



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:** Monaie Hebert – Detention Facility Inspector

Inspected on: 02/09/2022

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; Program Director Bill Salmela; Regional Manager Dayna Burmeister

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: 04/01/2022 **Ends On:** 03/31/2023

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.
13637 60th Street SW
Cokato, MN 55321

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: 1****1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 4.B.. Inventory and handling of resident property.**

The license holder must inventory the resident's personal property, including clothing, and have the resident and the license holder sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. The license holder must ensure that a resident retain the use and availability of personal funds or property unless restrictions are justified in the resident's treatment plan. Whenever the license holder assists a resident with the safekeeping of funds or other property, the license holder must: (1) document receipt and disbursement of the resident's funds or other property, including the signature of the resident, conservator, or payee; and (2) return to the resident funds and property in the license holder's possession subject to restrictions in the resident's treatment plan, upon request or as soon as possible but not later than three working days after the date of the resident's request.

Inspection Findings:

A review of resident monetary storage process, revealed that the facility does not have adequate documentation for residents funds management. The current process appears to provide safe storage of resident funds, however documentation is not consistent and the process does not provide receipts or signatures consistently.

Corrective Actions:

The facility indicates they will begin utilizing an electronic spreadsheet, and require signatures from staff and resident when money is added or withdrawn. A sheet will be kept in the packet with the residents money and added to their file when the resident leaves, as well as electronically.

Response Needed By: 04/14/2022**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 2****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 revealed that many of the individual resident medication sheets are signed by the nurse but are not dated. Since this has served as the nurse's medication review, a sheet that is not dated is not compliant. It appears that the nurse is completing these reviews monthly, however the documentation is incomplete.

Corrective Actions:

The nurse should be signing and dating either one sheet in the front of the medication book indicating she has reviewed each log, or signing and dating each medication sheet. These reviews need to be within 30 days of each other. Reviews should include verifying ongoing medication counts for each resident.

Response Needed By:**2. 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 review of documentation related to this rule part revealed that there were some incidents in which staff conducted their 30 minute security inspection/well-being checks outside of the allotted time frame by 1 - 2 minutes. These incidents were addressed in a monthly review by the supervisor.

Corrective Actions:

Conduct specific staff retraining regarding this rule part for repetitive incidents. Continue to conduct and document supervisory oversight of this rule part.

Response Needed By:

INSPECTION COMMENTS

The annual inspection for Village Ranch Hutchinson House, located in Hutchinson, MN occurred on February 9, 2022, using Minnesota Rules, Chapter 2960, governing juvenile residential facilities. Sections of the 2960 standards that are applicable to this facility include: 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 physical plant inspection, including all resident living areas, resident bedrooms and bathrooms, dining and kitchen area and lower level meeting/therapy/group rooms. The inspection also included a review of policy and procedures manual, resident handbook, statement of intended use, discussions with multiple administration and staff members, review of staff personnel and training files, resident files, daily logs, menus, resident rights, other pertinent documentation and observation of staff interaction and discussion with residents.

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

Comments:

1. COVID-19 protocol follows CDC guidelines related to any positive cases. There are masks available for residents and staff and ample amounts of hand sanitizer.
2. Residents appear comfortable with staff and observed interactions were positive and facilitate learning and independence.
4. There were no incidents of restrictive procedures used in the past two years, which indicates that the staff is skilled in de-escalation and develops relationships with residents.
5. The facility is proactively working with community leaders in the metro area to assist in transition services for those residents.

Concerns:

1. The house was generally very orderly. In certain areas, they should implement a deep clean schedule (bathrooms, kitchen). Some of the air vents needed cleaning and one was missing a cover, which the resident removed. These items were resolved prior to inspection completion.
2. Cultural programming compliance has been difficult through COVID. Options for house programming utilizing current staff was discussed.
3. Consider a more complete medication log process. Medications should be counted regularly and verified monthly by nursing staff.

I would like to thank the facility administration and staff for their cooperation during this inspection process. Both appear to have the desire to continuously improve processes and services, and appear transparent and open to constructive feedback. The facility will be placed on a biennial inspection cycle.

Please contact me if you have any questions regarding this report or any licensing concerns at 651-261-1657.

JJDPA Compliance

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

Report completed By: Monaie Hebert – Detention Facility Inspector

Signature:

Monaie Hebert