



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:

The Bridge Residential Facility LLC

Address: 34490 S Pughole Lake Road, Grand Rapids, MN 55744

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Peter Zimprich – Detention Facility Inspector

Inspected on: 07/23/2025

Inspection Method: The biennial facility inspection was a scheduled on-site inspection.

Officials Present During Inspection:

Officials Present for Exit Interview:

Issued Inspection Report to:

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	350	342	8

TERMS OF OPERATION

Authority to Operate: **Begins On:** 09/01/2025 **Ends On:** 08/31/2027 **Facility Type:** Non-Secure Juvenile Residential Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 08/31/2026

Delinquent Juvenile Hold Approval: **Certificate Holder:** Sarah Trombley
34490 S. Pughole Lake Road
Grand Rapids, MN 55744

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	Male	9	10/2/2023	100	9.00	0	0	Ages 11-21.	

RULE COMPLIANCE DETAILS

Chapter 2960 - Mandatory Rules Not In Compliance

Total: 8

1. 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:

Two of four resident files reviewed did not contain resident and staff signatures on inventories.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding inventory and handling of resident property.

Response Needed By:

2. 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:

Four of four resident files reviewed did not contain resident's desires for family involvement during the resident's stay.

Corrective Actions:

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

Response Needed By:

3. 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:

Four of four resident files reviewed did not contain verification of the symptoms that would warrant consultation with the physician.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding health and hygiene services.

Response Needed By:

4. 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 does not review their emergency plan with staff and residents every six months.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must submit documentation showing that the emergency plan has been reviewed with both staff and residents. The emergency plan must meet the requirements in MN rule 2960.

Response Needed By: 09/14/2025

5. 2960.0140 QUALITY ASSURANCE, IMPROVEMENT, AND PROGRAM OUTCOMES. Subpart 1. Resident and family satisfaction survey.

A. The license holder may ask the commissioner of human services or corrections for permission to use a random sample of residents, parents, and guardians. At a minimum, the license holder must attempt to survey each released resident, the resident's parents or legal guardians and custodians, and the referring agency regarding the license holder's satisfaction with the services in subitems (1) to (7): (1) daily care and support of the resident during the resident's stay, including recreation, food, sleeping accommodations, general care, and emotional support of the resident; (2) the accuracy, usefulness, and appropriateness of the screening and assessment of the resident's physical and emotional well being and functioning; (3) provisions for the resident's safety; (4) support of the resident's regular and special education, related services, and support for implementing the resident's individual education plan; (5) support of obtaining needed medical, dental, mental health, and other services identified in the resident's screening and assessments or otherwise observed or reported by staff or other persons involved with the resident's care; (6) the positive and negative effects on the resident and the resident's family of the treatment offered to the resident, such as mental health, chemical dependency, or sex offender treatment; and (7) support of family and community reintegration, if appropriate. B. The results of each resident's survey must be available on file in the facility for review for at least two inspection cycles.

Inspection Findings:

The license holder does not attempt to survey the referring agency regarding satisfaction with services.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding resident and family satisfaction surveys.

Response Needed By:

6. 2960.0550 PROGRAM CERTIFICATION APPROVAL. Subpart 4.D.. Minimum criteria for certification.

The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents. The plan must include at least the following requirements: (1) regulations that are reasonable/necessary to protect the facility's security & the resident's welfare; (2) at least two hours daily of organized and supervised physical exercise and recreational activities and leisure time activities for residents, excluding time spent watching television. Organized and supervised physical exercise and recreational activities include preplanned exercise or activities that are supervised and directed by qualified or trained staff; (3) provisions for indoor space and equipment for active recreation; and (4) provisions for outdoor recreational space, equipment, and supportive staff for outdoor recreational program services.

Inspection Findings:

The license holder does not document the provided exercise and recreation.

Corrective Actions:

Within 30 days of receipt of this inspection report, the license holder must submit a recreation schedule to the DOC. The schedule must comply with the requirement of MN rule 2960.

Response Needed By: 09/14/2025

7. 2960.0560 PERSONNEL STANDARDS. Subpart 3. supervision of treatment.

The program director must: A. supervise the development of each resident's individual treatment plan; B. be involved in the resident's treatment planning process and sign the resident's individual treatment plan; C. supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress; and D. document on a biweekly basis a review of all the program services provided for the resident in the preceding week.

Inspection Findings:

Four of four resident files reviewed did not contain documentation of biweekly reviews of the program services.

Corrective Actions:

Immediately and on an on-going basis, the license holder must comply with all 2960 standards regarding supervision of treatment.

Response Needed By:

8. 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:

Wellbeing checks are not properly documented.
Per conversation with license holder wellbeing checks are not consistently done on a 30 minute interval.

Corrective Actions:

Within 30 days of receipt of this report the license holder must submit a plan to follow 2960 requirements regarding well-being checks.

Response Needed By: 09/14/2025

INSPECTION COMMENTS

Facility was provided technical assistance on implementation of board of directors, and updating policy and procedures manual.

JJDP A Compliance

This is a nonsecure program

Report completed By: Peter Zimprich – Detention Facility Inspector

Signature: Peter Zimprich