



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:

Nexus-Mille Lacs Family Healing, Willow Trails GH

Address: 3290 165th Lane NW, Andover, MN 55304

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Peter Zimprich – Detention Facility Inspector **Inspected on:** 05/07/2025

Inspection Method: Scheduled on-site inspection May 7-8, 2025.

Officials Present During Inspection: Executive Director Shannon Amundson; Program Manager Angi Decheine; Quality Improvement Coordinator Stacie Valentine

Officials Present for Exit Interview: Executive Director Shannon Amundson; Program Manager Angi Decheine; Quality Improvement Coordinator Stacie Valentine

Issued Inspection Report to: Executive Director Shannon Amundson; Program Manager Angi Decheine; Quality Improvement Coordinator Stacie Valentine

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	349	337	12

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 06/01/2025 **Ends On:** 05/31/2027 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 05/31/2026

Delinquent Juvenile Hold Approval: **Certificate Holder:** Nexus
312 Elm Street S
Onamia, MN 56359

Special Conditions:

Approved Capacity Details **Operational Capacity is calculated as a percent of Approved Capacity beds.*

Bed Type	Gender	Approved Capacity	Effective Date	%Operating Capacity	Operational Capacity	Pre 96 LTSR	Post 96 LTSR	Bed Details	Conditions
Restrictive Technique Services	Female	14	1/1/2004	100	14.00	0	0		

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 12

1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.. 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.

Inspection Findings:

Two of five resident files reviewed were not compliant. Resident file #2 did not have a completed health screening on file. Resident #4 was admitted on 10/7, but the health screening was not completed until 10/9.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding health screens.

Response Needed By:

2. 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:

Two of five resident files reviewed did not identify the resident's history of abuse and vulnerability to abuse, and the most recent physician's and clinic's name, address, and telephone number.

Corrective Actions:

Immediately and on an ongoing basis the license holder must comply with all 2960 standards regarding health screens

Response Needed By:

3. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.D.. 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. D. The screenings must include documented inquiries and the results of the inquiries regarding the degree to which the resident's family desires to be involved during the resident's stay at the facility. The resident and resident's family response must be documented.

Inspection Findings:

The license holder's intake process does not include documentation of degree of involvement identified from family and resident

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding resident screening.

Response Needed By:

4. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.1.. 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). (1) The license holder must contact a newly admitted resident's prescribing medically licensed person to verify the following information regarding prescribed medication: (a) instructions about how the medication must be administered; (b) the symptoms that the medication will alleviate; and (c) the symptoms that would warrant consultation with the physician.

Inspection Findings:

The license holder does not have a process in place to contact resident's prescribing medically licensed person to verify instructions about how the medication must be administered, the symptoms that the medication will alleviate, and the symptoms that would warrant consultation with the physician when a resident is admitted.

Corrective Actions:

Immediately and on an ongoing basis the license holder must establish and follow a process for contacting a newly admitted resident's prescribing medically licensed person to verify instructions about how the medication must be administered, the symptoms that the medication will alleviate, and the symptoms that would warrant consultation with the physician.

Response Needed By:

5. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 11.D.4.. 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). (4) The license holder must document and follow the prescribing physician's directions for monitoring medications used by the resident.

Inspection Findings:

In review of medication records, several medication sheets showed that residents refused medications with no follow-up documentation. Resident #1 missed 38 doses of their medication., Resident #2 missed 13 doses of their medication, and Resident #3 missed 25 of 36 scheduled doses of their medication. Resident #4 had an active prescription but no medication sheet on file, resulting in failure to document and follow the prescribing physician's directions for monitoring medications used by the resident.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding monitoring medications used by the resident.

Response Needed By:

6. 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:

In review of medication administration processes from January 2024 through October 2024, the license holder did not have a medically licensed person provide consultation and review of the license holder's administration of medications at least monthly.

Corrective Actions:

This was corrected prior to inspection and no further corrective action needed at this time.

Response Needed By:

7. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 14.d.. Emergency plan.

The plan must specify responsibilities assumed by the license holder for assisting a resident who requires emergency care or special assistance to a resident in emergencies. The license holder must review the plan with staff and residents at least once every six months.

Inspection Findings:

The license holder did not meet the requirements of reviewing the emergency plan with residents and staff every 6 months as required.

Corrective Actions:

Within 30 days of receipt of this inspection report the license holder must submit a plan for reviewing their emergency plan with staff and residents which must meet the requirements of MN Rule 2960.

Response Needed By: 07/23/2025**8. 2960.0080 FACILITY OPERATIONAL SERVICES, POLICIES, AND PRACTICES. Subpart 6.2.. Daily resident activities.**

The license holder must know the whereabouts of each resident.

Inspection Findings:

A review of the license holder's daily count sheets did not accurately identify the whereabouts of the residents or which staff was supervising them. For example, one record said all residents were in the house, but some of the residents were at the YMCA with a staff member. In this case the staff person signing the count sheet was not at the same location as the residents identified on the count sheet.

Corrective Actions:

Within 30 days of receipt of this report, the license holder must submit a plan that identifies how the license holder will ensure all residents are accurately accounted for at all times.

Response Needed By: 07/23/2025**9. 2960.0090 DISCHARGE AND AFTERCARE. Subpart 3. Return of resident's property.**

The license holder must return all of the resident's personal property to the resident along with a signed receipt upon discharge, unless prohibited to do so by law or case plan. Discrepancies between the resident's inventoried property turned over to the facility at admission and the property returned to the resident at discharge, and the resolution of the discrepancy, must be documented by facility staff.

Inspection Findings:

Two of two resident discharge files reviewed did not contain signed receipt upon discharge for returned personal property.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding return of resident's property.

Response Needed By:**10. 2960.0190 DISCHARGE AND AFTERCARE. Subpart 1.C.. Discharge.**

The license holder must meet requirements of items A and B. C. The license holder must give written notice of the resident's projected discharge date to: (1) the resident; (2) the resident's case manager and parent, if permitted, or legal guardian; (3) the providing school district; and (4) the school district the resident will go to, if known.

Inspection Findings:

One of two resident discharge files reviewed did not include written notice of the resident's projected discharge date.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding written notice of projected discharge.

Response Needed By:**11. 2960.0560 PERSONNEL STANDARDS. Subpart 5. Individual staff development and evaluation plan.**

The license holder must ensure that an annual individual staff development and evaluation plan is developed and implemented for each person who provides, supervises, or directly administers correctional program services. The plan must: A. be developed within 90 days after the person begins employment and at least annually thereafter; B. meet the staff development needs specified in the person's annual employee evaluation; and C. ensure that an employee who provides, supervises, or directly administers program services has sufficient training to be competent to deliver the correctional services assigned to the employee.

Inspection Findings:

One of five staff files reviewed showed that the individual staff development and evaluation plan was completed later than required timeline.

Corrective Actions:

Immediately and on an ongoing basis, the license holder must comply with all requirements for individual staff development and evaluation plans.

Response Needed By:

12. 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, including strip searches and resident-assisted searches; E. escort of residents outside security area; F. when residents are not under direct supervision, conducting well-being checks at least once every 30 minutes, as direct supervision and well-being checks are defined under part 2960.0720, subpart 3; 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.) A review of well-being checks and discussion with the license holder revealed the license holder did not complete well-being checks as required in numerous capacities.

*The common practice of required well-being checks not being completed between 9:00 PM and 10:30 PM.

*Overnight well-being checks regularly exceeded the 30 minute time requirement.

* On May 06, 2025 a resident was on sick bed (not under direct supervision) with no well-being checks documented for the resident during the day.

*A review of camera footage revealed overnight staff members were not completing well-being checks in a manner that a reasonable person could ensure that the resident is present and alive; and identify whether the resident is experiencing visible or audible distress.

J.) The facility allowed residents unsupervised access to items containing alcohol, which may be harmful or misused; spray air fresheners were left out on bathroom sinks where residents could access them without staff supervision and one resident was also allowed to keep mouthwash containing alcohol as the second listed ingredient in a shared bedroom.

Corrective Actions:

F.) Within 30 days of receipt of this inspection, the license holder must re-train all staff on well-being checks to meet 2960 requirements and submit the documentation of training completion to MN DOC.

J.) Immediately and on an ongoing basis, the license holder must comply with all 2960 standards regarding Hazardous substances.

Response Needed By: 07/23/2025**INSPECTION COMMENTS****JJDPA Compliance**

This is a nonsecure facility.

Report completed By: Peter Zimprich – Detention Facility Inspector

Signature: *Peter Zimprich*