

March 5, 2025

Michelle Murray, Authorized Agent
Nexus East Bethel Family Healing
900 189th Avenue Northeast
East Bethel, MN 55011

License Number: 1119782 (PRTF)
Report Numbers: 202410033 and 202500473

CORRECTION ORDER

Dear Michelle:

On January 13, 14, 15, and 16, 2025, Department of Human Services (DHS) licensors conducted a licensing review and investigation at your facility, Nexus East Bethel Family Healing, located at 900 189th Avenue NE East Bethel, MN 55011. This review was conducted to determine compliance with state and federal laws and rules governing the provision of Psychiatric Residential Treatment Facilities (PRTF) under the PRTF Variance to Minnesota Rules, chapter 2960. As a result, DHS is issuing this order which requires you to take the corrective action as described under each violation. Details of our findings are provided below. Our next steps and your options are also detailed.

LICENSING VIOLATIONS

DHS determined that your program failed to follow licensing rules and statutes, as described below.

Practices and Physical Plant

1. Violation: The license holder did not meet requirements governing facility postings. A copy of the program abuse prevention plan was not posted in a prominent location in the program.

Statute Violated: Minnesota Statutes, section 245A.65, subdivision 2, paragraph (a).

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure postings in the physical plant meet all requirements.

2. Violation: The license holder did not meet requirements governing the internal review of reports of maltreatment of minors. An internal review was not completed for a November 18, 2024, report of alleged maltreatment.

Statute Violated: Minnesota Statutes, section 245A.66, subdivision 1.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that internal reviews of the maltreatment of minors meet all requirements.

3. Violation: The license holder did not meet requirements governing clinical supervision. In two of two weeks reviewed, the license holder did not ensure all treatment team members participated either in clinical supervision or an ancillary meeting for each calendar week they worked, for the weeks of:
 - a. November 4 through 10, 2024, when 26 staff members did not attend;
 - b. December 30, 2024, through January 5, 2025, when 19 staff persons did not attend.

Rule Violated: Minnesota Variance, section R2960V.13.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure clinical supervision for program staff meets all applicable requirements. Within 30 days receipt of this order, submit documentation demonstrating compliance with clinical supervision requirements for two weeks.

4. Violation: The license holder did not meet requirements governing quality assurance and improvement. The license holder did not complete a quarterly review that considered the following required components (Calendar year 2024, Quarter 3):
 - a. Attaining and evaluating feedback from residents, family members, staff, and referring agencies concerning the services provided; and
 - b. Reviewing self-monitoring of compliance, including evaluating compliance with the requirements of the PRTF variance and demonstrating action to improve the program's compliance with the requirements.

Rule Violated: Minnesota Variance, section R2960V.17, subpart 1.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure the quarterly review of quality assurance and improvement meets all applicable requirements. Within 30 days receipt of this order, submit the Calendar year 2024, Quarter 4 review that demonstrates compliance.

5. Violation: The license holder did not meet requirements governing grievances. In documentation of the license holder's response to nine of ten grievances reviewed, the investigation findings and resulting actions taken by the license holder were not included.

Rule Violated: Minnesota Variance, section R2960V.04, subpart 3, item B.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure grievances meet all applicable requirements. Within 30 days receipt of this order, submit documentation that staff who are responsible for responding to grievances have been trained.

6. Violation: The license holder did not meet requirements governing the plan for transfer of clients and records upon closure. The license holder did not have documentation to demonstrate that a controlling individual reviewed and signed the plan for the calendar year of 2024.

Statute Violated: Minnesota Statutes, section 245A.04, subdivision 15a, item (a).

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure the plan for the transfer of clients and records upon closure meets all requirements.

Personnel Files

7. Violation: Four of four personnel files reviewed for requirements governing annual training did not meet requirements. There was not documentation to demonstrate that the staff person received training annually to the following:
 - a. Vulnerable adult and child maltreatment requirements in Minnesota Statutes, section 245A.65, subdivision 3 (personnel files numbered 3, 5, and 9);
 - b. Resident rights (personnel files numbered 3 through 5 and 9);
 - c. Emergency procedures (personnel files numbered 3, 5, and 9);
 - d. Treatment services for residents with co-occurring disorders (personnel files numbered 3 through 5 and 9);
 - e. A minimum of four of the subjects from Minnesota Variance, section R2960V.16, subpart 3 (personnel file numbered 5);
 - f. 24 hours of training in the delivery of services to persons with mental illnesses (personnel file numbered 9); and
 - g. 16 hours of training in the delivery of services to persons with mental illnesses (personnel file numbered 5).

Rule Violated: Minnesota Variance, section R2960V.16, subparts 3, 4, and 5, item B.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure to comply with requirements of annual training. Within 30 days receipt of order, submit documentation demonstrating that the staff identified have received all annual trainings.

8. Violation: Thirteen of thirteen personnel files reviewed for requirements governing the documentation of orientation and training did not meet requirements in the following ways. The license holder did not have documentation of the following:
 - a. The credentials of the people who certified the completion of the training (personnel files numbered 1 through 13); and
 - b. That the staff person's training needs were evaluated at least annually (personnel files numbered 4 and 5).

Rule Violated: Minnesota Variance, sections R2960V.15, subpart 2 and R2960V.16, subpart 6.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure the documentation of orientation and training meets all requirements.

Resident Files

9. Violation: One resident file reviewed for requirements governing vulnerable adult orientation did not meet requirements (resident file numbered 5). The license holder did not have documentation to demonstrate that each new adult receiving services was oriented to internal and external reporting policies regarding the maltreatment of vulnerable adults and the program abuse prevention plan (PAPP).

Statute Violated: Minnesota Statutes, section 245A.65, subdivision 1, paragraph (c) and subdivision 2, paragraph (a).

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure their vulnerable adult orientation meets all requirements. Within 30 days receipt of this order, submit documentation that the resident identified has been oriented to the required policies, if the resident is still in program.

10. Violation: Five of five resident files reviewed for requirements governing individual plans of care did not meet requirements in the following ways:
- a. The immediate needs assessment and preliminary plan of care did not include (resident files numbered 1 and 6):
 - i. An assessment of needs related to the resident's health and safety, including specific measures to minimize risks;
 - ii. At least one primary treatment goal, objective, and intervention; and
 - iii. The resident's treatment schedule.
 - b. A more formalized, individualized plan of care was not implemented within 10 days after admission (resident files numbered 1 and 7);
 - c. The plan of care was not reviewed at least every 30 days (resident files numbered 2, 4, and 7); and
 - d. The plan of care did not include the following:
 - i. Measurable treatment objectives (resident files numbered 1 and 2);
 - ii. Medication management goals (resident files numbered 1 and 6);
 - iii. The resident's signature (resident files numbered 1, 2, 4, and 6);
 - iv. The resident's legal guardian's signature (resident files numbered 2, 4, 6, and 7); and

- v. The signatures and titles of the multidisciplinary team who completed or updated the plan or care and the signature of the mental health professional who approved the plan of care (resident file numbered 2).

Rule Violated: Minnesota Variance, section R2960V.07, subpart 1, items A and B, and R2960V.08, subpart 2, item J.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure individual plans of care meet all requirements. Within 30 days receipt of this order, submit documentation of one resident's immediate needs assessment, preliminary plan of care, and plan of care that meets all requirements.

11. Violation: Two of five resident files reviewed for requirements governing treatment services did not meet requirements. The license holder did not have documentation to demonstrate that the resident was provided individual therapy a minimum of twice per week. Individual therapy was provided once during the following weeks:
 - a. November 11 through 17, 2024 (resident file numbered 2); and
 - b. July 1 through 7 and August 5 through 11, 2024 (resident file numbered 7).

Rule Violated: Minnesota Variance, section R2960V.06, subpart 1, item C.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that the provision of treatment services meets all requirements.

12. Violation: One of three resident files reviewed for requirements governing health care services and medication did not meet requirements (resident file numbered 1). Upon admission the license holder documented that the resident was in need of an eye appointment, however there was not documentation to support that a referral to or coordination with medical services occurred in a timely manner.

Rule Violated: Minnesota Variance, section R2960V.08, subpart 2, item F.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that health care services and medication meet all requirements.

13. Violation: Two of four resident files reviewed for requirements governing medication reconciliation did not meet requirements (resident files numbered 1 and 2). The license holder did not have documentation that a medication reconciliation was conducted upon transfer to another unit.

Rule Violated: Minnesota Variance, section R2960V.08, subpart 3.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that medication reconciliations meet all requirements.

14. Violation: One of four resident files reviewed for requirements governing medication administration did not meet requirements(resident file numbered 4). The license holder did not have documentation of the disposition of the resident's medication in the resident's file upon discharge.

Rule Violated: Minnesota Variance, section R2960V.08, subpart 4, item D.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure medication administration meets all requirements.

15. Violation: Four of four resident files reviewed for requirements governing psychotropic medication reviews did not meet requirements in the following ways. The license holder did not have documentation that the prescribing practitioner:
- a. Documented a description in observable and measurable terms of the symptoms (resident files numbered 1, 2, and 4) and behaviors that the psychotropic medication is to alleviate (resident files numbered 1, 2, 4, and 6); and
 - b. Conducted a psychotropic medication review at least weekly for the first month and every month thereafter (resident files numbered 1, 2, 4, and 6).

Rule Violated: Minnesota Variance, section R2960V.08, subpart 6, items B and C.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure psychotropic medication reviews meet all requirements. Within 30 days receipt of this order, submit documentation of a weekly psychotropic medication review for one resident that demonstrates how the items listed in a and b are met.

16. Violation: Two of two resident files reviewed for requirements governing informed consent information for psychotropic medications did not meet requirements (resident files numbered 1 and 6). The license holder did not have documentation that the addresses and telephone numbers of appropriate professionals to contact if questions or concerns arise was provided to the resident and their legal guardian.

Rule Violated: Minnesota Variance, section R2960V.08, subpart 8.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that informed consent information for psychotropic medication meets all requirements.

17. Violation: Three of four resident files reviewed for requirements governing the monitoring of side effects did not meet requirements. The license holder did not have documentation demonstrating the following:
- a. That the nurse determined and documented the frequency of side effect monitoring (resident files numbered 1, 4, and 6); and
 - b. That side effect monitoring was completed when a new psychotropic medication was ordered (resident file numbered 4).

Rule Violated: Minnesota Variance, section R2960V.08, subpart 10.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that the monitoring of side effects meets all requirements.

18. Violation: One of three resident files reviewed for requirements of restraint and seclusion did not meet requirements (resident file numbered 4). The license holder did not have demonstration that they conducted a debriefing after a restraint used on November 16, 2024.

Rule Violated: Minnesota Variance, section R2960V.11, subpart 3.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that the use of restraint and seclusion meets all requirements.

19. Violation: Three of three resident files reviewed for requirements governing the administrative review of the use of a restrictive procedure did not meet requirements in the following ways:
- a. The license holder did not complete an administrative review of the use of a restrictive procedure within 3 working days after the use of the restrictive procedure for a restraint used on November 1, 2024 (resident file numbered 4);
 - b. The license holder did not have documentation that the resident or the resident's representative had an opportunity to present evidence and argument to the reviewer about why the procedure was unwarranted for restraints used on November 7, 8, 9, 15, 16, 2024 (resident files numbered 2 and 4). This was answered as "N/A" on the "Incident Report and Review" form; and

- c. Documentation of the administrative review did not state whether the required documentation was recorded, the restrictive procedure was used in accordance with the treatment plan, if the rule standards governing the use of restrictive procedures were met, or if the staff who implemented the restrictive procedure were properly trained for a restrictive procedure used on January 12, 2025 (resident file numbered 1).

Rule Violated: Minnesota Variance, section R2960V.11, subpart 4.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that the administrative reviews of the use of restrictive procedures meet all requirements.

20. Violation: One of three resident files reviewed for requirements governing discharge did not meet requirements (resident file numbered 7). The license holder did not have documentation to demonstrate that an individualized discharge plan with appropriate, realistic and timely follow-up care was in place prior to discharging a resident, or that the resident met one of the discharge criteria listed in Minnesota Variance, section R2960V.05, subpart 3, item C.

Rule Violated: Minnesota Variance, section R2960V.05, subpart 3, items B and C.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that resident discharges meet all requirements.

21. Violation: Three of three resident files reviewed for requirements governing discharge planning did not meet requirements in the following ways:
 - a. Documentation did not demonstrate that at least 10 days before discharge, the treatment team developed a discharge plan consistent with MN Statutes, section 245.4882, subdivision 3 (resident file numbered 3);
 - b. There was not documentation demonstrating that an aftercare plan was developed (resident file numbered 7);
 - c. The aftercare plan developed did not contain a clinical rationale for medications (resident files numbered 3 and 4); and
 - d. There was not documentation that the license holder submitted documents related to the resident's care in their facility to any mental health provider who will be providing aftercare (resident file numbered 7).

Rule Violated: Minnesota Variance, section R2960V.07, subpart 3.

Repeat Violation: In a Correction Order that DHS issued on July 26, 2024, you were previously found in violation of this same rule.

Corrective Action Required: Immediately and on an ongoing basis, the license holder must ensure that discharge documentation meets all requirements.

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Written Response Required

If you fail to correct the violation(s) specified in the Correction Order within the prescribed time lines the Commissioner may issue an Order of Conditional License or may impose a fine and order other licensing sanctions pursuant to Minnesota Statutes, sections 245A.06 and 245A.07.

Submissions required as part of the corrective action ordered must be sent to your licensor by email at Katie.A.Leuer@state.mn.us or by mail:

Commissioner, Department of Human Services
ATTN: Katie Leuer
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 and identify what is inaccurate or incomplete about the information in the 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
Attn: Licensing Legal Unit
PO Box 64953
St. 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. 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

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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 651-431-6270 or at Hannah.Horsch@state.mn.us.

Sincerely,

Hannah Horsch, Licenser
Licensing Division
Office of Inspector General