



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 FOR:

Village Ranch - Hutchinson House

Address: 851 Dale Street, Hutchinson, MN 55350

MN Governing Rule: 2960 Children's Residential Facility

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

Inspected on: 03/28/2019

Inspection Method: On site-

Officials Present During Inspection: Executive Director Scott Bakeburg; Program Director Bill Salmela

Officials Present for Exit Interview: Program Director Bill Salmela

Issued Inspection Report to: Executive Director Scott Bakeburg; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	309	6

TERMS OF OPERATION

Authority to Operate: approval

Begins On: 04/01/2019 **Ends On:** 03/31/2020

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: Village Ranch, Inc.

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	12	100	12.00	0	0	Ages: 15-19.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 6

1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.1.. 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. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field. (1) The health screening must note the resident's history of abuse and vulnerability to abuse, potential for self injury, current medications, and most recent physician's and clinic's name, address, and telephone number.

Inspection Findings:

Resident files were missing health screens.

Corrective Actions:

Complete health screens on all current residents. Create a process to assure all health screens are completed on each resident per this rule part. Please forward the new written process to MN I&E Unit for review and approval.

Response Needed By: 05/01/2019

2. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.5.. 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. A. The license holder must ensure that the screenings in subitems (1) to (6) are completed if not completed prior to admission. The form used for screening in subitems (1) to (6) must be reviewed by a licensed professional in a related field. (5) The screening for sexually abusive behavior must determine if a resident is likely to have sexually abusive behavior. If the screening indicates that the resident is likely to have sexually abusive behavior, the license holder must have written risk management plans to protect the resident, other residents, staff, and the community.

Inspection Findings:

Review of resident files determined resident screens for sexually abusive behavior were not completed as required by this rule part.

Corrective Actions:

Complete sexually abusive behavior screens on all current residents. Create a process to assure all health screens are completed on each resident per this rule part. Please send written process for DOC review and approval.

Response Needed By: 05/01/2019

3. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.B.2.. 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. B. The license holder must make an effort to determine the resident's culture and gender based needs. (2) Gender specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff.

Inspection Findings:

Review of resident files determined resident screens for gender specific needs were not completed as required by this rule part.

Corrective Actions:

Complete gender specific needs screens on all current residents. Create a process to assure all gender specific needs screenings are completed on each resident per this rule part. Once process is determined, please send to DOC in your corrective action plan for review and approval.

Response Needed By: 05/01/2019

4. 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 resident medication logs showed the RN signatures of review, but failed to identify the date of said review.

Corrective Actions:

Consult with the medically licensed person hired for the review and clarify the expectations of this rule part to assure the reviews are consistent and verified as required by this rule part.

Response Needed By: 05/01/2019

5. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 13. Resident clothing, bedding, and laundry.

The license holder must ensure that a resident has: A. an adequate amount of clean clothing appropriate for the season; B. an appropriate sized, clean, fire retardant mattress; two sheets or one sheet and clean mattress cover; sufficient clean blankets to provide comfort under existing temperature conditions; and one pillow and one pillowcase that is antiallergenic, if required, to meet a resident's health care needs. Existing non fire retardant mattresses may continue to be used until they are replaced, provided that the existing mattresses are replaced no later than July 1, 2015; and C. adequate bath towels and washcloths. Clean bedding and linens must be furnished upon each new admission, and bedding and linens must be cleaned once a week or more often as needed to maintain a clean and safe environment. Bedding and linens that are worn out or unfit for further use must not be used.

Inspection Findings:

Resident hampers were found overflowing with dirty clothes. Staff were unable to provide a laundry schedule for residents. Staff were unable to identify when the residents had last washed their clothing and bedding.

Corrective Actions:

Create a laundry schedule and assist residents with the laundry process. Remind residents that the expectation for this independent living program is to learn self care including laundry. Dirty clothing and bedding should be washed weekly or sooner if need be. Staff should be assisting residents that struggle with this portion of the program.

Response Needed By: 05/01/2019

6. 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:

(F) Staff were observed on camera playing video games when they were required to be conducting well-being and security checks. Other documentation showed checks were completed at 32,33,34 minutes, which is not complying with this standard.

Corrective Actions:

(F) Immediately re-train all overnight staff in the area of expectations and including documentation.

Response Needed By: 05/01/2019**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 1**

1. 2960.0050 RESIDENT RIGHTS AND BASIC SERVICES. Subpart 1. Basic rights.

A resident has basic rights including, but not limited to, the rights in this subpart. The license holder must ensure that the rights in items A to R are protected: A. right to reasonable observance of cultural and ethnic practice and religion; B. right to a reasonable degree of privacy; C. right to participate in development of the resident's treatment and case plan; D. right to positive and proactive adult guidance, support, and supervision; E. right to be free from abuse, neglect, inhumane treatment, and sexual exploitation; F. right to adequate medical care; G. right to nutritious and sufficient meals and sufficient clothing and housing; H. right to live in clean, safe surroundings; I. right to receive a public education; J. right to reasonable communication and visitation with adults outside the facility, which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a case manager in accordance with the resident's case plan; K. right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene; L. right of access to protection and advocacy services, including the appropriate state appointed ombudsman; M. right to retain and use a reasonable amount of personal property; N. right to courteous and respectful treatment; O. if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03; P. right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation; Q. right to be informed of and to use a grievance procedure; and R. right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others, except for the use of disciplinary room time as it is allowed in the correctional facility's discipline plan.

Inspection Findings:

(H) Right to live in clean, safe surroundings; Resident bedrooms were cluttered and had large amounts of resident property stored in the bedroom areas. This practice is concerning because residents have less bedroom space and staff have a more difficult time monitoring any contraband entering the facility.

Corrective Actions:

Provide residents with storage bins in which they can remove and store extra/unneeded possessions (seasonal wear, winter coats, boots, books, games, shoes and extra electronics).

Response Needed By:

INSPECTION COMMENTS

Sections of 2960 that are applicable to your facility included: Administrative Standards, Group Residential, Corrections, and Restrictive procedures certifications. Inspection results are contained in the various sections of this report.

This inspection visit consisted of a tour of the facility, including all resident living areas and resident bedrooms. The inspection also included discussions with multiple 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.

It should be noted that there were no incidents of restrictive procedures, use of DRT or grievances files at this facility since the last licensing visit. That is exceptional and speaks to the de-escalation skills of daytime staff.

It is unfortunate and alarming that review of cameras revealed a serious breach in the overnight shift supervision of residents. Significant time frames identified that NO well-being checks were being completed. The immediate correction and cooperation by administration is appreciated. The immediate dismissal of non-compliance staff and retraining of questionable staff is also greatly appreciated. These measures are now in place to better assure the safety and well-being of residents and staff.

Due to the significant lack of supervision on the overnight shifts, Village Ranch- Hutchinson; has been placed on "Annual" inspection status until further notice of the MN Department of Corrections.

Please contact me if you have any questions regarding this report or any other licensing matter. I can be reached at (507) 834-6226.

JJDP A Compliance

This is a nonsecure program with free egress to all youth at all times.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature:


