

08/19/2024

Noor Yussuf, Authorized Agent
Bestwood Agency LLC
1506 33RD AVE N
Saint Cloud, MN 56303-1525

License Number: 1119102 (IRTS/RCS)
Program Location: 1506 33RD AVE N, Saint Cloud, MN 56303-1525

CORRECTION ORDER

Dear Noor Yussuf:

On 06/24/2024, 06/25/2024 and 06/26/2024, the Department of Human Services (DHS) conducted a licensing review at Bestwood Agency LLC. 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 licensing review determined compliance with the provisions governing intensive residential treatment services and residential crisis stabilization services under Minnesota Statutes, chapter 245I.

Licensing violations

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

Program Practices

1. Violation: The license holder's weekly team meetings did not meet requirements in the following ways:
 - a. A team meeting was not held each week
 - o For the week of 3/18/2024.
 - b. Documentation did not demonstrate that each treatment team member participated in a team meeting or ancillary meeting for the following week(s):
 - o 03/26/2024 and 05/30/2024
 - c. Documentation was not maintained for ancillary meetings held in the following weeks:
 - o 03/26/2024 and 05/30/2024

Citation: Minnesota Statutes, section 245I.23, subdivision 14, paragraphs (b) and (c)

Corrective Action Required Correct immediately and maintain compliance.

2. Violation: The license holder did not meet critical incident reporting requirements:

- a. The critical incident was not reported to the Commissioner within 10 days of learning of the incident
 - o For incident(s) dated 03/03/2024, 04/07/2024, 05/01/2024, 05/03/2024, 05/09/2024 and 05/11/2024

Citation: Minnesota Statutes, section 245I.13

Corrective Action Required Correct immediately and maintain compliance.

3. Violation: The license holder did not maintain a file for each client that contained the client's current and accurate records.

Due to a change of electronic files full files were not provided for every client reviewed.

Citation: Minnesota Statutes, section 245I.09, subdivision 1, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

4. Violation: The license holder failed to ensure that all documentation required by Chapter 245I met the following requirements:

- a. Staff signatures did not include the staff person's credentials.

Citation: Minnesota Statutes, section 245I.08, subdivision 2, clause (3)

Corrective Action Required Correct immediately and maintain compliance.

5. Violation: Emergency overdose treatment requirements were not met in the following ways:

- a. The license holder did not require staff to undergo training in the specific mode of administration used at the program, which may include intranasal administration, intramuscular injection, or both.

Citation: Minnesota Statutes, section 245A.242, subdivision 2

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation of staff training for emergency overdose treatment that demonstrates compliance.

Client Records

6. Violation: 3 of 3 client files reviewed for the immediate needs assessment did not meet requirements in the following ways:

- a. The assessment was not completed within 12 hours of the client's admission (C1 and C2); and
- b. The assessment did not include an evaluation of the client's immediate needs in the following areas:
 - 1. Responsibilities for children (C2 and C4);
 - 2. Responsibilities for family and other natural supports (C2 and C4);
 - 3. Responsibilities for employers (C2 and C4);
 - 4. Housing issues (C2 and C4); and
 - 5. Legal issues (C2 and C4).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

7. Violation: 3 of 3 client files reviewed for the initial treatment plan did not meet requirements in the following ways:
- a. The client file did not contain an initial treatment plan (C1);
 - b. The plan was not completed within 24 hours of admission (C2 and C4); and
 - c. The plan did not consider crisis assistance strategies that have been effective for the client in the past (C2).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (b)

Corrective Action Required Correct immediately and maintain compliance.

8. Violation: 3 of 3 client files reviewed did not meet level of care assessment requirements in the following ways:
- a. The assessment was not completed within five days of admission (C1);
 - b. The assessment was not updated within 60 days of admission (C1); and
 - c. The assessment was not signed and dated by the person completing the assessment, including the staff person's credentials (C2 and C4).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (d); and section 245I.08, subdivision 2, clause (3)

Corrective Action Required Correct immediately and maintain compliance.

9. Violation: 1 of 1 client files reviewed for requirements governing the substance use assessment did not meet requirements in the following ways:
- a. The client file did not include a substance use assessment (C2).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (h)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation demonstrating compliance with a substance use assessment.

10. Violation: 2 of 3 client files reviewed for requirements governing weekly reviews did not meet requirements in the following ways:
- a. The client file did not contain documentation demonstrating the treatment plan was reviewed weekly (C4)
 - o For week(s) ending 04/24/2024, 05/01/2024 and 05/08/2024 (C4)
 - b. The client file did not contain documentation demonstrating the individual abuse prevention plan was reviewed weekly (C2 and C4).
 - o For all weeks 04/11/2024-06/24/2024 (C2)
 - o For all weeks 03/27/2024-05/11/2024. (C4)

The license holder has not been reviewing clients IAPP's weekly. (C2)

The license holder has not been reviewing clients IAPP's weekly. (C4)

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (i)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit two weekly reviews that demonstrates compliance.

11. Violation: 3 of 3 client files reviewed did not meet requirements for required treatment services in the following ways:
- a. For a client receiving Intensive Residential Treatment Services (IRTS), the license holder failed to provide:
 - 1. Engaging family and other natural supports (C1 and C4);
 - 2. Educating family and other natural supports (C1 and C4); and
 - 3. Interventions approved by the commissioner (C1, C2 and C4)

There was not documentation to demonstrate that the license holder provided illness management and recovery (IMR) or enhanced illness management and recovery (E-IMR). (C1)

There was not documentation to demonstrate that the license holder provided illness management and recovery (IMR) or enhanced illness management and recovery (E-IMR). (C2 and C4)

Citation: Minnesota Statutes, section 245I.23, subdivision 4, paragraph (b)

Corrective Action Required Correct immediately and maintain compliance.

12. Violation: 3 of 3 client files reviewed did not meet discharge requirements in the following ways:
- a. The license holder did not categorize the discharge as successful, program-initiated, or non-program-initiated (C1, C4 and C5);
 - b. The discharge summary was not completed prior to a successful discharge (C1);
 - c. For a program-initiated discharge, the license holder discharged the client without following requirements for a discharge review process (C4 and C5);
 - d. The client was not provided a copy of the discharge summary (C1, C4 and C5);
 - e. The discharge summary was not signed and dated by the person completing the plan, including the staff person's credentials (C1);
 - f. For a successful discharge, the summary did not contain:
 - 1. The client's response to their treatment plan (C1);
 - 2. The goals and objectives that the license holder recommends that the client addresses during the first three months after discharge (C1);
 - 3. The recommended actions, supports and services that will assist the client with a successful transition to another setting (C1);
 - 4. The client's crisis plan (C1);
 - 5. The client's forwarding address (C1); and
 - 6. The client's forwarding telephone number (C1).
 - g. For a program-initiated discharge, the license holder failed to:
 - 1. Consult with the client's family and other natural supports prior to a program-initiated discharge (C4); and
 - 2. Determine whether the license holder, treatment team and any interested party can develop additional strategies to resolve the issues leading to the client's discharge (C4).
 - h. For a program-initiated discharge, the summary did not contain:

1. A description of each individual's involvement in the decision to discharge the client (C4).

Citation: Minnesota Statutes, section 245I.23, subdivision 18, paragraphs (c), (g) and (h); and section 245I.08, subdivision 2, clause (3)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation demonstrating compliance with discharge standards.

13. Violation: 2 of 2 client files reviewed for discharge review documentation did not meet requirements in the following ways:
 - a. There was no documentation to demonstrate the license holder consulted with the client, the client's family and other natural supports, and the client's case manager, if applicable, to review the issues involved in the program's decision to discharge the client from the program (C4 and C5).

Citation: Minnesota Statutes, section 245I.23, subdivision 18, paragraph (g)

Corrective Action Required Correct immediately and maintain compliance.

14. Violation: 3 of 3 client files reviewed did not meet requirements for daily documentation in the following ways:
 - a. The client file did not include a daily summary for each day the client was present in the program (C1, C2 and C4)
 - o For 03/01/2024 - 05/22/2024 and 06/05/2024 - 06/07/2024 (C1)
 - o For 05/06/2024, 05/07/2024, 05/08/2024, 05/09/2024, 05/10/2024, 05/11/2024 and 05/12/2024 (C2)
 - o For 03/31/2024 (C4)
 - b. The daily summary did not include:
 1. Observations about the client's behaviors (C1); and
 2. Observations about the client's symptoms (C1, C2 and C4).

Citation: Minnesota Statutes, section 245I.23, subdivision 12, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation demonstrating compliance with daily summaries and progress notes.

15. Violation: 1 of 3 client files reviewed did not meet requirements for giving clients notice of their rights in the following ways:
 - a. Documentation did not demonstrate the license holder gave a copy of the client's rights to the client on the day of admission (C1).

Citation: Minnesota Statutes, section 245I.12, subdivision 3

Corrective Action Required Correct immediately and maintain compliance.

16. Violation: 3 of 3 client files reviewed did not meet standard diagnostic assessment (DA) requirements in the

following ways:

- a. The assessor did not consult with the client's family about which services they prefer when completing the DA (C1 and C4);
- b. The DA did not include the required information about the client's current life situation:
 1. Cultural influences on the client (C1); and
 2. Substance use history, if applicable, including:
 - i. Circumstances of relapse (C2); and
 - ii. The impact to functioning when under the influence of substances, including legal interventions (C2).
- c. The DA did not include the following required components of the assessment:
 1. An explanation of:
 - i. The client's responsivity factors (C1).

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

Corrective Action Required Correct immediately and maintain compliance.

17. Violation: 3 of 3 client files reviewed did not meet functional assessment requirements in the following ways:

- a. The client file did not contain a functional assessment (C4);
- b. The functional assessment was not completed within 30 days of admission (C1)
- c. Documentation did not identify the reasons that the license holder did not contact the client's family or other natural supports when conducting the functional assessment (C1 and C2).

Citation: Minnesota Statutes, section 245I.10, subdivision 9, paragraph (3); and section 245I.23, subdivision 7, paragraph (g)

Corrective Action Required Correct immediately and maintain compliance.

18. Violation: 3 of 3 client files reviewed did not meet the following individual treatment plan (ITP) requirements:

- a. The individual treatment plan was not completed within 10 days of admission (C1, C2 and C4)
 - o The client was admitted on 03/01/2024 and the ITP was completed on 05/10/2024. (C1)
 - o The client was admitted on 04/11/2024 and the ITP was completed on 05/09/2024. (C2)
 - o The client was admitted on 03/20/2024 and the ITP was completed on 04/24/2024. (C4)
- b. The client did not approve the ITP (C4);
- c. The individual treatment plan was not updated within 40 days of admission (C1)
- d. The individual treatment plan was not updated within 70 days of admission (C1 and C2)
- e. The ITP did not include the following:
 1. Measureable treatment objectives (C1, C2 and C4); and
 2. The individuals responsible for providing treatment services and supports to the client (C4).
- f. The ITP did not document the reason that the license holder did not involve the client's family or other natural supports (C1).

Citation: Minnesota Statutes, section 245I.23, subdivision 7, paragraph (f); and section 245I.10, subdivision 8, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

19. Violation: 3 of 3 client files reviewed did not meet requirements for assessing the client's ability to self-administer

medication in the following ways:

- a. The assessment did not include the client's ability to comply with prescribed medication regimens (C2 and C4); and
- b. The assessment did not include the client's ability to store medication safely and in a manner that protects other individuals in the facility (C1, C2 and C4).

Citation: Minnesota Statutes, section 245I.11, subdivision 5, clause (1)

Corrective Action Required Correct immediately and maintain compliance.

20. Violation: 2 of 2 client files reviewed did not meet progress note requirements. The progress note did not include the following required components:

- a. The type of service (C2 and C4)
 - o For all progress notes reviewed between 05/06/2024-05/12/2024 and 05/20/2024-05/26/2024. (C2)
 - o For all progress notes reviewed between 03/25/2024-03/31/2024 and 04/22/2024-04/28/2024. (C4)
- b. The start and stop time of service (C2 and C4)
 - o For all progress notes reviewed between 05/06/2024-05/12/2024 and 05/20/2024-05/26/2024. (C2)
 - o For all progress notes reviewed between 03/25/2024-03/31/2024 and 04/22/2024-04/28/2024. (C4)
- c. The credentials of the staff who provided the service (C4)
 - o For all progress notes reviewed between 03/25/2024-03/31/2024 and 04/22/2024-04/28/2024. (C4)

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

Corrective Action Required Correct immediately and maintain compliance.

21. Violation: 3 of 3 reviewed for requirements governing progress notes did not meet requirements. Each occurrence of a mental health service was not documented in a progress note (C1, C2 and C4)

There were no progress notes identifying the type and date of services provided. (C1)

A group schedule identified that mental health services were provided on 05/10/2024 and 05/24/2024, however there were no progress note completed. (C2)

A group schedule identified that mental health services were provided on 03/31/2024, 04/25/2024 and 04/27/2024, however there were no progress note completed. (C4)

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

Corrective Action Required Correct immediately and maintain compliance.

22. Violation: 3 of 3 client files reviewed did not meet requirements for orienting clients to vulnerable adult maltreatment reporting policies and procedures in the following ways:

- a. The client was not oriented to the program abuse prevention plan (PAPP) (C1, C2 and C4); and
- b. The client's orientation to the internal and external maltreatment reporting procedures was not completed within the required time frame (C1, C2 and C4).

Citation: Minnesota Statutes, section 245A.65, subdivision 3

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days receipt of this order, submit documentation demonstrating compliance with client orientation.

23. Violation: 1 of 3 client files reviewed did not meet individual abuse prevention plan (IAPP) requirements:
- a. The client file of a vulnerable adult did not contain an IAPP (C1).

Citation: Minnesota Statutes, section 245A.65, subdivision 2

Corrective Action Required Correct immediately and maintain compliance.

Staff Records

24. Violation: 3 of 3 personnel files reviewed for training documentation did not meet requirements. Documentation of training did not include the following required components:
- a. The name and credentials of the trainer (SP3); and
 - b. The length of training in hours and minutes (SP1, SP2 and SP3).

Citation: Minnesota Statutes, section 245I.05, subdivision 2, paragraph (a)

Corrective Action Required Correct immediately and maintain compliance.

25. Violation: 3 of 3 personnel files reviewed for treatment supervision plans did not meet requirements in the following ways:
- a. The staff person's treatment supervision plan did not include the following required components:
 1. A description of the treatment methods and modalities that the staff person may use to provide services to clients (SP1, SP2 and SP3).

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

Corrective Action Required Correct immediately and maintain compliance.

26. Violation: 2 of 3 personnel files reviewed for requirements governing initial training did not meet requirements in the following ways:
- a. For staff identified as needing additional trainings before providing direct contact services, documentation did not demonstrate the staff person received 30 hours of training about:
 1. Mental illnesses (SP2 and SP3);
 2. Client recovery and resiliency (SP2 and SP3); and
 3. Co-occurring mental illness and substance use disorders (SP2 and SP3).
 - b. Documentation did not demonstrate the staff person received the 30 hours of training required for their position prior to providing direct contact services (SP2 and SP3); and
 - c. Documentation did not demonstrate the staff person received training to the following required topics within 90 days of first providing direct contact services to an adult client:
 1. Co-occurring substance use disorders (SP2 and SP3).

Citation: Minnesota Statutes, section 245I.05, subdivision 3, paragraphs (c) and (d)

Corrective Action Required Correct immediately and maintain compliance.

Within 30 days of receipt of this order submit documentation demonstrating SP2 and SP3 have received all required training.

How to respond

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 license. If requested above, Send your written response and any supporting documentation to your licensor at:

Commissioner, Department of Human Services
ATTN: Michael Cihla
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 245A.06, subdivision 1. The timeline to request reconsideration of the order is provided in Minnesota Statutes, section 245A.06, subdivision 2.

Questions

If you have any further questions regarding this matter, you may contact me at or at Michael.S.Cihla@state.mn.us.

Sincerely,

Michael Cihla, Licenser
Office of Inspector General
Licensing Division