

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
CHILDREN'S RESIDENTIAL FACILITIES (9/1/06 checklist)							
PHYSICAL PLANT							
Postings-ALL							
	2960.0050, Subp. 3,C	A copy of the resident's rights must be posted in an area of the facility where it can be readily seen by staff and the resident.					
	2960.0050, Subp. 3,D	A copy of the resident's rights must be posted in the staff work station.					
PHYSICAL PLANT-ALL							
	2960.0110, Subp. 3,A	The LH must ensure that food services, storage, housekeeping, laundry, and maintenance are operated on a consistent, healthy basis.					
	2960.0110, Subp. 3,B	If food service is contracted to a food service vendor, the food service vendor must meet health code requirements.					
	2960.0080, Subp. 12,	The LH must provide a balanced diet consisting of foods and beverages that are palatable, of adequate quantity and variety, and prepared and served at appropriate temperatures to protect residents from foodborne illness and conserve nutritional value; A diet medically prescribed, if ordered by a resident's physician or, in the case of a pregnant resident, recommended or ordered by a prenatal care provider; A diet that does not conflict with the resident's religious or cultural dietary regimen. (PRACTICE)					
	2960.0080, Subp. 13,C	Clean bedding and linens must be furnished upon each new admission, and bedding and linens must be cleaned once a week or more often as needed to maintain a clean and safe environment. Bedding and linens that are worn out or unfit for further use must not be used.					
	2960.0080, Subp. 13,B	an appropriate sized, clean, fire-retardant mattress; two sheets or one sheet and clean mattress cover; sufficient clean blankets to provide comfort under existing temperature conditions; and one pillow and one pillowcase that is antiallergenic, if required, to meet a resident's health care needs. Existing non-fire-retardant mattresses may continue to be used until they are replaced, provided that the existing mattresses are replaced no later than July 1, 2015;					

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	2960.0120, Subp. 2,A	A sleeping room must not be used to accommodate more than four residents. Multibed bedrooms must provide a minimum of 60 square feet per resident of useable floor space with three feet between beds placed side by side and one foot between beds placed end to end for ambulatory residents. For nonambulatory residents, the multibed bedrooms must provide 80 square feet per resident of useable floor space.					
	2960.0120, Subp. 2,D	There must be one shower or bathtub and sink with hot and cold water and one toilet for every eight residents.					
	2960.0120, Subp. 2,E	The heating plant must be of a size and capacity to maintain a comfortable temperature in all resident rooms and other areas of the facility used by residents.					
	2960.0120, Subp. 2,F	The facility must have sufficient electric lighting in combination with natural lighting to provide reasonable light levels for the function of each given area.					
	2960.0120, Subp. 2,I	A facility providing intake or admission services must have sufficient space to conduct intake functions in a private, confidential manner or provide the opportunity to conduct private meetings, including intake activities in a separate space.					
	2960.0110, Subp. 4	A facility must have first aid kits readily available for use by residents and staff. The kits must be sufficient to meet the needs of residents and staff.					
	2960.0120, Subp. 2,G	The facility must have sufficient space provided for indoor quiet and group program activities.					
	2960.0120, Subp. 2,C	Facility grounds must provide adequate outdoor space for recreational activities.					
	2960.0120, Subp. 2,H	The facility providing educational services on site must meet the physical plant and equipment requirements of the Department of Education for the provision of educational services.					
	2960.0110, Subp. 3,C	If the LH provides educational services on site, the classrooms must provide an atmosphere that is conducive to learning and meets the resident's special physical, sensory, and emotional needs.					
	2960.0110, Subp. 3,D	The LH must provide adaptive equipment and furnishings to meet the resident's special needs.					

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	2960.0110, Subp. 2	The physical environment must provide for the comfort, privacy, and dignity of residents.					
	2960.0080, Subp. 13,A	The LH must ensure that a resident has an adequate amount of clean clothing appropriate for the season;					
	2960.0120, Subp. 2,B	A resident must have adequate space for clothing and personal possessions, with appropriate furnishings to accommodate these items.					
Structures -GRF							
	2960.0160, Subp. 3	All admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident. (PRACTICE)					
	2960.0200, A	Buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair.					
	2960.0170, Subp. 2	Separation of residents by gender. There must be complete separation of sleeping and toilet facilities to the extent necessary to ensure a resident's privacy from residents of the opposite gender.					
Seclusion Room Requirements-RP							
	2960.0710, Subp. 6,L	The room used for seclusion must be: well ventilated					
	2960.0710, Subp. 6,L	The room used for seclusion must be:clean					
	2960.0710, Subp. 6,L	The room used for seclusion must be:have an observation window which allows staff to directly monitor a resident in seclusion					
	2960.0710, Subp. 6,L	The room used for seclusion must be:fixtures that are tamper proof					
	2960.0710, Subp. 6,L	The room used for seclusion must be:electrical switches located immediately outside the door					
	2960.0710, Subp. 6,L	The room used for seclusion must be:doors that open out and are unlocked or are locked with keyless locks that have immediate release mechanisms					

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PHYSICAL PLANT-TRANSITIONAL							
	2960.0500, Subp. 15	The place of residence provided to a resident by the license holder must meet the needs of residents, including residents with disabilities.					
PHYSICAL PLANT-DETENTION							
Detention Physical Plant Standards							
	2960.0260, Subp. 2	There must be complete separation of living and sanitation facilities to the extent necessary to ensure a resident's privacy from residents of the opposite gender. Gender-appropriate program services must be provided to male and female residents separately when possible.					
	2960.0270, Subp. 4,C	If medical services are delivered in the facility or through contract services, adequate space, equipment, supplies, and materials, as determined by the responsible physician, must be provided to deliver primary health care.					
	2960.0270, Subp. 4,E	A facility must have at least one first aid kit located at the facility's control center or primary staff station. The first aid kit must be inspected by a designated staff person regularly to assess the adequacy of first aid supplies. The kit must be adequate to meet the needs of residents and staff.					
	2960.0270, Subp. 4,F	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.					
	2960.0270, Subp. 4,A	A facility must provide space, staff, and a procedure for daily sick call to ensure residents the opportunity to report illness and injury and receive appropriate medical services for illness or injury.					
	2960.0270, Subp. 6,E,(1)	Disciplinary rooms must have the minimum furnishings and space specified in the Department of Corrections construction standards.					
	2960.0270, Subp. 8,C	The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents including: provisions for indoor space and equipment for active recreation; and					
	2960.0270, Subp. 8,D	D.provisions for outdoor recreational space, equipment, and support staff for outdoor recreational program services, except that this item does not apply to eight-day and 24-hour temporary holdover facilities.					

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	2960.0270, Subp. 10,C	Laundry services must meet the resident's clothing, linen, and bedding needs.					
	2960.0270, Subp. 15,A	Building features, space for programs, equipment, and materials must be consistent with the facility's statement of intended use and program objectives. The facility's physical plant features must comply with chapter 2900.					
	2960.0290, Subp. 1	The facility's food service, plumbing, ventilation, heating, cooling, lighting, elevators, and other fixtures and equipment must conform to health, sanitation, and safety codes and regulations.					
Detention -Postings							
	2960.0270, Subp. 3	A list of medical, dental, and emergency resources must be posted at each staff station in the facility.					
	2960.0270, Subp. 3	The list must include the emergency resources' telephone numbers and hours that each resource is available.					
	2960.0270, Subp. 6,C	The license holder must post the rules of conduct and related consequences.					
Detention - Food Service							
	2960.0270, Subp. 13,B	Any food service provided in a detention facility must follow the requirements of chapter 4626.					
	2960.0270, Subp. 13,C	When food is catered into the facility, it must be obtained from a source licensed by the Department of Health.					
	2960.0270, Subp. 13,F	Food must be covered during transport through nondietary areas, but need not be covered when served in a dining area which is contiguous to the food preparation area. The food service system must be capable of maintaining hot foods at 150 degrees Fahrenheit or higher and maintaining cold foods at 40 degrees Fahrenheit or lower. A dumbwaiter or conveyor that has a cab or carrier used for the transport of soiled linen or soiled dishes must not be used for the transport of food.					
Detention- Maintenance							
	2960.0270, Subp. 14,A	The facility and all buildings, structures, or enclosures used by the facility, including walls, floors, ceilings, registers, fixtures, equipment, and furnishings, must be kept in good repair and maintained to protect the health, comfort, safety, and well-being of residents and staff.					

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	2960.0270, Subp. 14,B	The license holder must have and implement a written plan to inspect and document daily housekeeping, sanitation, and plant maintenance needs in the occupied parts of the facility.					
	2960.0270, Subp. 15,C	The Department of Corrections must review and approve all new construction and renovation of detention facilities. The license holder must meet the requirements of chapter 2900 governing the construction of new corrections facilities.					
Detention -Non secure 24 hour							
	2960.0270, Subp. 15,D,(1)	D.A nonsecure 24-hour temporary holdover facility must: (1)be located in a nonsecure area of a public or private building where either law enforcement or emergency services staff are available on a 24-hour-a-day basis and who agree to respond immediately with backup assistance in the event of an emergency;					
	2960.0270, Subp. 15,D,(2)	(2)have a minimum of 120 square feet of floor space for the first resident held and an additional 50 square feet of floor space for each additional resident held;					
	2960.0270, Subp. 15,D,(3)	(3)have provisions for each resident to lie down, sleep, or sit in comfort;					
	2960.0270, Subp. 15,D,(4)	(4)have access to bathroom and shower facilities on the same floor;					
	2960.0270, Subp. 15,D,(5)	(5)have telephone or audio communication equipment with direct access to emergency backup personnel;					
	2960.0270, Subp. 15,D,(6)	(6)have the capability to prepare meals or arrange for meals to be delivered;					
	2960.0270, Subp. 15,D,(7)	(7)have lighting, ventilation, and temperature controls to maintain reasonable comfort;					
	2960.0270, Subp. 15,D,(8)	(8)provide separation between male and female residents to meet the privacy needs of the residents;					
	2960.0270, Subp. 15,D,(9)	(9)have minimum furnishings in the facility, consisting of telephone, radio, television, table, chairs, storage space, bed, lamps, first aid kit, bedding, replacement clothing, personal hygiene items, and leisure activity materials;					
	2960.0270, Subp. 15,D,(10)	(10)comply with all federal, state, and local fire safety requirements and sanitation, safety, and health codes. Furnishings also must comply with these requirements and codes; and					

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	2960.0270, Subp. 15,D,(11)	(11)have a storage area that can be locked to store necessary supplies and equipment.					
Detention-Secure 24 hour							
	2960.0270, Subp. 15,E,(1)	A secure 24-hour temporary holdover facility must: (1)comply with all of the minimum standards required of a nonsecure 24-hour facility with the exception that toilet and washbasin facilities must be located within the secure room;					
	2960.0270, Subp. 15,E,(2)	(2)have all fixtures and furnishings in a secure detention room and be of a secure type and be appropriately secured to ensure safety for staff and the juvenile being detained;					
	2960.0270, Subp. 15,E,(3)	(3)have a door to the secure room with an observation window with a cover to afford privacy when necessary and a food-pass feature; and					
	2960.0270, Subp. 15,E,(4)	(4)have secure temporary holdover rooms used to detain juveniles that are single occupancy with a minimum of 70 square feet of floor space.					
Detention-8 day Temp - Secure							
	2960.0270, Subp. 15,F,(1)	F.A secure or nonsecure eight-day temporary holdover facility must: (1)The facility must not exceed a maximum capacity of eight beds.					
	2960.0270, Subp. 15,F,(2)	(2)The facility must have at least two secure single occupancy detention rooms. Each secure room in the facility must be single occupancy, have a minimum of 70 square feet, and be equipped with toilet and washbasin facilities. Furnishings and fixtures must be of a secure type and room doors must have observation windows with panel covers.					
	2960.0270, Subp. 15,F,(2)	Space for day activity areas outside of the detention rooms must be provided with access to natural light. Audio monitoring that allows a resident to communicate with facility staff when in need of assistance must be in each room and day activity area. Visual monitoring cameras must be in the day activity areas if the areas cannot be directly observed from the staff station.					
	2960.0270, Subp. 15,F,(3)	(3) Nonsecure detention rooms in the facility must have a minimum of 70 square feet in single occupancy rooms and a minimum of 60 square feet per juvenile in multiple occupancy rooms.					
	2960.0270, Subp. 15,F,(4)	4) The facility must have access to natural light in the activity area.					

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	2960.0270, Subp. 15,F,(5)	(5) Activity space must be provided to accommodate multiple uses, specifically for dining, school, physical exercise, recreation, leisure, and visiting activities. The space must be no less than 625 square feet.					
	2960.0270, Subp. 15,F,(6)	(6) Separate space must be provided for admission and intake procedures that provides for private and confidential processing.					
	2960.0270, Subp. 15,F,(7)	(7) The facility must provide separation capability between the secure and nonsecure rooms within the facility and for proper separation between male and female residents to afford privacy.					
	2960.0270, Subp. 15,F,(8)	(8)The facility must provide separate bathroom and shower facilities for the secure and nonsecure units of the facility.					
	2960.0270, Subp. 15,F,(9)	(9)The facility must provide the same furnishings as required in the secure and nonsecure 24-hour temporary holdover facilities.					
	2960.0270, Subp. 15,F,(10)	(10)The facility must have the capability to prepare meals or arrange for meals to be delivered.					
	2960.0270, Subp. 15,F,(11)	(11)Functional physical exercise equipment must be readily available for use by juveniles in the secure and nonsecure programs on a daily basis.					
	2960.0270, Subp. 15,F,(12)	(12)The facility and furnishings must comply with federal, state, and local fire safety requirements and sanitation, safety, and health codes.					
PHYSICAL PLANT- SECURE							
SECURE DOC - Locks and Keys							
	2960.0370, Subp. 1,A	The license holder must ensure that when not in use, keys to security locks are properly tagged and stored in a secure cabinet within a secure area, out of reach of residents or the public. At least one complete set of facility keys must be kept on hand for replacement purposes.					
	2960.0370, Subp. 1,B	The license holder must ensure that keys that serve a critical security purpose must be easily identifiable and never issued except upon order of the facility administrator or person in charge, and according to established procedure. No security keys shall be made available to residents.					

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	2960.0370, Subp. 2,A	The license holder must ensure that: all locks to security doors or gates are inspected daily to ensure their efficient operation and the inspections are documented;					
	2960.0370, Subp. 2,B	Must ensure that no lock to a security door or gate is broken, inoperable, or left in an unsuitable condition for any unnecessary period of time; and					
	2960.0370, Subp. 2,C	no residents are placed in a secure room or area that has inoperable locks.					
SECURE DOC- Weapons, Tools, and Equipment							
	2960.0380, Subp. 1	Materials that can be deleterious to security, safety, and health must be properly secured, inventoried, and dispensed.					
	2960.0380, Subp. 2	When not in use, tools must be kept in locked storage areas. Security precautions must be developed and implemented regarding any tools entering or leaving the facility.					
	2960.0380, Subp. 3	A hazardous substance must not be stored in living areas. A cleaning substance that is hazardous must be handled only by staff or residents under direct staff supervision.					
PHYSICAL PLANT- CORRECTIONS-							
	2960.0550, Subp. 4,D,(3)	The license holder must provide for indoor space and equipment for active recreation;					
	2960.0550, Subp. 4,D,(4)	The program had provisions for outdoor recreational space and equipment for outdoor recreational program services.					
POLICY, PROCEDURES AND PRACTICES							
Physical Plant Documentation-GRF							
	2960.0200, B	Written policies and procedures must specify the facility's fire prevention protocols, including fire drills, and practices to ensure the safety of staff, residents, and visitors. The policies must include provisions for adequate fire protection service, inspection by local or state fire officials, and placement of fire hoses or extinguishers at appropriate locations throughout the facility.					
	2960.0200, C	The LH must have a written maintenance plan that includes policies and procedures for detecting, reporting, and correcting building and equipment deterioration, safety hazards, and unsanitary conditions.					

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	2960.0200, D	The LH had a written smoking policy for the facility that applied to staff and residents that complied with Minnesota Statutes, sections 144.411 to 144.417, and Public Law 103-227, title X, section 1043					
	2960.0210, Subp. 3	The facility must maintain in a permanent file the reports of insurance coverage; occupational safety and health administration reports; incident reports; and reports of health, fire, and other safety inspections.					
Intended Use -ALL							
	2960.0040,	The LH must submit a statement of intended use as part of the license application. The statement of intended use must:					
	2960.0040, A	State the LH's expertise and qualifications to provide the services noted in the program description					
	2960.0040, B	Describe the target population to be served with consideration of at least the following characteristics of the residents: cultural background,					
	2960.0040, B	Describe the target population to be served with consideration of: Gender,					
	2960.0040, B	Age,					
	2960.0040, B	Medically fragile condition					
	2960.0040, B	Legal status, including children in need of protection or services petition status, delinquency, and whether the resident is in the facility as a voluntary placement or self-referral;					
	2960.0040, C	State the primary needs of residents that the LH will meet in the licensed facility;					
	2960.0040, D	Identify those resident services provided within the setting and those services to be provided by programs outside the setting;					
	2960.0040, E	State how the LH will involve the resident's cultural or ethnic community to ensure culturally appropriate care;					
	2960.0040, F	Describe the specific extent and limitations of the program, including whether the LH would use a restrictive procedure with a resident, under what conditions a restrictive procedure would be used, and what type of restrictive procedures a LH would use if the license holder was certified to use restrictive procedures.					

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Program Requirements-CORRECTIONS							
	2960.0550, Subp. 4,A	The license holder must identify specific, measurable outcomes that indicate that the license holder will meet the needs of the target population served by the facility's program. The measurable outcomes must be directly related to the program objectives stated in the license holder's correctional program services certification application.					
	2960.0570, Subp. 1	Correctional facilities that want to use restrictive procedures may use restrictive procedures according to the program's statement of intended use if the license holder is certified to use restrictive procedures according to part 2960.0710.					
	2960.0570, Subp. 4	The license holder must report information and statistics about program services, outcomes, and data about residents in the license holder's facility to the commissioner of corrections according to Minnesota Statutes, section 241.021, subdivision 1, paragraph (a).					
Program Requirements-SECURE							
	2960.0310,	The license holder must prepare a written statement of measurable secure program goals and outcomes. The goals and outcomes must be developed with the input of local juvenile justice personnel including judges, probation officers, case managers, social workers, and other persons considered appropriate by the license holder.					
	2960.0320,	A secure program service must meet the needs of the resident served by the program, based on the resident's offense history, age, gender, disability, cultural and ethnic heritage, mental health and chemical dependency problems, and other characteristics.					
	2960.0410,	Detention facilities that want to use restrictive procedures may use restrictive procedures according to the program's statement of intended use if the license holder is certified to use restrictive procedures according to part 2960.0710.					
Admissions Criteria -ALL							
	2960.0070, Subp. 2	The LH must have written specific identifiable admission criteria that are consistent with the LH's statement of intended use in part 2960.0040.					
	2960.0070, Subp. 2,A	The LH must: Have sufficient resources available and qualified staff to respond to the needs of persons with disabilities admitted to the facility; PRACTICE					

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	2960.0070, Subp. 2,B	consider the appropriateness of placing female residents in facilities that have few other female residents and whether or not the facility could offer gender-specific program services for female residents; PRACTICE					
	2960.0070, Subp. 2,C	consider the appropriateness of placing male residents in facilities that have few other male residents and whether or not the facility could offer gender-specific program services for male residents; PRACTICE					
	2960.0070, Subp. 2,D	D. seek the approval of the commissioner of corrections to serve EJJ's who are older than 19 years of age in the same facility with residents who are less than 19 years of age. PRACTICEDOC ONLY					
Admission Criteria -GRF							
	2960.0160, Subp. 1	LH must develop resident admission criteria consistent with the LH's statement of intended use and program services certifications.					
	2960.0160, Subp. 1	The admission criteria must describe: the age of the resident to be served					
	2960.0160, Subp. 1	whether both male and female residents are served					
	2960.0160, Subp. 1	whether there are limitations about who the program will serve					
	2960.0160, Subp. 1	what types of problems and primary needs the program will meet during the resident's stay.					
Admission-MH							
	2960.0670, Subp. 2,A	The person must meet the age requirements of a resident as defined in part 2960.0020, subpart 59, at the time of admission.					
	2960.0670, Subp. 2,B	If public funds are used to pay for the services, the resident must be screened by the referring county before admission, as required by Minnesota Statutes, section 245.4885, subdivision 1.					
	2960.0670, Subp. 2,C	If public funds are not used to pay for the services, the resident must be screened by a mental health professional using a screening process that is equivalent to that required by Minnesota Statutes, section 245.4885, subdivision 1, before admission.					

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	2960.0670, Subp. 2,D	The prior-to-admission screening in item B or C must determine that the residential treatment proposed is necessary and appropriate for the resident's treatment needs, provides a length of stay as short as possible consistent with the resident's need for treatment, and could not be effectively provided in the resident's home.					
	2960.0670, Subp. 2,E	The resident must not be in need of primary chemical abuse treatment or detoxification at the time of admission, unless the license holder is certified to provide primary chemical abuse treatment under parts 2960.0430 to 2960.0490 or licensed to provide detoxification services.					
	2960.0670, Subp. 2,F	The developmental and mental health needs of the resident can be met by the license holder's program.					
	2960.0670, Subp. 2,G	The license holder must ensure that residents admitted on an emergency basis, or for the purpose of short-term assessment, diagnosis, and evaluation, must complete the screening required by Minnesota Statutes, section 245.4885, subdivision 1,					
	2960.0670, Subp. 2,G	And have a preliminary diagnosis and treatment plan established within ten working days as required in part 2960.0600.					
	2960.0670, Subp. 2,G,(1)	Programs that offer mental health diagnostic and evaluation services must: Perform a diagnostic assessment of a resident that meets the requirements of Minnesota Statutes, section 245.4871, subdivision 11; and					
	2960.0670, Subp. 2,G,(2)	Have a mental health professional interpret diagnostic and evaluation tests given to residents.					
Admission Criteria-MH-LOCKED UNIT							
	2960.0700, Subp. 1,A	Before accepting a resident for admission to a locked setting in a residential mental health program, the license holder must meet the criteria in items A and B. A. The resident's record must include a written statement that a diagnostic assessment conducted according to Minnesota Statutes, section 245.4871, subdivision 11, has established that a persistent pattern of the resident's mental health presents a likely threat of harm to the resident's self or others that would best be treated in a locked setting.					
	2960.0700, Subp. 1,B	The resident has an individual treatment plan. (ITP)					
	2960.0700, Subp. 1,B,(1)	The ITP meets the requirements of part 2960.0600;					
	2960.0700, Subp. 1,B,(2)	The ITP identifies the need for treatment in a locked setting;					

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	2960.0700, Subp. 1,B,(3)	The ITP Identifies the relationship of treatment within a locked setting to the resident's overall treatment goals;					
	2960.0700, Subp. 1,B,(4)	The ITP Identifies the treatment goals the resident must meet to have access to increased freedom of movement or be placed in a less restrictive appropriate treatment setting;					
	2960.0700, Subp. 1,B,(5)	The ITP Includes a plan for discharge from treatment in a locked setting to a less restrictive treatment environment when it is consistent with the resident's ability to be in a less restrictive environment; and					
	2960.0700, Subp. 1,B,(6)	The ITP Is reviewed weekly by the program director to determine the level of treatment needed, unless the resident's individual treatment plan specifically states that the resident's prognosis or court-imposed conditions merit review of the individual treatment plan at less frequent intervals. In any case, the interval for the review of the individual treatment plan may not exceed 90 days.					
	2960.0700, Subp. 2	The license holder must not admit a child for treatment in a locked setting as a disposition resulting from adjudication of an offense under the juvenile code without meeting the diagnostic assessment requirements of subpart 1, item A, nor transfer a resident from an unlocked part of a residential facility to a locked part of the same facility solely as a disciplinary measure for violating the rules of conduct of the treatment facility.					
Admission Criteria-TRANSITIONAL							
	2960.0500, Subp. 10,A	The license holder must determine whether a resident meets the criteria in item A, B, or C, and part 2960.0070, subpart 2, prior to admission. The license holder must determine that: A. the resident must be leaving out-of-home placement, homeless, or at risk of homelessness;					
	2960.0500, Subp. 10,B	B. the resident must be employed or seeking employment or enrolled in an academic or vocational program; and					
	2960.0500, Subp. 10,C	C. youth who have the following behaviors will not be admitted to the program: (1) current drug or alcohol problems; (2) recent history of violent behavior; and (3) a mental health disorder or issue that is not being resolved through counseling or treatment.					

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Admission/ Discharge-Detention							
DETENTION-Admission							
	2960.0250, Subp. 2	Detention statutory criteria for admission into a facility must be met prior to any person being admitted into the detention facility. 260c.181					
	2960.0250, Subp. 1	Admission procedures must be conducted in a manner and location that ensures the personal privacy of the resident and the confidentiality of the transaction from unauthorized personnel.					
	2960.0250, Subp. 3,A	A copy of facility rules must be made available to a resident throughout confinement concerning rules governing conduct, the facility's due process system, and disciplinary consequences; procedures for obtaining personal hygiene and canteen items; and policies governing visiting, correspondence, bathing, laundry, and clothing and bedding exchange.					
	2960.0250, Subp. 4	Upon admission, personal belongings of a resident must be examined in a manner and in a location that ensures the personal privacy of the resident. Items taken from the resident during the search must be included in the resident's personal property inventory. The search of the resident must be done by a staff person of the same gender as the resident.					
	2960.0250, Subp. 3,D	The license holder must advise the resident upon admission of the resident's legal rights regarding detention or confinement. The resident must be advised of the official charge or legal basis for detention.					
	2960.0250, Subp. 3,E	The license holder must notify the parent or legal custodian or guardian of the resident's admission into detention and the address of the facility, unless notice was given by the referring agency.					
DETENTION-Discharge/Release							
	2960.0250, Subp. 6,A	No resident must be released in inclement weather without proper clothing to ensure health and safekeeping.					
	2960.0250, Subp. 6,B	A resident must be permitted to make arrangements for transportation prior to release.					
	2960.0250, Subp. 7	The license holder must assist the case manager to develop the transitional services plan, if requested by the case manager.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Admission/Discharge-SECURE							
SECURE- Admission Criteria							
	2960.0330, Subp. 1	A resident may not be placed in a secure facility unless the placement meets the statutory criteria or is approved by the juvenile court.					
	2960.0330, Subp. 2	No resident may be received by a license holder until the referring agency has produced proper credentials and the placement person signs the placement person's name and title on a form identifying the purpose for placement that will be part of the intake record.					
	2960.0340, Subp. 3	Policies and procedures must be established that include time lines for the review of individual cases to determine the need for continued secure placement.					
SECURE- Discharge							
	2960.0340, Subp. 3	There must be written criteria addressing circumstances under which a resident must be moved to less restrictive parts of the facility if appropriate.					
	2960.0340, Subp. 3	When a license holder moves a resident from a secure to a nonsecure space in a facility for programming purposes, the license holder must notify the appropriate juvenile court.					
	2960.0350, Subp. 1	The facility must have written discharge criteria that allow discharge according to items A and B, except that detention facilities are exempt from preparing written criteria in item A and must prepare criteria in item C: A. completion of the resident's facility treatment plan; B. the resident is ordered to a different placement by the court; or C. the legal authority to hold the resident expires.					
Classification of Residents-GRF							
	2960.0170, Subp. 1	The LH must develop a classification plan and house residents in living units that are consistent with the LHs's statement of intended use. Resident classification criteria for living unit assignment must include consideration of at least the following factors: age					
	2960.0170, Subp. 1	AND developmental level					
	2960.0170, Subp. 1	AND gender					
	2960.0170, Subp. 1	AND physical assaultiveness					
	2960.0170, Subp. 1	AND delinquent sophistication					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0170, Subp. 1	AND run risk.					
Discharge and Aftercare-ALL							
	2960.0090, Subp. 2	A LH must have a written no eject policy. Before discharging a resident who has not reached the resident's case plan goals, or treatment plan goals for a resident who has a treatment plan, the LH must confer with other interested persons to review the issues involved in the decision.					
	2960.0090, Subp. 2	During this review process, which must not exceed five working days, the LH must determine whether the LH, treatment team, interested persons, if any, and the resident can develop additional strategies to resolve the issues leading to the discharge and to permit the resident an opportunity to continue to receive services from the LH. A resident may be temporarily removed from the facility during the five-day review period. This subpart does not apply to a resident removed by the placing authority or a parent or guardian.					
	2960.0090, Subp. 2	If the review indicates that the decision to discharge is warranted, the reasons for it and the alternatives considered or attempted must be documented.					
Discharge and Aftercare -CH							
	2960.0480, Subp. 1	The certificate holder must not admit individuals who do not meet the admission criteria in the certificate holder's admission policy.					
	2960.0480, Subp. 1	The admission policy must also designate which staff are authorized to admit and discharge residents.					
	2960.0480, Subp. 2	A certificate holder has specific responsibilities when denying admission to individuals for reasons of health, behavior, or criminal activity. The certificate holder must have a policy that includes items A and B.					
	2960.0480, Subp. 2,A	A. The certificate holder must have a protocol for addressing the needs of individuals in need of emergency medical care not provided by the program and individuals who pose a substantial likelihood of harm to themselves or others, if the behavior is beyond the behavior management capabilities of the program and staff.					
	2960.0480, Subp. 2,A	A. All denials of admission for these reasons that involve a bona fide medical emergency, as provided under Code of Federal Regulations, title 42, section 2.51, must be referred to a medical facility capable of admitting the individual.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0480, Subp. 2,B	B. All denials of admission that involve the commission of a crime against a license holder's property, as provided under Code of Federal Regulations, title 42, section 2.12(C)(5), must be reported to a law enforcement agency with proper jurisdiction.					
	2960.0480, Subp. 3	A certificate holder must have a written policy that must be followed when a resident is discharged.					
	2960.0480, Subp. 3	A client must be discharged by a counselor or the program director.					
	2960.0480, Subp. 3,A	A. are consistent with Minnesota Statutes, section 253B.16, subdivision 2, and that staff must follow when a resident who has been admitted under Minnesota Statutes, chapter 253B, is to be discharged;					
	2960.0480, Subp. 3,B	B. staff must follow when a resident leaves against staff or medical advice and when the resident may be dangerous to self or others.					
Admission Information-GRF							
	2960.0160, Subp. 4,A	The facility rules must include:					
	2960.0160, Subp. 4,A,(1)	Rules governing conduct, disciplinary consequences, and appeal procedures;					
	2960.0160, Subp. 4,A,(2)	Procedures for obtaining hygiene and other personal items					
	2960.0160, Subp. 4,A,(3)	Policies and procedures governing: visiting					
	2960.0160, Subp. 4,A,(3)	correspondence,					
	2960.0160, Subp. 4,A,(3)	bathing					
	2960.0160, Subp. 4,A,(3)	laundry					
	2960.0160, Subp. 4,A,(3)	grievances,					
	2960.0160, Subp. 4,A,(3)	clothing					
	2960.0160, Subp. 4,A,(3)	bedding exchange,					
	2960.0160, Subp. 4,A,(3)	and other operational procedures					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Continued Stay, Discharge and Planning-MH							
	2960.0610,	At least ten days before discharge, the treatment team must develop a discharge plan consistent with Minnesota Statutes, section 245.4882, subdivisions 3 and 4. For residents who are from a cultural minority group, the plan must be developed with advice from a special mental health consultant or multicultural adviser.					
Termination Criteria-TRANSITIONAL							
	2960.0500, Subp. 11	The license holder, in conjunction with the resident, shall establish a service termination plan for the resident that specifies how services will be terminated and the actions to be performed by the involved agencies, including necessary referrals for other ongoing services.					
Critical Incident and Maltreatment Reports -ALL							
	2960.0080, Subp. 17,A	The LH must report critical incidents of a serious nature that involve or endanger the life or safety of the resident or others to the commissioner of human services or corrections within ten days of the occurrence on forms approved by the commissioner of human services or corrections. The LH must maintain records of all critical incidents on file in the facility. (2960.0020 Subp. 24) "Critical Incident" means an occurrence which involves a resident and requires the program to make a response that is not a part of the program's ordinary daily routine. Examples of critical incidents include, but are not limited to, suicide, attempted suicide, homicide, death of a resident, injury that is either life-threatening or requires medical treatment, fire which requires fire department response, alleged maltreatment of a resident, assault of a resident, assault by a resident, client-to-client sexual contact, or other act or situation which would require a response by law enforcement, the fire department, an ambulance, or another emergency response provider. (REVIEW A PERCENTAGE OF THE INCIDENT REPORTS TO ENSURE THAT COMPLIANCE WITH THIS IS MET) Incident reports may be kept in the individual files or in a central file.					
	2960.0080, Subp. 17,C	The LH must develop policies and procedures to follow if maltreatment is suspected.					
	626.556, Subd. 3,(1)	Maltreatment of Minors: Subd. 3. Persons mandated to report. (a) A person who knows or has reason to believe a child is being neglected or physically or sexually abused, or has been neglected or physically or sexually abused within the preceding three years, shall immediately report the information to the local welfare agency, agency responsible for assessing or investigating the report, police department, or the county sheriff and					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	626.556, Subd. 3,(C)	a person mandated to report physical or sexual child abuse or neglect occurring within a licensed facility shall report the information to the Department of Human Services, which is the the agency responsible for licensing the facility.NA- DOC					
	2960.0080, Subp. 17,D	The LH must review policies and procedures about maltreatment at least annually and revise the policies if the maltreatment laws change or if the LH's review of incident reports or quality assurance reports indicates that a change in maltreatment policy or procedure is warranted.					
Vulnerable Adults: Program Abuse Prevention Plan (NA-DOC)							
	245A.65, Subd. 2,(a),(1)	The Program Abuse Prevention Plan included a population assessment which identified factors which may encourage or permit abuse, including: Age					
	245A.65, Subd. 2,(a),(1)	Gender					
	245A.65, Subd. 2,(a),(1)	Mental Functioning					
	245A.65, Subd. 2,(a),(1)	Physical & emotional health or behavior of clients					
	245A.65, Subd. 2,(a),(1)	Need for specialized programs of care for clients					
	245A.65, Subd. 2,(a),(1)	Need for staff training to meet identified individual needs of the clients					
	245A.65, Subd. 2,(a),(1)	Knowledge a LH may have regarding previous abuse that is relevant to minimizing risk of abuse for clients.					
	245A.65, Subd. 2,(a),(2)	The physical plant assessment included an evaluation of:Condition and design of the building					
	245A.65, Subd. 2,(a),(2)	Existence of areas which are difficult to supervise					
	245A.65, Subd. 2,(a),(3)	Location of the program in a particular neighborhood / community					
	245A.65, Subd. 2,(a),(3)	Type of grounds and terrain surrounding the building					
	245A.65, Subd. 2,(a),(3)	Type of internal programming					
	245A.65, Subd. 2,(a),(3)	Program's staffing patterns					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	626.557, Subd. 14,(a)	The assessment identified factors which may encourage or permit abuse.					
	626.557, Subd. 14,(a)	There was a statement of specific measures to be taken to minimize the risk of abuse.					
	245A.65, Subd. 2,(a),(5)	The license holder's governing body reviewed the plan at least annually using the assessment factors in the plan and any substantiated maltreatment findings that occurred since the last review. (PRACTICE - Must be documented)					
Vulnerable Adults: Maltreatment Reporting Policies and Procedures (NA - DOC)							
	245A.65, Subd. 1,(a)	The LH had a policy allowing, but not mandating, internal reporting of alleged or suspected maltreatment.					
	245A.65, Subd. 1,(a),(2)	The policy must include the primary and secondary person or position to whom internal reports may be made, and					
	245A.65, Subd. 1,(a),(2)	The primary and secondary person or position responsible for forwarding internal reports to the common entry point.					
	245A.65, Subd. 1,(a),(2)	The secondary person must be involved (with receiving the report and forwarding it to the common entry point) when there is reason to believe that the primary person was involved in the alleged maltreatment.					
	245A.65, Subd. 1,(b),(1)	The policy must include that an internal review is completed when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.					
	245A.65, Subd. 1,(b),(1)	The review must include an evaluation of whether: related policies and procedures were followed;					
	245A.65, Subd. 1,(b),(1)	Whether the policies and procedures were adequate;					
	245A.65, Subd. 1,(b),(1)	Whether there is a need for additional staff training					
	245A.65, Subd. 1,(b),(1)	Whether there is a need for any further action to be taken to protect the health and safety of vulnerable adults.					
	245A.65, Subd. 1,(b),(2)	The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	245A.65, Subd. 1,(b),(2)	The secondary person shall be involved when there is reason to believe that the primary person was involved in the alleged or suspected maltreatment;					
	245A.65, Subd. 1,(b),(3)	The LH must document and make internal reviews accessible to the commissioner upon the commissioner's request.					
	626.557, Subd. 3,(a)	The policy required that if the facility received a report of suspected maltreatment and determined to report it to the CEP, the facility notified the CEP within 24 hours of awareness of the suspected maltreatment.					
	626.557, Subd. 4a,(b)	The procedure included that reporters are informed about whether the facility reported the incident to the common entry point:in writing					
	626.557, Subd. 4a,(b)	Within two working days;					
	626.557, Subd. 4a,(b)	In a manner that protects the confidentiality of the reporter.					
	626.557, Subd 4a,(c)	The written response to the mandated reporter shall note that if the mandated reporter is not satisfied with the action taken by the facility on whether to report the incident to the common entry point, then the mandated reporter may report externally.					
	626.557, Subd. 4a,(d)	A facility may not prohibit a mandated reporter from reporting externally, and a facility is prohibited from retaliating against a mandated reporter who reports an incident to the common entry point in good faith. The written notice by the facility must inform the mandated reporter of this protection from retaliatory measures by the facility against the mandated reporter for reporting externally.					
	626.5572,	If the LH's reporting policy and procedure included definitions of maltreatment or referenced the definitions, they were attached and were consistent with the current statute language and, if the definition of therapeutic "error" was included, it was the most current, correct definition.					
Vulnerable Adults: Maltreatment - Review of Internal Reporting Practices							
	626.557, Subd. 4a,(b)	If the facility received an internal report of suspected maltreatment, the following internal reporting procedures will be reviewed: WRITTEN NOTICE TO MANDATED REPORTER: the reporter was given written notice stating whether the facility reported the incident to the common entry point;					
	626.557, Subd. 4a,(b)	In writing;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	626.557, Subd. 4a,(b)	Within two working days;					
	626.557, Subd. 4a,(b)	In a manner that protects the confidentiality of the reporter.					
	626.557, Subd. 4a,(c)	AND the written notice included a statement that if the mandated reporter was not satisfied with the action taken by the facility on whether to report the incident to the CEP, then the mandated reporter may report externally.					
	245A.65, Subd. 1,(b),(1)	INTERNAL REVIEW: When the facility had an internal report, or knew of an external report of alleged or suspected maltreatment an internal review was completed; AND included an evaluation of the following:					
	245A.65, Subd. 1,(b),(1)	whether related policies and procedures were followed; AND					
	245A.65, Subd.1,(b),(1)	Whether the policies and procedures were adequate; AND					
	245A.65, Subd. 1,(b),(1)	Whether there was a need for additional staff training; AND					
	245A.65, Subd.,1,(b),(1)	Whether there was a need for any further action to be taken to protect the health and safety of vulnerable adults.					
Basic Rights Information -ALL							
	2960.0050, Subp. 1	The LH must ensure that the rights in items A to R are protected:					
	2960.0050, Subp. 1,A	The LH must ensure that the rights in items A to R are protected: A) right to reasonable observance of cultural and ethnic practice and religion;					
	2960.0050, Subp. 1,B	right to a reasonable degree of privacy;					
	2960.0050, Subp. 1,C	right to participate in development of the resident's treatment and case plan;					
	2960.0050, Subp. 1,D	right to positive and proactive adult guidance, support, and supervision;					
	2960.0050, Subp. 1,E	right to be free from abuse, neglect, inhumane treatment, and sexual exploitation;					
	2960.0050, Subp. 1,F	right to adequate medical care;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0050, Subp. 1,G	right to nutritious and sufficient meals and sufficient clothing and housing;					
	2960.0050, Subp. 1,H	right to live in clean, safe surroundings;					
	2960.0050, Subp. 1,I	right to receive a public education;					
	2960.0050, Subp. 1,J	right to reasonable communication and visitation with adults outside the facility, (which may include a parent, extended family members, siblings, a legal guardian, a caseworker, an attorney, a therapist, a physician, a religious advisor, and a case manager) in accordance with the resident's case plan;					
	2960.0050, Subp. 1,K	right to daily bathing or showering and reasonable use of materials, including culturally specific appropriate skin care and hair care products or any special assistance necessary to maintain an acceptable level of personal hygiene;					
	2960.0050, Subp. 1,L	right of access to protection and advocacy services, including the appropriate state-appointed ombudsman;					
	2960.0050, Subp. 1,M	right to retain and use a reasonable amount of personal property;					
	2960.0050, Subp. 1,N	right to courteous and respectful treatment;					
	2960.0050, Subp. 1,O	if applicable, the rights stated in Minnesota Statutes, sections 144.651 and 253B.03; (NA-DOC) THE RIGHTS IN 144.651 APPLY FOR RESIDENT IN BOARD AND LODGE AND IN MH CERT PROGRAMS.					
	2960.0050, Subp. 1,P	right to be free from bias and harassment regarding race, gender, age, disability, spirituality, and sexual orientation;					
	2960.0050, Subp. 1,Q	right to be informed of and to use a grievance procedure; and					
	2960.0050, Subp. 1,R	right to be free from restraint or seclusion used for a purpose other than to protect the resident from imminent danger to self or others.					
	2960.0080, Subp. 15	The LH must have a written policy about resident communications and visiting with others inside and outside of the facility that meets the requirements of items A and B.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 15,A	The LH must have a written policy about the use of the telephone, mail, adaptive communications devices, and other means of communication, compatible with the needs of other residents and the resident's case plan.					
	2960.0080, Subp. 15,B	LHs may not restrict the visiting rights of the parents of a resident beyond the limitations placed on those rights by a court order under Minnesota Statutes, section 260C.201, subdivision 5, or limitations in the resident's case plan. The visiting policy must allow parental visits at times that accommodate the parent's schedule.					
	2960.0080, Subp. 18,A	The LH must develop and follow a written grievance procedure that allows a resident, the resident's parent or legal representative, a guardian, or a concerned person in the resident's life to make a formal complaint or suggestion or express a concern about any aspect of the resident's care during the resident's stay in the facility.					
	2960.0080, Sub. 18,A	The LH and staff must not attempt to influence a resident's statement about the facility in the grievance document or during an investigation resulting from the grievance.					
	2960.0080, Subp. 18,A,(1)	the LH must give the person who wants to make a grievance the necessary forms and assistance to file a grievance;					
	2960.0080, Subp. 18,A,(2)	the LH must identify the person who is authorized to resolve the complaint and to whom an initial resolution of the grievance may be appealed and, upon request, a LH must carry a grievance forward to the highest level of administration of the facility or placing agency;					
	2960.0080, Subp. 18,A,(3)	a person who reports a grievance must not be subject to adverse action by the LH as a result of filing the grievance; and					
	2960.0080, Subp. 18,A,(4)	a person filing a grievance must receive a response within five days.					
	2960.0080, Subp. 18,B	If a grievance is filed, the LH must document the grievance along with the investigation findings and resulting action taken by the LH. Information regarding the grievance must be kept on file at the facility for two licensing periods.					
Property -ALL							
	2960.0070, Subp. 4,A	The license holder must ensure separation of resident funds from funds of the license holder, the residential program, or program staff.					
	2960.0070, Subp. 4,C,(1)	License holders and program staff must not: borrow money from a resident;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0070, Subp. 4,C,(2)	purchase personal items from a resident;					
	2960.0070, Subp. 4,C,(3)	sell merchandise, except through a canteen-type service, or sell personal services to a resident;					
	2960.0070, Subp. 4,C,(4)	require a resident to buy items for which the license holder is eligible for reimbursement;					
Rules-ALL							
	2960.0080, Subp. 4,A	The license holder must Communicate verbally and in writing to a resident who is capable of understanding the facility's rules and the details of the due process system used in the facility. The rules must address the following topics: (A) Which behaviors are considered acceptable and unacceptable and the reasons why;					
	2960.0080, Subp. 4,B	the consequences that will be applied in recognizing and rewarding acceptable behavior and modifying unacceptable behavior;					
	2960.0080, Subp. 4,C	the circumstances, if any, that will result in time-out or the use of a restrictive procedure;					
	2960.0080, Subp. 4,D	the due process system that governs the facility's use of disciplinary consequences; and					
	2960.0080, Subp. 4,E	the relationship of the resident's individual education plan discipline recommendations, if any, to the facility's discipline plan.					
Discipline-ALL							
	2960.0080, Subp. 5	Discipline policy and procedures.The LH must have discipline policies and procedure that require the resident's abuse history and developmental, cultural, disability, and gender needs be taken into consideration when deciding the disciplinary action to be taken with a resident.					
	2960.0080, Subp. 5,A,(1)	Discipline policy and procedures must include items A to E: The LH must not subject residents to: corporal punishment, including, but not limited to: rough handling, shoving, ear or hair pulling, shaking, slapping, kicking, biting, pinching, hitting, throwing objects, or spanking;					
	2960.0080, Subp. 5,A,(2)	verbal abuse, including, but not limited to: name calling; derogatory statements about the resident or resident's family, race, gender, disability, sexual orientation, religion, or culture; or statements intended to shame, threaten, humiliate, or frighten the resident;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 5,A,(3)	punishment for lapses in toilet habits, including bed wetting and soiling;					
	2960.0080, Subp. 5,A,(4)	withholding of basic needs, including, but not limited to: a nutritious diet, drinking water, clothing, hygiene facilities, normal sleeping conditions, proper lighting, educational services, exercise activities, ventilation and proper temperature, mail, family visits, positive reinforcement, nurturing, or medical care. However, a resident who destroys bedding or clothing, or uses these or other items to hurt the resident or others, may be deprived of such articles according to the resident's case plan;					
	2960.0080, Subp. 5,A,(5)	assigning work that is dangerous or not consistent with the resident's case plan;					
	2960.0080, Subp. 5,A,(6)	disciplining one resident for the unrelated behavior or action of another, except for the imposition of restrictions on the resident's peer group as part of a recognized treatment program;					
	2960.0080, Subp. 5,A,(7)	use of restrictive techniques or procedures as punishment, for convenience of staff, to compensate for not having an adequate number of staff, or to substitute for program services;					
	2960.0080, Subp. 5,A,(8)	restrictions on a resident's communications beyond the restrictions specified in the resident's treatment plan or case plan; and					
	2960.0080, Subp. 5,A,(9)	requirements to assume uncomfortable or fixed positions for an extended length of time, or to march, stand, or kneel as punishment.					
	2960.0080, Subp. 5,B	The delegation of authority by the LH to a resident or group of residents to punish another resident or group of residents is prohibited.					
	2960.0080, Subp. 5,C	The LH must meet the requirements of part 9525.2700, subpart 2, item G, regarding the use of aversive or deprivation procedures with a resident who has mental retardation or a related condition. (DHS ONLY)					
Time-out Policy-ALL							
	2960.0080, Subp. 5,D,(1)	Time-out must be used as a nonemergency behavior management technique which is used to intervene in a resident's undesirable behavior and to allow the resident to reflect and become calm before returning to ongoing activities at the facility;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 5,D,(2)	time-out must be used under the direction of a mental health professional, the facility director, or the program manager;					
	2960.0080, Subp. 5,D,(3)	the use of time-out must be consistent with the resident's treatment plan;					
	2960.0080, Subp. 5,D,(4)	staff must escort a resident to an unlocked room or other separate living space in the facility that is safe;					
	2960.0080, Subp. 5,D,(5)	staff must assess the resident in time-out at least every 30 minutes and determine when the resident may return to ongoing activity at the facility;					
	2960.0080, Subp. 5,D,(6)	staff must have completed at least the following training before they use time-out with a resident: (a) the needs and behaviors of residents; (b) building relationships with residents; (c) alternatives to time-out; (d) de-escalation methods; (e) avoiding power struggles with residents; (f) documentation standards for the use of time-out;					
	2960.0080, Subp. 5,D,(7)	the treatment team must include and document the review of the use of time-out for each resident during the review of the resident's treatment plan					
	2960.0080, Subp. 5,D,(8)	staff must document the use of time-out in the resident's record and include the information in units (a) to (d): a) the factors or circumstances which caused the need for the use of time-out; b) the resident's response to the time-out; c) the resident's ability to de-escalate during the time-out procedure; and d) the resident's ability to maintain acceptable behavior after the time-out.					
Rules and Discipline-DETENTION							
	2960.0250, Subp. 5	The license holder may determine the type of clothing a resident must wear. However, uniforms are discouraged and the license holder must consider the resident's cultural dress customs when developing resident clothing policies.					
	2960.0270, Subp. 6,A,(1)	A. A facility must have a resident discipline plan that explains: (1)the consequences or administrative sanctions for specific behaviors or omissions;					
	2960.0270, Subp. 6,A,(2)	(2) the administrative process for handling major and minor violations;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0270, Subp. 6,A,(3)	(3) the right of written notice of major charges made against the resident;					
	2960.0270, Subp. 6,A,(4)	(4) the right to internal review; and					
	2960.0270, Subp. 6,A,(5)	(5) the appeal process.					
	2960.0270, Subp. 6,B	The license holder must include in the disciplinary plan a system of due process that has been reviewed by the commissioner of corrections.					
	2960.0270, Subp. 6,D	Disciplinary room time must be used according to due process procedures reflected in the facility's discipline plan.					
	2960.0270, Subp. 10,B	The facility administrator or person in charge may consider it necessary to remove clothing or bedding from a resident if the resident's behavior threatens the safety or security of the resident or others in the facility. Facility staff must take all reasonable steps to ensure the safety and security of the resident and others and the security of the facility without success, prior to removing the resident's clothing or bedding. If bedding or clothing is removed from a resident, a critical incident report must be completed and kept on file at the facility for two licensing periods					
Restrictive Procedures Plan- RP							
RESTRICTIVE PROCEDURES- Plan							
	2960.0710, Subp. 2	Restrictive procedures plan required. (DHS ONLY: License holders who are licensed by the DHS and certified by DHS to provide residential treatment for children with a severe emotional disturbance and children in need of shelter care may seek certification to use one or more of the following restrictive procedures: A. physical escort; B. physical holding; C.seclusion; and D.the limited use of mechanical restraint only for transporting a resident.) The license holder must have a restrictive procedures plan for residents that is approved by the commissioner of human services or corrections, and the plan must provide at least the following:					
	2960.0710, Subp. 2,A	the plan must list the restrictive procedures and describe the physical holding techniques which will be used by the program;					
	2960.0710, Subp. 2,B	how the license holder will monitor and control the emergency use of restrictive procedures;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 2,C	A description of the training that staff who use restrictive procedures must have prior to staff implementing the emergency use of restrictive procedures, which includes at least the following:					
	2960.0710, Subp. 2,C,(1)	The needs and behaviors of residents;					
	2960.0710, Subp. 2,C,(2)	relationship building;					
	2960.0710, Subp. 2,C,(3)	alternatives to restrictive procedures;					
	2960.0710, Subp. 2,C,(4)	de-escalation methods					
	2960.0710, Subp. 2,C,(5)	avoiding power struggles;					
	2960.0710, Subp. 2,C,(6)	documentation standards for the use of restrictive procedures;					
	2960.0710, Subp. 2,C,(7)	how to obtain emergency medical assistance;					
	2960.0710, Subp. 2,C,(8)	time limits for restrictive procedures;					
	2960.0710, Subp. 2,C,(9)	obtaining approval for use of restrictive procedures;					
	2960.0710, Subp. 2,C,(10)	requirement for updated training at least every other year; and					
	2960.0710, Subp. 2,C,(11)	the proper use of the restrictive techniques approved for the facility;					
	2960.0710, Subp. 2,D	the license holder must prepare a written review of the use of restrictive procedures in the facility at least annually; and					
	2960.0710, Subp. 2,E	the license holder must ensure that the resident receives treatment for any injury caused by the use of a restrictive procedure.					
Additional Training Requirements- Restrictive Procedures							
	2960.0710, Subp. 9	In addition to the training in subpart 2, item C, staff who use physical holding or seclusion must have the following training before using physical holding or seclusion with a resident: Training must be updated at least once every two years.					
	2960.0710, Subp. 9,A	A. documentation standards for physical holding and seclusion;					
	2960.0710, Subp. 9,B	B. thresholds for employing physical holding or seclusion;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 9,C	C. the physiological and psychological impact of physical holding and seclusion;					
	2960.0710, Subp. 9,D	D. how to monitor and respond to the resident's physical signs of distress;					
	2960.0710, Subp. 9,E	E. symptoms and interventions for positional asphyxia; and					
	2960.0710, Subp. 9,F	F. time limits and procedures for obtaining approval of the use of physical holding and seclusion.					
Quarterly Review of RP							
	2960.0710, Subp. 11	The Quarterly review must be done by the LH or the facility's advisory committee.					
	2960.0710, Subp. 11,A	The review must consider: any patterns or problems indicated by similarities in the time of day, day of the week, duration of the use of a procedure, individuals involved, or other factors associated with the use of restrictive procedures;					
	2960.0710, Subp. 11,B	any injuries resulting from the use of restrictive procedures;					
	2960.0710, Subp. 11,C	actions needed to correct deficiencies in the program's implementation of restrictive procedures					
	2960.0710, Subp. 11,D	an assessment of opportunities missed to avoid the use of restrictive procedures;					
	2960.0710, Subp. 11,E	proposed actions to be taken to minimize the use of physical holding and seclusion.					
Discipline Room Time- CORRECTIONS ONLY (NA-DHS)							
	2960.0710, Subp. 4,E,(1)	If disciplinary room time is used at the facility, the facility restrictive procedures plan must: (1) provide for a system of due process for residents who violate facility rules;					
	2960.0710, Subp. 4,E,(2)	(2) contain a written set of facility rules of conduct which includes a description of the consequences or penalties for infractions of facility rules; and					
	2960.0710, Subp. 4,E,(3)	(3) require that the written facility rules must be given to each resident and explained and made available to each resident at the time of admission. The facility rules must be explained to a resident in a language that the resident understands.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 8	Disciplinary room time must be used only for major violations and be used according to the facility's restrictive procedures plan.					
	2960.0710, Subp. 8,A	In addition to the restrictive procedures plan requirements in subpart 2, the license holder who uses disciplinary room time must meet the following requirements: A. the license holder must give the resident written notice of an alleged violation of a facility rule;					
	2960.0710, Subp. 8,B	B. the license holder must tell the resident that the resident has a right to be heard by an impartial person regarding the alleged violation of facility rules; and					
	2960.0710, Subp. 8,C	C. the license holder must tell the resident that the resident has the right to appeal the determination made by the impartial person in item B internally to a higher authority at the facility.					
Chemical Irritants-SECURE							
	2960.0360, Subp. 3,A	The license holder must have written policies approved by the licensing agency governing the use of chemical irritants and related chemicals.					
	2960.0360, Subp. 3,B,(1)	(1) Chemical irritants must not be used except by order of the facility administrator or person in charge to prevent a resident from seriously injuring the resident's self or others or to prevent damage to a substantial amount of property.					
	2960.0360, Subp. 3,B,(2)	(2) Decontamination must occur immediately after all uses of chemical irritant.					
	2960.0360, Subp. 3,B,(3)	(3) The documentation must include a description of what behavior on the part of the resident resulted in the use of chemical irritants, what alternative methods were considered along with a description of these methods, exactly what the decision to use chemical irritants was based on, and any other relevant factors.					
	2960.0360, Subp. 3,B,(4)	(4) Facility personnel authorized to use chemical irritants must have documented annual training in the use of chemical irritants and decontamination procedures.					
	2960.0360, Subp. 3,B,(5)	(5) A documented supervisory review must be conducted after an incident that resulted in the use of chemical irritants.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Program Services-ALL							
	2960.0080, Subp. 6	The license holder must develop a written schedule of daily activities that generally describes the resident's activities for each day of the week.					
	2960.0080, Subp. 6	The license holder must know the whereabouts of each resident. (PRACTICE)					
	2960.0080, Subp. 6	The license holder must immediately notify the referring or placing agency if a resident runs away or is missing. (PRACTICE)					
	2960.0080, Subp. 7,A	The LH must document the provision of culturally appropriate care to each resident that includes: Opportunities to associate with culturally and racially similar adults, peers, and role models; (PRACTICE)					
	2960.0080, Subp. 7,B	Opportunities to participate in positive experiences related to the resident's cultural and racial group; (PRACTICE)					
	2960.0080, Subp. 7,C	Culturally appropriate program services that address the needs of all residents in care, (PRACTICE)					
	2960.0080, Subp. 7,D	Cultural sensitivity, including the provision of interpreters and English language skill development to meet the needs of facility residents as required by Laws 1995, chapter 226, article 3, section 60, subdivision 2, paragraph (2), clause (v). (education requirement) (PRACTICE)					
	2960.0080, Subp. 8	Residents must be given an opportunity to participate in spirituality services, activities, and counseling on a voluntary basis. A resident must not be required to attend the services or activities. All spirituality services and activities must be held in a location that the residents who do not wish to participate are not exposed to the services or activities. Attendance or lack of attendance at religious services or activities must not be considered as a basis for any right or privilege in the facility. The LH must arrange with the clergy or spiritual leaders within the area to provide spiritual counseling if requested by a resident. Every effort must be made by the LH to accommodate a resident or a resident's family's request to meet the resident's spiritual needs, including spiritual needs related to the resident's culture, in the facility. If the resident's or resident's family's request cannot be met, the LH must document the reason. The LH shall allow residents who request private interviews or counseling regarding spiritual, personal, or family problems the opportunity to meet with a spiritual or religious person of their choice within reasonable facility rules needed to protect the facility's security and the safety of other residents and staff within the facility. (PRACTICE)					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 9,A	The LH must facilitate the resident's admission to an accredited public school or, if the resident is home-schooled or educated at a private school or school operated by the LH, the school must meet applicable laws and rules. (PRACTICE)					
	2960.0080, Subp. 10	The LH must develop and implement a plan that offers appropriate recreation for residents.					
Program Description -GRF							
	2960.0180, Subp. 2,A,(1)	The LH must prepare written program descriptions and policies and procedures that implement the program described. Measurable program outcomes must also be identified. The minimum program components must include: 1.)For group residential facilities offering educational services on site, there must be a 12-month comprehensive and continuous education program for residents that meets the requirements of Laws 1995, chapter 226, article 3, section 60, subdivision 2, clause (2)(ix), and rules of the Department of Education.					
	2960.0180, Subp. 2,A,(2)	2.) The LH must provide or coordinate the delivery of social services that, at a minimum, includes individual, group, and family counseling services.					
	2960.0180, Subp. 2,A,(3)	Policies and procedures must ensure that a trained staff person is available to counsel residents upon request and during times of crisis.					
Program Services-MH							
	2960.0590,	An applicant or license holder must offer services scheduled at accessible times that are appropriate to the resident's age or level of functioning to support achieving the goals and outcomes in the resident's treatment plan.					
	2960.0590, A	The license holder must offer individual and group psychotherapy that is designed to achieve the outcomes and meet the specific requirements of the resident's individual treatment plan and, when possible, help the resident reintegrate into the resident's family, the community, and a less restrictive setting than residential treatment.					
	2960.0590, A	The person providing individual and group psychotherapy must, at a minimum, qualify as a mental health practitioner who is supervised by a mental health professional.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0590, B	The LH must offer crisis assistance services designed to help the resident and family members recognize factors that precipitate a psychiatric crisis, anticipate behaviors and symptoms, and know the resources to use when crisis is imminent or occurs.					
	2960.0590, B	The person providing crisis assistance services must, at a minimum, qualify as a mental health practitioner and must be supervised by a mental health professional.					
	2960.0590, C,(1)	The LH must offer medication education designed to have the resident and family understand: (1)the role of psychotropic medication in the resident's treatment and the effect the medication may have on the resident's physical and mental health and					
	2960.0590, C,(2)	(2) the physical, emotional, or behavioral changes resulting from the resident's use, misuse, or refusal to use psychotropic medications prescribed.					
	2960.0590, C,(2)	The person who provides medication education must be a medically licensed person, or supervised by, a medically licensed person.					
	2960.0590, D	The LH must offer instruction in independent living skills designed to strengthen a resident's ability to function in a less restrictive environment than a residential treatment center. The services must support the resident in carrying out the tasks of daily living, encourage the development of self-esteem, and promote self-sufficiency. practitioner.					
	2960.0590, D	The person providing independent living skills services must either qualify as a mental health practitioner or as a staff person with direct contact who is supervised by a mental health practitioner.					
	2960.0590, E	The LH must offer recreation, leisure, and play activities. (1) the resident develops recreational skills. (2) the resident and family learn how to plan and participate in recreation and leisure activities.					
	2960.0590, E,(2)	The person providing recreation services must, at a minimum, qualify as a staff person with direct contact under the supervision of a mental health practitioner or a recreational therapist.					
	2960.0590, F	The LH must offer social and interpersonal skills development. (1) the resident develops and maintains friendships. (2) the resident communicates and interacts appropriately with peers and adults.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0590, F	The person providing social and interpersonal skills development must, at a minimum, qualify as a staff person with direct contact under the supervision of a mental health practitioner.					
	2960.0590, G	The LH must offer vocational skills development services designed to prepare the resident for the world of work by exploring the importance of such areas as use of time, acting responsibly, and working within the goal of an organization.					
	2960.0590, G	The person providing on site vocational services must, at a minimum, qualify as a mental health practitioner or must be a staff person with direct contact supervised by a mental health practitioner. (The LH may make vocational skills development services available to the resident through the school district either on the facility campus or at a site provided by the school district.)					
	2960.0590, H	The LH must offer assistance in parenting skills designed to achieve the outcome of parents using therapeutic parenting techniques that address management of specific behaviors or learning issues directly related to or resulting from the resident's emotional disturbance.					
	2960.0590, H	The person providing parenting skills services must be supervised by a mental health practitioner.					
	2960.0590, I	The LH must offer family support services designed to achieve these outcomes: (1) family members gain insight into family dynamics and resolving conflicts; (2) family members have broader family support, family goals, and improved family coping skills; (3) the resident is reintegrated into the resident's family and community.					
	2960.0590, I	The LH must provide Family support services at times, including evenings and weekends, that are mutually agreed upon by the resident's family and facility staff.					
	2960.0590, I	The person providing family support services must, at a minimum, qualify as a mental health practitioner.					
Required Services-CH							
	2960.0450, Subp. 2	A certificate holder must provide each resident at least 15 hours each week of the type and amount of services specified in each resident's individual treatment plan.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0450, Subp. 2	The certificate holder must provide the services in items A to C, unless the service is determined to be contrary to the resident's treatment plan by a licensed alcohol and drug counselor. Self-help groups must not be counted in the number of hours of service a program provides. The program must provide:					
	2960.0450, Subp. 2,A	a comprehensive resident evaluation that consists of a compilation of information from the resident, the resident's family, the referral source, and others and meets the requirements for an assessment in parts 2960.0070, subpart 5, items A and B, and 2960.0160, subpart 2, item E;					
	2960.0450, Subp. 2,B	individual and group counseling to help the resident identify and address problems related to chemical use and develop strategies for avoiding inappropriate chemical use after treatment;					
	2960.0450, Subp. 2,C	resident information concerning chemical health awareness, sexuality, health problems related to chemical use, and the necessary changes in lifestyle to regain and maintain health. Resident education must include information concerning the human immunodeficiency virus according to Minnesota Statutes, section 245A.19, and tobacco addiction and cessation resources.					
	2960.0450, Subp. 6	Location of service provision. The chemical dependency treatment services required in subpart 2 must be provided at the address stated on the certificate. Additionally, at least one-half of all of the required hours of service that a resident receives must be provided at the address on the certificate.					
Additional Services-CH							
	2960.0450, Subp. 3	A certificate holder may provide or arrange for the provision of additional chemical dependency treatment in this subpart as indicated in the resident's individual treatment plan.					
	2960.0450, Subp. 3,A	A. The program may provide family counseling to assist the resident in identifying the impact of inappropriate chemical use on others and to assist the resident and those closest to the resident in identifying and changing behaviors that contribute to inappropriate chemical use. Family counseling must be provided by a family therapist.					
	2960.0450, Subp. 3,B	The program may provide therapeutic recreation to provide the resident with an opportunity to participate in recreational activities without the use of mood-altering chemicals and to learn to plan and select leisure activities that do not involve the inappropriate use of chemicals.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0450, Subp. 3,C	The program may provide health monitoring, stress management, and physical well-being training by a medically licensed person or under the supervision of a medically licensed person to assist the resident in reaching and maintaining an acceptable level of health, physical fitness, and well-being.					
	2960.0450, Subp. 3,D	The program may provide living skills development to assist the resident in learning basic skills necessary for living in the larger community, including;					
	2960.0450, Subp. 3,D,(1)	employment or educational services to assist the resident in becoming financially independent;					
	2960.0450, Subp. 3,D,(2)	socialization skills development to assist the resident in living and interacting with others in a positive and productive manner.					
Services-TRANS							
	2960.0500, Subp. 6	The license holder must have written policies that identify program outcomes and promote the resident's development of independent living skills.					
	2960.0500, Subp. 6	The program services offered by the license holder must support the resident's reintegration into the community and be consistent with the resident's independent living plan.					
	2960.0500, Subp. 7	The license holder must measure, at least quarterly, the outcomes of services provided to the resident by the license holder that were intended to promote the resident's development of independent living skills.					
	2960.0500, Subp. 7,A	The documentation must note: A. whether the provided services promoted the development of independent living skills;					
	2960.0500, Subp. 7,B	B. the extent to which the resident has developed independent living skills; and					
	2960.0500, Subp. 7,C	C. the license holder's success in achievement of the program outcomes identified according to subpart 6.					
	2960.0500, Subp. 8	The license holder must monitor and annually evaluate the effectiveness of the facility's programs. The license holder must evaluate resident satisfaction with individual program services.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0500, Subp. 8	The license holder must use the information gathered from the evaluations and program monitoring as a guide to improve program services.					
	2960.0500, Subp. 9	The facility must have a board of directors or advisory committee that represents the interests, concerns, and needs of the residents and community served by the facility. The license holder must meet the requirements of subparts 6 to 9 instead of the requirements of part 2960.0060. (PROGRAM OUTCOMES MEASUREMENT, EVALUATION, AND COMMUNITY INVOLVEMENT.)					
	2960.0500, Subp. 12	The license holder must provide the following supervision (and document this)					
	2960.0500, Subp. 12,A	A. For a resident living in congregate or cooperative housing arrangements, the license holder must provide at least 12 hours of on-site supervision during weekday evening and early morning hours and 16 hours of supervision on weekends. (Documentation required)(NA-24 HR PROGRAMS)					
	2960.0500, Subp. 12,B	B. For a resident served by the transitional services program, the license holder must designate an on-call staff person who must be at least available by telephone or pager to respond to requests for assistance from a resident during hours when a staff person is not on site.					
	2960.0500, Subp. 12,B	A resident must be seen by a staff person at least three times per week.					
	2960.0500, Subp. 12,B	Each site where a resident resides must be visited by a staff person at least three times per week.					
	2960.0500, Subp. 12,C	C. The license holder must develop a supervision plan that is based on the youth served and approved by the licensing agency. Depending upon the assessment of the youth served by the program, the commissioner of human services may require the license holder to provide 24-hour supervision of residents.					
	2960.0500, Subp. 13,A	Services must include: A. counseling services, to help individual residents and their families;					
	2960.0500, Subp. 13,B	B. job services, to help residents prepare for or secure employment;					
	2960.0500, Subp. 13,C	C. living skills training, to help a resident prepare for independent living;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0500, Subp. 13,D	D. education services, to assist a resident to enroll in academic programs if the resident is not currently enrolled in a program; and					
	2960.0500, Subp. 13,E	E. related supportive services such as assistance in locating housing, budgeting, meal preparation, or other services, to meet the needs of the resident and improve the resident's ability to live independently.					
	2960.0500, Subp. 14,A	In Custodial minor parent programs the license holder must either provide or provide access to training in child development and parenting skills for custodial parents and					
	2960.0500, Subp. 14,B	AND child care services or access to child care services when custodial parents are in school, at work, or otherwise unable to care for their children.					
Health and Hygiene Services-ALL							
	2960.0080, Subp. 11,A,(1)	The LH's health services plan must include the requirements in subitems (1) to (3). 1) A pregnant resident must receive ongoing and appropriate prenatal care from a medically licensed person. The LH must provide information and resources on prenatal, postnatal, and parenting topics to a pregnant resident.					
	2960.0080, Subp. 11,A,(2)	2) The LH must ensure that appropriate medical and dental services are provided for the resident. The LH must comply with the requirements of the medical or dental insurance that covers the resident.					
	2960.0080, Subp. 11,A,(3)	3) The LH must consider a resident's request for a male or female health care provider. If a female resident requests a female health care provider, and one is not available, the LH must request permission from the health care provider that an adult female be allowed to be present during the health care procedure. If a male resident requests a male health care provider, and one is not available, the LH must request permission from the health care provider that an adult male be allowed to be present during the health care procedure.					
	2960.0080, Subp. 11,C	Maintaining stock supplies of prescription drugs at the facility is prohibited. (PRACTICE)					
	2960.0080, Subp. 11,D	The LH in consultation with a medically licensed person, must have a plan for the safe storage and delivery of medicine.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 11,D,(5)	A medically licensed person must provide consultation and review of the license holder's administration of medications at least monthly. (PRACTICE) (NR-MH)					
Psychotropic Medication-MH							
	2960.0620, Subp. 4	A medically licensed person must provide consultation and review of the license holder's administration of medications at least weekly.					
	2960.0620, Subp. 4	The consultation must review the license holder's compliance with subparts 5: Subp. 5. Psychotropic medication review. If a resident is prescribed a psychotropic medication, the license holder must conduct and document a psychotropic medication review as frequently as required by the physician, but at least monthly for the first six months and at least quarterly thereafter. The license holder must consider and document items A to D at the quarterly review and provide the information to the physician for review: A. targeted symptoms and behaviors of concern; B. data collected since the last review; C. side effects observed and actions taken; and D. status of the resident's goals in the individual treatment plan.					
	2960.0620, Subp. 4	AND compliance with Subp. 6: Informed consent. The license holder must obtain informed consent before any nonemergency administration of psychotropic medication. To the extent possible, the resident must be informed and involved in the decision making. A. Informed consent is required either orally or in writing before the nonemergency administration of psychotropic medication, except that for antipsychotic or neuroleptic medication, informed consent must be in writing. B. Informed consent for any psychotropic medication must be renewed in writing at least yearly. C. Informed consent must be obtained from an individual authorized to give consent.D. Informed consent is not necessary in an emergency situation where the physician determines that the psychotropic medication is needed to prevent serious and immediate physical harm to the individual or others.E. Informed consent must be obtained by the license holder within 30 days to continue the use of psychotropic medication for a resident admitted with prescribed psychotropic medication.					
Program Services-DETENTION							
Detention- Visiting/Communication							
	2960.0270, Subp. 5	A license holder must have a written visitation plan.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0270, Subp. 5,A	A resident may visit, at reasonable times of the day, with parents, relatives, or other adults who were responsible for the resident's care before the resident was admitted to the facility, unless the license holder has convincing evidence that such a visit would not be in the best interest or welfare of the resident.					
	2960.0270, Subp. 5,B	The facility administrator must set a facility-wide visiting policy regarding visitors, other than those described in item A. Visitors may be monitored, but notice of monitoring must be posted in the visiting area. The administrator may limit visits by persons other than those described in item A to scheduled visiting hours. Scheduled visiting hours must include mornings, evenings, weekdays, and weekends. A minimum of eight scheduled hours per week must be maintained for visiting.					
	2960.0270, Subp. 5,C	Visits by an attorney, probation officer, case worker, or religious or spiritual counselor are allowed and must be permitted to take place in private.					
	2960.0270, Subp. 5,D	The license holder must request visitors to register upon arrival at the facility; give their name, address, and relationship to the resident; and produce a reliable form of identification. If a visit is denied, the resident and visitor must be given the reason for denial and the reason must be documented in the resident's file.					
	2960.0270, Subp. 9	The license holder must implement a plan for handling resident mail and resident telephone use that is consistent with established legal rights of juveniles and reasonable and necessary facility regulations to protect the facility's security.					
Detention Education Program							
	2960.0270, Subp. 7	If the license holder suspects that a resident has a disability, and educational evaluation must be conducted according to applicable rules to determine if the resident has a disability. The license holder must ensure that the appropriate evaluation is completed and must assist a student who has disabilities and needs special education and related services to obtain those services.					
Detention Exercise and Recreation							
	2960.0270, Subp. 8	The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents.					
	2960.0270, Subp. 8,A	The plan must provide for and include: Regulations that are reasonable and necessary to protect the facility's security and the residents' welfare;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0270, Subp. 8,B	Provisions for a minimum of two hours of daily preplanned exercise or activities supervised and directed by trained staff and recreational activities and leisure time activities, excluding time spent watching television;					
Detention Clothing Requirements							
	2960.0250, Subp. 5	The license holder may determine the type of clothing a resident must wear. However, uniforms are discouraged and the license holder must consider the resident's cultural dress customs when developing resident clothing policies.					
	2960.0270, Subp. 10,A	A resident must have neat, clean clothing that is appropriate for the season. The license holder must provide the resident with clothing if the resident does not have clothing.					
Program Services-SECURE							
	2960.0320, A	Services offered must include: A.intensive regular and special educational programs, with an individual educational plan for each resident who has a disability and needs special education and related services; and					
	2960.0320, B	B. specific educational components that meet the resident's program services needs for the management of anger, nonviolent conflict resolution, mental health, and other program services needs, such as physical abuse, cultural and ethnic heritage, gender, parenting education, and program services to educate sex offenders about sexuality and address issues specific to victims and perpetrators of sexual abuse.					
	2960.0400,	When a resident requires hospitalization, the resident must be supervised on a 24-hour-a-day basis unless the conditions in items A and B have been satisfied: A. the facility administrator has determined that the resident does not need custody supervision; or B. the resident is incapacitated in the opinion of the attending physician.					
Program Services-CORRECTIONS							
CORRECTIONS-Programs							
	2960.0550, Subp. 4,B,(1)	The program services included:(1) social and interpersonal skills development to achieve the outcomes in units (a) to (d): (a) the resident resolves conflict in an appropriate manner; (b) the resident develops and maintains supportive relationships; (c) the resident communicates and interacts appropriately with peers and adults; and (d) the resident is aware of race and gender bias issues;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0550, Subp. 4,B,(2)	(2) chemical use and abuse awareness;					
	2960.0550, Subp. 4,B,(3)	(3) correctional programming to achieve the outcomes in units (a) and (b): (a) the resident makes reparations for past behavior; and (b) the resident addresses relationships with the resident's family, community, and school; and					
	2960.0550, Subp. 4,B,(4)	(4) transition and life skills development to achieve the outcomes in units (a) and (b): (a) the resident practices age appropriate self-care and self-reliance; and (b) the resident is released with a place to live, a plan for constructive daily activity, a means of financial support, and a system to support continued progress in the community.					
	2960.0550, Subp. 5,D,(1)	The physical exercise and recreation plan must include at least the following requirements: (1) regulations that are reasonable and necessary to protect the facility's security and the resident's welfare;					
	2960.0550, Subp. 5,D,(2)	(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;					
CORRECTIONS-Supervision Required							
	2960.0560, Subp. 3,A	The program director must: A.supervise the development of each resident's individual treatment plan;					
	2960.0560, Subp. 3,B	B.be involved in the resident's treatment planning process and sign the resident's individual treatment plan;					
	2960.0560, Subp. 3,C	C.supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress; and					
	2960.0560, Subp. 3,D	D. Document on a biweekly basis a review of all the program services provided for the resident in the preceding week.					
Emergency Plans-GRF							
	2960.0080, Subp. 14	The license holder must develop a written emergency plan that specifies actions by staff and residents required for the protection of all persons in the case of an emergency or other situation that may require a law enforcement response or other emergency					
	2960.0080, Subp. 14	fire					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 14	natural disaster					
	2960.0080, Subp. 14	serious illness					
	2960.0080, Subp. 14	severe weather					
	2960.0080, Subp. 14	disappearance of a resident					
	2960.0080, Subp. 14	The plan must be developed with the advice of the local fire and emergency response authorities. (HOW DOES THE LH SHOW OR DOCUMENT THAT THIS WAS DONE)					
	2960.0080, Subp. 14	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.					
Outcomes and Program Evaluation- ALL							
	2960.0060, Subp. 1	The license holder must have written policies that identify program outcomes and promote the resident's development as a physically and mentally healthy person. The program services offered by the license holder must be consistent with the resident's case plan.					
	2960.0060, Subp. 2	The LH must ensure measurement of the outcomes of the LH's services intended to promote the resident's development as physically and mentally healthy persons.					
	2960.0060, Subp. 2	The measurement must note the degree to which the LH's services provided to the resident or the resident's family have been successful in achieving the intended outcome of the services offered to the resident and the resident's family.					
	2960.0060, Subp. 2	The LH must measure the success in achieving the outcomes identified in the LH's policy statement required by subpart 1.					
	2960.0060, Subp. 3,A,(1)	The LH must annually evaluate strengths and weaknesses of the program using at least these performance indicators: accidents;					
	2960.0060, Subp. 3,A,(2)	the use of restrictive procedures					
	2960.0060, Subp. 3,A,(3)	grievances;					
	2960.0060, Subp. 3,A,(4)	adverse findings, allegations of maltreatment under Minnesota Statutes, section 626.556, citations, and legal actions against the LH;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0060, Subp. 3,A,(5)	results of a resident and family satisfaction survey required in part 2960.0140, subpart 1;					
	2960.0060, Subp. 3,A,(6)	information from subparts 1 and 2; (Outcomes and outcome measures)					
	2960.0060, Subp. 3,A,(7)	critical incidents.					
	2960.0060, Subp. 4	The LH must use the program evaluation reports and findings in subpart 3 as a basis to make improvements in its programs.					
	2960.0060, Subp. 6	Each facility must have a board of directors or advisory committee that represents the interests, concerns, and needs of the residents and community being served by the facility.					
	2960.0060, Subp. 6	The board of directors or advisory committee must meet at least annually.					
	2960.0060, Subp. 6	The license holder must meet at least annually with community leaders representing the area where the facility is located to advise the community leaders about the nature of the program, the types of residents served, the results of the services the program provided to residents, the number of residents served in the past 12 months, and the number of residents likely to be served in the next 12 months.					
Satisfaction Survey -GRF							
	2960.0140, Subp. 1,A	The LH must attempt to survey each released resident, the resident's parents or legal guardians and custodians, and the referring agency regarding the LH's satisfaction with the services in subitems (1) to (7):(Or may request to do a random sample) PRACTICE					
	2960.0140, Subp. 1,A,(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;					
	2960.0140, Subp. 1,A,(2)	the accuracy, usefulness, and appropriateness of the screening and assessment of the resident's physical and emotional well-being and functioning;					
	2960.0140, Subp. 1,A,(3)	provisions for the resident's safety;					
	2960.0140, Subp. 1,A,(4)	support of the resident's regular and special education, related services, and support for implementing the resident's individual education plan;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0140, Subp. 1,A,(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;					
	2960.0140, Subp. 1,A,(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					
	2960.0140, Subp. 1,A,(7)	support of family and community reintegration, if appropriate.					
	2960.0140, Subp. 1,B	The results of each resident's survey must be available on file in the facility for review for at least two inspection cycles.					
Requirements-CORRECTIONS							
	2960.0570, Subp. 2	The certification holder must report critical incidents and the disposition of the critical incidents to the Department of Corrections. Critical incidents that involve or endanger the lives or safety of facility staff or residents must be reported in writing to the certifying authority within ten days on forms approved by the certifying authority.					
	2960.0570, Subp. 3,A	The license holder must have security policies and procedures that include: A. control and recovery of contraband;					
	2960.0570, Subp. 3,B	B. delivery and service procedure;					
	2960.0570, Subp. 3,C	C. prohibition of firearms and other weapons in resident areas;					
	2960.0570, Subp. 3,D	D. search procedures;					
	2960.0570, Subp. 3,E	E. escort of residents outside security area;					
	2960.0570, Subp. 3,F	F. one-half hour interval security inspection routines when residents are not under direct supervision;					
	2960.0570, Subp. 3,G	G. lock and key procedures;					
	2960.0570, Subp. 3,H	H. inspection of physical plant procedures					
	2960.0570, Subp. 3,I	I. count procedures;					
	2960.0570, Subp. 3,J	J. weapons, tools, equipment, medications, and hazardous substances; and					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0570, Subp. 3,K	K. use of chemical irritants.					
Requirements-DETENTION							
DETENTION-Program Description							
	2960.0270, Subp. 2	License holders must have a policy and procedures manual reviewed by the commissioner of corrections that is readily available to staff.					
	2960.0270, Subp. 2	The policy manual must contain policies and procedures for all aspects of the facility's operation. The license holder must ensure that the policies and procedures in the manual safeguard residents' rights and require the provision of basic services to residents.					
	2960.0260, Subp. 1	The license holder must develop a classification plan that is consistent with the license holder's statement of intended use. The license holder must house residents in living units according to the classification plan. Resident classification criteria for living unit assignment must include consideration of at least the following factors: age, developmental level, gender, physical aggressiveness, delinquent sophistication, and abscond risk. The classification plan must be reviewed and approved by the commissioner of corrections.					
	2960.0260, Subp. 3	The license holder must take special precautions when a resident is considered likely to have sexually abusive behavior. The license holder must screen the resident to determine which precautions may be appropriate, give the resident an individual sleeping room, and direct staff to pay special attention to the resident's interactions with others. The license holder's care for a resident likely to have sexually abusive behavior must protect the resident, other residents, staff, and the community. The license holder must consider the vulnerability of other residents in the facility.					
	2960.0270, Subp. 16	The license holder must report information and statistics about program services, outcomes, and data about residents in the license holder's facility to the commissioner of corrections according to Minnesota Statutes, section 241.021, subdivision 1, paragraph (a).					
DETENTION-EMERGENCY PROCEDURES							
	2960.0270, Subp. 11	The license holder must develop a written emergency plan with procedures for the protection and evacuation of all persons in the case of fire, explosion, flood, tornado, or other emergencies.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0270, Subp. 11	The emergency plan must provide for immediate and effective action in the event of hostage incidents, escape and escape attempts, suicide and attempted suicide, any illness or accident considered an emergency, power failure, major resident disturbances, assaults, and outbreaks or epidemics of contagious disease.					
Detention-Maintenance Plan							
	2960.0270, Subp. 15,B	The license holder must ask the local health authority and fire marshal to inspect the facility annually for health, sanitation, and fire safety conditions.					
	2960.0270, Subp. 14,C	The license holder, in cooperation with the facility's governing body, must develop plans, policies, and procedures to detect and correct building and equipment deterioration, safety hazards, and unsanitary conditions in the early stages of their development and provide for their repair, correction, or modification.					
	2960.0290, Subp. 2	The facility must maintain in its file the reports of insurance, inspections, occupational safety and health administration reports, incident reports, and reports of health, fire, and other safety inspections.					
General-SECURE							
SECURE-Policy							
	2960.0340, Subp. 4	A secure facility providing correctional program services must have written plans governing space arrangements and procedures to follow in the event of a group arrest that exceeds the maximum capacity of the facility. These plans must be reviewed at least annually and updated.					
	2960.0380, Subp. 2	When not in use, tools must be kept in locked storage areas. Security precautions must be developed and implemented regarding any tools entering or leaving the facility.					
	2960.0360, Subp. 2	The facility must be regularly inspected for contraband, evidence of breaches in security, and inoperable security equipment.					
	2960.0360, Subp. 2	Materials delivered to or transported from the facility must be inspected for contraband prior to distribution.					
	2960.0360, Subp. 1,A	A license holder who offers correctional program services must develop security policies and procedures regarding the following: A. control and recovery of contraband;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0360, Subp. 1,B	B. delivery and service procedures;					
	2960.0360, Subp. 1,C	C. prohibition of firearms and other weapons in resident areas and measures to ensure that weapons are inaccessible to residents;					
	2960.0360, Subp. 1,D	D. search procedures;					
	2960.0360, Subp. 1,E	E. escort of residents outside the secured area; and					
	2960.0360, Subp. 1,F	F. one-half hour interval well-being checks, when residents are not under direct supervision.					
	2960.0390, Subp. 1	A facility must have a written statement specifying the system used to regularly count the number of residents in the facility.					
	2960.0390, Subp. 2	There must be a resident count at least once each eight hours.					
	2960.0390, Subp. 3	A system for counting must include procedures that account for the total number of residents at any given time. Changes in the number of residents must be documented and reported immediately.					
Personnel Policies-ALL							
	2960.0100, Subp. 1,B	The license holder must have a staffing plan that: identifies the assignments of facility staff;					
	2960.0100, Subp. 2	Recruitment of culturally balanced staff. To the extent permitted by law, it is the license holder's responsibility to actively recruit, hire, and retain full-time staff who are responsive to the diversity of the population served. PRACTICE					
	2960.0100, Subp. 2	In addition, the license holder must contact a cultural or racial community group related to the resident's cultural or racial minority background and seek information about how to provide opportunities for the resident to associate with adult and peer role models with similar cultural and racial backgrounds on a regular basis. The license holder must maintain annual documentation regarding the license holder's efforts to meet the requirements of this subpart.					
	2960.0030, Subp. 9	The license holder must have a policy that prohibits license holders, employees, subcontractors, and volunteers, when directly responsible for residents, from abusing prescription medication or being in any manner under the influence of a chemical that impairs or could impair the person's ability to provide services or care for a resident.					

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Personnel-CH							
	2960.0450, Subp. 3,A	If the program provides family counseling: Family counseling must be provided by a family therapist.					
	2960.0450, Subp. 4	Chemical dependency treatment services must be provided by a qualified alcohol and drug counselor unless the individual is specifically qualified according to the accepted professional standards.					
	2960.0450, Subp. 5	A volunteer or student intern may provide chemical dependency treatment services if under the direct supervision of the license holder or a qualified staff person.					
	2960.0470, Subp. 1	Program director required. Each certificate holder must have a program director. The program director must be under contract or employed full time by the license holder.					
	2960.0470, Subp. 2	Alcohol and drug counselor supervisor requirements. A rehabilitation program must employ an alcohol and drug counselor supervisor who meets the requirements of part 2960.0460, subpart 4. (THIS REQUIREMENT IS IN THE PERSONNEL RECORD SECTION.) An individual may be simultaneously employed as the program director, an alcohol and drug counselor supervisor, and a licensed alcohol and drug counselor if the individual meets the qualifications for each position.					
	2960.0470, Subp. 2	If a licensed alcohol and drug counselor is simultaneously an alcohol and drug counselor supervisor or program director, that individual must be considered a 0.5 full-time equivalent licensed alcohol and drug counselor for purposes of meeting the staffing requirements under subpart 3.					
	2960.0470, Subp. 3	Staffing requirements. If a chemical dependency treatment service is being provided, the group size must not exceed ten residents per qualified alcohol and drug counselor present.					
	2960.0470, Subp. 3	A license holder serving adolescents must have at least one alcohol and drug counselor for each ten or fewer adolescent residents who are chemically abusive or dependent.					
	2960.0460, Subp. 8	Overnight staff. Overnight staff may not admit, transfer, or discharge residents, but may serve as the person in charge of the facility required in part 2960.0150, subpart 3, item B.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Personnel-DETENTION							
DETENTION-Staff Qualifications							
	2960.0240, Subp. 1,A	A. The license holder must have written job descriptions for all position classifications and post assignments that define responsibilities, duties, and qualifications needed to perform those duties. The job description must be readily accessible to all employees.					
	2960.0240, Subp. 1,B	Staff who supervise residents must be at least 21 years old. Persons older than 18 years old but younger than 21 years old may be employed if they are enrolled or have completed course work in a postsecondary education program to pursue a degree in a behavioral science.					
	2960.0240, Subp. 4,A	The license holder must provide staff training. A. The license holder must develop and implement a training plan for orientation and continuing in-service training programs for all employees and volunteers. The plan must enable personnel to improve their knowledge, skills, and abilities and promote awareness and appreciation of, and sensitivity to, the cultural background and needs of the residents served by the facility.					
	2960.0240, Subp. 4,A,(1)	The training and development plan must: be documented and be descriptive of the course curriculum, methods of instruction, and objectives of instruction;					
	2960.0240, Subp. 4,A,(2)	(2) be reviewed annually and revised according to the facility's assessment of its training needs; and					
	2960.0240, Subp. 4,A,(3)	(3) include specific expectations regarding the amount of training time required for personnel in various positions.					
DETENTION-Staff Pattern							
	2960.0240, Subp. 3,J	The license holder must prepare and obtain approval from the commissioner of corrections of a written staffing plan that shows staff assignments and meets the needs of the residents in placement. (J) Staffing plans must be readily available for each licensing inspection.					
	2960.0240, Subp. 3,A	The license holder must designate a chief administrator of each facility.					
	2960.0240, Subp. 3,B	In the temporary absence of the chief administrator, a staff person must be designated as the person in charge of the facility.					

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	2960.0270, Subp. 1	Upon request, the license holder must provide the names and addresses of the owners, board members, or controlling individual, and an organizational chart depicting organizational authority over the program to the commissioner of corrections.					
	2960.0240, Subp. 3,C	The license holder must designate a program director of the facility. A program with more than 24 residents must have a full-time program director.					
	2960.0240, Subp. 3,D	The license holder must not assign staff in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents by requiring staff of the opposite sex to perform the following duties: (1) strip searches; (2) witnessing or assisting at internal body searches; (3) direct visual supervision of residents during showers or lavatory use; and (4) assisting a resident with a personal hygiene activity if assisting the resident with the hygiene activity would require the staff person to view the resident unclothed or to touch the genitals, buttocks, or breasts of the resident.					
	2960.0240, Subp. 3,D	The written staffing plan must include a contingency plan that ensures an immediate response by on-call staff of the same gender, who must be available when needed, to maintain the resident's privacy in situations described in subitems (1) to (4)(above) and meet the needs of residents during times when the resident feels vulnerable or is deemed by staff to be vulnerable.					
	2960.0240, Subp. 3,D	The license holder may assign medically licensed staff and purchase the services of persons who are medically licensed to care for or treat residents of the opposite sex. However, if a resident asks that a medically licensed person of the same sex perform the procedures in subitem 2 (internal body searches), the license holder must provide same sex medically licensed personnel to perform internal body searches. Medically licensed personnel must perform the duties in subitem (2)(internal body searches).					
	2960.0240, Subp. 3,D	When the requirements of this item are not fully met, the license holder must document the circumstances and reasons the requirements were not met and document what the license holder will do to prevent a recurrence of the failure to fully meet the requirements of this item. The documentation of failure to meet the requirements of this item and the description of what the license holder will do to prevent a recurrence of the failure must be kept on file at the facility for at least two years or until the next licensing renewal inspection, whichever period is longer.					

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	2960.0240, Subp. 3,E	The minimum number of staff who have direct contact that must be present and awake when residents are present is one staff person per 12 residents. At a minimum, one staff person per 25 residents must be present and awake at all times in the facility when residents are normally asleep.					
	2960.0240, Subp. 3,H	The staffing plan must be appropriate for the program services offered to the resident and the condition of the resident.					
	2960.0240, Subp. 3,H,(1)	The license holder must consider the factors in subitems (1) to (9) when developing the staffing plan:(1.) The age of the resident being served;					
	2960.0240, Subp. 3,H,(2)	(2) the resident's physical and mental health;					
	2960.0240, Subp. 3,H,(3)	(3)the vulnerability of the resident;					
	2960.0240, Subp. 3,H,(4)	(4)the resident's capacity for self-preservation in the event of an emergency;					
	2960.0240, Subp. 3,H,(5)	(5)the degree to which the resident may be a threat to self or others;					
	2960.0240, Subp. 3,H,(6)	(6) the risk of the resident absconding;					
	2960.0240, Subp. 3,H,(7)	(7) the gender of the resident;					
	2960.0240, Subp. 3,H,(8)	(8) the disability of the resident; and					
	2960.0240, Subp. 3,H,(9)	(9) the number and types of educational service programs offered or coordinated for the resident.					
	2960.0240, Subp. 3,I	I. Physical plant features and characteristics must also be considered when approving the program's staffing plan.					
	2960.0270, Subp. 8,D	The license holder must implement a plan that provides opportunities for physical exercise and recreational activities for residents including: D.provisions for outdoor recreational space, equipment, and support staff for outdoor recreational program services, except that this item does not apply to eight-day and 24-hour temporary holdover facilities.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
DETENTION-Staffing Temporary Holdover							
	2960.0240, Subp. 3,F,(1)	Minimum staffing requirements for temporary holdover facilities are described in subitems (1) to (5). 1) No person may be housed in a temporary holdover facility without at least one staff person on duty, awake, alert, and capable of responding to the reasonable needs of a resident in the facility.					
	2960.0240, Subp. 3,F,(2)	(2) Staff must not be placed in positions of responsibility for the supervision and welfare of a resident of the opposite gender in circumstances that can be described as an invasion of privacy, degrading, or humiliating to the resident. Male staff must not supervise female residents except in activity areas and only when female staff are on duty and present in the facility. Female staff may supervise male residents, provided resident privacy is protected and visual and audio monitoring equipment is operating and constantly attended by other staff.					
	2960.0240, Subp. 3,F,(3)	(3) One staff person may supervise up to four juveniles at one time, provided they are all of the same gender. Two staff persons are required to be on duty if five or more juveniles are being detained in a nonsecure temporary holdover facility.					
	2960.0240, Subp. 3,F,(4)	(4) Staff supervising residents in a secure 24-hour temporary holdover facility must remain at their posts at all times. Staff must document residents' behavior at 30-minute intervals.					
	2960.0240, Subp. 3,F,(5)	(5) In eight-day temporary holdover facilities having both secure and nonsecure detention beds, two staff persons must be on duty when five or more residents are being detained. If all detention beds are secure, a minimum of one staff person must be on duty during each shift.					
DETENTION- Volunteer Services							
	2960.0240, Subp. 3,G	The license holder must designate a person to coordinate volunteer services, if volunteers are used by the facility.					
	2960.0240, Subp. 3,G	The license holder must have a system for registration and identification of volunteers.					
	2960.0240, Subp. 3,G	Volunteers who have unsupervised contact with residents must have a background check.					
	2960.0240, Subp. 3,G	The license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.					

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Personnel-CORRECTION							
CORRECTION- Staffing Plan							
	2960.0560, Subp. 1,A	A facility having 25 or more residents must have at least one staff person designated to develop, implement, and coordinate recreational programs for the residents. The person designated to develop, implement, and coordinate the recreational programs must have the training or experience needed to perform the duties of the position. (This is in addition to the staffing plan approval criteria in parts 2960.0100 and 2960.0150, subpart 3, (ALL and GRF standards)					
	2960.0560, Subp. 1,B	In coeducational or female-only programs, female resident housing units must, at a minimum, have one female staff person on duty during night time hours. The license holder must exceed the minimum staff-to-resident ratio if necessary to meet this requirement.					
CORRECTIONS-Staff Qualifications							
	2960.0560, Subp. 2,A	The license holder must designate an individual as: A.the administrator, who must have at least a bachelor's degree in the behavioral sciences, public administration, or a related field. The administrator must be responsible for ongoing operation of the facility, and maintenance and upkeep of the facility.					
	2960.0560, Subp. 2,B,(1)	B. The program director, who must have the qualifications in subitems (1) and (2): (1)a bachelor's degree in the behavioral sciences or a related field with at least two years of work experience providing correctional services to residents;					
	2960.0560, Subp. 2,B,(2)	and (2) one year of experience or training in program administration and supervision of staff.					
CORRECTIONS-Staff Orientation and Development							
	2960.0560, Subp. 4	A staff person who provides correctional program services must complete orientation training related to the specific job functions for which the staff person was hired and the needs of the residents the person is serving, during the first 45 calendar days of employment, and before assuming sole responsibility for care of residents.					
	2960.0560, Subp. 4,A	Initial staff orientation training. must include:A.the license holder's policies and procedures related to correctional program services;					
	2960.0560, Subp. 4,B	B.resident rights;					
	2960.0560, Subp. 4,C	C.emergency procedures;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0560, Subp. 4,D	D.policies and procedures concerning approved restrictive procedures;					
	2960.0560, Subp. 4,E	E.rules of conduct and policies and procedures related to discipline of the residents;					
	2960.0560, Subp. 4,F	F. emergency and crisis services; and					
	2960.0560, Subp. 4,G	G. problems and needs of residents and their families.					
	2960.0560, Subp. 5	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.					
	2960.0560, Subp. 5,A	The plan must: A. be developed within 90 days after the person begins employment and at least annually thereafter;					
	2960.0560, Subp. 5,B	B. meet the staff development needs specified in the person's annual employee evaluation; and					
	2960.0560, Subp. 5,C	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.					
Staffing Plan-GRF							
	2960.0150, Subp. 1	The license holder must have written job descriptions for all position Classifications and post assignments that define the responsibilities, Duties, and qualifications staff need to perform those duties. The job descriptions must be readily available to all employees.					
	2960.0150, Subp. 3,A	The LH must use the criteria in items A to J to develop the facility's staffing plan: A) The LH must designate a chief administrator of each facility.					
	2960.0150, Subp. 3,B	B) In the temporary absence of the chief administrator, a staff person must be designated as a person in charge of the facility.					
	2960.0150, Subp. 3,C	C) The LH must designate a program director of the facility. A program with more than 24 residents must have a full-time program director.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0150, Subp. 3,D	D) The LH must not assign staff who supervise residents in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents by requiring staff of the opposite gender to perform the following duties: (IF LH PROCEDURE) 1)strip searches; 2)witnessing or assisting at internal body searches (NOT DHS); 3)direct visual supervision of residents during showers or baths; 4) assisting a resident with a personal hygiene activity if assisting the resident with the hygiene activity would require the staff person to view the resident unclothed or to touch the genitals, buttocks, or breasts of the resident.					
	2960.0150, Subp. 3,E,(1)	E) The written staffing plan must include a contingency plan that ensures an immediate response by on-call staff of the same gender as the resident when 1)supervision of a resident by staff of the same gender is required under item D (ABOVE)					
	2960.0150, Subp. 3,E,(2)	2) When necessary to meet the assessed needs of the resident as determined in part 2960.0070, subpart 5, item B, subitem (2) (Gender-specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff)					
	2960.0150, Subp. 3,E,(3)	3) When necessary to appropriately care for a resident who was a victim of sexual abuse.					
	2960.0150, Subp. 3,E	The contingency plan must include requirements which ensure that staff will document and tell other staff about the resident's need for supervision by staff of the same gender as the resident.					
	2960.0150, Subp. 3,E	The contingency plan must also require staff to document the actions taken by staff to implement the contingency plan for supervision of the resident by staff of the same gender.					
	2960.0150, Subp. 3,E	When the requirements of this item are not fully met, the LH must document the circumstances and reasons the requirements were not met and document what the LH will do to prevent a recurrence of the failure to fully meet the requirements of this item. The documentation of failure to meet the requirements of this item and the description of what the LH will do to prevent a recurrence of the failure must be kept on file at the facility for at least two years or until the next licensing renewal inspection, whichever period is longer.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0150, Subp. 3,F	F) The LH may assign medically licensed staff and purchase the services of persons who are medically licensed to care for or treat residents of the opposite sex. However, if a resident asks that a medically licensed person of the same sex perform the procedures in item D, subitem (2), the LH must provide same sex medically licensed personnel to perform the procedures in item D, subitem (2). Medically licensed personnel must perform the duties in item D, subitem (2).					
	2960.0150, Subp. 3,G	G) The minimum number of direct care staff that must be present and awake when residents are present and awake is one staff person per 12 residents. (NR-MH)					
	2960.0150, Subp. 3,G	At a minimum, one staff person per 25 residents must be present and awake at all times in the facility when residents are normally asleep. (NR-MH)					
	2960.0150, Subp. 3,G,(1)	Programs must meet the requirements of subitems (1) to (3) if they do not have awake staff at times when residents are normally asleep: (1)the program must be operated according to the houseparent model; (NR-MH)					
	2960.0150, Subp. 3,G,(2)	(2) the program must have fewer than 11 residents; and (NR-MH)					
	2960.0150, Subp. 3,G,(3)	(3) the program must have and follow a policy which explains when it will use awake staff to supervise residents at night. The policy must consider the age and condition and known or suspected behavior characteristics of the residents. (NR-MH)					
	2960.0150, Subp. 3,H	H) The LH must designate one full-time staff person for every 25 residents to coordinate resident treatment and case plans. (NR-MH)					
	2960.0150, Subp. 3,I	I) The LH must designate a person to coordinate volunteer services, if volunteers are used by the facility. The LH must have a system for registration and identification of volunteers.					
	2960.0150, Subp. 3,J,(1)	J) The LH must consider the factors in subitems (1) to (9) when developing the staffing plan: 1)the age of the resident being served;					
	2960.0150, Subp. 3,J,(2)	2) the resident's physical and mental health;					
	2960.0150, Subp. 3,J,(3)	3) the vulnerability of the resident;					
	2960.0150, Subp. 3,J,(4)	4) the resident's capacity for self-preservation in the event of any emergency;					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0150, Subp. 3,J,(5)	5) the degree to which the resident may be a threat to self or others;					
	2960.0150, Subp. 3,J,(6)	6) the risk of the resident absconding;					
	2960.0150, Subp. 3,J,(7)	7) the gender of the resident;					
	2960.0150, Subp. 3,J,(8)	8) the disability of the resident; and					
	2960.0150, Subp. 3,J,(9)	9) the number and types of education service programs offered or coordinated for the resident.					
	2960.0150, Subp. 4	The LH must develop an annual training plan for employees.					
	2960.0150, Subp. 4,A	Full-time and part-time direct care staff and volunteers must have sufficient training to accomplish their duties. The LH must determine the amount of training needed by considering an employee's position description, the tasks to be performed, and the performance indicators for the position.					
	2960.0150, Subp. 4,A	To determine the type and amount of training an employee needs, the LH must also consider the program's target population, the services the program delivers, and the outcomes expected from the services.					
Staffing Patterns-SHELTER							
	2960.0520, Subp. 4,A	During normal waking hours, when residents are present, a program certified to provide shelter services to residents must not have a ratio of staff who provide care services to residents less than the requirements of subitems (1) to (4): (1) at least one staff person to three residents, if the residents are less than six years old; (2) at least one staff person to four residents, if the residents are six to eight years old; (3) at least one staff person to six residents, if the residents are nine to 11 years old; and (4) at least one staff person to eight residents, if the residents are 12 to 18 years old.					
	2960.0520, Subp. 4,B	During normal sleeping hours, a program certified to provide shelter services to residents must maintain a ratio of staff who provide care services to residents which is not less than the requirements of subitems (1) and (2): (1) at least one staff person to seven residents, if the residents are less than nine years old; or (2) at least one staff person to 12 residents, if the residents are nine years old or older.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0520, Subp. 4,C	The license holder must not assign staff in a manner that invades the privacy of residents or embarrasses or diminishes the dignity of residents. The license holder may assign medically licensed staff and purchase the services of persons who are medically licensed to care for or treat residents of the opposite sex.					
Staff Pattern-SECURE							
	2960.0340, Subp. 1	A person working at the facility, who is not employed by the facility, must be under the general supervision of facility staff, unless that person has been trained in the facility's policies and procedures. No contact by such persons with residents is permitted.					
	2960.0340, Subp. 2	No employee may be scheduled for duty for two consecutive work periods except in a documented emergency, or when unusual circumstances require reasonable and prudent exception. No employee may work more than 16 hours in each 24-hour period.					
Staffing Patterns-MH							
	2960.0690, Subp. 2,A	The license holder must not have a ratio of staff who provide care services to residents of less than: A. at least one staff person to three residents, if the residents are less than six years old;					
	2960.0690, Subp. 2,B	B. at least one staff person to four residents, if the residents are six to eight years old;					
	2960.0690, Subp. 2,C	C. at least one staff person to six residents, if the residents are nine to 11 years old;					
	2960.0690, Subp. 2,D	D. at least one staff person to eight residents, if the residents are 12 to 18 years old.					
	2960.0690, Subp. 3	During normal sleeping hours, a license holder caring for residents younger than nine years old must provide at least one staff person for every seven residents present.					
	2960.0690, Subp. 3	During normal sleeping hours, a license holder caring for residents nine years old or older must provide at least one staff person for every 12 residents.					
	2960.0700, Subp. 3	During waking hours, the part of the facility providing treatment in a locked setting must provide at least a ratio of one treatment staff person to three residents. The staff-to-resident ratio for treatment in a locked facility does not apply during waking hours when residents are attending school out of that part of the facility.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0700, Subp. 3	During sleeping hours, the part of the facility providing treatment in a locked setting must provide at least two treatment staff persons to nine residents. At least one of the two treatment staff persons required during sleeping hours must be awake and present in that part of the facility.					
	2960.0700, Subp. 3	If the required second staff person is not awake and present in the locked setting, the program must ensure that the second staff person is in the immediate vicinity and may be readily contacted either by telephone, radio, or alarm to come to the immediate assistance of the staff person in the locked part of the facility.					
Clinical Supervision-MH							
	2960.0630, Subp. 1	The license holder must ensure that the residential program employs or contracts with a mental health professional to provide consultation relating to the planning, development, implementation, and evaluation of program services.					
	2960.0630, Subp. 2	A mental health professional must provide at least weekly face-to-face clinical supervision to staff providing program services to a resident.					
	2960.0630, Subp. 2,A	The MHP must provide clinical supervision of staff either individually or as a group;					
	2960.0630, Subp. 2,B	The MHP must document the clinical supervision of staff;					
	2960.0630, Subp. 2,C	The MHP must advise the facility director about the planning, development, and implementation of staff development and evaluation; and					
	2960.0630, Subp. 2,D	The MHP may provide consultation instead of clinical supervision to other mental health professionals under contract or employed by the license holder to provide program services to a resident.					
	2960.0630, Subp. 3	The license holder must ensure that the mental health professional can be reached for consultation about a mental health emergency, at least by telephone, within 30 minutes.					
	2960.0640, Subp. 2	The license holder must designate an individual as administrator.					
	2960.0640, Subp. 2	The administrator must be responsible for the ongoing operation of the facility and maintenance and upkeep of the facility.					

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0640, Subp. 3	The license holder must designate an individual as program director. The license holder must have at least one program director for every 50 residents receiving program services.					
Predatory Offender Notification							
	243.166, Subd. 4b,(d)	[(a) For the purposes of this subdivision, "health care facility" means a residential facility licensed under chapter 245A to provide adult mental health treatment or chemical dependency treatment to adults.] A health care facility that receives notice under this subdivision that a predatory offender has been admitted to the facility, shall notify other residents at the facility of this fact. If the facility determines that notice to a resident is not appropriate given the resident's medical, emotional, or mental status, the facility shall notify the patient's next of kin or emergency contact. PRACTICE (THE NOTICE DOES NOT HAVE TO INCLUDE THE NAME OF THE PREDATORY OFFENDER)(NA-DOC)					
PERSONNEL FILES							
All Programs - Background Studies							
	245C.04, Subd. 1,(c),(3),(iii)	DHS Background Study: The personnel file must contain the notice that a background study was undertaken and completed on or after October 1, 1995 on:					
	File 1	File 2	File 3	File 4	File 5		
	245C.03, Subd. 1,(3)	current employees or contractors who had direct contact with persons served by the facility, agency, or program;					
	File 1	File 2	File 3	File 4	File 5		
	245C.03, Subd. 1,(4)	volunteers or student volunteers who will have direct contact with persons served by the program to provide program services if the contact is not under the continuous, direct supervision by an individual listed in clause (3);					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	245C.20,	Each personnel file must contain documentation of the date that a completed background study form was submitted to the commissioner, which was prior to the date that the individual provided service that allowed direct contact with any client.					
	File 1	File 2	File 3	File 4	File 5		
	245C.20,	If the program does not received a response from the commissioner for a background study within 45 days of initiation of the background study request, the licensed program must contact the commissioner to inquire about the status of the study.					
	File 1	File 2	File 3	File 4	File 5		
	245C.13, Subd. 2,(a),(1)	Effective July 1, 2005, the subject of a background study may not provide direct contact services unless the subject of the study is under continuous, direct supervision of a supervising program staff, prior to the license holder receiving either: 1)a BGS clearance, or 2)a notice that more time is needed to complete the background study for the individual and the individual may provide direct contact services while the background study is being completed.					
	File 1	File 2	File 3	File 4	File 5		
	245C.22, Subd. 5	Set Aside of a Disqualification. If the commissioner sets aside a disqualification, the disqualified individual remains disqualified, but may hold a license and have direct contact with or access to persons receiving services. The set aside of a disqualification is limited solely to the licensed program, applicant, or agency specified in the set aside notice, unless otherwise specified in the notice.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Staff Qualifications-ALL							
	2960.0080, Subp. 11,D,(5)	The specific medication assistance training provided by the registered nurse to staff must be documented and placed in the unlicensed staff person's personnel records.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 6,A	The LH and staff must have the education and experience required to meet the functions and program activities that the LH declared in the facility statement of intended use according to part 2960.0040. The LH, or the LH's representative acting on behalf of the LH, must be a responsible, mature, healthy adult who is able to carry out the LH's duties. The LH and staff must be able to accomplish the LH's duties to the resident's case plan and treatment plan and meet the resident's needs.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 6,B	Staff must be trained in gender-based needs and issues.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 6,C	The LH and staff must be at least 21 years old unless stated otherwise in this chapter.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(6),(a)	staff must have completed at least the following training before they use time-out with a resident:the needs and behaviors of residents;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 5,D,(6),(b)	building relationships with residents;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(6),(c)	alternatives to time-out;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(6),(d)	de-escalation methods;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(6),(e)	avoiding power struggles with residents;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(6),(f)	documentation standards for the use of time-out;					
	File 1	File 2	File 3	File 4	File 5		
	245A.18, Subd. 2,(b)	EFFECTIVE 1/1/2006(b) Before a license holder, staff person, caregiver, or helper transports a child or children under age nine in a motor vehicle, the person transporting the child must satisfactorily complete training on the proper use and installation of child restraint systems in motor vehicles. (NA-DOC,DHS PROGRAMS WHICH DO NOT SERVE CHILDREN UNDER AGE 9)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	245A.18, Subd. 2,(c)	EFFECTIVE 1/1/2006 (c) Training required under this section must be at least one hour in length, completed at orientation or initial training, and repeated at least once every five years. At a minimum, the training must address the proper use of child restraint systems based on the child's size, weight, and age, and the proper installation of a car seat or booster seat in the motor vehicle used by the license holder to transport the child or children. (NA-DOC AND PROGRAMS WHICH DO NOT SERVE CHILDREN UNDER AGE 9)					
	File 1	File 2	File 3	File 4	File 5		
	245A.18, Subd. 2,(d)	EFFECTIVE 1/1/2006 (d) Training under paragraph (c) must be provided by individuals who are certified and approved by the Department of Public Safety, Office of Traffic Safety. License holders may obtain a list of certified and approved trainers through the Department of Public Safety Web site or by contacting the agency.(NA- DOC AND PROGRAMS WHICH DO NOT SERVE CHILDREN UNDER AGE 9)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5	If the staff person is responsible for administration of screenings upon admission of residents, the staff person must be trained for this duty.					
	File 1	File 2	File 3	File 4	File 5		
Staff Qualifications-MH							
	2960.0620, Subp. 4	The specific medication administration training provided by a medically licensed person to unlicensed personnel must be documented and placed in the unlicensed employee's personnel records.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0640, Subp. 2	The administrator must have at least a bachelor's degree in the behavioral sciences, health administration, public administration, or a related field such as special education or education administration.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0640, Subp. 3,A	The program director must have the qualifications in items A and B: A. a master's degree in the behavioral sciences or a related field with at least two years of work experience providing services to residents with severe emotional disturbance or have a bachelor's degree in the behavioral sciences or a related field with a minimum of four years of work experience providing services to residents with severe emotional disturbance;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0640, Subp. 3,B	AND B. one year of experience or training in program administration and supervision of staff.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0700, Subp. 4	Additional staff training. In addition to the training required in part 2960.0660, staff providing treatment in a locked setting must have at least eight hours of additional training annually in subjects that will improve the staff's ability to deal with residents who present a risk of harm to themselves or others.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
STAFF QUALIFICATIONS-CH							
	2960.0450, Subp. 5	A volunteer or student intern may provide chemical dependency treatment services if under the direct supervision of the license holder or a qualified staff person. A volunteer who has direct contact with residents is subject to a background check if the contact with a resident is not directly supervised by the license holder or staff. The program must provide a volunteer an orientation to the program, its purpose, and the population served.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 2	An employee working directly with residents must be at least 21 years of age and must, at the time of hiring, document meeting the qualifications in item A or B.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 2,A	A program director, supervisor, counselor, or any other person who has direct resident contact must be free of chemical use problems for at least the two years immediately preceding hiring and freedom from chemical use problems must be maintained during employment.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 2,B	Overnight staff must be free of chemical use problems for at least one year preceding their hiring and maintain freedom from chemical use problems during their employment.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0460, Subp. 3	Program director qualifications. In addition to meeting the requirements in subpart 2, the program director must know and understand the implications of parts 2960.0010 to 2960.0710 and Minnesota Statutes, sections 626.556 and 626.557.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 4	Alcohol and drug counselor supervisor qualifications. In addition to the requirements in subpart 2, the personnel file of an alcohol and drug counselor supervisor must include documentation that the individual meets the criteria in items A to C.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 4,A	The individual is competent in the areas in subpart 6, and the competency is documented According to subpart 7.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 4,B	the individual has three or more years of experience providing individual and group counseling to chemically dependent residents.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 4,C	The individual knows and understands the implications of parts 2960.0010 to 2960.0710 and Minnesota Statutes, sections 626.556 and 626.557.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0460, Subp. 5	Alcohol and drug counselor qualifications. In addition to the requirements in subpart 2, the personnel file of an alcohol and drug counselor must include:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 5,A	documentation of the individual's competency in the core functions presented in Minnesota Statutes, chapter 148C;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 5,B	documentation that the individual has had an additional 30 hours of classroom instruction in Adolescent development;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 5,C	documentation that the individual has had at least 150 hours of supervised experience as an adolescent alcohol and drug counselor, either as a student or as an employee.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 6	Counselor licensing. A counselor governed by Minnesota Statutes, chapter 148C, must have a current license according to parts 4747.0010 to 4747.1600. The commissioner of human services shall accept documentation of current licensure as satisfying the requirements in subpart 5.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0460, Subp. 7,A	For an alcohol and drug counselor not governed by Minnesota Statutes, chapter 148C, the department must consider a counselor qualified according to subpart 5, item A, if: the individual has at least a baccalaureate degree including 480 hours of alcohol and drug education in which each of the core functions in Minnesota Statutes, chapter 148C, is covered; and has successfully completed 880 hours of supervised experience as an alcohol and drug counselor, either as a student or as an employee;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 7,B	the individual has documented the successful completion of 270 clock hours of alcohol and drug counselor training, 60 hours of which have occurred within the last five years, including completion of 880 hours of supervised experience as an alcohol and drug counselor, either as a student or as an employee. The training must cover the core functions in Minnesota Statutes, chapter 148C; OR					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 7,C	the individual is certified by the Institute for Chemical Dependency Professionals of Minnesota, Inc., as a chemical dependency counselor or as a chemical dependency counselor reciprocal, through the evaluation process established by the Certification Reciprocity Consortium Alcohol and Other Drug Abuse, Inc., and published in the Case Presentation Method Trainers Manual, copyright 1993. This manual is incorporated by reference. It is available at the State Law Library, 25 Rev. Dr. Martin Luther King Jr. Blvd., Saint Paul, MN 55155. It is not subject to frequent change.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 8	The personnel file of overnight staff employed by a residential program must include the documentation required in subpart 7 and documentation of the individual's competency in the areas in items A to D:					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0460, Subp. 8,A	knowledge of resident rights and staff responsibilities as outlined in parts 2960.0050 and 2960.0150;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 8,B	knowledge of and ability to perform basic first aid procedures, including cardiopulmonary resuscitation and first aid for seizures, trauma, and fainting;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 8,C	crisis intervention techniques consistent with the program's protective procedures plan; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0460, Subp. 8,D	ability to notify the off-site, on-call supervisor regarding any unusual resident occurrences.					
	File 1	File 2	File 3	File 4	File 5		
Training Records-ALL							
	2960.0030, Subp. 9	The license holder must train employees, subcontractors, and volunteers about the program's drug and alcohol policy.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0100, Subp. 3	Orientation and in-service training. The license holder must provide training for staff that is modified annually to meet the current needs of individual staff persons.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 3	The training must be directly related to serving the program's target population and to achieving the program's outcomes.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 3	The license holder must ensure that staff who will have direct contact with residents attend and successfully complete orientation training before having unsupervised contact with residents.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 3,A,(1)	Orientation training must include at least the subjects in subitems (1) to (6): emergency procedures, including evacuation routes, emergency telephone numbers, severe storm and tornado procedures, and location of facility alarms and equipment;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 3,A,(2)	Maltreatment of Minors reporting requirements under Minnesota Statutes, sections 626.556;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	245A.65, Subd. 3	Each staff person received an orientation within 72 hours of first providing direct contact services to vulnerable adults, and annually thereafter to:					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	VULNERABLE ADULTS MALTREATMENT reporting requirements and definitions in sections 626.557 and 626.5572; AND					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	The LH's program abuse prevention plan; AND					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 3	all internal policies and procedures related to the prevention and reporting of maltreatment of individuals receiving services.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 3,A,(3)	cultural diversity and gender sensitivity, culturally specific services, and information about discrimination and racial bias issues to ensure that caregivers have cultural sensitivity and will be culturally competent to care for residents;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 3,A,(4)	general and special needs, including disability needs, of residents and families served;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0100, Subp. 3,A,(5)	operational policies and procedures of the license holder					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 3,A,(6)	data practices regulations and issues.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 3,B	The license holder must ensure that staff who have direct contact with residents receive ongoing training. Training must help staff meet the needs of residents and must include skills development.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0100, Subp. 5	The LH must document the date and number of hours of orientation and in-service training completed by each staff person in each topic area and the name of the entity that provided the training.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 14	Emergency plan. The license holder must review the emergency plan with staff at least once every six months.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Training-GRF							
	2960.0150, Subp. 4,B	Staff who have direct contact with residents must complete at least 24 hours of in-service training per year. One-half of the training must be skill development training. Staff who do not have direct contact and volunteers must complete in-service training requirements consistent with their duties, directly related to the needs of children in their care.					
	File 1	File 2	File 3	File 4		File 5	
	2960.0150, Subp. 4,D	Part-time direct care staff must receive sufficient training to competently care for residents. The amount of training must be provided at least at a ratio of one hour of training for each 50 hours worked, up to 24 hours of training per part-time employee per year.					
	File 1	File 2	File 3	File 4		File 5	
	2960.0150, Subp. 4,C,(1)	The LH must provide orientation and training to staff and volunteers regarding: culturally competent care;					
	File 1	File 2	File 3	File 4		File 5	
	2960.0150, Subp. 4,C,(2)	racial bias and racism issues;					
	File 1	File 2	File 3	File 4		File 5	
	2960.0150, Subp. 4,C,(3)	gender issues, including the psychosocial development of boys and girls;					
	File 1	File 2	File 3	File 4		File 5	

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0150, Subp. 4,C,(4)	sexual orientation issues; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0150, Subp. 4,C,(5)	physical, mental, sensory, and health-related disabilities, bias, and discrimination.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0150, Subp. 3,l	Volunteers who have unsupervised contact with residents must have a background check. The license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.					
	File 1	File 2	File 3	File 4	File 5		
STAFF TRAINING-RP							
	2960.0710, Subp. 9	Before a staff person uses restrictive procedures training must be completed and updaated every 2 years thereafter.					
	File 1	File 2	File 3	File 4	File 5		
Staff Orientation-MH							
	2960.0650, Subp. 1	A staff person who provides program services must complete orientation training related to the specific job functions for which the person was hired and that meets the needs of the residents the person is serving. Orientation including the following items must be completed during the first 45 calendar days of employment, and before assuming sole responsibility for the care of residents.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0650, Subp. 1,A	The Maltreatment of Minors Act, Minnesota Statutes, section 626.556, and the license holder's policies and procedures related to this statute;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 1,B	Residents' rights;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 1,C	Emergency procedures;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 1,D	Policies and procedures concerning approved physical holding and seclusion techniques, de-escalation techniques, and physical and nonphysical intervention techniques;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 1,E	Rules of conduct and policies and procedures related to discipline of residents served;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 1,F	Psychiatric emergencies and crisis services; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0650, Subp. 1,G	Problems and needs of residents with severe emotional disturbance and their families.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 2	Facility staff who do not provide program services must receive orientation training listed below.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 2	The Maltreatment of Minors Act, Minnesota Statutes, section 626.556, and the license holder's policies and procedures related to this statute;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 2	Emergency procedures;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0650, Subp. 2	Problems and needs of residents with severe emotional disturbance and their families.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0660, Subp. 1	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 program services.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0660, Subp. 1,A	The plan must be developed within 90 days after the person begins employment, and at least annually thereafter;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0660, Subp. 1,B	The plan must meet the staff development needs specified in the person's annual employee evaluation; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0660, Subp. 1,C	The plan must address training relevant to specific age, developmental, cultural, and mental health needs of the residents the person serves.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0660, Subp. 2	The license holder must ensure that staff who provide, supervise, or directly administer program services have sufficient training to be competent to deliver the mental health services assigned to that staff person.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0700, Subp. 4	In addition to the training required in part 2960.0660, staff providing treatment in a locked setting must have at least eight hours of additional training annually in subjects that will improve the staff's ability to deal with residents who present a risk of harm to themselves or others.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
PERSONNEL FILES- DETENTION							
DETENTION-Staff Qualifications							
	2960.0240, Subp. 2	The license holder must maintain documentation showing that licensure is current for staff whose positions require professional licensure.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0240, Subp. 1,B	Staff who supervise residents must be at least 21 years old. Persons older than 18 years old but younger than 21 years old may be employed if they are enrolled or have completed course work in a postsecondary education program to pursue a degree in a behavioral science.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0240, Subp. 3,G	The license holder must require volunteers to agree in writing to abide by facility policies. Volunteers must be trained and qualified to perform the duties assigned to them.					
	File 1	File 2	File 3	File 4	File 5		
DETENTION-Staff Training							
	2960.0240, Subp. 4,A	The license holder must provide staff training. A. The license holder must develop and implement a training plan for orientation and continuing in-service training programs for all employees and volunteers. The plan must enable personnel to improve their knowledge, skills, and abilities and promote awareness and appreciation of, and sensitivity to, the cultural background and needs of the residents served by the facility.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0240, Subp. 4,B	Employees must be oriented to the facility's goals, services, policies, and operational procedures; the cultural diversity of the service population; and the agency's relationship with the providing school district and other community resources.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0240, Subp. 4,B,(1)	(1) Staff employed in a long-term secure detention facility and in an eight-day temporary holdover facility must complete at least 24 hours of orientation training before working alone with residents. Other staff and volunteers must complete orientation consistent with their responsibilities.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0240, Subp. 4,B,(2)	(2) Staff employed in a 24-hour temporary holdover facility must complete the 24-hour juvenile care attendant workshop sponsored by the Department of Corrections during their first six months of employment. Volunteers or staff who have not completed the workshop, but have received and completed the required orientation training, may work alone on a shift.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0240, Subp. 4,C	C. Employees of a long-term secure detention facility who have direct contact with residents must complete a minimum of 40 hours of in-service training per year. One-half of the training must be skill development training. Staff of an eight-day temporary holdover facility must complete 24 hours of in-service training. Twenty-four-hour temporary holdover staff and other facility staff and volunteers must complete in-service training consistent with professional licensure requirements and responsibilities and the license holder's annual training plan.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0270, Subp. 4,D	Staff responsible for the supervision, safety, and well-being of residents must be trained in emergency first aid procedures. At least one person per shift must have training in receiving, screening, basic life support, cardiopulmonary resuscitation, and recognition of symptoms of the illnesses most common to the residents detained in the facility.					
	File 1	File 2	File 3	File 4	File 5		
PERSONNEL FILES- SECURE							
	2960.0360, Subp. 3,B,(4)	(4) Facility personnel authorized to use chemical irritants must have documented annual training in the use of chemical irritants and decontamination procedures.					
	File 1	File 2	File 3	File 4	File 5		
CLIENT RECORDS							
Admission-ALL							
	2960.0070, Subp. 3,A	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: A)legal authority for resident placement; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(1)	B) 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;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0070, Subp. 3,B,(2)	2) name and nicknames;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(3)	3)last known address and permanent address;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(4)	4) name, address, and telephone number of parents, guardian, and advocate;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(5)	5) gender;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(6)	6) date and place of birth;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(7)	7) race or cultural heritage, languages the resident speaks and writes, tribal affiliation, if any;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0070, Subp. 3,B,(8)	8) Description of presenting problems: including medical problems, circumstances leading to admission, mental health concerns, safety, concerns including assaultive behavior, victimization concerns;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(9)	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;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(10)	10) name, address, and telephone number of the contact person for the last educational program the resident attended, if applicable;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(11)	11) spiritual or religious affiliation of the resident and the resident's family					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 3,B,(12)	12) the placing agency's case plan goals for the resident, if available.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0070, Subp. 4	Inventory and handling of resident property. The LH must inventory the resident's personal property, including clothing. The resident and the LH sign the inventory upon admission. If the resident refuses to sign the inventory, two facility staff must sign the inventory. (Transitional Services programs are exempt from this requirement)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 4	Facility rules and due process system for residents. The license holder must communicate verbally and in writing to a resident who is capable of understanding the facility's rules and the details of the due process system used in the facility.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0050, Subp. 3,A	The license holder must give the resident a written copy of the resident's basic rights information and explain to the resident in a language that the resident can understand, if the resident is incapable of understanding the written basic rights documents, information about the resident's rights related to the resident's care in the licensed facility within 24 hours of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0050, Subp. 3,B	The license holder must tell the resident's parent, guardian, or custodian within a reasonable time after admission to the facility that the information in item A is available. (RIGHTS as defined above)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0050, Subp. 3,E	The license holder must inform residents how to contact the appropriate state-appointed ombudsman and give residents the name, address, and telephone number of the state-appointed ombudsman. NA-DOC					
	File 1	File 2	File 3	File 4	File 5		
Vulnerable Adults Orientation - ALL							
	245A.65, Subd. 1,(c)	(NA-DOC)Within 24 hours of admission to the program, or 72 hours for persons who would benefit more from a later orientation, each new adult receiving services from the program must receive orientation to the following policies and procedures governing maltreatment of vulnerable adults: the internal and external reporting policies, including the telephone number for the Common Entry Point (CEP); AND					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(a)(4)	(NA-DOC)the program abuse prevention plan					
	File 1	File 2	File 3	File 4	File 5		
Individual Abuse Prevention Plan-ALL							
	245A.65, Subd. 2,(b),(2)	For each vulnerable adult receiving program services an individual abuse prevention plan must be developed as part of the initial service plan, and must contain:					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	626.557, Subd. 14,(b),(1)	an individualized assessment of the person's susceptibility to abuse by other individuals, including other vulnerable adults, and to self abuse; and					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(1)	a statement of the specific measures that will be taken to minimize the risk of abuse to that person when the individual assessment indicates the need for measures in addition to the specific measures identified in the program abuse prevention plan. The measures shall: include the specific actions the program will take to minimize the risk of abuse within the scope of the licensed services, and					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(1)	identify referrals made when the vulnerable adult was susceptible to abuse outside the scope or control of the licensed services.					
	File 1	File 2	File 3	File 4	File 5		
	626.557, Subd. 14,(c)	(c) If the facility knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	245A.65, Subd. 2,(b),(1)	When the assessment indicates that the vulnerable adult does not need specific risk reduction measures in addition to those identified in the program abuse prevention plan, the IAPP must document this determination.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(2)	The person receiving services shall participate in the development of the IAPP to the full extent of the person's abilities. If applicable the person's legal representative shall be given the opportunity to participate in the development of the plan.					
	File 1	File 2	File 3	File 4	File 5		
	245A.65, Subd. 2,(b),(2)	The interdisciplinary team shall review and evaluate the IAPP as part of the service plan review, using the individual assessment and any reports of abuse relating to this person. The plan shall be revised to reflect the review of the review.					
	File 1	File 2	File 3	File 4	File 5		
Intake- GRF							
	2960.0160, Subp. 2,A	Before admission of a resident, the LH must examine the placement agency's information about the resident and must determine and document whether the program can meet the resident's needs. The LH must document whether: A) The resident is a danger to the resident's self or others;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,C	C) The program is able to meet the resident's cultural, emotional, educational, mental health, and physical needs;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0160, Subp. 2,D	D)The resident is a sex offender. The LH must take special precautions when a resident is considered likely to engage in sexually abusive behavior. The LH must assess the resident to determine which precautions may be appropriate, such as to give the resident an individual sleeping room, and direct staff to pay special attention to the resident's interactions with others.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,D	The LH's care for a resident likely to engage in sexually abusive behavior must protect the resident, other residents, staff, and the community.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,D	The LH must consider the vulnerability of other residents in the facility when caring for a sex offender.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 4,B	Each resident, within 24 hours of admission, must be provided with a copy of a description of the applicable programs and activities available to residents in the facility.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 4,C	Rules and program information must be read to those residents incapable of understanding written documents or who are unable to read. The LH must consider the languages the resident understands and the resident's age and ability when presenting information to the resident.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Admission-MH							
	2960.0670, Subp. 2,A	The person must meet the age requirements: "Resident" means a person under 18 years old, or under 19 years old and under juvenile court jurisdiction, who resides in a program licensed or certified by parts 2960.0010 to 2960.0710.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0670, Subp. 2,B	If public funds are used to pay for the services, the resident must be screened by the referring county before admission, as required by Minnesota Statutes, section 245.4885, subdivision 1.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0670, Subp. 2,C	If public funds are not used to pay for the services, the resident must be screened by a mental health professional using a screening process that is equivalent to that required by Minnesota Statutes, section 245.4885, subdivision 1, before admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0670, Subp. 2,D	The prior-to-admission screening in item B or C must determine that the residential treatment proposed is necessary and appropriate for the resident's treatment needs, provides a length of stay as short as possible consistent with the resident's need for treatment, and could not be effectively provided in the resident's home.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0670, Subp. 2,E	The resident must not be in need of primary chemical abuse treatment or detoxification at the time of admission, unless the license holder is certified to provide primary chemical abuse treatment under parts 2960.0430 to 2960.0490 or licensed to provide detoxification services.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0670, Subp. 2,F	The developmental and mental health needs of the resident can be met by the license holder's program.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0670, Subp. 2,G	The license holder must ensure that residents admitted on an emergency basis, or for the purpose of short-term assessment, diagnosis, and evaluation, must complete the screening required by Minnesota Statutes, section 245.4885, subdivision 1, and have a preliminary diagnosis and treatment plan established within ten working days as required in part 2960.0600.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0670, Subp. 2,G	If a child is admitted to a residential treatment facility for emergency treatment, screening must occur within 3 working days of admission. (245.4885, subd 1)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0670, Subp. 2,G	In addition to determining a resident's basic needs, programs that offer mental health diagnostic and evaluation services must: 1.) perform a diagnostic assessment of a resident that meets the requirements of Minnesota Statutes, section 245.4871, subdivision 11; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0670, Subp. 2,G,(2)	Have a mental health professional interpret diagnostic and evaluation tests given to residents.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0600, A	All residential treatment facilities must complete a diagnostic assessment for each of their child clients within 5 working days of admission. (245.4876,subd 2)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0600, A	In cases where a diagnostic assessment is available and has been completed within 180 days preceding admission, only updating is necessary. "Updating" means a written summary by a mental health professional of the child's current mental health status and service needs. If the child's mental health status has changed markedly since the child's most recent diagnostic assessment, a new diagnostic assessment is required. (MS 245.4876 subd 2; MS 245.4876, subd 3 points to subd 2.)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
		245.4871,Subd. 11. "Diagnostic assessment" means a written evaluation by a mental health professional of: (1) a child's current life situation and sources of stress, including reasons for referral; (2) the history of the child's current mental health problem or problems, including important developmental incidents, strengths, and vulnerabilities; (3) the child's current functioning and symptoms; (4) the child's diagnosis including a determination of whether the child meets the criteria of severely emotionally disturbed as specified in subdivision 6; and (5) the mental health services needed by the child. (Diagnostic Assessment definition)					
	File 1	File 2	File 3	File 4	File 5		
	245.7871,subd. 18	245.4871,Subd. 18. Functional assessment. "Functional assessment" means an assessment by the case manager of the child's: (1) mental health symptoms as presented in the child's diagnostic assessment; (2) mental health needs as presented in the child's diagnostic assessment; (3) use of drugs and alcohol; (4) vocational and educational functioning; (5) social functioning, including the use of leisure time; (6) interpersonal functioning, including relationships with the child's family; (7) self-care and independent living capacity; (8) medical and dental health; (9) financial assistance needs; (10) housing and transportation needs; (11) other needs and problems.					
	File 1	File 2	File 3	File 4	File 5		
Admission Locked Unit-MH							
	2960.0600, C	C. If the resident is placed in a locked setting for mental health treatment, the resident must be screened according to Minnesota Statutes, section 245.4885 (Screening for inpatient and residential treatment), and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0600, C	complete a diagnostic assessment within five working days of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0700, Subp. 1,A	Before accepting a resident for admission to a locked setting in a residential mental health program, the license holder must meet the criteria in items A and B. A. The resident's record must include a written statement that a diagnostic assessment has established that a persistent pattern of the resident's mental health presents a likely threat of harm to the resident's self or others that would best be treated in a locked setting.					
	File 1	File 2	File 3	File 4	File 5		
Admission Screening- ALL							
	2960.0070, Subp. 5,C	THIS APPLIES TO ALL SIX SCREENINGS:[NA SHELTER] [NA detention status for less than six working days in a detention facility.][The resident need not be screened if a screening or assessment completed within the last six months is already on file.] If there is reason to believe that the resident's condition has changed since the last screening or assessment, a new screening must be completed. If the resident is transferred from another facility, the sending facility's records about the resident must be immediately requested by the receiving facility. The health screening must occur within 24 hours of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,A,(1)	The health screening must note: the resident's history of abuse and vulnerability to abuse,					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0070, Subp. 5,A,(1)	potential for self-injury					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,A,(1)	current medications					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,A,(1)	most recent physician's and clinic's name address, and telephone number					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5	Mental health screening must begin within three working days of admission, and be completed within six working days of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5	The education screening must begin within three working days of admission, and be completed within six working days of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5	The chemical abuse or chemical dependency screening was begun within 3 days of admission and completed within 6 working days of admission.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0070, Subp. 5,A,(5)	The screening for sexually abusive behavior must determine if a resident is likely to have sexually abusive behavior. If the screening indicates that the resident is likely to have sexually abusive behavior, the LH must have written risk management plans to protect the resident, other residents, staff, and the community.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,C(2)	This screening must begin within 3 working days of admission and be completed within 6 working days of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,A,(6)	The vulnerability assessment must determine whether the resident may be vulnerable to abuse					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,C(2)	and was started within 3 working days of admission and was completed within 6 working days of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5	Cultural screening must include relevant information about the resident's cultural background that will help the LH respond to the resident's cultural needs. It was begun within 3 working days of admission and completed within 6 working days of admission.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0070, Subp. 5	Gender-specific needs screening must identify the psychosocial needs of the resident and identify the resident's needs regarding the gender of the staff. It was begun within 3 working days of admission and was completed within 6 working days of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,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.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,E,(1)	The LH must follow the resident's case plan and cooperate with the case manager to: take specific steps to meet the needs of the resident identified by screening and, if needed, request authorization to arrange for the resident's assessment, or medical or dental care or treatment needs, based on the information obtained from the resident's screening;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,E,(2)	arrange for the resident's transportation to a hospital, if screening indicates the resident's health problems require hospitalization, and the LH must take the necessary precautions at the facility to ensure the safety of the resident pending transfer to the hospital;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0070, Subp. 5,E,(3)	contact the case manager or appropriate agency, if screening indicates that the resident needs mental health services. The resident and the resident's legal guardian must be informed of the reasons for action arising from the mental health screening, unless a mental health professional states that they should not be informed of those reasons; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0070, Subp. 5,E,(4)	contact the resident's case manager and recommend that a chemical use assessment of the resident be done, if screening indicates that a resident is a chemical abuser or is chemically dependent.					
	File 1	File 2	File 3	File 4	File 5		
CH Assessment -GRF							
	2960.0160, Subp. 2,E	The LH must determine if the resident is a chemical abuser or is chemically dependent. If the resident requires a chemical use assessment, the chemical use assessment must be conducted by an alcohol and drug counselor licensed according to Minnesota Statutes, chapter 148C, or an assessor, as defined in part 9530.6605, subpart 4. Information obtained in the chemical use assessment must be recorded in the resident's record and must include the information required in part 9530.6620, subpart 1. The chemical use assessment must address the resident's:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,E,(1)	current state of intoxication and potential for withdrawal problems; current biomedical condition;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0160, Subp. 2,E,(2)	current biomedical condition;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,E,(3)	emotional or behavioral problems;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,E,(4)	recognition of an alcohol or drug problem and the resulting need for treatment;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,E,(5)	likelihood of continued inappropriate use or relapse, including the ability to participate in leisure activities that do not involve chemical use;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,E,(6)	work, school, and living environment, including the resident's family relationships and the need for parenting skills education;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,E,(7)	susceptibility to abuse or neglect; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0160, Subp. 2,E,(8)	need for additional support services, such as transportation or resident care, in order to participate in the program.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0160, Subp. 2,E	E. A summary of the assessment results must be written by a chemical dependency counselor or assessor, indicating whether the needs identified in the assessment can be addressed by the LH while the resident participates in the LH's program, or whether the resident must be referred to an appropriate treatment setting.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 2,B,(1)	If the resident's case plan or screening or assessment results indicates that the needs of the resident cannot be met by the LH, the LH must document contact with the placement agency and notify the placement agency of the results of the screening or assessment and tell the placement agency that the program is not able to meet the resident's needs.					
	File 1	File 2	File 3	File 4	File 5		
Client Records-Shelter							
	2960.0520, Subp. 2,A,(1)	Instead of the requirements in part 2960.0070, subpart 5, the license holder must: assess the resident's vulnerability to maltreatment and develop a plan to reduce the resident's risk of maltreatment while in the shelter; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0520, Subp. 2,A,(2)	assess the resident's situation, condition, and immediate needs as a basis for developing a plan to meet the resident's needs for basic services in part 2960.0080, subparts 2 and 3					
	File 1	File 2	File 3	File 4	File 5		
	2960.0520, Subp. 3	Within 24 hours of admitting a resident, the license holder must develop a plan for meeting the resident's immediate needs. The plan for meeting the immediate needs of a resident in this subpart may be used in lieu of the individual treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0520, Subp. 3,A	The Immediate needs plan must: A. identify what is immediately needed to help stabilize or ameliorate the resident's situation, behavior, or condition based on the assessment in subpart 2;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0520, Subp. 3,B	B. specify short-term objectives and methods for meeting the needs identified in item A; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0520, Subp. 3,C	C. indicate the license holder's responsibilities for meeting the resident's needs identified by the placing agency.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0520, Subp. 2,B	Within 24 hours of admitting a resident to shelter services arrange for a qualified professional according to this item to conduct a basic health screening to determine if a resident needs a physical or dental examination by a medically licensed person.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0520, Subp. 2,B	If the need for an examination is determined, the license holder must notify the resident's case manager of the need to make an appointment with a medically licensed person to complete the required examination and document notification of the case manager. A qualified professional is:(1) a certified pediatric nurse practitioner; 2) a licensed nurse trained to do child and teen checkups; (3) a certified family nurse practitioner; or(4) a registered nurse experienced in the care of children in a shelter facility under the direction of a physician.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0520, Subp. 2,C	If a resident remains in a shelter for more than ten days, the LH must follow the discharge requirements of part 2960.0190, subparts 1, item A; and 2, which include: Prior to the resident's release from the program, the LH in conjunction with the placing agency, must develop a transition services plan for the resident. The plan must recommend ways to meet the resident's needs and identify resources that are available in the community to address the resident's continuing needs after release from the facility. The plan must consider the environment into which the resident will return, and recommend how the resident may deal with issues and potential challenges within that environment. The plan must be developed with input from the resident, the resident's family members, if appropriate, the providing school district, and the persons who will provide support services to the resident upon release. A copy of the plan must be given to the resident and to the school, or to the residential treatment facility that the resident will attend or is placed in after release. (2960.0190,Subp.2,A)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0520, Subp. 2,C	AND treatment plan compliance: The LH must document the extent to which the resident's stay in the facility met the goals and objectives of the resident's treatment plans as follows: identify which services, including education, were provided directly or indirectly to the resident and who provided the services; (2960.0180, subp.2,A) AND					
	File 1	File 2	File 3	File 4	File 5		
	2960.0520, Subp. 2,C	identify the services, including education, that were recommended in the resident's case plan or treatment plan but were not provided to the resident. (2960.0190, subpart 2,B)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0520, Subp. 2,C	If a resident remains in a shelter for more than ten days, the LH must: note the name and address of the party the resident was released to following discharge.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0530, Subp. 1	A program providing shelter must not retain a resident longer than 90 days.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0530, Subp. 2	If a resident remains in a shelter program for more than 30 days, the license holder must review the need for the resident to remain in a shelter program and consider alternative placement plans. The written summary of the review of the resident's need to remain in a shelter beyond 30 days must be placed in the resident's file and a copy sent to the placing agency.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Treatment Services-ALL							
	2960.0080, Subp. 3,A	Work with the resident, parent, or legal representative, and the resident's case manager and treatment team, if applicable, to implement the resident's case plan during the resident's stay in the facility					
	File 1	File 2	File 3	File 4		File 5	
	2960.0080, Subp. 3,A	Coordinate the license holder's plan for services to the resident with the placing agency's case plan for the resident and work with the placing agency to identify the resident's projected length of stay and conditions under which the family will be reunited, if appropriate, or specify the alternative permanency plan and what the license holder will do to help carry out the plan.					
	File 1	File 2	File 3	File 4		File 5	
	2960.0080, Subp. 3,B	identify and share information about the resident's treatment and major treatment outcomes the resident will achieve while in the facility, including attaining developmentally appropriate life skills that the resident needs to have in order to be functional in a family and in the community, with persons who are directly involved in the resident's treatment plan in accordance with the resident's case plan;					
	File 1	File 2	File 3	File 4		File 5	
	2960.0080, Subp. 3,C	communicate as necessary with the resident's previous school and the school the resident attends while the resident is in the license holder's facility as indicated in the resident's case plan;					
	File 1	File 2	File 3	File 4		File 5	

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 3,D	report the resident's behaviors and other important information to the placing agency and others as indicated in the resident's case plan;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 3,E	recommend case plan changes to the placing agency;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 6	The LH must know the whereabouts of each resident. The LH must immediately notify the referring or placing agency if a resident runs away or is missing.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 9,B	The LH must facilitate the resident's school attendance and homework activities.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 9,C	The LH must inquire at least every 90 days to determine whether the resident is receiving the education required by law and the resident's individual education plan that is necessary for the resident to make progress in the appropriate grade level. The LH must report the resident's educational problems to the case manager or placing agency.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 9,D	The LH must provide education about chemical health to the resident who has had a problem related to inappropriate chemical use, but who does not have a sufficient chemical use history to refer to treatment.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 10	The LH must develop and implement a plan that offers appropriate recreation for residents.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 14	The LH must review the emergency plan with residents at least once every six months. (THIS MUST BE DONE AT LEAST ONCE DURING THE RESIDENT'S STAY, AND THEN REPEATED AFTER 6 MONTHS- RECOMMEND THAT IT IS PROVIDED DURING ORIENTATION OR IN THE HANDBOOK)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 12,B	a diet medically prescribed, if ordered by a resident's physician or, in the case of a pregnant resident, recommended or ordered by a prenatal care provider;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 12,C	a diet that does not conflict with the resident's religious or cultural dietary regimen.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 19	If family involvement is a goal in a resident's case plan, the license holder must list procedures and program plans which are in accordance with a resident's case plan, that facilitate the involvement of the resident's family or other concerned adult, in the resident's treatment or program activities.					
	File 1	File 2	File 3	File 4	File 5		
Culturally Appropriate Care							
	2960.0080, Subp. 7	The LH must document the provision of culturally appropriate care to each resident that includes: Opportunities to associate with culturally and racially similar adults, peers, and role models;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 7,B	Opportunities to participate in positive experiences related to the resident's cultural and racial group;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 7,C	Culturally appropriate program services that address the needs of all residents in care.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 7,D	Cultural sensitivity, including the provision of interpreters and English language skill development to meet the needs of facility residents as required by Laws 1995, chapter 226, article 3, section 60, subdivision 2, paragraph (2), clause (v). (education requirement)					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0100, Subp. 2	In addition, the license holder must contact a cultural or racial community group related to the resident's cultural or racial minority background and seek information about how to provide opportunities for the resident to associate with adult and peer role models with similar cultural and racial backgrounds on a regular basis. The license holder must maintain annual documentation regarding the license holder's efforts to meet the requirements of this subpart.					
	File 1	File 2	File 3	File 4	File 5		
Treatment Plans-GRF							
	2960.0180, Subp. 2,B,(1)	The LH must begin to develop a treatment plan within ten days of admission.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 2,B,(2)	The LH must review the resident's treatment plans on a monthly basis or, if necessary, more often if appropriate.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 2,B,(3)	The LH must document the involvement of community treatment related to the case plan or treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 2,B,(3)	The LH must document the involvement of education related to the case plan or treatment plan.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0180, Subp. 2,B,(4)	The LH must assign every resident to a designated staff person to ensure regular face-to-face contact					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 2,B,(4)	and to monitor and assist the resident to implement the treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 2,B,(5)	The LH must make individualized written progress reports available to the resident's parent or legal guardian upon request.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 2,B,(6)	The LH must forward written educational progress reports to the resident's school district of residence, if it is likely that the resident will return to the resident's district of residence, unless prohibited by law.					
	File 1	File 2	File 3	File 4	File 5		
Treatment Planning- MH							
	2960.0600, A	Individual treatment plan included the requirements in MS 245.4871, subd 21 and included: a written plan of intervention, treatment, and services for a child with an emotional disturbance that is developed by a service provider under the clinical supervision of a mental health professional on the basis of a diagnostic assessment.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0600	The plan must: be completed in ten working days of admitting a resident;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0600, A	The plan must be developed in conjunction with the family unless clinically inappropriate.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0600, A	The plan identifies goals and objectives of treatment,					
	File 1	File 2	File 3	File 4	File 5		
	2960.0600, A	The plan identifies treatment strategy,					
	File 1	File 2	File 3	File 4	File 5		
	2960.0600, A	The plan identifies individuals responsible for providing treatment.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0600, A	a schedule for accomplishing treatment goals and objectives,					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0600, B	The plan must reflect the resident's age or level of development and any other assessments completed by the license holder or provided by other agencies such as the county, a mental health center or other community agency, and the Minnesota state Departments of Health; Human Services; Education; and Corrections.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0600, A	Providers must review the individual treatment plan every 90 days after intake, except that the administrative review of the treatment plan of a child placed in a residential facility shall be as specified in section 260C.212, subdivisions 7 and 9. (As required in MS section 245.4876,subd 3)					
	File 1	File 2	File 3	File 4	File 5		
Progress Notes- MH							
	2960.0630, Subp. 3,A	A MHP must: supervise the diagnostic assessment of each resident in the facility and the development of each resident's individual treatment plan;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0630, Subp. 3,B	A MHP must: document involvement in the treatment planning process by signing the individual treatment plan;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0630, Subp. 3,C	A MHP must: supervise the implementation of the individual treatment plan and the ongoing documentation and evaluation of each resident's progress, including the quarterly progress review; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0630, Subp. 3,D	A MHP must: document on a biweekly basis a review of all the program services provided for the resident in the preceding weeks.					
	File 1	File 2	File 3	File 4	File 5		
Health Care - ALL							
	2960.0080, Subp. 11,A	The LH must provide a resident with timely access to basic, emergency, and specialized medical, mental health, and dental care and treatment services by qualified persons that meet the resident's needs.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 11,B	The LH must maintain a record of the illness reported by the resident, the action taken by the LH, and the date of the resident's medical, psychological, or dental care.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 11,D,(1),(a)	The LH 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;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 11,D,(1),(b)	the symptoms that the medication will alleviate; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 11,D,(1),(c)	the symptoms that would warrant consultation with the physician.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 11,D,(2)	The LH must document attempts to contact the child's parent or guardian to seek permission for the facility to administer the medication. If permission is denied and the parent has the legal right to deny permission, then the medication will be discontinued under the supervision of a physician unless a court order to administer the medication is obtained.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 11,D,(3)	The LH must maintain at the facility a list of the side effects of medication at the facility.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 11,D,(4)	The LH must document and follow the prescribing physician's directions for monitoring medications used by the resident.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 11,E	The LH 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 LH must document a resident's refusal to take prescription medication.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Psychotropic Med Monitorring-MH							
	2960.0620, Subp. 1,A	Use of psychotropic medication must be included in the resident's individual treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 1,A	Use of psychotropic medication use is based on the prescribing physician's diagnosis					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 1,A	Psychotropic med use is based on the functional assessments defined in Minnesota Statutes, section 245.4871.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 1,B,(1)	The license holder must document (1) a description in observable and measurable terms of the symptoms and behaviors that the psychotropic medication is to alleviate.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 1,B,(2)	The license holder must document (2) data collection methods the license holder must use to monitor and measure changes in the symptoms and behaviors that are to be alleviated by the psychotropic medication.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0620, Subp. 1,C	Psychotropic medication must not be administered as punishment, for staff convenience, as a substitute for a behavioral or therapeutic program, or in quantities that interfere with learning or other goals of the individual treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 2	The LH must monitor for side effects if a resident is prescribed a psychotropic medication and must have the prescribing physician or a pharmacist list possible side effects.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 2	The LH, under the direction of a medically licensed person, must document and check for side effects at least weekly for the first six weeks after a resident begins taking a new psychotropic medication or a significantly increased or decreased dose of a currently used psychotropic medication, and at least quarterly thereafter. Minor increases or decreases in the dose of a currently used psychotropic medication need not be monitored as frequently as a new medication or a significant increase or decrease of a currently used psychotropic medication.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 2	In addition to appropriate physical or laboratory assessments as determined by the medically licensed person, standardized checklists or rating scales, or scales developed for a specific drug or drug class, must be used as monitoring tools. The license holder must provide the assessments to the medically licensed person for review.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0620, Subp. 3	The LH, under the direction of a medically licensed person, must monitor for tardive dyskinesia at least every three months if a resident is prescribed antipsychotic medication or amoxapine and must document the monitoring.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 3	A resident prescribed antipsychotic medication or amoxapine for more than 90 days must be checked for tardive dyskinesia at least 30 and 60 days after discontinuation of the antipsychotic medication or amoxapine.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 3	Monitoring must include use of a standardized rating scale and examination procedure.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 3	The LH must provide the assessments to the physician for review if the results meet criteria that require physician review.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 5	If a resident is prescribed a psychotropic medication, the LH must conduct and document a psychotropic medication review as frequently as required by the physician, but at least monthly for the first six months and at least quarterly thereafter.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0620, Subp. 5	The LH must provide the quarterly review information to the physician for review:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 5,A	The LH review must document targeted symptoms and behaviors of concern.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 5,B	The review must include data collected since the last review.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 5,C	The review must included side effects observed and actions taken.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 5,D	The review must include the status of the resident's goals in the individual treatment plan .					
	File 1	File 2	File 3	File 4	File 5		
	Informed Consent-MH						
	2960.0620, Subp. 6	The LH must obtain informed consent before any nonemergency administration of psychotropic medication.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0620, Subp. 6	To the extent possible, the resident must be informed and involved in the decision making.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 6,A	Informed consent is required either orally or in writing before the nonemergency administration of psychotropic medication, except that for antipsychotic or neuroleptic medication, informed consent must be in writing.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 6,A,(1)	Oral informed consent must include: an explanation why written informed consent could not be initially obtained;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 6,A,(2)	documentation that the oral consent was witnessed and the name of the witness;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 6,A,(3)	oral and written communication of all items required in subpart 7					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
2960.0620, Subp. 6,A,(4)	an explanation that written informed consent material is immediately being sent by the LH to the resident's parent or legal representative, that the oral consent expires in one month, and that the medication must be discontinued one month from the date of the telephone consent if written consent is not received						
File 1	File 2	File 3	File 4	File 5			
2960.0620, Subp. 6,B	Informed consent for any psychotropic medication must be renewed in writing at least yearly.						
File 1	File 2	File 3	File 4	File 5			
2960.0620, Subp. 6,C	Informed consent must be obtained from an individual authorized to give consent. An individual authorized to give consent is specified in subitems (1) to (4). (1) If the resident has a legal representative or conservator authorized by a court to give consent for the resident, consent is required from the legal representative or conservator. (2) If subitem (1) does not apply, consent is required from at least one of the resident's parents. If the parents are divorced or legally separated, the consent of a parent with legal custody is required, unless the separation or marriage dissolution decree otherwise delegates authority to give consent for the resident. (3) If the commissioner of human services is the resident's legal representative, consent is required from the county representative designated to act as legal representative on behalf of the commissioner of human services. (4) If the resident is an emancipated minor according to Minnesota Statutes, section 144.341, or the resident has been married or borne a child, the resident may give consent under Minnesota Statutes, section 144.432.						
File 1	File 2	File 3	File 4	File 5			

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0620, Subp. 6,D,(1)	Informed consent is not necessary in an emergency situation where the physician determines that the psychotropic medication is needed to prevent serious and immediate physical harm to the individual or others. In the event of the emergency use of psychotropic medication, the license holder must: inform and document that the individual authorized to give consent was informed orally and in writing within 24 hours or on the first working day after the emergency use of the medication;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 6,D,(2)	document the specific behaviors constituting the emergency, the circumstances of the emergency behaviors, the alternatives considered and attempted, and the results of the use of the emergency psychotropic medication; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 6,D,(3)	arrange for an interdisciplinary team review of the individual treatment plan within seven days of the emergency to determine what actions, if any, are required in light of the emergency. If a psychotropic medication continues to be required, the license holder must seek a court order according to Minnesota Statutes, section 253B.092, subdivision 3.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 6,E	Informed consent must be obtained by the license holder within 30 days to continue the use of psychotropic medication for a resident admitted with prescribed psychotropic medication					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0620, Subp. 7	The information in this subpart must be provided both orally and in writing in nontechnical language to the resident's parent, the resident's legal representative, and, to the extent possible, the resident.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 7,A	The information must include: The diagnosis and level of severity of the symptoms and behaviors for which the psychotropic medication is prescribed;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 7,B	The expected benefits of the medication, including the level to which the medication is to change the symptoms and behavior and an indication of the method used to determine the expected benefits;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 7,C	The pharmacological and nonpharmacological treatment options available and the course of the condition with and without the treatment options;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 7,D	Specific information about the psychotropic medication to be used, including the generic and commonly known brand name, the route of administration, the estimated duration of therapy, and the proposed dose with the possible dosage range or maximum dose;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0620, Subp. 7,E	The more frequent and less frequent or rare but serious risks and side effects of the psychotropic medication, including how the risks and possible side effects must be managed;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 7,F	An explanation that consent may be refused or withdrawn at any time and that the consent is time-limited and automatically expires as described in subpart 6;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 7,G	The names, addresses, and telephone numbers of appropriate professionals to contact if questions or concerns arise.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 8,A	If the authorized person refuses consent for a routine administration of psychotropic medication, the conditions in items A to C apply. A. The psychotropic medication must not be administered or, if the refusal involves a renewal of consent, the psychotropic medication for which consent had previously been given must be discontinued according to a written plan as expeditiously as possible, taking into account withdrawal side effects.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 8,B	B. A court order must be obtained to override the refusal.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0620, Subp. 8,C	C. Refusal to consent to use of a specific psychotropic medication is not grounds for discharge of a resident. A decision to discharge a resident must be reached only after the alternatives to the specific psychotropic medication have been attempted and only after an administrative review of the proposed discharge has occurred.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0620, Subp. 8,C	If the refusal to consent to the routine administration of a psychotropic medication results in an emergency situation, then the requirements of subpart 6, item D, must be met when psychotropic medication will be administered to a resident.					
	File 1	File 2	File 3	File 4	File 5		
Time out Procedures- ALL							
	2960.0080, Subp. 5,D,(1)	Time-out must be used as a nonemergency behavior management technique which is used to intervene in a resident's undesirable behavior and to allow the resident to reflect and become calm before returning to ongoing activities at the facility;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(2)	time-out must be used under the direction of a mental health professional, the facility director, or the program manager;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(3)	the use of time-out must be consistent with the resident's treatment plan;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 5,D,(4)	staff must escort a resident to an unlocked room or other separate living space in the facility that is safe;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(5)	staff must assess the resident in time-out at least every 30 minutes and determine when the resident may return to ongoing activity at the facility;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(7)	the treatment team must include and document the review of the use of time-out for each resident during the review of the resident's treatment plan					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(8)	The use of time-out was documented in the resident's record and included the following informations:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(8),(a)	the factors or circumstances which caused the need for the use of time-out;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(8),(b)	the resident's response to the time-out;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0080, Subp. 5,D,(8),(c)	the resident's ability to de-escalate during the time-out procedure					
	File 1	File 2	File 3	File 4	File 5		
	2960.0080, Subp. 5,D,(8),(d)	the resident's ability to maintain acceptable behavior after the time-out.					
	File 1	File 2	File 3	File 4	File 5		
Physical Escort Requirements -RESTRICTIVE PROCEDURES							
	2960.0710, Subp. 5,A	The physical escort of a resident is intended to be a behavior management technique that is minimally intrusive to the resident. It is to be used to control a resident who is being guided to a place where the resident will be safe and to help de-escalate interactions between the resident and others. A license holder who uses physical escort with a resident must meet the following requirements: staff must be trained according to subpart 2, item C; (previous page)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 5,B	staff must document the use of physical escort and note the technique used, the time of day, and the name of the staff person and resident involved; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 5,C	the use of physical escort must be consistent with the resident's case plan or treatment plan.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Physical Hold or Seclusion-RESRICTIVE PROCEDURES							
	2960.0710, Subp. 6	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 following conditions:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,A	an immediate intervention is necessary to protect the resident or others from physical harm;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,B	the physical holding or seclusion used is the least intrusive intervention that will effectively react to the emergency;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,C	the use of physical holding or seclusion must end when the threat of harm ends;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,D	the resident must be constantly and directly observed by staff during the use of physical holding or seclusion;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 6,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;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,F	physical holding and seclusion may be used only as permitted in the resident's treatment plan;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,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;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,H	before staff uses physical holding or seclusion with a resident, staff must complete the training required in subpart 2 and subpart 9 regarding the use of physical holding and seclusion at the facility; (The personnel record review will include the specific training requirements.)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,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;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 6,J	staff must treat the resident respectfully throughout the procedure;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,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:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,K,(1)	a detailed description of the incident which led to the emergency use of physical holding or seclusion;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,K,(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;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,K,(3)	why less restrictive measures failed or were found to be inappropriate;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,K,(4)	the time the physical hold or seclusion began and the time the resident was released;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 6,K,(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					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,K,(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;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,L	An approved seclusion room was used.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 6,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.					
	File 1	File 2	File 3	File 4	File 5		
Mechanical Restraints- RESTRICTIVE PROCEDURES							
	2960.0710, Subp. 7	Mechanical restraints are a behavior management device which may be used only when transporting a resident at a DHS licensed program. A facility that uses mechanical restraints must include mechanical restraints in its restrictive procedures plan.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 7,A	The use of mechanical restraints must meet the following conditions: An immediate intervention is necessary to protect the resident or others from physical harm;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,B	the mechanical restraint used is the least intrusive intervention that will effectively react to the emergency					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,C	the use of mechanical restraint must end when the threat of harm ends					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,D	the resident must be constantly and directly observed by staff during the use of mechanical restraint;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,E	the use of mechanical restraint must be supervised by the program director or the program director's designee;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,F	mechanical restraint may be used only as permitted in the resident's treatment plan;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 7,G	as soon as it may safely be done, but no later than 60 minutes after initiating the use of a mechanical restraint, staff must contact the facility's program director or the program director's designee to inform the program director about the use of a mechanical restraint and to ask for permission to use the mechanical restraint;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,H	before staff uses a mechanical restraint with a resident, staff must complete training in the use of the types of mechanical restraints used at the facility;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,I	when the need for the use of mechanical restraint ends, the resident must be assessed to determine if the resident can safely be returned to the ongoing activities at the facility; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,J	the staff person who used mechanical restraint must document its use immediately after the incident concludes. The documentation must include at least the following information:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,J,(1)	a detailed description of the incident or situation which led to the use of the mechanical restraint;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 7,J,(2)	an explanation of why the mechanical restraint chosen was needed to prevent an immediate threat to the physical safety of the resident or others					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,J,(3)	why less restrictive measures failed or were found to be inappropriate					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,J,(4)	the time when the use of mechanical restraint began and the time when the resident was released from the mechanical restraint;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,J,(5)	in at least 15-minute intervals during the use of mechanical restraints, documentation of the observed behavior change and physical status of the resident that resulted from the use of mechanical restraint					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 7,J,(6)	the names of all the persons involved in the use of mechanical restraint and the names of all witnesses to the use of mechanical restraint.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
Disciplinary Room-RESTRICTIVE PROCEDURES							
	2960.0710, Subp. 8	Disciplinary room time must be used only for major violations and be used according to the facility's restrictive procedures plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 8,A	A. the license holder must give the resident written notice of an alleged violation of a facility rule;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 8,B	B. the license holder must tell the resident that the resident has a right to be heard by an impartial person regarding the alleged violation of facility rules; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 8,C	C. the license holder must tell the resident that the resident has the right to appeal the determination made by the impartial person in item B internally to a higher authority at the facility.					
	File 1	File 2	File 3	File 4	File 5		
RESTRICTIVE PROCEDURES- Administrative Review							
	2960.0710, Subp. 10	The license holder must complete an administrative review of the use of a restrictive procedure within three working days after the use of the restrictive procedure.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 10	The administrative review must be conducted by someone other than the person who decided to impose the restrictive procedure, or that person's immediate supervisor.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 10	The resident or the resident's representative must have an opportunity to present evidence and argument to the reviewer about why the procedure was unwarranted.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 10,A	The record of the administrative review of the use of a restrictive procedure must state whether: the required documentation was recorded;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 10,B	the restrictive procedure was used in accordance with the treatment plan;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0710, Subp. 10,C	the rule standards governing the use of restrictive procedures were met; and					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0710, Subp. 10,D	the staff who implemented the restrictive procedure were properly trained.					
	File 1	File 2	File 3	File 4	File 5		
Treatment Plans- CH							
	2960.0450, Subp. 2,A	a comprehensive resident evaluation that consists of a compilation of information from the resident, the resident's family, the referral source, and others and meets the requirements for an assessment in parts 2960.0070, subpart 5, items A and B, and 2960.0160, subpart 2, item E;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 1	Treatment plan required. The certificate holder must meet the treatment plan requirements of subparts 2 and 3. These treatment plan requirements may be substituted for the requirements of part 2960.0180, subpart 2, item B, if chemical dependency is the only certificate the license holder has been issued.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 2	An individual treatment plan for a resident in a certified chemical dependency program must continually evolve based on new information gathered about the resident's condition and whether planned treatment interventions have had the intended effect.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 2	The plan must provide for the involvement of the resident's family at the earliest opportunity consistent with the resident's treatment needs.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0490, Subp. 2	The plan begins on completion of the comprehensive assessment and is subject to amendment until the resident is discharged.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 2	The resident must have an opportunity to have active, direct involvement in selecting the anticipated outcomes of the treatment process and in developing the individual treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 2	The individual treatment plan must be signed by the resident					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 2	and a licensed alcohol and drug counselor					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 2	the participation of others must be noted in the plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 2	The individual treatment plan and documentation related to it must be kept at the facility in the resident's case file.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0490, Subp. 2	AND sent to other professionals as indicated within designated time lines.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,A	An individual treatment plan must include: resources to which the resident is being referred for problems to be addressed concurrently outside the program					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,A	why the referral was made;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,B	treatment goals in each of the evaluation areas in which a problem has been identified in part 2960.0160, subpart 2, item E;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,C	specific objectives to be used to address the problems in item B, including frequency of intervention					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,C	expected outcomes for each goal.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0490, Subp. 3,C	The objectives must be appropriate to the resident's language.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,C	reading skills					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,C	must consider the resident's cultural background					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,C	other strengths and assets;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,D	specific intervals at which resident progress must be reviewed					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 3,E	anticipated outcomes that are to be met before the resident is discharged.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0490, Subp. 5	The individual treatment plan must be reviewed by an alcohol and drug counselor at the intervals identified in subpart 3, item D,					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 5	and no less frequently than every two weeks,					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 5	and the specific services changed if expected outcomes are not being achieved.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 5	A resident must be notified of the right to access a plan review.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 4	Progress notes must be entered in a resident's file at least daily.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 4	and must indicate the type and amount of each service the resident has received weekly					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0490, Subp. 4	and whether the services have had the desired impact.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 4	All entries in resident records must be legible, signed by staff, with title indicated, and dated.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0490, Subp. 6	Client records must be maintained and information released from them only according to Code of Federal Regulations, title 42, subchapter A, sections 2.1 and 2.2.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0450, Subp. 2	The LH must provide each resident at least 15 hours each week of the type and amount of services specified in each resident's individual treatment plan. Self-help groups must not be counted in the number of hours of service a program provides. The program must provide:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0450, Subp. 2,B	individual and group counseling to help the resident identify and address problems related to chemical use and develop strategies for avoiding inappropriate chemical use after treatment;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0450, Subp. 2,C	resident information concerning chemical health awareness, sexuality, health problems related to chemical use, and the necessary changes in lifestyle to regain and maintain health. Resident education must include information concerning the human immunodeficiency virus according to Minnesota Statutes, section 245A.19, and tobacco addiction and cessation resources.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0450, Subp. 6	Location of service provision. The chemical dependency treatment services required in subpart 2 must be provided at the address stated on the certificate. Additionally, at least one-half of all of the required hours of service that a resident receives must be provided at the address on the certificate.					
	File 1	File 2	File 3	File 4	File 5		
Records-GRF							
	2960.0180, Subp. 3,B,(3)	special occurrence or incident records;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 3,B,(6)	daily log records;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 3,B,(7)	records about which services were provided to each resident, outcomes of treatment for each resident, and outcomes for program services and program evaluation reports;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0180, Subp. 3,C	The LH must store records in an organized, retrievable manner that ensures confidentiality.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0180, Subp. 4	Photographs, videotapes, and motion pictures of a resident taken on program premises or by program personnel are considered a resident record. Photographs of a resident for identification and recordings by videotape and audiotape for the purpose of enhancing therapy, staff supervision, or security may be required. A resident must be informed when actions are being recorded, and has the right to refuse any recording unless authorized by law, necessary for program security, or to protect the health and safety of a resident. The use of an audio or visual recording of a resident must comply with data practices laws. PRACTICES REQUIREMENT					
	File 1	File 2	File 3	File 4	File 5		
Discharge and Aftercare-ALL							
	2960.0090, Subp. 2	Before discharging a resident who has not reached the resident's case plan goals, or treatment plan goals for a resident who has a treatment plan, the LH must confer with other interested persons to review the issues involved in the decision.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0090, Subp. 2	During this review process, which must not exceed five working days, the LH must determine whether the LH, treatment team, interested persons, if any, and the resident can develop additional strategies to resolve the issues leading to the discharge and to permit the resident an opportunity to continue to receive services from the LH. A resident may be temporarily removed from the facility during the five-day review period. This subpart does not apply to a resident removed by the placing authority or a parent or guardian.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0090, Subp. 2	If the review indicates that the decision to discharge is warranted, the reasons for it and the alternatives considered or attempted must be documented.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0090, Subp. 3	The LH 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.					
	File 1	File 2	File 3	File 4	File 5		
Discharge-GRF							
	2960.0190, Subp. 1,A	Prior to the resident's release from the program, the LH, in conjunction with the placing agency, must develop a transition services plan for the resident. The plan must recommend ways to meet the resident's needs and identify resources that are available in the community to address the resident's continuing needs after release from the facility.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,A	The plan must consider the environment into which the resident will return, and recommend how the resident may deal with issues and potential challenges within that environment.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0190, Subp. 1,A	The plan must be developed with input from the resident, the resident's family members, if appropriate, the providing school district, and the persons who will provide support services to the resident upon release.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,A	A copy of the plan must be given to the resident and to the school, or to the residential treatment facility that the resident will attend or is placed in after release.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,B,(1)	The transition services plan must include at least the following: housing, recreation, and leisure arrangements;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,B,(2)	appropriate educational, vocational rehabilitation, or training services;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,B,(3)	a budget plan and a description of the resident's financial and employment status;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,B,(4)	transportation needs;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0190, Subp. 1,B,(5)	treatment services;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,B,(6)	health services; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,B,(7)	personal safety needs.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1	For a resident with a disability, the transition services plan must address the resident's need for transition from secondary education services to postsecondary education and training, employment provider participation, recreation and leisure, and home living according to Minnesota Statutes, section 125A.08. (TRANSITION SERVICES PLAN REQUIRED WITH IEP)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,C	The LH must give written notice of the resident's projected discharge date to:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,C,(1)	the resident;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0190, Subp. 1,C,(2)	the resident's case manager and parent, if permitted, or legal guardian;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,C,(3)	the providing school district; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 1,C,(4)	the school district the resident will go to, if known.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 2	Treatment plan compliance. The LH must document the extent to which the resident's stay in the facility met the goals and objectives of the resident's treatment plans as follows:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 2,A	identify which services, including education, were provided directly or indirectly to the resident and who provided the services; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0190, Subp. 2,B	identify the services, including education, that were recommended in the resident's case plan or treatment plan but were not provided to the resident.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0140, Subp. 2	Following the resident's discharge, the license holder must document the extent to which the resident's stay in the facility met the goals and objectives identified in the resident's treatment plan. Documentation must include at least:					
	File 1	File 2	File 3	File 4	File 5		
	2960.0140, Subp. 2,A	the services identified in the resident's treatment plan that were provided to the resident directly by the LH and the services that were provided by a provider other than the LH; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0140, Subp. 2,B	the extent to which the services provided to the resident contributed to achieving the goals and objectives identified in the resident's treatment plan.					
	File 1	File 2	File 3	File 4	File 5		
Client Records-Transition							
	2960.0500, Subp. 13,A	The following services must be consistent with the resident's independent living plan: A. counseling services, to help individual residents and their families;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0500, Subp. 13,B	B. job services, to help residents prepare for or secure employment;					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0500, Subp. 13,C	C. living skills training, to help a resident prepare for independent living;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0500, Subp. 13,D	D. education services, to assist a resident to enroll in academic programs if the resident is not currently enrolled in a program; and					
	File 1	File 2	File 3	File 4	File 5		
	2960.0500, Subp. 13,E	E. related supportive services such as assistance in locating housing, budgeting, meal preparation, or other services, to meet the needs of the resident and improve the resident's ability to live independently.					
	File 1	File 2	File 3	File 4	File 5		
Client Records-SECURE							
CLIENT RECORDS-SECURE-Intake/Discharge							
	2960.0330, Subp. 1	A resident may not be placed in a secure facility unless the placement meets the statutory criteria or is approved by the juvenile court.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0330, Subp. 2	No resident may be received by a license holder until the referring agency has produced proper credentials and the placement person signs the placement person's name and title on a form identifying the purpose for placement that will be part of the intake record.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0340, Subp. 3	When a license holder moves a resident from a secure to a nonsecure space in a facility for programming purposes, the license holder must notify the appropriate juvenile court.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0350, Subp. 2	When a resident is discharged, the resident's property must be returned to the resident with a receipt, signed by the license holder, listing the property returned, unless the property is held for authorized investigation or litigation.					
	File 1	File 2	File 3	File 4	File 5		
CLIENT REC-Secure- Chemical Irritants							
	2960.0360, Subp. 3,B,(1)	(1) Chemical irritants must not be used except by order of the facility administrator or person in charge to prevent a resident from seriously injuring the resident's self or others or to prevent damage to a substantial amount of property.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0360, Subp. 3,B,(2)	(2) Decontamination must occur immediately after all uses of chemical irritant.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0360, Subp. 3,B,(3)	(3) The documentation must include a description of what behavior on the part of the resident resulted in the use of chemical irritants,					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0360, Subp. 3,B,(3)	The documentation must include what alternative methods were considered along with a description of these methods,					
	File 1	File 2	File 3	File 4	File 5		
	2960.0360, Subp. 3,B,(3)	(3) The documentation must include exactly what the decision to use chemical irritants was based on, and any other relevant factors.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0360, Subp. 3,B,(5)	(5) A documented supervisory review must be conducted after an incident that resulted in the use of chemical irritants. See personnel file section to review for this:(4) Facility personnel authorized to use chemical irritants must have documented annual training in the use of chemical irritants and decontamination procedures.					
	File 1	File 2	File 3	File 4	File 5		
CLIENT RECORDS - DETENTION							
DETENTION- Temporary Client Records							
	2960.0240, Subp. 3,F,(4)	Staff supervising residents in a secure 24-hour temporary holdover facility must remain at their posts at all times. Staff must document residents' behavior at 30-minute intervals.					
	File 1	File 2	File 3	File 4	File 5		
DETENTION-Client Record Contents							
	2960.0250, Subp. 2	Detention statutory criteria for admission into a facility must be met prior to any person being admitted into the detention facility.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0250, Subp. 3,B	Within 24 hours of admission, the LH must either give a copy to or advise the resident of the facility's rules and activities, the outside resources available, and the addresses and telephone numbers of the state-appointed ombudsman. A juvenile admitted into a 24-hour temporary holdover facility must be provided the information at the time of admission. The license holder must make information available to a resident in a language the resident can understand.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0270, Subp. 6,C	The LH must explain the rules of conduct and related consequences to a resident in a way and in a language that the resident will understand.					
	2960.0250, Subp. 3,D	The license holder must advise the resident upon admission of the resident's legal rights regarding detention or confinement. The resident must be advised of the official charge or legal basis for detention.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0250, Subp. 3,E	The license holder must notify the parent or legal custodian or guardian of the resident's admission into detention and the address of the facility, unless notice was given by the referring agency.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0250, Subp. 4	Upon admission, personal belongings of a resident must be examined in a manner and in a location that ensures the personal privacy of the resident. Items taken from the resident during the search must be included in the resident's personal property inventory.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0250, Subp. 7	The license holder must assist the case manager to develop the transitional services plan, if requested by the case manager.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0250, Subp. 8,A	The license holder must document the extent to which the requirements of the resident's case plan were addressed while the resident was in the facility,if the resident has a case plan. A. identify which services were provided directly or indirectly to the resident and who provided the services;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0250, Subp. 8,B	AND identify which services were not provided to the resident, but should have been, and the party who was responsible to provide the services;					
	File 1	File 2	File 3	File 4	File 5		
	2960.0250, Subp. 8,C	AND document the extent to which the license holder met the expected outcomes identified in the resident's case plan.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0270, Subp. 7	If the license holder suspects that a resident has a disability, and educational evaluation must be conducted according to applicable rules to determine if the resident has a disability. The license holder must ensure that the appropriate evaluation is completed and must assist a student who has disabilities and needs special education and related services to obtain those services.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0270, Subp. 13,D	A facility housing a resident in need of a medically prescribed therapeutic diet must document that the diet is provided as ordered by the resident's physician.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0270, Subp. 13,E	If a resident's religious or spiritual beliefs require adherence to dietary customs, the license holder must make efforts to provide the special diet. If the license holder is unable to meet a resident's religious or spiritual dietary customs, the license holder must document why the resident's dietary customs could not be met.					
	File 1	File 2	File 3	File 4	File 5		
DETENTION- Sex Offenders							
	2960.0260, Subp. 3	The license holder must take special precautions when a resident is considered likely to have sexually abusive behavior. The license holder must screen the resident to determine which precautions may be appropriate, give the resident an individual sleeping room, and direct staff to pay special attention to the resident's interactions with others.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0260, Subp. 3	The license holder's care for a resident likely to have sexually abusive behavior must protect the resident, other residents, staff, and the community. The license holder must consider the vulnerability of other residents in the facility.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
DETENTION-Disciplinary Procedures							
	2960.0270, Subp. 6,D	The status of a resident placed in disciplinary room time after a due process hearing must be reviewed by the facility administrator or the administrator's designee at least once every eight hours.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0270, Subp. 6,D	Each review of the need for continued disciplinary room time must be done according to the facility's due process system and must be documented.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0270, Subp. 6,D	A resident placed in disciplinary room time prior to a due process hearing must have a due process hearing within 24 hours, unless documented cause is shown to delay the hearing. (Examples of cause for delay of a due process hearing include resident requests for a delay or that a due process hearing is logistically impossible as in the case of mass disturbances.)					
	File 1	File 2	File 3	File 4	File 5		
	2960.0270, Subp. 6,E,(2)	When a resident persists in the destruction of clothing or bedding or harms the resident's self with the clothing or bedding while in disciplinary room time, the facility may deprive the resident of clothing and bedding. The decision to deprive residents of clothing and bedding must be reviewed by the shift supervisor during each eight-hour period, unless specific orders to the contrary have been issued by the facility administrator or a designee or on the advice of a licensed physician or psychologist.					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
	2960.0270, Subp. 6,E,(3)	The delegation of authority to a resident or group of residents to punish another resident or group of residents is prohibited.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0270, Subp. 6,E,(4)	The license holder must not deprive the resident of the use of materials necessary to maintain an acceptable level of personal hygiene while on disciplinary status.					
	File 1	File 2	File 3	File 4	File 5		
	2960.0270, Subp. 6,F	The license holder must keep a record of a resident's disciplinary infractions and the punishment administered. The license holder must retain copies of rule violation reports and reports of the disposition of each infraction and record of any resident's appeals for one licensing period.					
	File 1	File 2	File 3	File 4	File 5		
Client Interviews- DHS ONLY							
		Is the client receiving services?					
	File 1	File 2	File 3	File 4	File 5		
		Is the client satisfied with treatment services provided?					
	File 1	File 2	File 3	File 4	File 5		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Corr. on site	Sub. req.	Prev. Cited	Notes
		Was the client involved with the development of their treatment plan?					
	File 1	File 2	File 3	File 4	File 5		
		What has the client learned in treatment that is helpful?					
	File 1	File 2	File 3	File 4	File 5		