

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
CHILDREN'S RESIDENTIAL FACILITIES - SELF MONITORING - POLICY, PROCEDURE AND PRACTICES - 20090211				
Policy & Procedure Book				
	245A.04, Subd. 14,(a)	The license holder shall develop program policies and procedures necessary to maintain compliance with licensing requirements under MN Statutes and MN Rules.		
	245A.04, Subd. 14,(c)	The license holder shall keep program policies and procedures readily accessible to staff and index the policies and procedures with a table of contents or another method approved by the commissioner.		
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.		
	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.		
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		
	2960.0080, Subp. 14	natural disaster		
	2960.0080, Subp. 14	serious illness		

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	<i>2960.0080, Subp. 14</i>	severe weather		
	<i>2960.0080, Subp. 14</i>	disappearance of a resident		
	<i>2960.0080, Subp. 14</i>	The plan must be developed with the advice of the local fire and emergency response authorities. (THE LH MUST SHOW DOCUMENTATION OR EVIDENCE ON HOW THIS WAS DONE)		
	<i>2960.0080, Subp. 14</i>	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.		
		Intended Use-ALL		
	<i>2960.0040,</i>	The LH must submit a statement of intended use as part of the license application. The statement of intended use must:		
	<i>2960.0040, A</i>	State the LH's expertise and qualifications to provide the services noted in the program description;		
	<i>2960.0040, B</i>	Describe the target population to be served with consideration of at least the following characteristics of the residents: cultural background, gender, age, medically fragile condition, 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;		
	<i>2960.0040, C</i>	State the primary needs of residents that the LH will meet in the licensed facility;		
	<i>2960.0040, D</i>	Identify those resident services provided within the setting and those services to be provided by programs outside the setting;		
	<i>2960.0040, E</i>	State how the LH will involve the resident's cultural or ethnic community to ensure culturally appropriate care;		
	<i>2960.0040, F</i>	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. (This must be in policy regardless of RP certification.)		

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Required Treatment 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.		
	2960.0450, Subp. 2	(Have discussion with LH as to how and when the services are offered.) The certificate holder must provide the services in items A to D, 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; (Note: repeated in client file section)		
	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. 2,D	Therapeutic recreation to provide the resident with an opportunity to participate in recreational activities without the use of mood altering activities and learn to plan and select activities that do not involve the inappropriate use of chemicals. Therapeutic recreation must be led by, directed by, or providing according to a plan developed by staff who are qualified according to subpart 4.		
	245A.19, (a)	HIV Policies and Procedures. The license holder must demonstrate compliance with HIV minimum standards AS EVIDENCED BY TIP 37 AND THE MN ADDENDUM.		
	245A.19, (d)	The license holder must maintain a list of referral sources for the purpose of making necessary referrals of clients to HIV-related services. The list of referrals must be updated annually.		
	245A.19, (d)	The license holder must develop and follow written policies and procedures, consistent with HIV minimum standards which include:		

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	245A.19, (d)	HIV education once per treatment cycle, including an explanation of the nature and action of HIV, facts about transmission, and personal risk reduction strategies; infection control procedures; confidentiality of the client's HIV status; information about HIV testing; non-discrimination towards clients with HIV.		
	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. (PRACTICE)		
Additional Treatment Services-CH				
	2960.0450, Subp. 3	(Have discussion with LH as to how and when the services are offered.) 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 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,C	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,C,(1)	employment or educational services to assist the resident in becoming financially independent;		
	2960.0450, Subp. 3,C,(2)	socialization skills development to assist the resident in living and interacting with others in a positive and productive manner.		
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 ;		

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	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, correspondence, bathing, laundry, grievances, clothing, bedding exchange, and other operational procedures.		
		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. (This is all that is required for Shelter.)		
		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 whether both male and female residents are served whether there are limitations about who the program will serve what types of problems and primary needs the program will meet during the resident's stay .		
		Admission Criteria-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.		

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	<i>2960.0480, Subp. 2,B</i>	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.		
Admission-MH				
	<i>2960.0670, Subp. 2,B</i>	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.		
	<i>2960.0670, Subp. 2,C</i>	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.		
	<i>2960.0670, Subp. 2,D</i>	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.		
	<i>2960.0670, Subp. 2,E</i>	The resident must not be in need of primary chemical dependency treatment or detoxification at the time of admission, unless the license holder is certified to provide chemical dependency treatment under parts 2960.0430 to 2960.0490 or licensed to provide detoxification services.		
	<i>2960.0670, Subp. 2,F</i>	The developmental and mental health needs of the resident can be met by the license holder's program.		
	<i>2960.0670, Subp. 2,G</i>	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,		
	<i>2960.0670, Subp. 2,G</i>	and have a preliminary diagnosis and treatment plan established within ten working days as required in part 2960.0600.		
	<i>2960.0670, Subp. 2,G,(1)</i>	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		
	<i>2960.0670, Subp. 2,G,(2)</i>	Have a mental health professional interpret diagnostic and evaluation tests given to residents.		

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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		
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 AND developmental level AND gender AND physical assaultiveness AND delinquent sophistication 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.		

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Discharge and Aftercare-CH				
	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.		
	2960.0480, Subp. 1	The admission policy must also designate which staff are authorized to admit and discharge residents.		
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.		

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Critical Incident 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 within ten days of the occurrence on forms approved by the commissioner of human services. The LH must maintain records of all critical incidents on file in the facility. [2960.0020 Subp. 24 defines "Critical Incident" as 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.] THE LICENSOR WILL REVIEW A PERCENTAGE OF THE INCIDENT REPORTS TO ENSURE THAT COMPLIANCE WITH THIS IS MET. In order to review a percentage of all incident reports it is strongly recommended that incident reports are kept in a central file.)		
Records-GRF				
	2960.0180, Subp. 3,B,(3)	The license holder must maintain the following additional records according to state law: special occurrence or incident records;		
	2960.0180, Subp. 3,B,(6)	daily log records;		
Vulnerable Adults: Program Abuse Prevention Plan				
	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 Gender Mental Functioning Physical & emotional health or behavior of clients Need for specialized programs of care for clients Need for staff training to meet identified individual needs of the clients 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 Existence of areas which are difficult to supervise		
	245A.65, Subd. 2,(a),(3)	Location of the program in a particular neighborhood/community Type of grounds and terrain surrounding the building Type of internal programming Program's staffing patterns		

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	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 - Review not required in policy but must be documented.)		
Vulnerable Adults: Maltreatment Reporting Policies and Procedures				
	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 and that corrective action is taken as necessary to protect the health and safety of vulnerable adults 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)	the policies and procedures were adequate;		
	245A.65, Subd. 1,(b),(1)	there is a need for additional staff training;		
	245A.65, Subd. 1,(b),(1)	the reported event is similar to past events with the vulnerable adults or the services involved;		

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	245A.65, Subd. 1,(b),(1)	there is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.		
	245A.65, Subd. 1,(b),(1)	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.		
	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.		
	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. The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.		
	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.		

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	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. The current statute language is available at http://www.revisor.leg.state.mn.us		
Vulnerable Adults-Review of Internal Reporting Practices				
	626.557, Subd. 3,(a)	A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained shall immediately report the information to the common entry point. (REVIEW INCIDENT REPORTS)		
	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;		
	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)	The review must include an evaluation of whether: related policies and procedures were followed;		
	245A.65, Subd. 1,(b),(1)	the policies and procedures were adequate;		
	245A.65, Subd. 1,(b),(1)	there is a need for additional staff training;		
	245A.65, Subd. 1,(b),(1)	the reported event is similar to past events with the vulnerable adults or the services involved;		

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	245A.65, Subd. 1,(b),(1)	there is a need for any corrective action to be taken by the license holder to protect the health and safety of vulnerable adults.		
	245A.65, Subd. 1,(b),(1)	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct the current lapses and prevent future lapses in performance by individuals or the license holder, if any.		
Maltreatment of Minors Internal Review Requirements				
	2960.0080, Subp. 17,C	The LH must develop policies and procedures to follow if maltreatment is suspected.		
	626.556, Subd. 3,(a)	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		
	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.		
	245A.66,	Except for family child care setting and foster care for children in the license holder' residence, license holders serving children shall: (1) establish and maintain policies and procedures to ensure that an internal review is completed and		
	245A.66,	that corrective action is taken if necessary to protect the health and safety of children in care when the facility has reason to know that an internal or external report of alleged or suspected maltreatment has been made.		
	245A.66,	The internal review must include an evaluation of whether: (i)related policies and procedures were followed;		
	245A.66,	(ii) the policies and procedures were adequate;		

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	245A.66,	(iii) there is a need for additional staff training;		
	245A.66,	(iv) the reported event is similar to past events with the children or the services involved; and		
	245A.66,	(v) there is a need for corrective action by the license holder to protect the health and safety of children in care.		
	245A.66,	Based on the results of this review, the license holder must develop, document, and implement a corrective action plan designed to correct current lapses and prevent future lapses in performance by individuals or the license holder, if any;		
	245A.66,	(2) The policy must identify the primary and secondary person or position who will ensure that, when required, internal reviews are completed.		
	245A.66,	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.66,	(3) The license holder must document that the internal review has been completed and		
	245A.66,	provide documentation showing the review was completed to the commissioner upon the commissioner's request.		
	245A.66,	The documentation provided to the commissioner by the license holder may consist of a completed checklist that verifies completion of each of the requirements of the review.		
Basic Rights Information-ALL				
	2960.0050, Subp. 1,A	The LH must ensure that the rights in items A to R are protected: 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;		

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	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;		
	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.		

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Policy, Procedure-All				
	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.		
	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	The LH 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. (Review grievances)		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
Photos and Video Tapes-GRF				
	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		
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;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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;		
	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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
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;			
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.			

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
Restrictive Procedures Plan-RP				
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;			
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;			

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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;		
	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.		
		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 HAVE DISCUSSION WITH LH)		
	2960.0080, Subp. 6	The license holder must immediately notify the referring or placing agency if a resident runs away or is missing. (PRACTICE HAVE DISCUSSION WITH LH)		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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 HAVE DISCUSSION WITH LH)		
	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. (WRITTEN PLANS)		
Services-TRANSITIONAL				
	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. 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.)		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	2960.0500, Subp. 12,A	SUPERVISION: The license holder must provide (and document) the following supervision: 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-PROGRAMS WITH 24 HR ON-SITE SUPERVISION)		
	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	(Have discussion with LH as to how and when services are offered.) 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;		
	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;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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.		
Culturally Appropriate Care-ALL				
	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)		
	2960.0100, 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.		
	2960.0080, 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)		
	2960.0100, 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		
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. (This is accomplished by the local school district offering summer school - does not need to be on-site.)		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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.		
	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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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.		
	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.		
	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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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.		
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.		
	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. (REQUIREMENT DIFFERENT FOR MH CERT.)		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
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.		
Outcome Measures; Evaluation; Community Advising-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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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;		
	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) and		
	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.		
	2960.0500, 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. The documentation must note:		
	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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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.		
Quarterly Review of Restrictive Procedures-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.		
Outcomes-GRF				
	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;		
Outcomes-CH				
	2960.0430, Subp. 2,A	Outcome: Services must be provided as specified in an individual treatment plan;		
	2960.0430, Subp. 2,B	Services must be developed with assistance from the resident's family or legal representative in deciding what services are needed and how they are provided;		
	2960.0430, Subp. 2,C	Services must support the resident in gaining the skills necessary to return to the community;		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	2960.0430, Subp. 2,D	Services must support the family in gaining the skills necessary to care for the returning resident; and		
	2960.0430, Subp. 2,E	Services must be provided by qualified staff under the supervision of a licensed alcohol and drug counselor.		
Outcomes-Transitional				
	2960.0500, Subp. 7,A	whether the provided services promoted the development of independent living skills;		
	2960.0500, Subp. 7,B	the extent to which the resident has developed independent living skills; and		
	2960.0500, Subp. 7,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.		
	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.		
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	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.		
Resident 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. (PRACTICE)		
	2960.0070, Subp. 4,C,(1)	License holders and program staff must not: borrow money from a resident; (PRACTICE)		
	2960.0070, Subp. 4,C,(2)	purchase personal items from a resident; (PRACTICE)		
	2960.0070, Subp. 4,C,(3)	sell merchandise, except through a canteen-type service, or sell personal services to a resident; (PRACTICE)		
	2960.0070, Subp. 4,C,(4)	require a resident to buy items for which the license holder is eligible for reimbursement; (PRACTICE)		
Personnel Policies-ALL				
	2960.0100, Subp. 1,B	The license holder must have a staffing plan that: identifies the assignments of facility staff;		
	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.		
Personnel-CH				
	2960.0450, Subp. 3,A	If the program provides family counseling: Family counseling must be provided by a family therapist. (LMFT)		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	2960.0450, Subp. 4	Chemical dependency treatment services must be provided by qualified alcohol and drug counselors who are qualified to provide the service according to 2960.0460 subparts 5 and 6a, unless the individual is specifically qualified according to the accepted standards of that profession.		
	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.		
		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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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.		
	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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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.		
	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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	2960.0150, Subp. 3,J,(1-9)	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; 2) the resident's physical and mental health; 3) the vulnerability of the resident; 4) the resident's capacity for self-preservation in the event of any emergency; 5) the degree to which the resident may be a threat to self or others; 6) the risk of the resident absconding; 7) the gender of the resident; 8) the disability of the resident; and 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. (Review plan.)		
	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 on 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.		
	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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
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.		
	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.		

Viol. No.	Applicable Law or Rule	Requirement	Item met or not met	Notes
	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.		
	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)	ONLY FOR ADULTS SERVED AT THE PROGRAM.[(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.] If a health care facility receives a fact sheet from law enforcement or a corrections agent that includes a risk level classification for the offender, and if the facility admits the offender, the facility shall distribute the fact sheet to all residents at the facility. If the facility determines that distribution to a resident is not appropriate given the resident's medical, emotional, or mental status, the facility shall distribute the fact sheet to the patient's next of kin or emergency contact.(Practice)		