



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:

Boys' Totem Town

Address: 398 Totem Road, St. Paul, MN 55119

MN Governing Rule: 2960 Children's Residential Facility

Inspection Type: Biennial **Inspected By:** Julie Snyder – Senior Detention Facility Inspector **Inspected on:** 03/29/2016 to 05/11/2016

Inspection Method: This inspection consisted of a tour of the buildings and campus, interviews with administration, staff and youth, review of employee and resident files, review of the policy and procedure manual, and review of other related documentation. I began the inspection in the later part of March 2016, returning to complete it in May 2016.

Officials Present During Inspection: Assistant Director Michelle Finstad; Assistant Superintendent Kim Stubblefield; Community Corrections Director John Klavins; Superintendent Keith Lattimore

Officials Present for Exit Interview: Assistant Director Michelle Finstad; Assistant Superintendent Kim Stubblefield; Community Corrections Director John Klavins; Superintendent Keith Lattimore

Issued Inspection Report to: Assistant Director Michelle Finstad; Community Corrections Director John Klavins; Superintendent Keith Lattimore; Regional Manager Dayna Burmeister

RULE COMPLIANCE SUMMARY

Rule Chapter	Requirement Type	Total Applicable	Total Compliance	Total Non Compliance
2960	Mandatory	316	311	5

TERMS OF OPERATION

Authority to Operate: approval **Begins On:** 04/01/2016 **Ends On:** 03/31/2018 **Facility Type:** Secure/Non-Secure Juvenile Residential/Detention Facility

Placed on Biennial Status: Yes **Biennial Status Annual Compliance Form Due On:** 03/31/2017

Delinquent Juvenile Hold Approval: **Certificate Holder:** Ramsey County Community Corrections

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
Non-secure residential	Male	36	100	36.00	5	0	None.	None.
Secure residential	Male	12	100	12.00	0	0	Kohler Hall.	None.

Variances

NONE

RULE COMPLIANCE DETAILS**Chapter 2960 - Mandatory Rules Not In Compliance****Total: 5****1. 2960.0070 ADMISSION POLICY AND PROCESS. Subpart 5.A.2.. 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. A. 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. (2) The mental health screening must be administered.

Inspection Findings:

Upon review of resident files, the mental health screen was taking place, but they were not always scored.

Corrective Actions:

Please be sure that all mental health screens are given and scored as per the above licensing rule.

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:

Upon review of youth files, many were not completing information on how the family desires to be involved while the youth is at the facility.

Corrective Actions:

Please be sure that staff document information on how the family of a youth desires to be involved during the time their child is in your facility per the above rule.

Response Needed By:**3. 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:

Upon review of youth medication records, there was no documentation that monthly reviews were occurring.

Corrective Actions:

Please be sure that youth Medication sheets are reviewed monthly by the nursing staff per the above rule.

Response Needed By:**4. 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:

Recreation is offered at this facility, however, it is not a preplanned schedule as required.

Corrective Actions:

Please be sure to have a formalized recreation schedule of preplanned activities for large muscle exercise per the above standard. Please forward a copy of your recreation plan to this inspector upon receipt of this report.

Response Needed By:

5. 2960.0710 RESTRICTIVE PROCEDURES CERTIFICATION. Subpart 6. Use of physical holding or seclusion.

Physical holding and seclusion are behavior management techniques which are used in emergency situations as a response to imminent danger to the resident or others and when less restrictive interventions are determined to be ineffective. The emergency use of physical holding or seclusion must meet the conditions of items A to M: A. an immediate intervention is necessary to protect the resident or others from physical harm; B. the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency; C. the use of physical holding or seclusion must end when the threat of harm ends; D. the resident must be constantly and directly observed by staff during the use of physical holding or seclusion; E. the use of physical holding or seclusion must be used under the supervision of a mental health professional or the facility's program director; F. physical holding and seclusion may be used only as permitted in the resident's treatment plan; G. staff must contact the mental health professional or facility's program director to inform the program director about the use of physical holding or seclusion and to ask for permission to use physical holding or seclusion as soon as it may safely be done, but no later than 30 minutes after initiating the use of physical holding or seclusion; H. before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 regarding the use of physical holding and seclusion at the facility; I. when the need for the use of physical holding or seclusion ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; J. staff must treat the resident respectfully throughout the procedure; K. the staff person who implemented the emergency use of physical holding or seclusion 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 which led to the emergency use of physical holding or seclusion; (2) an explanation of why the procedure chosen needed to be used to prevent or stop 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 the physical hold or seclusion began and the time the resident was released; (5) in at least 15 minute intervals during the use of physical holding or seclusion, documentation of the resident's behavioral change and change in physical status that resulted from the use of the procedure; and (6) the names of all persons involved in the use of the procedure and the names of all witnesses to the use of the procedure; L. the room used for seclusion must be well lighted, well ventilated, clean, have an observation window which allows staff to directly monitor a resident in seclusion, fixtures that are tamperproof, with electrical switches located immediately outside the door, and doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms; and M. objects that may be used by a resident to injure the resident's self or others must be removed from the resident and the seclusion room before the resident is placed in seclusion

Inspection Findings:

Upon review of documentation and interviews with staff, it appears there is some confusion as to the use of seclusion with youth in the facility.

Corrective Actions:

Please be sure that all staff understand the definition of seclusion and what the requirements are when seclusion is used per the above standard.

Response Needed By:

INSPECTION COMMENTS

Although there had been improvements to the time youth are in DRT, I believe staff can do a better job of using less intrusive measures for discipline in certain circumstances. I would recommend you consider reducing the major violations that result in DRT and consider other forms of consequences.

I wish to thank you and your staff for their cooperation during this inspection process. If you should have any questions or concerns about this report or any other licensing matter, please feel free to contact me at 507-344-5282.

JJDPA Compliance

Upon review of juveniles held in secure cells at Kohler hall for overflow, all youth were delinquent and met the federal criteria for secure holding in the JJDP act. There were no violations found for the time period October 1, 2015 to March 29, 2016.

Report completed By: Julie Snyder – Senior Detention Facility Inspector

Signature:


