

11/03/2023

Bravada M Garrett-Akinsanya, Authorized Agent  
African American Child Wellness Institute Inc  
2100 Plymouth Ave N  
Minneapolis, MN 55411

Certification Number: 1077054 (Mental Health Clinic)  
Program Location: 9600 Shelard Pkwy Ste 325, Plymouth, MN 55441

## AMENDED CORRECTION ORDER

**NOTICE:** On November 3, 2023, DHS Licensing rescinded violations numbered 5 and 19 from the correction ordered dated October 26, 2023. This amended correction order supersedes the correction order issued on October 26, 2023, which must be destroyed.

Dear Bravada M Garrett-Akinsanya:

On 10/16/2023 and 10/17/2023, the Department of Human Services (DHS) conducted a certification review at African American Child Wellness Institute Inc. DHS requires you to take the corrective action described below. Details of our findings, next steps, and your options are explained below.

### Standards reviewed

The certification review determined compliance with the provisions governing mental health clinics under Minnesota Statutes, chapter 245I.

### Certification violations

DHS determined that your program failed to follow the standard(s) described below.

### Policies and Procedures

1. Violation: The certificate holder's quality assurance and improvement plan did not include the following required components:
  - a. Obtaining and evaluating feedback about services from the following:
    1. Family and other natural supports;
    2. Referral sources; and
    3. Staff persons.
  - b. Measuring and evaluating client outcomes;
  - c. Reviewing client suicide deaths and suicide attempts; and
  - d. Examining the quality of clinical service delivery to clients.

Citation: Minnesota Statutes, section 245I.20, subdivision 9, paragraph (a)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a revised procedure that meets requirements.

2. Violation: The license holder's policy manual did not include a policy on the following required topic(s):
- a. Health and safety;
  - b. Client rights;
  - c. Behavioral emergencies; and
  - d. Reporting maltreatment of adults according to Chapter 626.557.

Citation: Minnesota Statutes, section 245I.03, subdivisions 2-4 and 6

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a policy that demonstrates compliance.

3. Violation: The license holder's policy on client rights did not include the following required components:
- a. The health care bill of rights;
  - b. The client's right to be free from discrimination;
  - c. The client's right to be informed prior to a photograph or audio or video recording being made;
  - d. The client's right to refuse to allow any recording or photograph that is not for the purpose of identification or supervision;
  - e. Information about the restriction of client rights, including that mental health professionals must approve and document the reason for the restriction in the client file;
  - f. The rights of the client to have funds and property returned; and
  - g. The client's right to file a grievance.

Citation: Minnesota Statutes, section 245I.12, subdivision 1, clauses (1)-(3), subdivision 2, subdivision 4, paragraph (a) and subdivision 5, paragraph (a)

Corrective Action Required: Correct immediately and maintain compliance. Submit a revised policy within 30 days of receipt of this order.

4. Violation: The license holder's grievance policy did not meet requirements in the following ways:
- a. The policy did not outline how staff will explain the grievance procedure to clients on the day of admission;
  - b. Current contact information for the following entities was not included:
    1. The Department of Human Services Licensing Division;
    2. The Office of the Ombudsman for Mental Health and Developmental Disabilities; and
    3. The Department of Health Facility Complaints.
  - c. The policy did not allow clients, former clients, and their authorized representatives to submit a grievance to the license holder
    - o The procedure allowed clients to submit a grievance but did not indicate it was available to former clients and/or their authorized representatives
  - d. The policy did not outline how the license holder document receipt of the grievance within three days;
  - e. The policy did not require the final written response to be provided to the client within 15 business days of receiving a client's grievance; and
  - f. Did not allow the client to bring a grievance to the person with the highest level of authority in the program.

Citation: Minnesota Statutes, section 245I.12, subdivision 5, paragraphs (b), (a) and (c)

Corrective Action Required: Correct immediately and maintain compliance. Submit a revised policy within 30 days of receipt of this order.

5. Violation: The license holder's personnel policies did not include the following requirements:
- a. Policies prohibiting staff from sexual contact with a client;
  - b. Policies prohibiting staff from neglecting, abusing, or mistreating a client;
  - c. Drug and alcohol policy;
  - d. Process for disciplinary action, suspension, or dismissal of a staff person;
  - e. Description of the license holder's response to staff who violate program policies;
  - f. Description of the license holder's response to staff who have a behavioral problem that interferes with providing treatment services to clients; and
  - g. Job descriptions including:
    1. Staff responsibilities;
    2. Authority to execute the responsibilities; and
    3. Qualifications for the position.

Citation: Minnesota Statutes, section 245I.03, subdivision 8, clauses (3)-(8)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a policy that demonstrates compliance.

6. Violation: The license holder's data privacy procedures did not include the following required components:
- a. Procedures for staff to promptly document a client's revocation of consent to disclose the client's health record; and
  - b. Procedure to verify that the license holder has permission to disclose a client's health record before releasing any client data.

Citation: Minnesota Statutes, section 245I.03, subdivision 10, paragraph (b)

Corrective Action Required: Correct immediately and maintain compliance. Within 30 days receipt of this order, submit a procedure that demonstrates compliance.

## **Program Practices**

7. Violation: The certificate holder did not ensure that each satellite location met the following requirements:
- a. Staff were not provided a current schedule of the mental health professionals who will be available, including contact information.

Citation: Minnesota Statutes, section 245I.20, subdivision 3, paragraph (c)

Corrective Action Required: Correct immediately and maintain compliance.

8. Violation: The certificate holder did not provide contact information for the area's mental health crisis services as part of the certificate holder's message when a live operator was not available to answer client's calls.

Citation: Minnesota Statutes, section 245I.20, subdivision 8

Corrective Action Required: Correct immediately and maintain compliance.

9. Violation: The license holder's policy and procedure practices did not meet requirements in the following ways:
- a. Policies and procedures were not in compliance with Minnesota Statutes and Rules
    - o The policy manual had not been updated to reflect Minnesota Statutes, chapter 245I; the manual referenced Minnesota Rules, chapter 9520.
  - b. The policy or procedure was not reviewed every two years;
  - c. The policy or procedure was not updated as needed;
  - d. The policy or procedure did not identify the date initiated;
  - e. The policy or procedure did not identify the date(s) of revision; and
  - f. Changes to the policy or procedure were not communicated to staff.

Citation: Minnesota Statutes, section 245I.03, subdivision 1

Corrective Action Required: Correct immediately and maintain compliance.

## Client Records

10. Violation: 5 of 5 client files reviewed did not meet orientation requirements. The record did not contain documentation indicating the client was given information on:
- a. Client right (C1, C2, C3, C4 and C5); and
  - b. Grievance policy (C1, C2, C3, C4 and C5).

Citation: Minnesota Statutes, section 245I.12, subdivision 3 and subdivision 5, paragraph (b)

Corrective Action Required: Correct immediately and maintain compliance.

11. Violation: 4 of 4 client files reviewed did not meet requirements for a standard diagnostic assessment (DA):
- a. The DA did not include at least one mental health diagnosis (C2);
  - b. The DA did not include the screening and assessment of the client for a substance use disorder (C3 and C5);
  - c. The assessor did not consult with family (C5);
  - d. The diagnostic assessment did not include the required information about the client's current life situation:
    1. Employment status (C3);
    2. Current medications (C2);
    3. Description of symptoms (C2); and
    4. Mental health status examination (C2).
  - e. When the assessor could not obtain information without retraumatizing the client, the assessor did not obtain the additional information required, including:
    1. Client physical health history (C2);
    2. Client mental health history (C2); and
    3. Family health history (C2 and C4).
  - f. The diagnostic assessment did not include the following required components:
    1. Baseline measurements, including:
      - i. Symptoms (C2);
      - ii. Skills (C2);
      - iii. Abilities (C2);
      - iv. Vulnerabilities (C2);

- v. Safety needs (C2); and
  - vi. Any differential diagnosis of the client (C2).
2. An explanation of:
- i. How the assessor diagnosed the client (C2, C3 and C5);
  - ii. The client's needs (C2);
  - iii. The client's risk factors (C2);
  - iv. The client's strengths (C2); and
  - v. The client's responsivity factors (C2).

Citation: Minnesota Statutes, section 245I.10, subdivision 6, paragraphs (d), (e) and (b)

Corrective Action Required: Correct immediately and maintain compliance.

12. Violation: 1 of 1 client files reviewed did not meet the following functional assessment requirements:
- a. The client file did not contain a functional assessment (C5).

Citation: Minnesota Statutes, section 245I.10, subdivision 9

Corrective Action Required: Correct immediately and maintain compliance.

Within 30 days receipt of this order submit a functional assessment that demonstrates compliance.

13. Violation: 3 of 3 client files reviewed did not meet the following individual treatment plan (ITP) requirements:
- a. The client did not approve the ITP (C2 and C5);
  - b. For an adult client, the license holder did not:
    - 1. Allow the client's family and other natural supports to observe and participate in the client's treatment services (C5); and
    - 2. Allow the client's family and other natural supports to observe and participate in the client's treatment planning (C5).
  - c. The ITP did not include the following:
    - 1. A schedule for accomplishing goals and objectives (C5); and
    - 2. The individual responsible for providing treatment services and supports to the client (C2 and C4).
  - d. The ITP did not identify participants involved in the clients treatment planning (C2 and C4);
  - e. The client did not participate in treatment planning (C2); and
  - f. The ITP did not document the reason that the license holder did not involve the client's family or other natural supports (C5).

Citation: Minnesota Statutes, section 245I.10, subdivision 8, paragraph (a)

Corrective Action Required: Correct immediately and maintain compliance.

14. Violation: 4 of 4 client files reviewed did not meet progress note requirements. The progress note did not include:
- a. The type of service (C2 and C5);
  - b. The start and stop time of service (C1, C2 and C5);
  - c. The location of the service (C2 and C5); and
  - d. Documentation of the scope of service, including the following required components:

1. The targeted goal (C2, C4 and C5);
2. The intervention the staff provided (C2 and C5);
3. The method the staff used (C2 and C5); and
4. The client's response to the intervention (C5).

For the start and stop time on the following date(s) 9/6/2023 (C1)

For the type of service, start and stop time, location and scope of service on the following date(s) 5/5/2023, 4/28/2023, 4/14/2023, 3/31/2023 (C2)

For the targeted goal on the following date(s) 10/10/2023, 10/3/2023, 9/26/2023, 9/19/2023 (C4)

For the type of service, start and stop time, location, and scope of service on the following date(s)

10/12/2023, 10/05/2023, 9/21/2023, 9/14/2023, 9/7/2023, 8/31/2023, 8/15/2023, 8/8/2023, 8/1/2023, 7/27/2023, 7/18/2023, 7/11/2023, 7/6/2023, 6/13/2023, 6/6/2023, 5/30/2023, 5/23/2023, 5/18/2023, 5/2/2023, 4/18/2023, 4/11/2023, 4/4/2023, 3/28/2023, 3/21/2023, 3/14/2023, 3/7/2023, 2/21/2023 (C5)

Citation: Minnesota Statutes, section 245I.08, subdivision 4

Corrective Action Required: Correct immediately and maintain compliance.

Within 30 days receipt of this order submit a progress note sample that demonstrates compliance.

## Staff Records

15. Violation: 4 of 4 personnel files reviewed for requirements governing file content did not meet requirements. The file did not contain the following:
  - a. Documentation related to the staff person's background study (SP1, SP2, SP3 and SP4);
  - b. Date that staff person's duties and responsibilities became effective (SP1, SP2, SP3 and SP4);
  - c. Date staff person began having direct contact with clients (SP1, SP2, SP3 and SP4);
  - d. Staff training records (SP1 and SP2);
  - e. Verification of license renewals (SP4); and
  - f. Staff person's treatment supervision plan (SP2).

Citation: Minnesota Statutes, section 245I.07, subdivision (a); and section 245I.06, subdivision 2, paragraph (a)

Corrective Action Required: Correct immediately and maintain compliance.

16. Violation: 1 of 1 personnel files reviewed for requirements governing treatment supervision plans did not meet requirements in the following ways:
  - a. The treatment supervisor did not develop a written treatment supervision plan with the staff person (SP2).

Citation: Minnesota Statutes, section 245I.06, subdivision 2, paragraph (a)

Corrective Action Required: Correct immediately and maintain compliance.

Within 30 days receipt of this order submit a treatment supervision plan that demonstrates compliance.

17. Violation: 3 of 3 personnel files reviewed for requirements governing initial training did not meet requirements in the following ways:
- a. The following trainings were not completed prior to providing direct contact services to clients:
    1. Client rights (SP1, SP3 and SP4);
    2. Minnesota Health Records Act training including:
      - i. Client confidentiality (SP1, SP3 and SP4);
      - ii. Family engagement under section 144.294 (SP1, SP3 and SP4); and
      - iii. Client privacy (SP1, SP3 and SP4).
    3. Emergency procedures including fire and inclement weather (SP1, SP3 and SP4);
    4. Emergency procedures including reporting missing persons (SP1, SP3 and SP4);
    5. Emergency procedures including behavioral emergencies (SP1, SP3 and SP4);
    6. Emergency procedures including medical emergencies (SP1, SP3 and SP4);
    7. Specific activities and job functions (SP1, SP3 and SP4);
    8. License holder's policy and procedures (SP1, SP3 and SP4);
    9. Professional boundaries (SP1, SP3 and SP4); and
    10. Special needs of the client (SP1, SP3 and SP4).

Citation: Minnesota Statutes, section 245I.05, subdivision 3, paragraph (b)

Corrective Action Required: Correct immediately and maintain compliance.

Within 30 days receipt of this order submit an orientation training checklist for staff that demonstrates compliance.

## Written response required

If you fail to correct the violation(s) within the time limits identified above, DHS may impose a fine or take an action on your certification. If requested above, Send your written response and any supporting documentation to your licensor at:

Commissioner, Department of Human Services  
ATTN: Elissa Olson  
Licensing Division  
PO Box 64242  
St. Paul, MN 55164-0242

## Your right to request reconsideration

You have the right to request reconsideration of this order and the cited violations. Your request must:

- Be in writing
- List each violation you are challenging
- Identify what is inaccurate or incomplete about the information in this order
- Supply information that is accurate or more complete
- Be made before the deadlines provided below

If you are mailing your request, it must be received by DHS within 20 calendar days from when you received this order. If you do not meet this deadline, you lose your right to request reconsideration. The timeline to appeal began when you received this order. Please send it to:

Office of Inspector General  
Legal Counsel's Office  
Attention: Licensing Legal Unit  
P.O. Box 64953  
Saint Paul, MN 55164-0953

If your request is being personally delivered, it must be received by DHS within 20 calendar days from when you received this order. If you do not meet this deadline, you lose your right to request reconsideration. The timeline to appeal began when you received this order. Please bring it to:

Commissioner, Department of Human Services  
Office of Inspector General, Legal Counsel's Office - Licensing  
444 Lafayette Road North  
St. Paul, MN 55155

## Legal authority

This action is taken under Minnesota Statutes, section 245I.20, subdivision 13. The timeline to request reconsideration of the order is provided in Minnesota Statutes, section 245I.20, subdivision 13, paragraph (b).

## Questions

If you have any further questions regarding this matter, you may contact me at 651-431-6276 or at [elissa.olson@state.mn.us](mailto:elissa.olson@state.mn.us).

Sincerely,

Elissa Olson, Licensor  
Office of Inspector General  
Licensing Division