Utah Department of
**Health & Human Services**
Licensing & Background Checks

## Inspection Checklist

## R432-152. Intermediate Care Facility for Individuals with Intellectual Disabilities

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. *(Revised 4/2025)*

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|---|---|---|---|---|---|---|
| **Facility Name:** | Medallion Manor | **Facility ID:** | 46G014 | **Phone Number:** | f801-375-2710 | **Notes / Sticky Notes** |
| **Address:** | 1701 West 600 South<br>Provo Utah 84601 | | | **Email Address:** | merlinm@medallionmanor.com | |
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| **Please review the following items during the inspection:** (Mark with a check mark if completed and make and necessary notes) | | | **Please review the following items during the inspection:** (Mark with a check mark if completed and make and necessary notes) | | |
|---|---|---|---|---|---|
| ☑ | Current Census List including IDD, date of admission | | ☐ | | |
| ☑ | Discharge Census List past 6 months including IDD, date of discharge and reason why | | ☐ | | |
| ☑ | List of current employees, including hire date and position | | ☐ | | |
| ☐ | Former employee list past 6 months including termination date and reason for termination | | ☐ | | |
| ☑ | Abuse investigations past 6 months | | ☐ | | |
| ☐ | Policies and Procedures related to transition to community | | ☐ | | |

**Inspection Information:**

*- All areas that are inaccessible must remain inaccessible for this inspection. During the inspection, the licensor will ask to have locked areas unlocked. All accessible areas must be compliant with all applicable rules during the inspection.*

- I will email you this inspection checklist after the inspection is completed. I will send you an official inspection report once this inspection has been approved by OL management.

- If the only rule noncompliances are documentation and/or records, please submit them to Licensing by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and ensure compliance maintenance.

- You may submit feedback on this inspection through your Licensing Portal or at: DLBC.utah.gov

## Signature Information

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Inspection Type: | Unannounced Inspection | Date: | | Time Started: | | Time Ended: | |
| Number of rule noncompliances: | | | Name of Individual Informed of this Inspection: | | | | |
| Licensor(s) Conducting this Inspection: | | | | | OL Staff Observing Inspection: | | |
| ☐ | The Licensor reviewed compliance. | Please sign/type individual informed name and date of review: | | | | | |

| RULES CHECKLIST | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Rule # R432 | | Rule Description<br>C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | Notes |
| **R432-35-3. Covered Provider - DACS Process** | | | C | NC | NA | Date | | Notes |
| R432-35-3(1) | | (1) The covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before issuance of a provisional license, license renewal, or engagement as a covered individual. | ☑ | ☐ | ☐ | | ☐ | |
| R432-35-3(2)(a)-(b) | | (2) The covered provider shall ensure the engaged covered individual:<br>(a) signs a criminal background check authorization form that is available for review by the OBP; and<br>(b) submits fingerprints within 15 working days of engagement. | ☑ | ☐ | ☐ | | ☐ | |
| R432-35-3(3) | | (3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination. | ☑ | ☐ | ☐ | | ☐ | |
| R432-35-3(4) | | (4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239. | ☑ | ☐ | ☐ | | ☐ | |
| R432-35-3(5) | | (5) If the OBP determines an individual is not eligible for direct patient access, based on information obtained through DACS and the sources listed in Section R432-35-8, the OBP shall send a notice of agency action, as outlined in Section R497-100-5, to the covered provider and the individual. | ☑ | ☐ | ☐ | | ☐ | |
| R432-35-3(6) | | (6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access. | ☑ | ☐ | ☐ | | ☐ | |

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| R432-35-3(7) | | (7) The OBP may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the OBP, the work arrangement does not pose a threat to the safety and health of patients or residents. | ☑ | ☐ | ☐ | | ☐ | |
| R432-35-3(8) | | (8) The covered provider that provides services in a residential setting shall enter required information into DACS to initiate and obtain certification for direct patient access for each individual 12 years of age and older, who is not a resident, and resides in the residential setting. If the individual is not eligible for direct patient access and continues to reside in the setting, the OL may revoke an existing license or deny licensure. | ☑ | ☐ | ☐ | | ☐ | |
| R432-35-3(9)(a)-(d) | | (9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including:<br>(a) address;<br>(b) email address;<br>(c) employment status; and<br>(d) name | ☑ | ☐ | ☐ | | ☐ | |
| R432-35-3(10) | | (10) An individual or covered individual seeking licensure as a covered provider shall submit required information to the OBP to initiate and obtain certification for direct patient access before the issuance of the provisional license. If the individual is not eligible for direct patient access, the OL may revoke an existing license or deny licensure as a health care facility. | ☑ | ☐ | ☐ | | ☐ | |

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| **R380-80-4. Providers' Duty to Help Protect Clients.** | | | C | NC | NA | Date | | | |
| R380-80-4(1) | | (1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment. | ☑ | ☐ | ☐ | | ☐ | | |
| **R380-80-5. Provider Code of Conduct.** | | | C | NC | NA | Date | | | |
| R380-80-5(4) | | (4) Each provider shall protect clients from abuse, neglect, harm, exploitation, mistreatment, fraud, and any action that may compromise the health and safety of clients through acts or omissions and shall instruct and encourage others to do the same. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-40-3. Policy, Procedures, and Employee Training.** | | | C | NC | NA | Date | | Notes | |
| R432-40-3(2) | | (2) The licensee shall ensure that employees responsible for assessing, documenting, and reporting according to this rule complete an online training regarding Rule R432-40, as well as an overview of reporting requirements upon hire. | ☑ | ☐ | ☐ | | ☐ | | Do not cite until after 1/1/2026.<br><br>Add this employee to the employee sample to verify that the online training has been completed. |
| **R432-152-6. Governing Body and Management** | | | C | NC | NA | Date | | | Notes |
| 6(1)(a-b) | | The licensee shall identify an individual or group to constitute the governing body of the facility that shall:<br>(a) exercise general policy, budget and operating direction over the facility; and<br>(b) set the qualifications for the administrator of the facility | ☑ | ☐ | ☐ | | ☐ | | |
| 6(2) | | The licensee shall comply with applicable federal, state and local laws, regulations, and codes pertaining to health, safety and sanitation. | ☑ | ☐ | ☐ | | ☐ | | |

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| 6(3)(a-c) | | The licensee shall appoint, in writing, an administrator professionally licensed by the Utah Department of Commerce as a nursing home administrator.<br>(b) The administrator shall supervise no more than one licensed Intermediate Care Facility for Individuals with Intellectual Disabilities.<br>(c) The administrator shall be on the premises of the facility enough hours in the business day, and at other times as necessary, to permit attention to the management and administration of the facility. | ☑ | ☐ | ☐ | | ☐ | | |
| 6(4)(a-c) | | The administrator shall designate, in writing, the name and title of a person to act as administrator in any temporary absence of the administrator.<br>(b) The administrator's designee shall have enough power, authority, and freedom to act in the best interests of client safety and well-being.<br>(c) It is not the intent of Subsection (4)(b) to permit an administrator's designee to supplant or replace the administrator the licensee appointed under Subsection (3)(a). | ☐ | ☐ | ☑ | | ☐ | | |

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| 6(5)(a-j) | | The licensee shall ensure the administrator's responsibilities are included in a written job description that is maintained on file and available for department review. The job description shall include the following responsibilities:<br>(a) complete, submit and file records and reports required by the department;<br>(b) function as liaison between the licensee, qualified intellectual disabilities professional and other supervisory staff of the facility;<br>(c) respond to recommendations made by the facility committees;<br>(d) ensure that employees are oriented to their job functions and receive appropriate and regularly scheduled in-service training;<br>(e) implement policies and procedures for the operation of the facility;<br>(f) hire and maintain the required number of licensed and non-licensed staff, as specified in this rule, to meet the needs of clients;<br>(g) maintain facility staffing records for at least the preceding 12 months;<br>(h) secure and update contracts for required professional and other services not provided directly by the facility;<br>(i) verify required licenses and permits of staff and consultants at the time of hire or effective date of contract; and<br>(j) review incident and accident reports and take | ☐ | ☐ | ☑ | | ☐ | | |
| 6(6) | | The administrator, QIDP and facility department supervisors shall develop job descriptions for each position including job title, job summary, responsibilities, qualifications, required skills and licenses, and physical requirements. | ☐ | ☐ | ☑ | | ☐ | | |
| 6(7) | | The administrator or designee shall conduct and document periodic employee performance evaluations. | ☐ | ☐ | ☑ | | ☐ | | |
| 6(8) | | The licensee shall ensure that personnel have access to facility policy and procedure manuals and other information necessary to effectively perform duties and carry out responsibilities. | ☐ | ☐ | ☑ | | ☐ | | |

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| 6(9) | | The administrator shall establish policies and procedures for health screening that meet Subsection R432-150-10(4). | ☐ | ☐ | ☑ | | ☐ | | |
| 6(10) | | The administrator shall ensure that, in accordance with the state Medicaid Provider Agreement, facility staff provides any requested client records, including current contact information for the client's family, legal guardian or other client representatives upon request of the department. | ☑ | ☐ | ☐ | | ☐ | | |
| 6(11)(a-i) | | The licensee shall:<br>(a) establish and maintain a system that ensures a complete accounting of clients' personal funds entrusted to the facility on behalf of clients and precludes any commingling of client funds with facility funds or with the funds of any person other than another client;<br>(b) ensure clients' financial records are available on request to each client or client's legal guardian;<br>(c) ensure funds entrusted to the facility on behalf of clients are kept in the facility or are deposited within five days of receipt in an insured interest-bearing account in a local bank, credit union or savings and loan association authorized to do business in Utah;<br>(d) deposit any money entrusted to the licensee over $150 in an interest-bearing account;<br>(e) surrender any money and valuables of a client that have been entrusted to the licensee in exchange for a signed receipt, upon discharge of a client;<br>(f) ensure money and valuables kept at the facility are surrendered upon demand and those kept in an interest-bearing account are obtained and surrendered to the client in a timely manner;<br>(g) ensure within 30 days following the death of a client, except in the case of a medical examiner investigation, money and valuables of that client that have been entrusted to the licensee are surrendered to the person responsible for the client or to the executor or the administrator of the estate in exchange for a signed receipt;<br>(h) immediately notify the local probate court in writing if a client dies without a representative or known heirs; and<br>(i) promote communication and encourage participation of clients, parents and guardians in the active treatment | ☑ | ☐ | ☐ | | ☐ | | |

| *RULES CHECKLIST* | | | | | | | | | |
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| | | **ompliant<br>NA = Not Assessed during this inspection** | | | | | | | |
| **R432-152-7. Client Rights.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |

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| 7(1)(a-n) | | The licensee shall ensure the rights of the clients are protected and shall:<br>(a) inform each client, or legal guardian, of the client's rights as outlined in this section and the rules of the facility;<br>(b) inform each client or legal guardian of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment;<br>(c) allow and encourage each client to exercise their rights as a client of the facility, and as a citizen of the United States, including the right to file complaints, voice grievances, and recommend changes in policies and procedures to facility staff and outside representatives of personal choice, free from restraint, interference, coercion, discrimination, or reprisal;<br>(d) allow each client to manage their financial affairs and teach them to do so to the extent of their capabilities;<br>(e) ensure that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment;<br>(f) ensure that clients are free from unnecessary medications and physical restraints and are provided active treatment services to reduce dependency on medications and physical restraints;<br>(g) provide each client with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs;<br>(h) ensure the clients are not compelled to participate in publicity events, fundraising activities, movies or anything that would exploit the client;<br>(i) ensure that clients are not compelled to perform services for the facility and ensure that clients who do work for the facility are compensated for their efforts at prevailing wages commensurate with their abilities;<br>(j) ensure clients the opportunity to communicate, associate and meet privately with individuals of their choice, including legal counsel and clergy, and to send and receive unopened mail;<br>(k) ensure clients have access to a telephone with privacy for incoming and outgoing local and long-distance calls except as contraindicated by factors identified within their individual program plan;<br>(l) ensure clients the opportunity to participate in social and community group activities and the opportunity to exercise religious beliefs and to participate in religious worship services without being coerced or forced into engaging in any religious activity;<br>(m) ensure that clients have the right to keep and use appropriate personal possessions and clothing, and | ☑ | ☐ | ☐ | | ☐ | | |

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| 7(2)(a-i) | | The licensee shall ensure facility staff:<br>(a) promote participation of parents and legal guardians of clients who are minors in the client's active treatment services, unless their participation is unobtainable or inappropriate;<br>(b) answer communications from clients' families and friends promptly and appropriately;<br>(c) promote visits by individuals with a relationship to the client, such as family, close friends, legal guardians and advocates, at any reasonable hour, without prior notice, consistent with the right of the client's and other clients' privacy, unless the interdisciplinary team determines that the visit would not be appropriate for that client;<br>(d) promote visits by parents or guardians to any area of the facility that provides direct client care services to the client, consistent with right of that client's and other clients' privacy;<br>(e) promote frequent and informal leaves from the facility for visits, trips or vacations;<br>(f) promptly notify the client's parents or guardian of any significant incidents or changes in the client's condition including serious illness, accident, death, abuse or unauthorized absence;<br>(g) provide support for client access to information about home and community-based services;<br>(h) provide support for clients in moving into a home or community-based environment; and | ☑ | ☐ | ☐ | | ☐ | | |
| 7(3)(a-e) | | A facility employee is considered to have discouraged access to community-based services under Subsection R432- 153-7(2)(i) if they attempt to or seek to prevent client access by:<br>(a) limiting client access to information;<br>(b) providing false information;<br>(c) expressing disapproval of community-based services;<br>(d) preventing communication with outside organizations and government agencies; or<br>(e) interfering with the transition process. | ☑ | ☐ | ☐ | | ☐ | | |

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| 7(4)(a-f) | | (a) The administrator shall develop and implement written policies and procedures that prohibit abuse, neglect or exploitation of clients.<br>(b) Any person, including a social worker, physician, psychologist, nurse, teacher or employee of a private or public facility serving adults, who has reason to believe that any disabled or elder adult has been the subject of abuse, emotional or psychological abuse, neglect or exploitation, shall immediately notify the nearest peace officer, law enforcement agency or local office of Adult Protective Services in accordance with Section 26B-6-202.<br>(c) The administrator shall document and ensure that alleged violations are thoroughly investigated and shall prevent further potential abuse while the investigation is in progress.<br>(d) The administrator shall report the results of investigations within five working days of the incident. If the alleged violation is verified, the administrator shall take appropriate corrective action.<br>(e) The administrator or designee shall plan and document annual in-service training of staff on the reporting requirements of suspected abuse, neglect and exploitation.<br>(f) A licensee shall not retaliate, discipline or terminate an employee who reports suspected abuse, neglect or | ☑ | ☐ | ☐ | | ☐ | | |
| 7(5)(a-b) | | A client under the age of 22 years may not live in the same room with:<br>(a) more than one individual; or<br>(b) individuals over the age of 22 years, unless they are members of the individual's immediate family. | ☑ | ☐ | ☐ | | ☐ | | |
| 7(6) | | The administrator shall develop written policies and procedures to implement Subsection R432-152-7(5) and obtain written approval from the department for any exceptions. | ☐ | ☐ | ☑ | | ☐ | | |
| **R432-152-8. Facility Staffing.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |
| 8(1) | | A QIDP shall integrate, coordinate and monitor each client's active treatment services program. | ☑ | ☐ | ☐ | | ☐ | | |

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| 8(2)(a-g) | | The licensee shall ensure:<br>(a) each client receives the professional services required to implement the active treatment services program defined by each client's individual program plan;<br>(b) professionally licensed program staff work directly with clients and with any other staff who work with clients;<br>(c) there are enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan;<br>(d) professional program staff participate in ongoing staff development and training of other staff members;<br>(e) professional program staff are licensed and provide professional services in accordance with each respective professional practice act as outlined in Title 58 Occupations and Professions and a copy of the current license, registration or certificate is posted or maintained in employee personnel files;<br>(f) professional program staff designated as human services professionals who do not fall under the jurisdiction of licensure, certification or registration requirements specified in Title 58 Occupations and Professions, have at least a bachelor's degree in a human services field; and<br>(g) if the client's individual program plan is being successfully implemented by facility staff, then professionally licensed program staff meeting the qualifications of Subsection R432-152-8(2)(f) are not required except:<br>(i) QIDPs;<br>(ii) requirements of Subsection (2)(c) of this section requiring enough qualified professional program staff; and | ☑ | ☐ | ☐ | | ☐ | | |

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| 8(3)(a-d) | | The licensee shall ensure there are enough responsible direct care staff on duty and awake on a 24-hour basis, when clients are present, to take prompt, appropriate action in case of injury, illness, fire or other emergency, in each defined residential living unit housing:<br>(a) clients for whom a physician has ordered a medical care plan;<br>(b) clients who are aggressive, assaultive or are security risks;<br>(c) more than 16 clients; or<br>(d) each unit of 16 or fewer clients within a multi-unit building. | ☑ | ☐ | ☐ | | ☐ | | |
| 8(4)(a-c) | | The licensee shall ensure there is a responsible direct care staff person on duty on a 24-hour basis, when clients are present, to respond to injuries and symptoms of illness and to handle emergencies in each defined residential living unit housing for the following:<br>(a) clients for whom a physician has not ordered a medical care plan;<br>(b) clients who are not aggressive, assaultive or security risks; or<br>(c) residential living units housing 16 or fewer clients | ☑ | ☐ | ☐ | | ☐ | | |
| 8(5) | | The licensee shall ensure there are enough support staff available so that direct care staff are not required to perform support services to the extent that these duties interfere with the exercise of their primary direct client care duties. | ☑ | ☐ | ☐ | | ☐ | | |
| 8(6) | | Clients or volunteers may not perform direct care services for the facility. | ☑ | ☐ | ☐ | | ☐ | | |

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| 8(7)(a-c) | | The licensee shall employ enough direct care staff to manage and supervise clients in accordance with their individual program plans and ensure the following minimum direct care staff to client ratios for each defined residential unit for each 24-hour period:<br>(a) 1 direct care staff to 3.2 clients with 2.5 hours per client serving:<br>(i) children under the age of 12 with severe and profound intellectual disabilities;<br>(ii) clients with severe physical disabilities;<br>(iii) clients who are aggressive, assaultive or security risks; or<br>(iv) clients who manifest severely hyperactive or psychotic behavior;<br>(b) 1 direct care staff to 4 clients with 2 hours per client serving individuals with moderate intellectual disabilities; and<br>(c) 1 direct care staff to 6.4 clients with 1.25 hours per serving clients who function within the range of mild | ☑ | ☐ | ☐ | | ☐ | | |
| 8(7) [Needs to be 8] | | The licensee shall ensure that when there are no clients present in the living unit, a responsible staff member is available by telephone. | ☑ | ☐ | ☐ | | ☐ | | |
| 8(8) [Needs to be 9] | | The licensee shall ensure each employee has initial and ongoing training to include the necessary skills and competencies required to meet the clients' developmental, behavioral and health needs. | ☑ | ☐ | ☐ | | ☐ | | |
| 8(9) [Needs to be 10] | | The licensee shall ensure when there are clients under the age of 22 years, each employee receives specialized training regarding the care of children and youth with intellectual disabilities. | ☐ | ☐ | ☑ | | ☐ | | |
| **R432-152-9. Volunteers.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |
| 9(1) | | Volunteers may be included in the daily activities with clients, but may not be included in the staffing plan or staffing ratios. | ☐ | ☐ | ☑ | | ☐ | | |

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| 9(2) | | The licensee shall ensure volunteers are supervised by staff and oriented to client rights and the facility's policies and procedures. | ☐ | ☐ | ☑ | | ☐ | | |
| **R432-152-10. Services Provided Under Agreements with Outside Sources.** | | | C | NC | NA | Date | CDI | | Notes |
| 10(1) | | If a service required under this rule is not provided directly, the licensee shall have a written agreement with an outside program, resource or service to furnish the necessary service, including emergency and other health care. | ☑ | ☐ | ☐ | | ☐ | | |
| 10(2)(a-b) | | The licensee shall ensure the agreement under Subsection R432-152-10(1):<br>(a) contains the responsibilities, functions, objectives and other terms agreed to by both parties; and<br>(b) requires the licensee to be responsible for assuring that the outside services meet the standards for quality of services contained in this rule. | ☑ | ☐ | ☐ | | ☐ | | |
| 10(3) | | If living quarters are not provided in a facility owned by the licensee, the licensee shall ensure compliance with the standards relating to physical environment that are specified in Rule R432-5. | ☐ | ☐ | ☑ | | ☐ | | |
| **R432-152-11. Individual Program Plan.** | | | C | NC | NA | Date | CDI | | Notes |
| 11(1)(a-b) | | The licensee shall ensure each client's program plan is developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to:<br>(a) identifying the client's needs, as described by the comprehensive functional assessment required in Section R432-152-12; and<br>(b) designing programs that meet the client's needs. | ☑ | ☐ | ☐ | | ☐ | | |

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| 11(2)(a-b) | | The licensee shall ensure the interdisciplinary team meetings include the following participants:<br>(a) representatives of other agencies who may serve the client; and<br>(b) the client and the client's legal guardian unless participation is unobtainable or inappropriate. | ☑ | ☐ | ☐ | | ☐ | | |
| 11(3)(a-e) | | Within 30 days after admission, the interdisciplinary team shall prepare for each client an individual program plan that states the specific objectives necessary to meet the client's needs, as identified by the comprehensive functional assessment required by Section R432-152-12, and the planned sequence for dealing with those objectives that shall be:.<br>(a) stated separately, in terms of a single behavioral outcome;<br>(b) be assigned projected completion dates;<br>(c) be expressed in behavioral terms that provide measurable indices of performance;<br>(d) be organized to reflect a developmental progression appropriate to the individual; and<br>(e) be assigned priorities | ☑ | ☐ | ☐ | | ☐ | | |
| 11(4)(a-f) | | Each written training program designed to implement the objectives in the individual program plan shall specify the:<br>(a) methods to be used;<br>(b) schedule for use of the method;<br>(c) person responsible for the program;<br>(d) type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives;<br>(e) inappropriate client behavior, if applicable; and<br>(f) appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate. | ☑ | ☐ | ☐ | | ☐ | | |

| RULES CHECKLIST | | | | | | | | | |
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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 11(5)(a-f) | | The licensee shall ensure that the individual program plan:<br>(a) describes relevant interventions to support the individual toward independence;<br>(b) identifies the location where program strategy information, that shall be accessible to any person responsible for implementation, can be found;<br>(c) includes training in personal skills essential for privacy and independence, including toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming and communication of basic needs as client needs dictate or until a client is assessed to be developmentally incapable of acquiring them;<br>(d) identifies mechanical supports, if needed, to achieve proper body position, balance or alignment, including the reason for each support, the situations that each is to be applied, and a schedule for the use of each support;<br>(e) provides that clients who have multiple disabling conditions spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices when possible; and<br>(f) includes opportunities for client choice and self-management. | ☑ | ☐ | ☐ | | ☐ | | |
| 11(6) | | The licensee shall ensure a copy of each client's individual program plan is provided to relevant staff, staff of other agencies who work with the client or a legal guardian. | ☑ | ☐ | ☐ | | ☐ | | |
| 11(7)(a-c) | | As soon as the interdisciplinary team has formulated a client's individual program plan, the licensee shall ensure each client receives a continuous active treatment services program consisting of needed interventions and services with enough number and frequency to support the achievement of the objectives identified in the individual program plan.<br>(b) The licensee shall ensure an active treatment services schedule is developed that outlines the current active treatment services program and that is readily available for review by relevant staff.<br>(c) Staff who work directly with the client shall implement each client's individual program plan, except those facets of the individual program plan that may be implemented | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 11(8) | | The licensee shall document, in measurable terms, data and significant events relative to the accomplishment of the criteria specified in individual client program plans. | ☑ | ☐ | ☐ | | ☐ | | |
| 11(9)(a-d) | | The QIDP shall review and revise the individual program plan; including situations that the client:<br>(a) has successfully completed an objective or objectives identified in the individual program plan;<br>(b) is regressing or losing skills already gained;<br>(c) is failing to progress toward identified objectives after reasonable efforts have been made; or<br>(d) is being considered for training towards new objectives. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-12. Comprehensive Functional Assessment.** | | | C | NC | NA | Date | CDI | | Notes |
| 12(1) | | Within 30 days after admission, the interdisciplinary team shall complete accurate assessments or reassessments as needed to supplement the preliminary evaluation referred to in Subsection R432-152-14(3). | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 12(2)(a-e) | | The licensee shall ensure the comprehensive functional assessment in Subsection (1) takes into consideration the client's age and the implications for active treatment services and:<br>(a) identifies the presenting problems and disabilities and, where possible, their causes;<br>(b) identify a client's specific developmental strengths;<br>(c) identifies a client's specific developmental and behavioral management needs;<br>(d) identifies a client's need for services without regard to the availability of the services needed; and<br>(e) includes:<br>(i) physical development;<br>(ii) health, and nutritional status;<br>(iii) sensorimotor development;<br>(iv) affective development;<br>(v) speech and language development;<br>(vi) auditory functioning;<br>(vii) cognitive development;<br>(viii) social development;<br>(ix) adaptive behaviors;<br>(x) independent living skills necessary for a client to function in the community; and | ☑ | ☐ | ☐ | | ☐ | | |
| 12(3) | | The interdisciplinary team shall annually review the comprehensive functional assessment of each client and updated the plan as needed including the identified assessments required in Subsection R432-152-14(3). | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-13. Human Rights Committee.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |
| 13(1)(a-e) | | The licensee shall designate and use a specially constituted committee consisting of:<br>(a) members of the facility staff;<br>(b) parents or legal guardians;<br>(c) clients, as appropriate;<br>(d) qualified individuals who have experience or training in contemporary practices to change inappropriate client behavior; and<br>(e) individuals with no ownership or controlling interest in the facility. | ☐ | ☐ | ☑ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 13(2)(a-c) | | The committee outlined in Subsection R432-152-13(1) shall:<br>(a) review, approve, and monitor individual programs designed to manage inappropriate behavior and any other programs that the committee considers to involve risks to client protection and rights;<br>(b) ensure that these programs are conducted only with the written informed consent of the client, parent, if the client is a minor, or legal guardian; and<br>(c) review, monitor and make recommendations to the licensee about its practices and programs as they relate to:<br>(i) medication usage;<br>(ii) physical restraints<br>(iii) time-out rooms;<br>(iv) application of painful or noxious stimuli;<br>(v) control of inappropriate behavior;<br>(vi) protection of client rights and funds; and<br>(vii) any other area that the committee identifies as risks to client protection and rights. | ☐ | ☐ | ☑ | | ☐ | | |
| **R432-152-14. Admissions, Transfers, and Discharge.** | | | C | NC | NA | Date | CDI | | Notes |
| 14(1) | | The licensee may only admit clients who require active treatment services. | ☑ | ☐ | ☐ | | ☐ | | |
| 14(2)(a-d) [should be a-h] | | The licensee shall base its admission decision on a preliminary evaluation of the client.<br>(b) The preliminary evaluation may be conducted or updated by the facility or an outside source and shall determine that the facility can provide for the client's needs and that the client is likely to benefit from placement in the facility.<br>(c) A preliminary evaluation shall contain background information as well as current assessments of the following:<br>(a) functional developmental status;<br>(b) behavioral status;<br>(c) social status; and<br>(d) health and nutritional status. | ☑ | ☐ | ☐ | | ☐ | | |
| 14(3) | | The licensee may not admit clients under the age of 22 years without express permission of the department. | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 14(4) | | The licensee shall ensure client transfers and discharges shall comply with the requirements of Section R432-150-21. | ☑ | ☐ | ☐ | | ☐ | | |
| 14(5)(a-c) | | The licensee shall ensure each client's discharge plan of care:<br>(a) identifies the essential supports and services necessary for the client to successfully adjust to the new living environment;<br>(b) incorporates the client's preferences; and<br>(c) describes necessary coordination of services to meet specific client needs after discharge, to include:<br>(i) personal care;<br>(ii) physical therapy; and<br>(iii) access to supplies and medication. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-15. Client Behavior and Facility Practices.** | | | C | NC | NA | Date | CDI | | Notes |
| 15(1)(a-d) | | The licensee shall develop and implement written policies and procedures for the management of conduct between staff and clients that:<br>(a) promote the growth, development and independence of the client;<br>(b) address the extent that client choice will be accommodated in daily decision-making, with emphasis on selfdetermination and self-management to the extent possible;<br>(c) specify client conduct that is allowed or disallowed; and<br>(d) are made available to staff, clients, parents of minor children and legal guardians. | ☐ | ☐ | ☑ | | ☐ | | |
| 15(2) | | To the extent possible, clients shall participate in the formulation of the policies and procedures under Subsection R432-152-15(1). | ☐ | ☐ | ☑ | | ☐ | | |
| 15(3) | | Clients may not discipline other clients, except as part of an organized system of self-government, as outlined in facility policy. | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 15(4)(a-d) | | The licensee shall develop and implement written policies and procedures that govern the management of inappropriate client behavior that:<br>(a) are consistent with the Subsection R432-152-15(1);<br>(b) specify facility-approved interventions to manage inappropriate client behavior;<br>(c) designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive; and<br>(d) ensure, before the use of more restrictive techniques, that less restrictive measures have been implemented | ☐ | ☐ | ☑ | | ☐ | | |
| 15(5)(a-f) | | The policies and procedures outlined in Subsection R432-151-15(4) shall address the following:<br>(a) the use of time-out rooms;<br>(b) the use of physical restraints;<br>(c) the use of chemical restraints to manage inappropriate behavior;<br>(d) the application of painful or noxious stimuli;<br>(e) the staff members who may authorize the use of specified interventions; and<br>(f) a mechanism for monitoring and controlling the use of | ☑ | ☐ | ☐ | | ☐ | | |
| 15(6) | | The licensee shall ensure interventions to manage inappropriate client behavior are employed with safeguards and supervision to ensure that the safety, welfare and civil and human rights of clients are adequately protected. | ☑ | ☐ | ☐ | | ☐ | | |
| 15(7) | | A licensee may not utilize as-needed programs to control inappropriate behavior. | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 15(8)(a-f) | | A licensee may place a client in a time-out room where egress is prevented only if the following conditions are met:<br>(a) the placement is part of an approved systematic time-out program as required by Subsection R432-152-15(4);<br>(b) the client is under the direct constant visual supervision of designated staff;<br>(c) the door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged;<br>(d) placement of a client in a time-out room does not exceed one hour per incident of maladapted behavior;<br>(e) clients placed in time-out rooms are protected from hazardous conditions including sharp corners and objects, uncovered light fixtures, and unprotected electrical outlets; and<br>(f) the licensee maintains a log for each time-out room. | ☑ | ☐ | ☐ | | ☐ | | |
| 15(9)(a-c) | | A licensee may use physical restraints only:<br>(a) as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior that the restraint is applied for;<br>(b) as an emergency measure, but only if absolutely necessary to protect the client or others from injury; or<br>(c) as a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure or only if absolutely necessary for client protection during the time that a medical condition exists. | ☑ | ☐ | ☐ | | ☐ | | |
| 15(10) | | A licensee may apply emergency restraints for initial or extended use for no longer than 12 consecutive hours for the combined initial and extended use time period as long as authorization is obtained as soon as the client is restrained or stable. | ☑ | ☐ | ☐ | | ☐ | | |
| 15(11) | | A licensee may not issue orders for restraint on a standing or as needed basis. | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 15(12)(a-d) | | (a) The licensee shall ensure staff check clients placed in restraints at least every 30 minutes and maintain documentation of each check.<br>(b) Staff shall apply restraints to cause the least possible discomfort and may not cause physical injury to the client.<br>(c) Staff shall provide and document opportunity for motion and exercise for a period of not less than 10 minutes during each two hour period that a restraint is employed.<br>(d) Staff may not use barred enclosures more than three feet in height and barred enclosures may not have tops. | ☑ | ☐ | ☐ | | ☐ | | |
| 15(13)(a-c) | | (a) The licensee may not administer medications at a dose that interferes with a client's daily living activities.<br>(b) The interdisciplinary team shall approve medications used for the control of inappropriate behavior and is used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors that the medications are employed for.<br>(c) Medications used for control of inappropriate behavior shall be:<br>(i) monitored closely, in conjunction with the physician and the medication review requirement; and<br>(ii) gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-16. Physician Services.** | | | C | NC | NA | Date | CDI | | Notes |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 16(1)(a-f) | | (a) The licensee shall ensure the availability of physician services 24 hours a day.<br>(b) The physician shall develop, in coordination with facility licensed nursing personnel, a medical care plan of treatment for a client if the physician determines that the client requires 24-hour licensed nursing care.<br>(c) The physician shall integrate the care plan into the client's program plan.<br>(d) Each client requiring a medical care plan of treatment shall be admitted by and remain under the care of a health practitioner licensed to prescribe medical care for the client.<br>(e) The licensee shall obtain written orders for medical treatment at the time of admission.<br>(f) The licensee shall provide or obtain preventive and general medical care as well as annual physical examinations of each client that includes:<br>(i) an evaluation of vision and hearing;<br>(ii) immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the Committee on the Control of Infectious Diseases of the American Academy of Pediatrics;<br>(iii) routine screening laboratory examinations, as determined necessary by the physician; and<br>(iv) tuberculosis control in accordance with Rule R388-804, | ☑ | ☐ | ☐ | | ☐ | | |
| 16(2)(a-d) | | (a) A physician shall participate in the establishment of each newly admitted client's initial individual program plan as required by Section R432-152-11.<br>(b) A physician shall participate in the review and update of an individual program plan as part of the interdisciplinary team process either in person or through a written report to the interdisciplinary team.<br>(c) A physician shall participate in the discharge planning of clients under a medical care plan of treatment.<br>(d) In cases of discharge against medical advice, the licensee shall immediately notify the attending physician. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-17. Nursing Services.** | | | C | NC | NA | Date | CDI | | Notes |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 17(1)(a-c) | | The licensee shall provide nursing services in accordance with client needs that ensures:<br>(a) nursing staff participation in the development, review and update of an individual program plan as part of the interdisciplinary team process;<br>(b) the development, with a physician, of a medical care plan of treatment for a client if the physician has determined that an individual client requires such a plan; and<br>(c) for those clients assessed to not need a medical care plan, a documented quarterly health status review by direct physical examination conducted by a licensed nurse including identifying and implementing nursing care needs as prescribed by the client's physician. | ☑ | ☐ | ☐ | | ☐ | | |
| 17(2)(a-c) | | The licensee shall ensure nursing services staff coordinate with other members of the interdisciplinary team to implement appropriate protective and preventive health measures that include:<br>(a) training clients and staff as needed in appropriate health and hygiene methods;<br>(b) control of communicable diseases and infections, including the instruction of other personnel in methods of infection control; and<br>(c) training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness and basic skills required to meet the health | ☑ | ☐ | ☐ | | ☐ | | |
| 17(3)(a-c) | | (a) The licensee shall ensure nursing practice and delegation of nursing tasks comply with Section R156-31b-701.<br>(b) If the licensee utilizes only licensed practical nurses to provide health services, there shall be a formal arrangement for a registered nurse to provide verbal or on-site consultation to the licensed practical nurse.<br>(c) The licensee shall ensure non-licensed staff who work with clients under a medical care plan shall be supervised by licensed nursing personnel. | ☑ | ☐ | ☐ | | ☐ | | |

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| 17(4)(a-c) | | (a) The administrator shall employ and designate, in writing, a nursing services supervisor.<br>(b) The nursing services supervisor may be either a registered nurse or a licensed practical nurse.<br>(c) The nursing services supervisor shall designate, in writing, a licensed nurse to be in charge during any temporary absence of the nursing services supervisor. | ☑ | ☐ | ☐ | | ☐ | | |

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| **Rule # R432-152** | | **Rule Description**<br>**ompliant**<br>**NA = Not Assessed during this inspection** | **C** | **NC** | **NA** | **Compliance Required By Date:** | **Corrected During Inspection** | **RISK: Low Moderate High treme** | **Notes** |
| 17(5)(a-o) | | The nursing services supervisor shall:<br>(a) establish a system to ensure nursing staff implement physician orders and deliver health care services as needed;<br>(b) plan and direct the delivery of nursing care, treatments, procedures, and other services to ensure that each client's needs are met;<br>(c) review each client's health care needs and orders for care and treatment;<br>(d) review client individual program plans to ensure necessary medical aspects are incorporated;<br>(e) review the medication system for completeness of information, accuracy in the transcription of physician's orders, and adherence to stop-order policies;<br>(f) instruct the nursing staff on the legal requirements of charting and ensure that a nurse's notes describe the care provided and include the client's response;<br>(g) teach and coordinate rehabilitative nursing to promote and maintain optimal physical and mental functioning of the client;<br>(h) inform the administrator, attending physician and family of significant changes in the client's health status;<br>(i) plan with the physician, family, and health-related agencies for the care of the client upon discharge;<br>(j) develop, with the administrator, a nursing services procedure manual including procedures practiced in the facility;<br>(k) coordinate client services through quality assurance and interdisciplinary team meetings;<br>(l) respond to the pharmacist's quarterly medication report;<br>(m) develop written job descriptions for levels of nursing personnel and orient new nursing personnel to the facility and their duties and responsibilities;<br>(n) complete written performance evaluations for each | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-18. Dental Services.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |
| 18(1) | | The licensee shall provide or arrange for comprehensive dental diagnostic services and comprehensive dental treatment for each client. | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 18(2) | | A dental professional shall participate in the development, review and update of the individual program plan as part of the interdisciplinary process, either in person or through a written report to the interdisciplinary team. | ☑ | ☐ | ☐ | | ☐ | | |
| 18(3) | | The licensee shall provide education and training for clients and responsible staff in the maintenance of clients' oral health. | ☑ | ☐ | ☐ | | ☐ | | |
| 18(4) | | If the licensee maintains an in-house dental service, the licensee shall maintain a permanent dental record for each client with a dental summary in the client's living unit. | ☑ | ☐ | ☐ | | ☐ | | |
| 18(5) | | If the licensee does not maintain an in-house dental service, the licensee shall obtain a summary of the results of dental visits and maintain the summary in the client's record. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-19. Pharmacy Services.** | | | C | NC | NA | Date | CDI | | Notes |
| 19(1)(a-d) | | (a) The licensee shall provide routine and emergency medications and biologicals.<br>(b) The licensee may obtain medications and biologicals from community or contract pharmacists, or the licensee may maintain a licensed pharmacy.<br>(c) The licensee shall ensure pharmacy services are under the direction and responsibility of a qualified, licensed pharmacist who may be employed full time by the facility or may be retained by contract.<br>(d) The pharmacist shall develop pharmacy service policies and procedures in conjunction with the administrator that address:<br>(i) medication orders;<br>(ii) labeling;<br>(iii) storage;<br>(iv) emergency medication supply;<br>(v) administration of medications;<br>(vi) pharmacy supplies; and<br>(vii) automatic stop orders | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 19(2)(a-c) | | (a) The pharmacist, with input from the interdisciplinary team, shall review the medication regimen of each client at least quarterly.<br>(b) The pharmacist shall report any irregularities or errors in a client's medication regimen to the prescribing physician and interdisciplinary team.<br>(c) The pharmacist shall develop and review a record of each client's medication regimen. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(3) | | The licensee shall maintain an individual medication administration record for each client. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(4) | | The pharmacist shall participate in the development, implementation, and review of each client's individual program plan, either in person or through a written report to the interdisciplinary team. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(5)(a-c) | | The licensee shall ensure the facility has an organized system for medication administration that identifies each medication up to the point of administration and ensure that medications and treatments:<br>(a) are administered in compliance with the physician's orders;<br>(b) are administered without error; and<br>(c) are administered by licensed medical or licensed nursing personnel. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(6)(a-c) | | (a) The licensee shall teach clients how to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective.<br>(b) The licensee shall inform the client's physician of the interdisciplinary team's recommendation that selfadministration of medications is an objective for the client.<br>(c) The licensee may not allow a client to self-administer medications until they demonstrate the competency to do so. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(7) | | The licensee shall immediately record each telephone order for medications including the date and time of theorder and the receiver's signature and title and ensure the person who prescribed the order countersigns and dates the order within 15 days of writing the order. | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 19(8)(a-c) | | (a) The licensee shall maintain records of the receipt and disposition of controlled medications.<br>(b) The licensee shall maintain records of schedule III and IV drugs in such a manner that the receipt and disposition are readily traced.<br>(c) The licensee shall, on a sample basis, periodically reconcile the receipt and disposition of controlled drugs in schedules II through IV, drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970 as implemented by 42 CFR Part 308. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(9)(a-k) | | The licensee shall:<br>(a) store medications under proper conditions of sanitation, temperature, light, humidity and security;<br>(b) secure controlled substances in a manner consistent with applicable pharmacy laws;<br>(c) separate and secure the storage of non-medication items such as poisonous and caustic materials;<br>(d) clearly label medication containers;<br>(e) only allow a person authorized by facility policy top access to medications;<br>(f) store medication intended for internal use separately from medication intended for external use;<br>(g) maintain medications stored at room temperature between 59 and 80 degrees Fahrenheit and maintain refrigerated medications between 36 and 46 degrees Fahrenheit;<br>(h) store medications, and similar items that require refrigeration, securely and segregated from food items; and<br>(i) store medications in the original pharmacy container and not transfer the medications to other containers;<br>(j) ensure medications taken out of the facility for home visits, workshops, school or other activities are packaged and labeled by a person authorized to package medications in accordance with law; and<br>(k) ensure clients who have been trained to self-administer medications in accordance with Subsection | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 19(10)(a-b) | | The licensee shall ensure labeling of medications and biologicals:<br>(a) is based on currently accepted professional principles and practices; and<br>(b) includes the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(11) | | The licensee shall remove outdated medications and medication containers with worn, illegible or missing labels from use. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(12) | | The licensee shall immediately remove medications and biologicals packaged in containers designated for a particular client from the client's current medication supply if the medication is discontinued by the physician. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(13) | | The licensee may send medications with the client upon discharge if ordered by the discharging physician, as long as the medications are released in compliance with Utah pharmacy law and rules and a record of the medications sent with the client is documented in the client's health record. | ☑ | ☐ | ☐ | | ☐ | | |

| RULES CHECKLIST | | | | | | | | | |
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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 19(14)(a-e) | | (a) Within one month of a medication being discontinued, the licensee shall destroy the individual client medications supplied by prescription or those that remain in the facility after discharge or death of the client as follows:<br>(b) the licensee shall destroy medications in the presence of the staff pharmacist or consulting pharmacist and an appointed licensed nurse employed by the facility;<br>(c) if one or both of the individuals listed in Subsection R432-152-19(14)(a) are not available within the month, a licensed nurse and an individual appointed by the administrator may serve as witnesses;<br>(d) the licensee shall rotate appointments periodically among responsible staff members; and<br>(e) the licensee shall document and retain the following in the client record for three years:<br>(i) the name of the client;<br>(ii) the name and strength of the medication;<br>(iii) the prescription number;<br>(iv) the amount destroyed;<br>(v) the method of destruction;<br>(vi) the date of destruction; and<br>(vii) the signatures of the witnesses | ☑ | ☐ | ☐ | | ☐ | | |
| 19(15)(a-c) | | Unless otherwise prohibited by federal or state law, the licensee may return individual client medications to the issuing pharmacy in sealed containers, if unopened, as long as:<br>(a) no controlled medications are returned;<br>(b) medications are identified by lot or control number; and<br>(c) the signatures of the receiving pharmacist and a licensed nurse employed by the licensee are recorded and retained for at least three years in a separate log that lists:<br>(i) the name of the client;<br>(ii) the name, strength and prescription number, if applicable;<br>(iv) the amount of the medication returned; and<br>(v) the date of return. | ☑ | ☐ | ☐ | | ☐ | | |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 19(16)(a-b) | | (a) The licensee shall maintain an emergency medication supply appropriate to the needs of the clients served.<br>(b) The pharmacist, in coordination with the administrator, shall develop an emergency medication supply policy that ensures:<br>(i) there is a list of each specific medication and dosage to be included in the emergency medication supply;<br>(ii) a requirement that containers are sealed to prevent unauthorized use;<br>(iii) the contents of the emergency medication supply are listed on the outside of the container and the use of contents is documented by nursing staff;<br>(iv) the emergency medication supply is accessible to nursing staff;<br>(v) the pharmacist inventories the emergency medication supply monthly; and<br>(vi) staff replace used or outdated items within 72 hours. | ☑ | ☐ | ☐ | | ☐ | | |
| 19(17)(a-f) | | The licensee shall ensure the pharmacy provides medications and biologicals as follows:<br>(a) medications ordered for administration as soon as possible shall be available and administered within two hours of a physician's order;<br>(b) antibiotics are available and administered within four hours of a physician's order;<br>(c) new medication orders are initiated within 24 hours of the order or as indicated by the physician;<br>(d) prescription medications shall be refilled in a timely manner;<br>(e) orders for controlled substances are sent to the pharmacy within 48 hours of the order; and<br>(f) an order sent to the pharmacy may be a written prescription by the prescriber, a direct copy of the original order, or an electronic reproduction. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-20. Laboratory Services.** | | | C | NC | NA | Date | CDI | | Notes |
| 20(1) | | The licensee shall provide laboratory services in accordance with the size and needs of the client population. | ☑ | ☐ | ☐ | | ☐ | | |

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| 20(2) | | The licensee shall ensure laboratory services comply with the requirements of the Clinical Laboratory Improvement Amendments of 1988 and maintain any laboratory inspection reports available for Department review. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-21. Environment.** | | | C | NC | NA | Date | CDI | | Notes |
| 21(1) | | The licensee shall ensure infection control procedures and reporting comply with Subsection R432-150-11(4). | ☑ | ☐ | ☐ | | ☐ | | |
| 21(2)(a-c) | | (a) The licensee shall have a safety committee that includes the administrator, QIDP, head housekeeper, chief of facility maintenance and any others as designated by facility policy.<br>(b) The licensee shall ensure the safety committee:<br>(i) reviews incident and accident reports and recommends changes to the administrator to prevent or reduce recurrence;<br>(ii) reviews facility safety policies and procedures at least annually, and makes recommendations; and<br>(iii) establishes a procedure to inspect the facility periodically for hazards.<br>(c) The licensee shall file inspection reports with the safety committee. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-22. Emergency Plan and Procedures.** | | | C | NC | NA | Date | CDI | | Notes |

| RULES CHECKLIST | | | | | | | | | |
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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 22(1)(a-e) | | The licensee shall develop and implement detailed written plans and procedures to address potential emergencies and disasters including fire, severe weather and missing clients and shall ensure:<br>(a) written emergency procedures are periodically reviewed and updated;<br>(b) the emergency plan is available to the staff;<br>(c) staff receives periodic training on emergency plan procedures;<br>(d) the emergency plan addresses the following:<br>(i) evacuation of occupants to a safe place within the facility or to another location;<br>(ii) delivery of essential care and services to facility occupants by alternate means;<br>(iii) delivery of essential care and services when additional persons are housed in the facility during an emergency;<br>(iv) delivery of essential care and services to facility occupants when the staff is reduced by an emergency; and<br>(v) maintenance of safe ambient air temperatures within the facility and an ambient air temperature of at least 58 degrees Fahrenheit is maintained during emergencies; and<br>(e) emergency heating is approved by the local fire department. | ☐ | ☐ | ☒ | | ☐ | | Life Safety Reviews |
| 22(2)(a-g) | | The licensee shall ensure the emergency plan identifies:<br>(a) the person with decision-making authority for fiscal, medical and personnel management;<br>(b) on-hand personnel, equipment and supplies and how to acquire additional resources after an emergency or disaster;<br>(c) assignment of personnel to specific tasks during an emergency;<br>(d) methods of communicating with local emergency agencies, authorities and other appropriate individuals;<br>(e) the individuals who shall be notified in an emergency, in order of priority;<br>(f) method of transporting and evacuating clients and staff to other locations; and<br>(g) conversion of the facility for emergency use | ☐ | ☐ | ☒ | | ☐ | | Life Safety Reviews |
| 22(3) | | The licensee shall post emergency telephone numbers near telephones accessible to staff. | ☐ | ☐ | ☒ | | ☐ | | Life Safety Reviews |

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| 22(4) | | The licensee shall hold simulated disaster drills semi-annually for staff, in addition to fire drills and maintain documentation for department review. | ☐ | ☐ | ☒ | | ☐ | | Life Safety Reviews |
| 22(5)(a-d) | | The licensee and administrator shall develop a written fire emergency and evacuation plan in consultation with qualified fire safety personnel and shall ensure:<br>(a) the evacuation plan shall delineate evacuation routes and location of fire alarm boxes and fire extinguishers;<br>(b) the written fire emergency plan includes fire-containment procedures and how to use the facility alarm systems and signals;<br>(c) fire drills and fire drill documentation are in accordance with requirements for buildings under the jurisdiction of the Fire Prevention Board; and<br>(d) clients are evacuated during at least one drill each year on each shift that includes:<br>(i) evacuation of clients with physical disabilities;<br>(ii) filing a report and evaluation on each evacuation drill; and<br>(iii) investigating problems with evacuation drills, including accidents, and corrective action taken. | ☐ | ☐ | ☒ | | ☐ | | Life Safety Reviews |
| **R432-152-23. Smoking Policies.** | | | C | NC | NA | Date | CDI | | Notes |
| | | Smoking policies shall comply with Section 26B-7-503, "Utah Indoor Clean Air Act". | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-24. Pets in Long-Term Facilities.** | | | C | NC | NA | Date | CDI | | Notes |
| 24(1) | | Each licensee shall develop a written policy regarding pets in accordance with this rule and local ordinances. | ☐ | ☐ | ☑ | | ☐ | | |
| 24(2) | | The licensee shall adhere to the requirements of Section R432-150-20. | ☐ | ☐ | ☑ | | ☐ | | |
| **R432-152-25. Housekeeping Services.** | | | C | NC | NA | Date | CDI | | Notes |
| 25(1) | | The licensee shall provide housekeeping services to maintain a clean, sanitary and healthy environment. | ☑ | ☐ | ☐ | | ☐ | | |

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| **Rule # R432-152** | | **Rule Description**<br>**ompliant**<br>**NA = Not Assessed during this inspection** | **C** | **NC** | **NA** | **Compliance Required By Date:** | **Corrected During Inspection** | **RISK: Low Moderate High treme** | **Notes** |
| 25(2) | | The licensee shall ensure there is a signed and dated agreement that details services provided if housekeeping services are contracted with an outside agency. | ☑ | ☐ | ☐ | | ☐ | | |
| 25(3) | | The licensee shall ensure housekeeping services comply with Section R432-150-25. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-26. Laundry Services.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |
| | | The licensee shall comply with the requirements of Section R432-150-26. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-27. Maintenance Services.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |
| | | The licensee shall comply with the requirements of Section R432-150-27. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-28. Food Services.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |
| | | The licensee shall comply with the requirements of Section R432-150-23. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-29. Client Records.** | | | **C** | **NC** | **NA** | **Date** | **CDI** | | **Notes** |

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| Rule # R432-152 | | Rule Description<br>ompliant<br>NA = Not Assessed during this inspection | C | NC | NA | Compliance Required By Date: | Corrected During Inspection | RISK: Low Moderate High treme | Notes |
| 29(1)(a-g) | | (a) The licensee shall develop and maintain a record keeping system that includes a separate record for each client with documentation of the client's health care, active treatment services, social information and protection of the client's rights.<br>(b) The licensee shall protect confidential information contained in the client's records.<br>(c) The licensee shall develop and implement policies and procedures governing the release of any client information, including consent necessary from the client or client's legal guardian.<br>(d) The licensee shall ensure entries into client records shall be legible, dated and signed by the individual making the entry.<br>(e) The licensee shall provide a legend to explain any symbol or abbreviation used in a client's record.<br>(f) The licensee shall ensure each identified residential living unit has available on-site pertinent information of each client's record.<br>(g) The licensee shall ensure client records are complete and systematically organized according to facility policy to | ☑ | ☐ | ☐ | | ☐ | | |
| 29(2) | | A Registered Health Information Administrator or a Registered Health Information Technician shall oversee the client record department through employment or consultation. If retained by consultation, onsite visits shall be at least semiannually and documented through written reports to the administrator. | ☐ | ☐ | ☑ | | ☐ | | |
| 29(3)(a-d) | | The licensee shall:<br>(a) safeguard client records from loss, defacement, tampering, fires and floods;<br>(b) protect client records against access by unauthorized individuals;<br>(c) retain client records for at least seven years after the last date of client care; and<br>(d) retain records of minors as follows:<br>(i) at least two years after the minor reaches age 18 or the age of majority; and<br>(ii) a minimum of seven years. | ☑ | ☐ | ☐ | | ☐ | | |

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| 29(4)(a-c) | | (a) The licensee shall retain client records within the facility upon change of ownership;<br>(b) If a licensee ceases operation, the licensee shall arrange for appropriate safe storage and prompt retrieval of client records, client indexes and discharges for the period specified.<br>(c) The facility may arrange storage of client records with another facility or may return client records to the attending physician who is still in the community. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-30. Respite Care.** | | | C | NC | NA | Date | CDI | | Notes |

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| 30(1)(a-h) | | An Intermediate Care Facilities for Individuals with Intellectual Disabilities licensee may provide respite services that comply with the following requirements:<br>(a) the purpose of respite is to provide intermittent, time-limited care to give primary caretakers relief from the demands of caring for a person;<br>(b) respite services may be provided at an hourly rate or daily rate, but shall not exceed 14-days for any single respite stay;<br>(c) the licensee shall coordinate the delivery of respite services with the recipient of services, case manager and the family member or primary caretaker;<br>(d) the licensee shall document the person's response to the respite placement and coordinate with provider agencies to ensure an uninterrupted service delivery program;<br>(e) the licensee shall complete a service agreement to serve as the plan of care, and shall identify the prescribed medications, physician treatment orders, need for assistance for activities of daily living and diet orders;<br>(f) the licensee shall have written policies and procedures available to staff regarding the respite care clients that include:<br>(i) medication administration;<br>(ii) notification of a responsible party in the case of an emergency;<br>(iii) service agreement and admission criteria;<br>(iv) behavior management interventions;<br>(v) philosophy of respite services;<br>(vi) post-service summary;<br>(vii) training and in-service requirement for employees; and<br>(viii) handling personal funds;<br>(g) the licensee shall provide persons receiving respite services a copy of the resident rights documents upon initial day of service and updated annually; and<br>(h) the licensee shall maintain a record for each person receiving respite services that ensures:<br>(i) retention and storage of records complies with Subsections R432-152-20(3) and (4); and | ☐ | ☐ | ☑ | | ☐ | | |

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| 30(2)(a-g) | | The licensee shall ensure each record contains the following:<br>(a) a service agreement;<br>(b) demographic information and resident identification data;<br>(c) nursing notes;<br>(d) physician treatment orders;<br>(e) records made by staff regarding daily care of the person in-service;<br>(f) accident and injury reports; and<br>(g) a post-service summary. | ☑ | ☐ | ☐ | | ☐ | | |
| 30(3) | | The licensee shall file any client's advanced directive in the client record and inform staff of the directive. | ☑ | ☐ | ☐ | | ☐ | | |
| **R432-152-31. Penalties.** | | | C | NC | NA | Date | CDI | | Notes |
| Any person who violates any part of this rule is subject to the penalties enumerated in Section 26B-2-208. | | | | | | | | | |
| **R432-35-3. Covered Provider - DACS Process** | | | C | NC | NA | Date | CDI | | Notes |
| R432-35-3(1) | | (1) The covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before issuance of a provisional license, license renewal, or engagement as a covered individual. | ☑ | ☐ | ☐ | | ☐ | | |
| R432-35-3(2)(a)-(b) | | (2) The covered provider shall ensure the engaged covered individual:<br>(a) signs a criminal background check authorization form that is available for review by the OBP; and<br>(b) submits fingerprints within 15 working days of engagement. | ☑ | ☐ | ☐ | | ☐ | | |
| R432-35-3(3) | | (3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination. | ☑ | ☐ | ☐ | | ☐ | | |

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| R432-35-3(4) | | (4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239. | ☑ | ☐ | ☐ | | ☐ | | |
| R432-35-3(5) | | (5) If the OBP determines an individual is not eligible for direct patient access, based on information obtained through DACS and the sources listed in Section R432-35-8, the OBP shall send a notice of agency action, as outlined in Section R497-100-5, to the covered provider and the individual. | ☑ | ☐ | ☐ | | ☐ | | |
| R432-35-3(6) | | (6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access. | ☑ | ☐ | ☐ | | ☐ | | |
| R432-35-3(7) | | (7) The OBP may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the OBP, the work arrangement does not pose a threat to the safety and health of patients or residents. | ☑ | ☐ | ☐ | | ☐ | | |
| R432-35-3(8) | | (8) The covered provider that provides services in a residential setting shall enter required information into DACS to initiate and obtain certification for direct patient access for each individual 12 years of age and older, who is not a resident, and resides in the residential setting. If the individual is not eligible for direct patient access and continues to reside in the setting, the OL may revoke an existing license or deny licensure. | ☑ | ☐ | ☐ | | ☐ | | |
| R432-35-3(9)(a)-(d) | | (9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including:<br>(a) address;<br>(b) email address;<br>(c) employment status; and<br>(d) name. | ☑ | ☐ | ☐ | | ☐ | | |

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| R432-35-3(10) | | (10) An individual or covered individual seeking licensure as a covered provider shall submit required information to the OBP to initiate and obtain certification for direct patient access before the issuance of the provisional license. If the individual is not eligible for direct patient access, the OL may revoke an existing license or deny licensure as a health care facility. | ☑ | ☐ | ☐ | | ☐ | | |
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