



STATE OF MINNESOTA
DEPARTMENT OF HUMAN SERVICES
CENTENNIAL OFFICE BUILDING
ST. PAUL, MINNESOTA 55155

February 23, 1987

CERTIFIED MAIL

Florer Davis, Acting Chief Executive Officer
Brainerd Regional Human Services Center
East Oak Street
Brainerd, MN 56401

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Dear Mr. Davis:

Pursuant to Minnesota Statutes, section 245.801, subdivision 3, 4, and 5 (1984), the Commissioner of Human Services is issuing you a license and making it probationary until January 1, 1988. This notice of probation results from substantiated non-compliance with Minnesota Rules, parts 9525.0210 through 9525.0430 and 9555.8000 through 9555.8500 which were documented during the licensing review of November 3, 4, 5, 6, and 7, 1986.

The following violation(s) of state and (or) federal laws and rules were observed. Corrective action for each violation is required by Minnesota Statutes, section 245.805, and is hereby ordered by the Commissioner of Human Services. Failure to correct the violations within the prescribed amount of time may result in fines and/or action against your license, as provided for in Minnesota Statutes, sections 245.801 and 245.803.

To assist you in complying with the correction orders, a "suggested method of correction" may be included for any or all of the violations cited. Please be advised that a "suggested method of correction" is only a suggestion and you are not required to follow the "suggested method of correction." Failure to follow the "suggested method of correction" will not result in a fine or an action against your license. However, regardless of the method used, you are required to correct the violation(s) within the prescribed amount of time.

1. Citation: Minnesota Rules, part 9555.8200, subpart 2.A. PROGRAM ABUSE PREVENTION PLAN. Plan Contents.

Violation: The facility did not have a program abuse prevention plan assessing the population, environment, and physical plant of each site (building). The one existing plan was campus-wide and did not include:

- a. population assessment of mental functioning;
- b. knowledge of previous abuse situations;

- c. physical plant assessment factors of condition and design of buildings and areas difficult to supervise;
- d. environmental assessment of staffing patterns, and timetable for corrective action or any areas identified as contributing to susceptibility of abuse/neglect.

Time Frame for Correction: Evidence that these violations have been corrected must be received by April 1, 1987. Evidence of correction must include: a) copies of the program abuse prevention plan for each building; b) documentation that the plan for each building has been posted in the building; c) documentation that mandated reporters have been given orientation regarding the contents and location of the plan for the building.

- 2. Citation: Minnesota Rules, part 9555.8300, subpart 1. **INDIVIDUAL ABUSE PREVENTION PLAN.** Requirement.

*Abuse Prevention Plan - - -
Must each plan be different?
Why?*

Violation: Individual abuse prevention plans were missing or inadequate. Individual abuse prevention plans were not based on the individually assessed needs and vulnerabilities of each resident. Thirty-five out of 35 records that were sampled in Buildings 1AA, 3, 6, 7, 10, 17, and 19 had portions of the plan that included identical statements of areas of individual vulnerability and identical individualized plans for preventing abuse. This type of pro forma planning does not meet the standards for individualization required by Minnesota Rules and Law.

Examples of this violation include:

Resident J. M. has no history of problems related to injuries associated with the use of aversive and deprivation procedures. However, J. M. has an individual abuse prevention plan addressing this nonexistent problem. This is a result of using duplicate "individual" abuse prevention plan.

Resident E. T. (Building 17) did not have an individual abuse prevention plan.

Time Frame for Correction: Evidence that each of these violations of Minnesota Rules, part 9555.8300 have been corrected must be received by June 1, 1987. In addition each resident shall have an individual plan developed at the next annual review by the interdisciplinary team. Three plans shall be submitted quarterly for the next year to document compliance.

- 3. Citation: Minnesota Rules, part 9555.8300, subpart 2.A., and B. **INDIVIDUAL ABUSE PREVENTION PLAN.** Plan contents.

Violation: Accident/incident reports have not been reviewed for patterns of possible abuse or neglect. For examples:

- a. In September of 1986, in building 7, 26 accident/incident reports were submitted. The majority of the 26 incidents involved resident H. both as victim and as perpetrator. Resident L. was frequently a victim, and resident D. was frequently a perpetrator. This pattern of incidents was not identified and investigated as an area of vulnerability.
- b. Resident #1974, in unit 10B, had ten documented incidents of engaging in "self-stimulatory" behavior which resulted in at least minor injuries (i.e., blisters, broken skin, bloody nose) between December 30, 1985 to September 18, 1986. The resident's individual abuse prevention plan did not identify the behavior as posing a risk of possible self-injury.

Time Frame for Correction: By April 1, 1987, submit evidence that accident/incident summaries of January and February of 1987, have been reviewed for patterns of injuries that may indicate possible abuse or neglect, and specify the actions that will be taken to remedy identified problems. This type of review must be conducted on a monthly schedule.

4. Citation: Minnesota Rules, part 9555.6400, subpart 2. INTERNAL REPORTING AND INVESTIGATION SYSTEM AND RECORDS. Reporting.

Violation: Vulnerable adults incidents of probable abuse or neglect are not being reported promptly. Examples of situations not being reported are:

- a. Resident W.E. 19B, was involved in an incident on October 16, 1986, in which he was left unattended and fell from a wheelchair. On October 17, 1986, he was found to have a broken clavicle. No seat belt was in use at the time of the incident. This incident was not reported immediately as a possible case of neglect. Interviews with staff members revealed that seat belts are still not being used because the resident is resistive. Further, there is not a program in place to reduce the resident's resistive behaviors.
- b. On September 22, 1986, resident J.S. received rugburns. An incident report described them as "Four large rugburns, probably from being put in the out." Further notes indicate abrasions, "6x3 inches, left lumbar, 4x2 inches, right lumbar, 2x2 1/2 inches left scapular, and a few scattered."

Time Frame for Correction: Beginning immediately, report any injury which may reasonably be suspected to result from failure to provide adequate health care or supervision. These vulnerable adult reports must be made at the time of the injury.

By April 1, 1987, submit evidence that all mandated reporters have been informed of this procedure.

5. Citation: Minnesota Rules, part 9555.8500, subparts 1 and 2.
PERSONNEL REQUIREMENTS. Orientation of reporters. Training.

Violation: New staff are not oriented within 72-hours of employment to all applicable requirements of Minnesota Statutes, section 62C.557, and Minnesota Rules, parts 9555.8000 through 9555.8500.

Time Frame for Correction: Beginning immediately new employees must receive orientation to the statute, the rule, the program abuse prevention plans, investigation and reporting system within the required timelines.

6. Citation: Minnesota Rules, part 9555.8500, PERSONNEL REQUIREMENTS.

Violation: A training tape developed by the facility and used in the orientation and annual training of mandated reporters contained inaccurate and incomplete information:

- a. The rule (9555.8000 through 9555.8500, formerly Rule 10) was referred to as "Rule 9."
- b. Definitions of abuse and neglect were not revised to include amendments to the law that were enacted in 1985.
- c. It was not made clear that mandated reporters could also report directly to agencies outside of the Regional Human Services Center.
- d. It was inaccurately stated that an injury occurring as a result of an approved program is exempt from reporting.
- e. It was inaccurately implied that no one would see the reports of abuse or neglect. The Division of Licensing, Office of Health Facilities Complaints, sheriff's office, and the local social service agency have access to such reports.
- f. The training film emphasizes reporting and protection of the reporter. Very little information is provided regarding the program abuse prevention plan, the individual abuse prevention plan, or the protection and rights of the vulnerable adult.

Time Frame for Correction: By May 1, 1987, submit revised training materials which accurately and completely cover all requirements of Minnesota Rules, parts 9555.8000 through 9555.8500 (Rule 10).

7. Citations: Minnesota Rules, parts 9525.0280, subpart 9. Behavior Problems; and 9525.0280, subpart 10. Appropriate Management of Behavior in the Living Unit.

Violation: A review of resident records shows a general pattern of over-reliance on the use of aversive programming as a behavior control intervention. In particular, "papoose boards" and seclusion are in frequent use.

Records and interviews with direct care staff showed that: (a) use of mechanical restraints frequently result in injuries to residents; (b) in some cases, restraint or seclusion is used as a punishment rather than a means of controlling behavior that is self-injurious, life-threatening, or aggressive; (c) aversive interventions are seldom used in conjunction with effective positive programs to supplant inappropriate behaviors with appropriate behaviors; (d) frequently the maximum amount of time authorized for restraint or seclusion interventions is, in practice, the minimum amount of time that residents are subjected to restraint and seclusion.

Time Frame for Correction: By April 1, 1987, review records for patterns of injury related to the use of "papeoose boards" and other restraints and present the resulting information to the Human Rights Review Committee. Submit a copy of this information to the Division of Licensing for review and recommendation. At a minimum, the Human Rights Committee must recommend procedures for evaluating aversive and deprivation programs and set monthly targets for reductions in the frequency and duration of use of aversive and deprivation procedures in each unit where these interventions are used. A schedule of monthly reduction targets must be developed for a 12-month period and approved by the DHS Mental Retardation and Protective Services Divisions. A copy of the approved schedule must be received by the Division of Licensing no later than May 1, 1987. Monthly reports comparing actual performance against reduction targets for each unit must be received by the Human Rights Review Committee and the Division of Licensing by the fifteenth of the following month.

- e. Citation: Minnesota Rules, part 9525.0280, subpart 14. Behavior Modification; and 9525.0310, subpart 4. Training for Residents; and 9525.0320. Developmental and Remedial Services.

Violations: Program objectives are either incomplete, poorly conceived or lacking in many of the records reviewed. For example:

- a. Client #4255 in building 9 has a "recreation activation component for rotation system" program which says "see addendum for criteria and list of leisure/recreation programs" but no addendum was included. The program was contingent upon availability of money at the end of the fiscal year.
- b. The behavior program for resident #1531 in building 7D has a written procedure/description/methodology dated January 1985. It was stated by staff that several revised procedures had been implemented, but were not in written program plans nor were they available to all staff who worked with the resident.
- c. Goal #10 for resident #1531, stated "to continue acquisition of self-care skills, to independently wash her face." The procedures/methodology located in the record was for a program to teach the resident to wash her hands.

- d. During observations of lunch in Unit 7C, on November 5, 1986, it was noted that resident #1544 brought his spoon to his mouth several times, but the spoon did not have food on it. Four times the resident used his right hand to grasp the food and to put it in his mouth. A staff member to the resident's immediate right saw him grasp the food and put it in his mouth, but did not respond. The staff member stated that the resident did not have a program to teach him independent eating skills.
- e. Resident P.P., in Building 19.D. has a communication goal utilizing an electronic communication device as part of her daytime educational program in public school. The residential program did not have a communication program.
- f. In Building 17D, four of eleven living unit goals for resident M.K. were not being implemented. Only two out of eleven were being recorded on a daily basis.

Time Frame for Corrections: By June 1, 1987, submit evidence that program plans have been revised as necessary and implemented as written, for each of the examples listed in the above violation. Beginning March 1, 1987, and on an ongoing basis as annual reviews occur, review program plans for completeness and relevance to the needs of the residents.

9. Citations: Minnesota Rules, part 9525.0340, subpart 1. Formulation of Individual Plans by the Interdisciplinary Team.

Violations: Program plans were developed without the full participation of the interdisciplinary team. Program plans were not developed on an individual basis. For example:

- a. In building 9, many residents' individual plans contained identical recreational programs: pet care, gardening, "prosocial" programs, "recreation activation component for building rotation system" or "participation in activities and utilization of facility and community resources" programs.
- b. In Unit 17D, many residents' individual plans contained identical community integration programs: seatbelt program, public restroom identification program, purchasing program, and crosswalk program. Two of the annual goals for E.T. were not identified as needs by the IDT on April 9, 1986. No frequency of implementation was stated. Actual implementation was infrequent due to lack of opportunity according to log entries. An objective to learn croquet contained no planned frequency of implementation, and had not been implemented. Although the resident refused to participate, the objective had not been reviewed or rewritten.
- c. In Building 7D, resident #1531, had a "canned" program objective to teach sanding skills, however the blanks specifying program implementation had not been completed.

- d. In Building 7B resident #3120 had four new programs added to the individual program plan without IDT input; resident #1815 had similar objectives added to the plan without IDT input. Staff stated that goals and objectives are implemented, revised, and discontinued without IDT input.

Time Frame for Correction: Beginning March 1, 1987, and on an ongoing basis as annual reviews occur, develop program plans which relate to individual needs. Submit three individual program plans for review by May 1, 1987.

10. Citation: Minnesota Rules, parts 9525.0310, subpart 4, Training for Residents and 9525.0320, Developmental and Remedial Services.

Violation: Adaptive equipment and positioning devices on the units serving multihandicapped individuals are minimal. For example, intermittent observations were made in Unit IAA over a three day period. No examples of residents being positioned were observed, except on a mat or waterbed. No examples of residents using adaptive eating equipment were observed.

Staff explained that the recently hired therapist who serves these residents is on leave and has not been available for a few months. Occupational therapy and physical therapy services must be provided continuously for this population.

Time Frame for Correction: By May 1, 1987, submit recent (within the last 12 months) assessments by qualified therapists for all residents of unit IAA. Recommendations made by the assessors must be implemented by the facility.

11. Citation: Minnesota Rules, part 9525.0280, subpart 2. Staff/Resident Relationships and Activities, Staff Responsibilities; and 9525.0390, subpart 1. Staff Assignments; and 9525.0410, Staffing Needs.

Violation: Living Unit staff did not devote their attention to the care and development of the residents; staff were not appropriately qualified to meet the identified needs of the residents. For example: In Unit IAA, on two successive mornings, one staff person was in the small day room with seven to eight residents lying on one waterbed and one table-height mat. The only staff person in the room on one morning was doing paperwork at a table, and explained that she was not physically able to lift and reposition residents. On the second morning the staff person was doing a crossword puzzle. The only stimulation was a television set that, due to positioning of some residents, was outside of their field of vision. The staff person present was not interacting with residents at the time of the observations.

In Building 7 many of the residents seen were observed engaging in maladaptive self-stimulation behaviors. Active treatment was not observed and staff/resident interactions were minimal.

Time Frame for Correction: By May 1, 1987, conduct a review of the needs of the residents of Units 1AA and Building 7 and evaluate staffing patterns and staff training to meet residents' needs. Submit evidence that the staffing pattern, skills of staff on duty and staff supervision is adequate to meet the needs of all these residents.

12. Citation: Minnesota Rules, part 9525.0390, subpart 1, Staff Assignments; and 9525.0410, Staffing Needs.

Violations: Instances were noted in which staff were called away from resident care duties, leaving residents with inadequate staff coverage. For example: a) On November 5, 1986, the staff in Unit 17D were conducting an investigation of alleged abuse leaving too few staff to take residents on an outing that had been planned for some time. Staff persons that were interviewed said that this frequently happens; b) When emergency buzzers go off, signaling that staff assistance is needed in one unit, frequently the result is a critical shortage of staff in one of the other units; c) In Units 19B and 19E evening meals were disjointed because foster grandparents and senior citizens assigned to help feed residents were on a break, leaving three staff persons to provide assistance to the entire group. Staff interviews, as well as documentation of time actually worked, reveal a pattern of frequent staff absence from duty with no evidence of a plan to manage a predictable need for substitute staff.

Time Frame for Correction: By June 1, 1987, conduct a study of staff deployment, including interruptions, on all units, and submit a plan for staff deployment that results in staff-resident ratios adequate to serve the needs of the residents. The plan must take into consideration patterns of absenteeism.

13. Citation: Minnesota Rules, part 9525.0280, subpart 3, Program Plans; and part 9525.0330, subpart 1, Annual Assessment.

Violations: In Buildings 9 and 10, six of ten records reviewed showed that the assessment forms (MDPS) were unsigned. Consequently, it could not be determined if living unit staff participated in the behavioral assessments of the residents. In buildings 17 and 19 there was no documentation of the participation of the residents and/or parents in the behavioral assessment. In Building 17, residents D.O. and B.K. scored so high in most test categories that the test did not provide adequate information for development of program plans. Nonetheless, it was used as a basis for developing the individual program plans.

Time Frame for Correction: By June 1, 1987, submit documentation that: a) procedures related to the annual behavioral assessment have been reviewed and revised; b) a means of keeping records of all persons who participated in the assessment has been implemented and an evaluation of assessment instruments has been conducted. Procedures have been implemented to ensure that the selection of an assessment instrument is appropriate for the functioning level of the resident and that the assessment will result in identification of functioning skill strengths and deficits.

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Suggested Method of Correction: It is strongly suggested that the Regional Human Service Center request technical assistance from the DHS Mental Retardation Division in correcting this violation.

14. Citation: Minnesota Rules, part 9525.0280, subpart 4. Rhythm of Life, Age Appropriateness.

Violation: There was a lack of chronologically age-appropriate equipment in some buildings.

Children's supplies

Building 7 houses adults and young adults. In Unit 7C, children's puzzles were observed on two tables in the recreation room. In Unit 7 (DAC) there were crayons on a table with a child's coloring book.

In Unit 7C adult residents were observed playing with children's puzzles and singing children's songs.

In Building 19B, there are many toys, stuffed animals, and children's books that are not chronologically age-appropriate for the residents. In many units, staff routinely refer to adult residents as "kids."

Time Frame for Correction: By May 1, 1987, submit a plan that will result in the replacement of the facility's inappropriate equipment and activities with chronologically age-appropriate equipment and activities by January 1, 1988.

15. Citation: Minnesota Rules, part 9525.0330, subparts 5, 6 and 9. Assessment of Resident.

Violation: Assessments were not consistently completed as required. For example: Resident J.F. in Unit 1AA is nonverbal, but has not had a language assessment since 1977. Her physical/motor assessment which was due in September 1986 and her hearing assessment which was due in October 1986, were not completed. The dietary assessments were conducted every six months rather than every 90 days.

Time Frame for Correction: By April 1, 1987, submit evidence that the above cited assessments have been completed. At the time of each person's annual review in this unit, document the completion of each appropriate assessment.

16. Citation: Minnesota Rules, parts 9525.0320, subpart A. Developmental and Remedial Services and 9525.0340, subpart 2. Program and Treatment Plan. Developmental services.

Violation: Day program staff are going to the living units daily to teach hygiene and grooming. Although it is appropriate to teach these skills where they typically occur (i.e., the living unit) the teaching of these skills in the living unit as a part of the day program is not appropriate. Examples of appropriate domains of skill development for the day program would be intellectual, physical, affective, social, and vocational domains.

Time Frame for Correction: By June 1, 1987, submit to the evidence that domestic skills are taught during "residence" hours, and that age appropriate and functional intellectual, physical, affective, social, and vocational skills are taught in the day programs or in the community. (It is understood that the described practice was implemented in an attempt to provide appropriate functional training.)

17. Citation: Minnesota Rules, part 9525.0210, subpart 4; and 9525.0340, Interdisciplinary Team (IDT), Composition.

Violation: There was evidence that IDT meetings were held without resident participation and without written justification for the resident's absence. For example:

- individual
not in
attendance*
- a. The annual team meeting for resident #1531 was held and the resident was not in attendance.
 - b. It was documented that resident #1830 was not in attendance; the resident was attending habilitative services training during the annual team meeting on August 15, 1986. There was no documentation regarding contraindications for attendance. Staff interviews did not reveal any reason why the resident should be absent.
 - c. Resident R.L. did not attend his annual team review on June 10, 1986. The reason given was that he was working at a paid job and chose to work. There is no evidence that efforts were made to arrange the meeting at a time when the resident was able to attend.

Time Frame for Correction: By April 1, 1987, provide evidence of a revised policy and procedure requiring resident participation in the IDT, unless there is written documentation that participation is contraindicated or another legitimate reason existed for the resident's absence; and provide evidence that the policy and procedure have been communicated to all program staff.

Suggested Method of Correction: The new policy could instruct staff that team meetings are to be arranged for convenience of all team members, including the resident. Possible conflicts with day programs and work programs could be anticipated and meetings could be scheduled to avoid conflicts.

18. Citation: Minnesota Rules, part 9525.0260; subpart 2. Living Unit; and 9525.0270, subpart 3. Design of Toilet Areas.

Violation: A lack of privacy was noted in some toilet areas. For example:

- a. Curtains do not close or are absent in Unit 7D.
- b. There are no curtains for the shower area adjacent to the toileting areas in Unit 7D.

- c. Urinals can be seen from the hallway in Units 7D and 7B.
- d. There was no toilet paper or paper towels in the bathroom area in Building 7.
- e. There was no toilet paper in Unit 9B. One stall in Unit 9C had no toilet paper.
- f. In Building 19D the bathtub and shower area contained three curtains that were too short to afford privacy. The door from the living room to the bathing area was not always closed when the room was in use.
- g. In Building 8 the bathroom areas do not allow for privacy in the stool areas, the shower trolley areas, and changing areas. The hallway door to the sit-down shower only locks from the hallway side. There are no curtains in front of the stool areas. There is no curtain around the shower trolley area. There are no designated changing areas or other areas in the bathroom that allow privacy.

Time Frame for Correction: By April 1, 1987, submit a plan to provide privacy and appropriate supplies in all bathing and toileting areas. This plan must result in the correction of all violations by June 1, 1987.

Suggested Method of Correction: The management and maintenance personnel in each building could conduct an inspection of bathing and toileting areas, and develop a list of items needed to provide privacy and adequate supplies in all areas. These items could be designated as high priority in physical plant maintenance projects.

If resident behavior (e.g., stuffing toilets with paper) has been the reason for unavailability of supplies, program plans could be developed to teach appropriate use of supplies.

19. Citation: Minnesota Rules, part 9525.0260, subpart 2. Living Unit and 9525.0270, subpart 2. Design of Bedrooms.

Violation: In Building 7B observations revealed a private bedroom being used for storage of material that did not belong to the resident.

Time Frame for Correction: By April 1, 1987, submit evidence that all bedrooms are private and home-like and allow the resident free use of space.

20. Citation: Minnesota Rules, part 9525.0260, subpart 2. Grouping and Organization of the Living Unit, Locked Doors.

Violation: The physical plant was not home-like and accessible; locked doors were in frequent use without accompanying program plans to teach residents behaviors that would result in elimination of locked doors.
For example:

- a. In Buildings 6 and 7, hall bathrooms were only accessible to staff who had keys.
- b. Wardrobes in Unit 7B were locked with sliding bolts. Residents must request a key from staff to have access to their private belongings. The reason given for the locks is to protect residents' clothing from stealing. However, there were no formal programs to reduce stealing and teach appropriate use and care of clothing; residents did not have keys to their own wardrobes to permit access to personal possessions.
- c. In Buildings 6, 7, and 9 personal hygiene possessions and grocery supplies were locked, preventing resident access.
- d. Building 17 contains a locked kitchen, locked shower/bath area, toilet articles locked in drawers or cabinets, and outside doors are locked preventing exit. The policy on locked doors states that they are locked when weather is 35° or less. There were no individualized programs in place to teach behaviors that would make the locked doors unnecessary.
- e. In Building 17D toothbrushes are locked in the medical station and other toilet articles are locked in the tub area restricting resident access to personal toilet articles.

Time Frame for Correction: Identify where locked doors are being used and evaluate the current need for these locked doors. Either remove locks, or, if locked doors are required to protect the health or safety of residents, develop individual program plans to address the behaviors that make the continued use of locked doors necessary. New individualized programs must be incorporated into each resident's individual program plan by July 1, 1987. Submit the results of the evaluation to the Division of Licensing April 1, 1987.

Suggested Method of Correction: In cases where a clear and present danger to all residents require the use of locked doors, a description of the circumstances should be incorporated into a program abuse prevention plan. If doors are locked because of inappropriate behavior by some residents, there must be accompanying individualized program plans designed to teach residents the appropriate living skills that will eliminate the need for locked doors.

21. Citation: Minnesota Rules, part 9525.0270, subpart 2. Design of Bedroom; and 9525.0280, subpart 2, Home-Like Environment.

Violation: There is a lack of home-like atmosphere in a number of buildings or units throughout the campus. For example:

- a. The walls in building 7 were generally bare. There was also a musty odor, particularly in unit 7C.

Time Frame for Correction: By May 1, 1987, evaluate each living area and bedroom and make a specific determination of actions needed to improve the home-like quality and submit a plan for any areas identified as needing improvement. This plan must result in completion of the home-like quality improvements by January 1, 1988.

22. Citation: Minnesota Rules, part 9525.0290, subpart 6. Communication Process.

Violations: In Buildings 17 and 19, residents did not have access to a telephone for outgoing local calls. The residents are required to walk outside to use the pay phone in Building 1 for personal calls. The office phones in buildings 17 and 19 are restricted to emergency and business use.

Time Frame for Correction: By April 1, 1987, provide evidence of normal access to telephones for residents of this unit.

23. Citation: Minnesota Rules, part 9525.0340, subpart 1.B. Consideration of Civil and Legal Rights.

Violations: In all of the records reviewed there was no documentation that the IDT considered the proper exercise of the residents' and parents' civil and legal rights.

Time Frame for Correction: By April 1, 1987, submit evidence that residents and parents civil and legal rights will be considered and documented at each annual team review.

Suggested Method of Correction: The interdisciplinary team could discuss any limitations of access to personal possessions, personal funds, community resources, freedom of movement, and other constraints due to program implementation.

24. Citation: Minnesota Rules, part 9525.0340, subpart 1.F. Consideration of the Need for Guardianship.

Violations: In all records reviewed in Buildings 6, 7, 9 and 10, there was no evidence in the record to indicate that the IDT had considered the need for continued guardianship or conservatorship or restoration to capacity of the resident. There was no evidence showing the rationale to support the team's decision.

Time Frame for Correction: Beginning March 1, 1987, and on an ongoing basis as annual reviews occur, the interdisciplinary team of each resident shall document the rationale for the need for guardianship, conservatorship, or restoration to capacity of the resident.

25. Citation: Minnesota Rules, part 9525.0430. Resident Records.

Violation: Information contained in the residents' records was not always handled in accordance with the Government Data Practices Act.

The following are examples of individual records which contain incident reports revealing the name of more than one resident:

- a. Building 7C, resident #1830.
- b. Building 6C, resident #1619.
- c. Building 6B, resident #393.
- d. Building 6F, resident #2979.
- e. Building 7D, resident #1531.
- f. Building 7F, resident #1815.
- h. In Unit 6C, resident #894.

Time Frame for Correction: By May 1, 1987, submit evidence the above reports have been purged, and that a system has been implemented to prevent continuation of this violation.

RECOMMENDATIONS

The following recommendations are not requirements of Minnesota Rules or laws governing your services or facility. These recommendations are provided to call your attention to areas where your facility or service is in minimum compliance with the requirements of rules or laws but it would be advisable to strengthen your efforts in these areas.

Failure to follow these recommendations will not result in a fine or action against your license at this time. However, should failure to follow recommendations result in a violation of rules or laws at a future date, you will be cited for noncompliance and may be subject to fines or action against your license.

1. It is recommended that the coordinator of the day program contact Mary Kudla, Program Director at Faribault Regional Treatment Centers. That agency has been successful in placing residents in community employment.
2. Observations and activity logs showed that typical recreational activities are watching television, listening to music, going on group bus/van rides. These are all passive activities. It is recommended that the program offers a wider variety of less passive activities. Activities should be planned to fulfill residents' needs.
3. It is recommended that you establish monthly targets for reduction of the use of seclusion. Target levels should be reduced monthly.

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Elmer Davis, Acting Chief Executive Officer
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4. It is recommended that the facility review, unit by unit, the use of community property personal hygiene items (e.g., shampoo, toothpaste and deodorant). The review should take into account personal preferences and training needs of the individual (e.g., are the containers a size the resident can handle).

Failure to correct the above violations within the prescribed time frame will result in revocation of your license. The decision to issue a probationary license may be appealed by notifying the Commissioner of Human Services in writing, within ten (10) days of receipt of this letter. Upon receipt of a timely, written appeal, Braidwood Regional Human Services Center shall have the opportunity for a prompt hearing before an impartial hearing examiner.

Provide a copy of this letter to each local social service agency that has clients placed at your facility.

If you have any questions concerning this Correction Order, contact Suzanne Dotson immediately.

Sincerely,

Charles Schultz
Deputy Commissioner

RHF-10

cc: Margaret Sandberg, Assistant Commissioner
Al Herzal, Assistant Commissioner
Maris Gomez, Assistant Commissioner
Feverly Heydinger, Assistant Attorney General
Julie Brunner, Welsh Compliance Unit