executive Director Joanna Etzler; Regional Manager Jacob McLellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	313	1

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 01/01/2022 **Ends On:** 12/31/2023 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 12/31/2022

Delinquent Juvenile Hold Approval: **Certificate Holder:** Valley-Lake Boy's Home , Inc.
PO Box 411
Breckenridge, MN 56520

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	14	100	14.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 1****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:

The medication logs were reviewed. There is no documentation verifying that the medical provider has reviewed the medication logs.

Corrective Actions:

Reviews of medication logs must be documented with a signature and date to assure compliance with this rule part.

Response Needed By: 12/15/2021**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 2****1. 2960.0040 STATEMENT OF INTENDED USE. Subpart 1.**

The license holder must submit a statement of intended use as part of the license application. The statement of intended use must, at a minimum, meet the requirements in items A to F: A. state the license holder's expertise and qualifications to provide the services noted in the program description; B. describe the target population to be served with consideration of at least the following characteristics of the residents: cultural background, gender, age, medically fragile condition, and legal status, including children in need of protection or services petition status, delinquency, and whether the resident is in the facility as a voluntary placement or self referral; C. state the primary needs of residents that the license holder will meet in the licensed facility; D. identify those resident services provided within the setting and those services to be provided by programs outside the setting; E. state how the license holder will involve the resident's cultural or ethnic community to ensure culturally appropriate care; and F. describe the specific extent and limitations of the program, including whether the license holder would use a restrictive procedure with a resident, under what conditions a restrictive procedure would be used, and what type of restrictive procedures a license holder would use if the license holder was certified to use restrictive procedures.

Inspection Findings:

The facility has a Statement of Intended Use, however it requires updating based on the new services the facility is providing.

Corrective Actions:

Update the current facility Statement of Intended Use.

Response Needed By:**2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.A.. Resident and family grievance procedures.**

A. The license holder must develop and follow a written grievance procedure that allows a resident, the resident's parent or legal representative, a guardian, or a concerned person in the resident's life to make a formal complaint or suggestion or express a concern about any aspect of the resident's care during the resident's stay in the facility. The license holder and staff must not attempt to influence a resident's statement about the facility in the grievance document or during an investigation resulting from the grievance.

Inspection Findings:

The facility has a policy on grievances. The policy fails to meet the directive of this rule part.

Corrective Actions:

Create a new policy and process for resident grievances.

Response Needed By:

INSPECTION COMMENTS

The Valley-Lake Boy's Home (VLBH), biennial inspection was completed on November 4, 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, Corrections and Restrictive Procedures. Inspection results are contained in the various sections of this report.

The scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included intake, medication room, resident living areas, kitchen/dinning room, resident bedrooms, bathrooms, lower level visiting/meeting/group rooms, and storage areas.

Documentation review included resident files, daily logs, treatment plans, menus, recreation schedules, grievance policy and documentation, well-being checks and logs, restrictive procedure quarterly reviews and other pertinent facility documentation. Also reviewed was the facility policy and procedure manual, resident handbook and overviews for structure of the program.

The following comments and concerns are a result of the inspection. While these may not be specific rule violations, these are areas that provided constructive feedback to help address potential facility issues.

Comments:

1. The facility response to COVID-19 follows CDC guidelines and included masks for residents and staff, ample amounts of hand sanitizer, temperature checks and screening questions for all staff and visitors prior to entering the secure areas.
2. Facility is adding a wonderful Sensory Room for the residents.
3. Many facilities are struggling to complete training requirements due to COVID. This was not the case at VLBH. Staff appear to be on track and should have all required training hours completed on schedule.
4. This program is in the process of training all staff in trauma informed care.
5. Consider getting a locked mailbox allowing residents to privately make grievances, suggestions and concerns.

Concerns:

1. The resident main floor bathroom is in serious need of updating and remodeling.
2. Areas of the report that are listed as YES, With Concerns require a completion date of December 15, 2021.

Overall, the inspection went well. We were able to have great discussions with staff and administration around ideas to constantly grow the services within the program. I would like to sincerely thank you for your cooperation during this licensing visit. Please contact me if you have any questions regarding any licensing or this inspection report. I can be reached at 507-382-9791.

JJDP A Compliance

Valley Lake Boys Home is a nonsecure facility.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature: _____

