



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:

Washington County Temporary Holdover Facility

Address: 15015 62nd Street, PO BOX 3801, Stillwater, MN 55082

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Lisa Becking – Senior Detention Facility Inspector **Inspected on:** 09/17/2019

Inspection Method: This inspection consisted of a tour of the juvenile temporary holdover facility, interviews with staff and administration, a review of employee and resident files, the use of restrictive procedures, and a review of the policy and procedures manual.

Officials Present During Inspection: Juvenile Administrator Phil Lick

Officials Present for Exit Interview: Juvenile Administrator Phil Lick

Issued Inspection Report to: Juvenile Administrator Phil Lick; Regional Manager Sherry Hill

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	314	2

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 10/01/2019 **Ends On:** 09/30/2021 **Facility Type:** 8 Day Temporary Holdover Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 09/30/2020

Delinquent Juvenile Hold Approval: **Certificate Holder:** Washington County Law Enforcement Center

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
Secure 8 day holdover	Coed	5	100	5.00	0	0	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**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 Statement of Intended Use was missing for this facility.

Corrective Actions:

The Statement of Intended Use must be created and updated as identified in this rule part.

Response Needed By: 10/31/2019**2. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 7. Use of mechanical restraints.**

Mechanical restraints are a behavior management device which may be used only when transporting a resident or in an emergency as a response to imminent danger to a resident or others and when less restrictive interventions are determined to be ineffective. A facility that uses mechanical restraints must include mechanical restraints in its restrictive procedures plan. The emergency use of mechanical restraints must meet the conditions of items A to J: A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the mechanical restraint used is the least intrusive intervention that will effectively react to the emergency; C. the use of mechanical restraint must end when the threat of harm ends; D. the resident must be constantly and directly observed by staff during the use of mechanical restraint; E. the use of mechanical restraint must be supervised by the program director or the program director's designee; F. mechanical restraint may be used only as permitted in the resident's treatment plan; G. as soon as it may safely be done, but no later than 60 minutes after initiating the use of a mechanical restraint, staff must contact the facility's program director or the program director's designee to inform the program director about the use of a mechanical restraint and to ask for permission to use the mechanical restraint; H. before staff uses a mechanical restraint with a resident, staff must complete training in the use of the types of mechanical restraints used at the facility; I. when the need for the use of mechanical restraint ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; and J. the staff person who used mechanical restraint 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 or situation which led to the use of the mechanical restraint; (2) an explanation of why the mechanical restraint chosen was needed to prevent 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 when the use of mechanical restraint began and the time when the resident was released from the mechanical restraint; (5) in at least 15 minute intervals during the use of mechanical restraints, documentation of the observed behavior change and physical status of the resident that resulted from the use of mechanical restraint; and (6) the names of all the persons involved in the use of mechanical restraint and the names of all witnesses to the use of mechanical restraint.

Inspection Findings:

Resident files are missing treatment plans for the use of Mechanical restraints.

Corrective Actions:

Facility shall create policy and procedures for treatment plans that allow for the use of mechanical restraints in the facility- when immediate intervention is necessary to protect the resident or others from physical harm, as stated in this section of the licensing rule.

Response Needed By: 10/31/2019

INSPECTION COMMENTS

This was this inspector's first time to the facility. The facility was very clean and well maintained. Minor physical plant issues were corrected immediately.

The review of restrictive procedure reports identified a potential issue with the secure shelving in resident bedrooms. Please consider modifying or removing said shelves in some or all of resident bedrooms. The height and the ability/access for residents to climb on, stand on the shelves and engage in self harm is a significant concern.

Specific licensing/rule compliance issues needing corrections are identified in this report.

Thank you for your time and cooperation during this inspection. I look forward to working with this facility in the future. If you have questions about your report or any other licensing matter, please feel free to contact me at 507-834-6226.

JJDPA Compliance

This facility's compliance with the JJDP act was completed by DPS Staff in August 2019- as it is a co-located facility.

Report completed By: Lisa Becking – Senior Detention Facility Inspector

Signature: _____

