



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:

West Central Regional Juvenile Center

Address: 919 Eighth Avenue, PO BOX 280, Moorhead, MN 56560

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Monaie Hebert – Senior Detention Facility Inspector **Inspected on:** 03/16/2022 to 03/18/2022

Inspection Method: Facility tour, staff and resident interviews, employee and resident file reviews and related documentation reviews.

Officials Present During Inspection: Administrative Director James Odonnell; Assistant Administrator Josh Swanson

Officials Present for Exit Interview: Administrative Director James Odonnell; Assistant Administrator Josh Swanson

Issued Inspection Report to: Administrative Director James Odonnell; Assistant Administrator Josh Swanson; Regional Manager Jacob McLellan

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	308	3

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 05/01/2022 **Ends On:** 04/30/2024 **Facility Type:** Secure/Non-Secure Juvenile Residential/Detention Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 04/30/2023

Delinquent Juvenile Hold Approval: **Certificate Holder:** West Central Regional Juvenile Center
919 Eighth Avenue N
Moorhead, MN 56560

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
Interchangeable non-secure residential/detention	Coed	25	100	25.00	0	0	None.	None.
Interchangeable secure residential/detention	Coed	55	100	55.00	6	14	None.	None.

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance**Total: 3****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 administration book and records revealed that there was no available documentation to prove that a review is conducted monthly to include addressing medication errors and follow-up, monthly medication cart review, and monthly MAR review for each client. The nurse at the facility has been with MEND less than a month, however, attempted to show historical data in the MEND system. There were uploaded MEND review process sheets for two months in the end of the year 2021. Other documentation could not be found.

Corrective Actions:

Maintain documentation of at least monthly medication administration reviews conducted by a medically licensed person. This should include a full medication cart review, a medication administration log review, and medication count verification. A spreadsheet with date of completion and signature of the person completing the review is adequate documentation and should be saved for at least two licensing periods. There should also be a documented protocol for identifying and addressing medication errors by MEND staff or facility staff, when appropriate.

Response Needed By: 05/25/2022**2. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.E.. Health and hygiene services.**

The license holder must meet the conditions in items A to F. E. The license holder must keep records for a resident who receives prescription drugs at the facility and note: the quantity initially received from the pharmacy, amount of medication given, dosage, and time when the medication was taken. The license holder must document a resident's refusal to take prescription medication.

Inspection Findings:

A review of the medication administration process revealed that for the past several months, medication administration reporting has been inadequate. There were areas in the medication administration logs which were not documented appropriately by the MEND staff and/or staff administering medications. According to facility administration, MEND is not always available to administer medications per their contract with this facility.

Corrective Actions:

MEND staff should be available for all medication administration and be appropriately documenting administered medications, refusals and other related information. If MEND is not administering medications, the MEND staff shall ensure oversight of medication administration processes and address and document medication errors.

Response Needed By: 05/25/2022**3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.F.. Health and hygiene services.**

The license holder must meet the conditions in items A to F. F. Prescription medicine belonging to a resident must be given to the resident's parent or legal guardian upon the resident's release or must be disposed of according to a pharmacy approved plan. The license holder must note the disposition of the resident's medicine in the resident's file. The license holder must give a resident who is 18 years of age or older the prescription medication prescribed for the resident.

Inspection Findings:

A review of the locked room in which medications are stored revealed there were multiple medications (both controlled and regular managed) in an unlocked cupboard. A portion of those medications were being held for pick up by a third party for a resident who had absconded. There was no evidence of follow up on status and the medications were not properly stored or documented. There was medication scheduled to be destroyed in that same cabinet. There is a locked box on the wall for medications scheduled to be destroyed. This is a MEND function.

Corrective Actions:

Review practices to ensure the following: All medications are in the locked medication cart. Medications scheduled to be destroyed shall be in the locked cart, the locked box on the wall, or a locked cabinet. Medications for absconded youth shall be destroyed, and not saved for pick up by a third party unless the resident is back in custody or at home and in a place to receive that medication. Ensure that there are never medications out of MEND staff presence unattended, unsecured, in the locked lab area.

Response Needed By: 05/25/2022**Chapter 2960 - Mandatory Rules In Compliance With Concerns****Total: 5****1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 3.B.. Resident admission documentation.**

Upon or within five working days after admission, the license holder must obtain and document the information in items A and B to the extent permitted by law: in collaboration with the placing agency, gather information about the resident in subitems (1) to (12), and place that information in the resident's file: (1) date and time of admission; (2) name and nicknames; (3) last known address and permanent address; (4) name, address, and telephone number of parents, guardian, and advocate; (5) gender; (6) date and place of birth; (7) race or cultural heritage, languages the resident speaks and writes, and tribal affiliation, if any; (8) description of presenting problems, including medical problems, circumstances leading to admission, mental health concerns, safety concerns including assaultive behavior, and victimization concerns; (9) description of assets and strengths of the resident and, if available, related information from the resident, resident's family, and concerned persons in the resident's life; (10) name, address, and telephone number of the contact person for the last educational program the resident attended, if applicable; (11) spiritual or religious affiliation of the resident and the resident's family; and (12) the placing agency's case plan goals for the resident, if available.

Inspection Findings:

A review of the intake process revealed that not all resident intakes include number (9) of this rule part: a description of assets and strengths of the resident. Intakes for residents entering secure detention are not assessed for this as it appears to be a part of the case management process instead of the intake process.

Corrective Actions:

Ensure that all residents are being assessed for strengths and assets. Consider making this a part of the intake paperwork process.

Response Needed By:**2. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 4.A.. 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. The license holder must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.

Inspection Findings:

A review of the resident property process revealed that the property inventory process is not consistent across programming. Some processes do not involve having the resident and staff sign the property inventory sheet. This appears to have changed as the facilities management system changed recently to CSTS. Non-secure programming utilizes forms that are in compliance with this rule part.

Corrective Actions:

Ensure that all programs utilize forms that obtain signatures from both resident and staff for property inventory documentation. This can be done either on paper or electronically.

Response Needed By:**3. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 18.B.. Resident and family grievance procedures.**

B. If a grievance is filed, the license holder must document the grievance along with the investigation findings and resulting action taken by the license holder. Information regarding the grievance must be kept on file at the facility for two licensing periods.

Inspection Findings:

Grievances are addressed and kept on file. They are reviewed and answered by supervisors. The lack of documentation including dates on many of the grievances made it difficult to confirm whether they were answered within the allotted time. Answered grievances appeared to include internal documentation rather than an answer to the resident regarding the grievance. It was unclear or undocumented whether the grievance was answered in person by supervisors due to the lack of documentation. Indications are that grievances are being addressed, however documentation is lacking.

Corrective Actions:

Ensure that all grievance receipt dates and response dates are documented. When responding to grievances, ensure that the response is written "to" the resident and the delivery method is documented (verbal, written). It is suggested that each grievance receives a written response, even if the message and discussion occurs in person, and/or ensure that the documentation is clear. Consider revising the grievance form to encourage residents who are able, to identify a resident right being violated. This encourages both critical thinking and self advocacy on the resident's part.

Response Needed By:

4. 2960.0270 FACILITY OPERATIONAL POLICIES AND PROCEDURE REQUIREMENTS, SERVICES, AND PROGRAMS. Subpart 4.F.. Medical services.

The license holder , in consultation with a medically licensed person, must develop plans and establish procedures and accessories for the secure storage, delivery, supervision, and control of medications and medical supplies in the facility.

Inspection Findings:

Plans and policy exist in compliance with this rule part, however a review of processes revealed that practices are not compliant with secure storage. There were medication bubble packets sitting on the counter in the "lab" along with unsecured prescribed, to be destroyed medications. Additionally, the training provided to new MEND personnel does not appear to completely cover the juvenile medication administration process.

Corrective Actions:

Ensure that all practices surrounding medication management and storage involve appropriate documentation and secure storage. Medications shall be secured in a cabinet/cart/proper disposal receptacle in the locked room. Ensure that all prescribed medications, including those to be given to a resident upon discharge, and those to be destroyed are stored safely. Ensure that MEND staff receives appropriate training of the entire 2960 health and hygiene rule requirements.

Response Needed By: 05/25/2022

5. 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:

The facility completes 15 minute resident security or well-being checks. All reviewed checks were in compliance with the 30 minute requirement with respect to time. A camera review of several shifts with various staff, revealed that some staff members are not completing quality checks. There is inadequate pause, or no pause at the residents door to ensure safety of the resident.

Corrective Actions:

Review camera checks with staff and retrain staff on the process and importance of quality well being checks.

Response Needed By:

INSPECTION COMMENTS

The West Central Regional Juvenile Center biennial inspection was completed on March 15-18, 2022 using Minnesota Rules, Chapter 2960, governing juvenile residential facilities. Sections of the 2960 standards that are applicable to the four separate programs at this facility include: Administrative, Group Residential, Secure, Detention, Corrections and Restrictive Procedures. This inspection was conducted by Monaie Hebert of the Inspection and Enforcement Unit, Juvenile Senior Inspector.

This scheduled inspection visit consisted of a physical plant safety and security inspection. The physical plant inspection included resident living areas, resident bedrooms, bathrooms, visiting/meeting/group rooms, gym/recreation areas and classrooms for all four program areas.

The inspection also included discussions with multiple staff, supervisors, direct care staff, training coordinator, nursing staff and administration. Resident interviews were conducted in a private area without staff present. Documentation review included staff personal and training files, resident files, daily logs, treatment plans, menus, recreation schedules, grievance documentation, well-being checks and other pertinent documentation. There was also a review of the facility policy and procedure manual, resident handbook and overviews for each of the four individual programs.

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 continues to follow CDC guidelines with respect to COVID 19 protocol.
2. There were significant improvements in disciplinary room time protocols. Residents in DRT are attending school, recreation and out of their rooms with their groups on behavioral review during their DRT status. Most residents are off discipline room time early based on behaviors and processing exercises.
3. Residents indicate that they feel safe while in placement there.

Concerns:

1. Consider standard forms and processes across campus. Paperwork processes seem to vary from program to program. Property sheets, well-being check, daily logs and other routine processes should be uniform when possible.
2. Consider checking meals served (by a contracted company) in the facility for quality regularly.

This inspection went very well. There were productive discussions with unit supervisors and administration. All appeared to appreciate and engage in feedback discussions. The transparency and desire to continuously improve is appreciated.

I would like to sincerely thank you for your cooperation during this licensing visit. Please contact me if you have any questions regarding this report at 651-261-1657.

JJDP A Compliance

The West Central Regional Juvenile Center was found in compliance with JJDP A requirements.

Secure detention data was reviewed from October 1, 2021 to March 17, 2022. No violations were found in the reviewed documentation of intakes, discharges and resident files.

The nonsecure units have free egress and are nonsecure.

Report completed By: Monaie Hebert – Senior Detention Facility Inspector

Signature:

Monaie Hebert