



Assisted Living Facility Inspection Checklist

R432-270 Assisted Living Facilities

This inspection checklist is the tool CCL licensers use to ensure consistency for every inspection. *(Revised 09/2023)*

Facility Name: The Charleston at Cedar Hills	Facility ID: F23-106771	Phone Number: 801-772-0123	Notes / Sticky Notes
Address: 10020 North 4500 West Cedar Hills, UT 84062	Email Address: ShaneNess@mbk.com, MackenzieCarter@		
Provider: MBK			

Please review the following items prior to the inspection: (Mark with a check mark if completed and necessary notes)	Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)
<input checked="" type="checkbox"/> Abuse investigations past 6 months	<input checked="" type="checkbox"/> Incident Reports
<input checked="" type="checkbox"/> List of current residents and discharged residents past 6 months	<input checked="" type="checkbox"/> QA meetings
<input checked="" type="checkbox"/> List of all current employees and former employees past 6 months	<input checked="" type="checkbox"/> Fire and Disaster Drills past 12 months
<input checked="" type="checkbox"/> Significant Change Log	<input checked="" type="checkbox"/> Facility Disaster Plan
<input checked="" type="checkbox"/> Inservice Records	<input checked="" type="checkbox"/> Policies and Procedure Manual
<input checked="" type="checkbox"/> Designated Administrator in Administrators Absence	<input type="checkbox"/>

Inspection Information:

- 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 the Office of Licensing by the correction required date listed. A licenser may conduct a follow-up inspection to verify compliance and ensure compliance maintenance.
- You may submit feedback on this inspection by visiting the website dlbc.utah.gov

Signature Information

Inspection Type: Unannounced	Date: 11/15/2023	Time Started: 8:00 AM	Time Ended: 4:00 PM
Number of rule noncompliances: 13	Name of Individual Informed of this Inspection: Shane Ness		

<input checked="" type="checkbox"/>	<p>Licensors(s) Conducting this Inspection:</p>	<p>April Charlson, Amelinda Spek, Brian Palmer and Brian Heugly</p>	<p>OL Staff Observing Inspection:</p>	
	<p>The Licensors reviewed compliance.</p>	<p>Please sign/type individual informed name and date of review:</p>	<p><i>Stuane News 11/15/2023</i></p>	



ASSISTED LIVING FACILITIES
R432-270 [Assisted Living Facilities](#)

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection.

Licensor Introductory Items		
<input type="checkbox"/>	Introduction of any unknown OL staff to the provider	<input type="checkbox"/>
<input type="checkbox"/>	Give a brief explanation of the inspection process to the provider	<input type="checkbox"/>
<input type="checkbox"/>	ASK: the provider if they want you to tell staff about rule noncompliances as you conduct the walk- through, or wait until the inspection is over to tell them.	<input type="checkbox"/>
<input type="checkbox"/>	Wash hands or use hand sanitizer before touching items in the facility.	<input type="checkbox"/>
<input type="checkbox"/>		<input type="checkbox"/>
<input type="checkbox"/>	Please review the Facility's days and hours of operations:	

General Notes

RULES CHECKLIST

Rule #	Rule Description	C	NC	NA	Compliance Required By Date:	Corrected During Inspection	Notes
R432-1-4. Identification Badges	<p align="center">Rule Description</p> <p align="center">C = Compliant NC = Not Compliant NA = Not Assessed during this inspection</p>	C	NC	NA	Date		Notes
4(1)(a)-(b) 4(2)(a)-(b)	<p>(1) A licensee shall ensure that the following individuals wear an identification badge: (a) any employee who provides direct care to a patient; and (b) any volunteer.</p> <p>(2) The identification badge shall include the following information: (a) the person's first or last name; and (b) the person's title or position, in terms generally understood by the public.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-5 Licensee		C	NC	NA	Date		Notes
R432-270-5(1)(a-g)	<p>(1) The licensee shall: (a) ensure compliance with all federal, state, and local laws; (b) assume responsibility for the overall organization, management, operation, and control of the facility; (c) establish policies and procedures for the welfare of residents, the protection of their rights, and the general operation of the facility; (d) implement a policy that ensures the facility does not discriminate on the basis of race, color, sex, religion, ancestry, or national origin in accordance with state and federal law; (e) secure and update contracts for required services not provided directly by the facility; (f) respond to requests for reports from the Department; and (g) appoint, in writing, a qualified administrator who shall assume full responsibility for the day-to-day operation and management of the facility. The licensee and administrator may be the same person.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

	R432-270-5(2)(a-b)	<p>(2) The licensee shall implement a quality assurance program to include a Quality Assurance Committee. The committee shall:</p> <p>(a) consist of at least the facility administrator and a health care professional; and</p> <p>(b) meet at least quarterly to identify and act on quality issues.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>The licensed health care professional was not in attendance at the Quality Assurance Committee meetings</p>				
	Section 6. Administrator Qualifications.									
R432-270-6(1)(a-e)	<p>(1) The administrator shall have the following qualifications: (a) be 21 years of age or older; (b) have knowledge of applicable laws and rules; (c) have the ability to deliver, or direct the delivery of appropriate care to residents; (d) successfully complete the criminal background screening process defined in Rule R432-35; and (e) for Type II facilities, complete a Department approved national certification program within six months of hire.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-6(2)	<p>(2) In addition to Subsection R432-270-6(1) the administrator of a Type I facility shall have an associate degree or two years experience in a health care facility.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Not a Type I facility.</p>				
R432-270-6(3)(a-c)	<p>(3) In addition to Subsection R432-270-6(1) the administrator of a small or limited-capacity assisted living facility shall have one or more of the following: (a) an associate degree in a health care field; (b) two years or more management experience in a health care field; or (c) one year experience in a health care field as a licensed health care professional.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>Not a small or limited capacity facility.</p>				

R432-270-6(4)(a-d)	<p>(4) In addition to Subsection R432-270-6(1) the administrator of a Type II large assisted living facility shall have one or more of the following: (a) a State of Utah health facility administrator license; (b) a bachelor's degree in a health care field, to include management training or one or more years of management experience; (c) a bachelor's degree in any field, to include management training or one or more years of management experience and one year or more experience in a health care field; or (d) an associate degree and four years or more management experience in a health care field.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Section 7. Administrator Duties.							
R432-270-7(1)	<p>The administrator shall: (a) be on the premises a sufficient number of hours in the business day, and at other times as necessary, to manage and administer the facility; (b) designate, in writing, a competent employee, 21 years of age or older, to act as administrator when the administrator is unavailable for immediate contact. It is not the intent of this subsection to permit a de facto administrator to replace the designated administrator.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R432-270-7(2)(a-m)	<p>(2) The administrator is responsible for the following:</p> <ul style="list-style-type: none"> (a) recruit, employ, and train the number of licensed and unlicensed staff needed to provide services; (b) verify required licenses and permits of staff and consultants at the time of hire or the effective date of contract; (c) maintain facility staffing records for the preceding 12 months; (d) admit and retain only those residents who meet admissions criteria and whose needs can be met by the facility; (e) review at least quarterly every injury, accident, and incident to a resident or employee and document appropriate corrective action; (f) maintain a log indicating any significant change in a resident's condition and the facility's action or response; (g) complete an investigation whenever there is reason to believe a resident has been subject to abuse, neglect, or exploitation; (h) report all suspected abuse, neglect, or exploitation in accordance with Section 62A-3-305, and document appropriate action if the alleged violation is verified; (i) notify the resident's responsible person within 24 hours of significant changes or deterioration of the resident's health, and ensure the resident's transfer to an appropriate health care facility if the resident requires services beyond the scope of the facility's license; (j) conduct and document regular inspections of the facility to ensure it is safe from potential hazards; (k) complete, submit, and file records and reports required by the Department; (l) participate in a quality assurance program; and <p><i>not secure and update contracts for required</i></p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-7(3)	<p>(3) The administrator's responsibilities shall be included in a written and signed job description on file in the facility.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 8. Personnel		C	NA	CDI	Notes

R432-270-8(8)(a)-(c)	<p>(8) In addition to completing facility orientation and demonstration of core competency skills, each direct-care employee shall receive 16 hours of documented one-on-one job training with a direct-care employee, with at least 3 months of experience and who has completed orientation, or with the supervising nurse at the facility.</p> <p>(a) This training is not transferable to another facility and must include:</p> <ul style="list-style-type: none"> (i) transfer assistance and safety; and (ii) activities of daily living. <p>(b) Direct-care employees hired from a staffing agency must be certified nurse aides and are exempt from the 16 hours of one-on-one training.</p> <p>(c) Employees who are certified nurse aides are exempt from the 16 hours of one-on-one job training.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-8(9)(a)-(l)	<p>(9) Each employee shall receive documented in-service training. The training shall be tailored to annually include the following subjects that are relevant to the employee's job responsibilities:</p> <ul style="list-style-type: none"> (a) principles of good nutrition, menu planning, food preparation, and storage; (b) principles of good housekeeping and sanitation; (c) principles of providing personal and social care; (d) proper procedures in assisting residents with medications; (e) recognizing early signs of illness and determining if there is a need for professional help; (f) accident prevention, including safe bath and shower water temperatures; (g) communication skills, which enhance resident dignity; (h) first aid; (i) resident's rights; (j) abuse and neglect reporting requirements of Section 62A-3-305; (k) dementia and Alzheimer's specific training; and (l) review of core competency training. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>3 employees were not trained in all the required annual subjects relevant to their job responsibilities.</p>
R432-270-8(10)	<p>(10) The facility administrator shall annually receive a minimum of 4 hours of core competency training that includes Dementia and Alzheimer's specific training.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<p>The Administrator had 1 hour of dementia training completed in the previous 12 months.</p>

R432-270-8(11)	(11) An employee who reports suspected abuse, neglect, or exploitation may not be subject to retaliation, disciplinary action, or termination by the facility for that reason alone.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-8(12)	(12) The facility shall establish a personnel health program through written personnel health policies and procedures that protect the health and safety of personnel, residents and the public.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-8(13)(a)-(d)	(13) The facility shall complete an employee placement health evaluation to include at least a health inventory when an employee is hired. Facilities may use their own evaluation or a Department approved form. (a) A health inventory shall include at least the employee's history of the following: (i) conditions that may predispose the employee to acquiring or transmitting infectious diseases; and (ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily. (b) The facility shall develop employee health screening and immunization components of the personnel health program. (c) Employee skin testing by the Mantoux Method or other FDA approved in-vitro serologic test and follow up for tuberculosis shall be done in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis. (i) The licensee shall ensure employees are skin-tested for tuberculosis within two weeks of: (A) initial hiring; (B) suspected exposure to a person with active tuberculosis; and (C) development of symptoms of tuberculosis. (ii) Skin testing shall be exempted for employees with known positive reaction to skin tests. (d) Infections and communicable diseases reportable by law shall be reported to the local health department in accordance with Section R386-702-3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-8(14)	(14) The facility shall develop and implement policies and procedures governing an infection control program to protect residents, family and personnel; that includes appropriate task related employee infection control procedures and practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R432-270-8(15)	(15) The facility shall comply with the Occupational Safety and Health Administration's Blood-borne Pathogen Standard.	<input checked="" type="checkbox"/>	<input type="checkbox"/>					
Section 9. Residents' Rights		C	NC	NA	Date	CDI	Notes	
R432-270-9(2)(a)-(b)	(2) The administrator or designee shall give the resident a written description of the resident's legal rights upon admission, including the following: (a) a description of the manner of protecting personal funds, in accordance with Section R432-270-20; and (b) a statement that the resident may file a complaint with the state long term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-270-9(3)	(3) The administrator or designee shall notify the resident or the resident's responsible person at the time of admission, in writing and in a language and manner that the resident or the resident's responsible person understands, of the resident's rights and rules governing resident conduct and responsibilities during the stay in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-270-9(4)	(4) The administrator or designee shall promptly notify in writing the resident or the resident's responsible person when there is a change in resident rights under state law.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

<p>R432-270-9(5)(a-x)</p>	<p>(5) Resident rights include the following: (a) the right to be treated with respect, consideration, fairness, and full recognition of personal dignity and individuality; (b) the right to be transferred, discharged, or evicted by the facility only in accordance with the terms of the signed admission agreement; (c) the right to be free of mental and physical abuse, and chemical and physical restraints; (d) the right to refuse to perform work for the facility; (e) the right to perform work for the facility if the facility consents and if: (i) the facility has documented the resident's need or desire for work in the service plan; (ii) the resident agrees to the work arrangement described in the service plan; (iii) the service plan specifies the nature of the work performed and whether the services are voluntary or paid; and (iv) compensation for paid services is at or above the prevailing rate for similar work in the surrounding community; (f) the right to privacy during visits with family, friends, clergy, social workers, ombudsmen, resident groups, and advocacy representatives; (g) the right to share a unit with a spouse if both spouses consent, and if both spouses are facility residents; (h) the right to privacy when receiving personal care or services; (i) the right to keep personal possessions and clothing as space permits; (j) the right to participate in religious and social activities of the resident's choice; (k) the right to interact with members of the community both inside and outside the facility;</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>R432-270-9(6)(a)-(c)</p>	<p>(6) The following items must be posted in a public area of the facility that is easily accessible and visible by residents and the public: (a) the long term care ombudsmen's notification poster; (b) information on Utah protection and advocacy systems; and (c) a copy of the resident's rights.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

R432-270-9(8)(a)-(c)	<p>(8) A resident may organize and participate in resident groups in the facility, and a resident's family may meet in the facility with the families of other residents.</p> <p>(a) The facility shall provide private space for resident groups or family groups.</p> <p>(b) Facility personnel or visitors may attend resident group or family group meetings only at the group's invitation.</p> <p>(c) The administrator shall designate an employee to provide assistance and to respond to written requests that result from group meetings.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Section 10. Admissions		C	NC	NA	Date	CDI	Notes
R432-270-10(1)	(1) The facility shall have written admission, retention, and transfer policies that are available to the public upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
R432-270-10(2)(a)-(b)	<p>(2) Before accepting a resident, the facility shall obtain sufficient information about the person's ability to function in the facility through the following:</p> <p>(a) an interview with the resident and the resident's responsible person; and</p> <p>(b) the completion of the resident assessment.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
R432-270-10(3)	(3) If the Department determines during inspection or interview that the facility knowingly and willfully admits or retains residents who do not meet license criteria, then the Department may, for a time period specified, require that resident assessments be conducted by an individual who is independent from the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

R432-270-10(6)(a)-(c)	<p>(6) Type I and Type II assisted living facilities may not admit or retain a person who:</p> <p>(a) manifests behavior that is suicidal, sexually or socially inappropriate, assaultive, or poses a danger to self or others;</p> <p>(b) has active tuberculosis or other chronic communicable diseases that cannot be treated in the facility or on an outpatient basis; or may be transmitted to other residents or guests through the normal course of activities; or</p> <p>(c) requires inpatient hospital, long-term nursing care or 24-hour continual nursing care that will last longer than 15 calendar days after the day that the nursing care begins.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-10(7)	<p>(7) Type I and Type II assisted living facilities may not deny an individual admission to the facility for the sole reason that the individual or the individual's legal representative requests to install or operate a monitoring device in the individual's room in accordance with Title 26, Chapter 21, Part 304, Monitoring Device -- Facility admission, patient discharge, and posted notice.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-10(8)(a)-(g)	<p>(8) The prospective resident or the prospective resident's responsible person shall sign a written admission agreement prior to admission. The admission agreement shall be kept on file by the facility and shall specify at least the following:</p> <p>(a) room and board charges and charges for basic and optional services;</p> <p>(b) provision for a 30-day notice prior to any change in established charges;</p> <p>(c) admission, retention, transfer, discharge, and eviction policies;</p> <p>(d) conditions when the agreement may be terminated;</p> <p>(e) the name of the responsible party;</p> <p>(f) notice that the Department has the authority to examine resident records to determine compliance with licensing requirements; and</p> <p>(g) refund provisions that address the following:</p> <ul style="list-style-type: none"> (i) thirty-day notices for transfer or discharge given by the facility or by the resident, (ii) emergency transfers or discharges; (iii) transfers or discharges without notice; and (iv) the death of a resident. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R432-270-10(9)(a)-(c)	<p>(9) A type I assisted living facility may accept and retain residents who have been admitted to a hospice program, under the following conditions:</p> <p>(a) the facility keeps a copy of the physician's diagnosis and orders for care;</p> <p>(b) the facility makes the hospice services part of the resident's service plan that shall explain who is responsible to meet the resident's needs; and</p> <p>(c) a facility may retain hospice patient residents who are not capable of exiting the facility without assistance with the following conditions:</p> <ul style="list-style-type: none"> (i) the facility shall assure that a worker or an individual is assigned solely to each specific hospice patient and is on-site to assist the resident in emergency evacuation 24 hours a day, seven days a week; (ii) the facility shall train the assigned worker or individual to specifically assist in the emergency evacuation of the assigned hospice patient resident; (iii) the worker or individual shall be physically capable of providing emergency evacuation assistance to the particular hospice patient resident; and (iv) hospice residents who are not capable of exiting the facility without assistance comprise no more than 25 % of the facility's resident census. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a Type 1 facility
R432-270-10(10)(a)-(c)	<p>(10) A type II assisted living facility may accept and retain hospice patient residents under the following conditions:</p> <p>(a) the facility keeps a copy of the physician's diagnosis and orders for care;</p> <p>(b) the facility makes the hospice services part of the resident's service plan that shall explain who is responsible to meet the resident's needs; and</p> <p>(c) if the hospice patient resident cannot evacuate the facility without significant assistance, the facility shall:</p> <ul style="list-style-type: none"> (i) develop an emergency plan to evacuate the hospice resident in the event of an emergency; and (ii) integrate the emergency plan into the resident's service plan. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Section 11. Transfer of Discharge Requirements						
		C	NC	NA	CDI	Notes

R432-270-11(1)(a)-(e)	<p>(1) A resident may be discharged, transferred, or evicted for one or more of the following reasons:</p> <p>(a) the facility is no longer able to meet the resident's needs because the resident poses a threat to health or safety to self or others, or the facility is not able to provide required medical treatment;</p> <p>(b) the resident fails to pay for services as required by the admission agreement;</p> <p>(c) the resident fails to comply with written policies or rules of the facility;</p> <p>(d) the resident wishes to transfer; or</p> <p>(e) the facility ceases to operate.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<p>No 30-day transfer notices provided to residents in the prior 6 months.</p>
R432-270-11(2)	<p>(2) Prior to the facility initiating a transfer or discharge of a resident, the facility shall serve a transfer or discharge notice upon the resident and the resident's responsible person.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R432-270-11(3)(a)-(g)	<p>(3) The notice of transfer or discharge shall:</p> <p>(a) be in writing with a copy placed in the resident file;</p> <p>(b) be phrased in a manner and in a language that is most likely to be understood by the resident and the resident's responsible person;</p> <p>(c) detail the reasons for transfer or discharge;</p> <p>(d) state the effective date of transfer or discharge;</p> <p>(e) state the location where the resident will be transferred or discharged, if known;</p> <p>(f) state that the resident may request a conference to discuss the transfer or discharge; and</p> <p>(g) contain the following information:</p> <ul style="list-style-type: none"> (i) the name, mailing address, email address and telephone number of the State Long Term Care Ombudsman; (ii) for facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under the Developmental Disabilities Assistance and Bill of Rights Act, Part C; and (iii) for facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

R432-270-11(4)	<p>(4) The facility shall:</p> <ul style="list-style-type: none"> (i) update the transfer or discharge notice as soon as practicable before the transfer or discharge if information in the notice changes before the transfer or discharge; (ii) orally explain to the resident, the services available through the ombudsman and the contact information for the ombudsman; (iii) send a copy, in English, of the notice described in Subsection (2) to the State Long Term Care Ombudsman; <p>(A) on the same day that the facility delivers the notice described in Subsection (2) to the resident and the resident's responsible person; and</p> <p>(B) provide the notice described in Subsection (2) at least 30 days before the day that the resident is transferred or discharged, unless notice for a shorter period of time is necessary to protect the safety of individuals in the facility from endangerment due to the medical or behavioral status of the resident.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-11(5)	(5) The facility shall provide and document the provisions of preparation and orientation, in a language and manner the resident is most likely to understand, for a resident to ensure a safe and orderly transfer or discharge from the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-11(7)	(7) In the event of a facility closure, provide written notification of the closure to the State Long Term Care Ombudsman, each resident of the facility, and each resident's responsible person.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-11(8)	(8) The facility may not discharge a resident for the sole reason that the resident or the resident's legal representative requests to install or operate a monitoring device in the individual's room in accordance with Chapter 26, Title 21, Part 304 Monitoring Device --- Facility admission, patient discharge, and posted notice.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 12. Resident Assessment		C	NA	NC	Date	CDI	Notes
R432-270-12(1)	(1) A signed and dated resident assessment shall be completed on each resident prior to admission and at least every six months thereafter.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R432-270-12(2)	(2) In Type I and Type II facilities, the initial and six-month resident assessment shall be completed and signed by a licensed health care professional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/22/2023	<input type="checkbox"/>	1 resident assessment was incomplete and left blank in the memory section.
R432-270-12(3)	(3) The resident assessment must accurately reflect the resident's status at the time of assessment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/22/2023	<input type="checkbox"/>	Resident assessment states resident is on a 2 mg Na diet and diabetic diet. Only is ordered a 2 mg Na. 1 resident assessment states resident is independent with continence care but wears a brief and requires assistance standing and changing brief.
R432-270-12(4)	(4) The resident assessment must include a statement signed by the licensed health care professional completing the resident assessment that the resident meets the admission and level of assistance criteria for the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-12(5)	(5) The facility shall use a resident assessment form that is approved and reviewed by the Department to document the resident assessments.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/15/2023	<input type="checkbox"/>	For 10 residents, an assessment approved by the department was not used. The 10 assessments were missing a statement regarding insulin injections and other discrepancies from the department form and there was no email of approval for the assessment by the department.
R432-270-12(6)	(6) The facility shall revise and update each resident's assessment when there is a significant change in the resident's cognitive, medical, physical, or social condition and update the resident's service plan to reflect the change in condition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/22/2023	<input type="checkbox"/>	Significant change assessment not completed for 1 resident, when resident admitted to home health services for wounds and wound care in Sept 2023.
Section 13. Service Plan		C	NC	NA	Date	CDI	Notes	
R432-270-13(1)	(1) Each resident shall have an individualized service plan that is consistent with the resident's unique cognitive, medical, physical, and social needs, and is developed within seven calendar days of the day the facility admits the resident. The facility shall periodically revise the service plan as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-13(2)	(2) The facility shall use the resident assessment to develop, review, and revise the service plan for each resident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

	<p>(3) The service plan shall include a written description of the following: (a) what services are provided; (b) who will provide the services, including the resident's significant others who may participate in the delivery of services; (c) how the services are provided; (d) the frequency of services; and (e) changes in services and reasons for those changes.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Section 14. Nursing Services	C	NC	NA	Date	CDI	Notes
R432-270-14(1)	(1) The facility shall develop written policies and procedures defining the level of nursing services provided by the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-14(2)	(2) A Type I assisted living facility shall employ or contract with a registered nurse to provide or delegate medication administration for any resident who is unable to self-medicate or self-direct medication management.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	This is a Type II facility.
R432-270-14(3)(a)-(c)	(3) A Type II assisted living facility shall employ or contract with a registered nurse to provide or supervise nursing services to include: (a) a nursing assessment on each resident; (b) general health monitoring on each resident; and (c) routine nursing tasks, including those that may be delegated to unlicensed assistive personnel in accordance with Section R156-31B-701.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-14(4)	(4) A Type I assisted living facility may provide nursing care according to facility policy. If a Type I assisted living facility chooses to provide nursing services, the nursing services shall be provided in accordance with Subsections (3)(a) through (c).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	This is a Type II facility

R432-270-14(5)(a)-(b)	(5) Type I and Type II assisted living facilities may not provide skilled nursing care, but shall assist the resident in obtaining required services. To determine whether a nursing service is skilled, the following criteria shall apply: (a) the complexity or specialized nature of the prescribed services can be safely or effectively performed only by, or under the close supervision of licensed health care professional personnel; or (b) care is needed to prevent, to the extent possible, deterioration of a condition or to sustain current capacities of a resident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
R432-270-14(6)	(6) At least one certified nurse aide must be on duty in a Type II facility 24 hours per day.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Section 15. Secure Units									
R432-270-15(1)	(1) A Type II assisted living facility with approved secure units may admit residents with a diagnosis of Alzheimer's or dementia if the resident is able to exit the facility with limited assistance from one person.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		This facility does not have a secure unit.
R432-270-15(2)(a)-(b)	(2) Each resident admitted to a secure unit must have an admission agreement that indicates placement in the secure unit. (a) The secure unit admission agreement must document that a wander risk management agreement has been negotiated with the resident or resident's responsible person. (b) The secure unit admission agreement must identify discharge criteria that would initiate a transfer of the resident to a higher level of care than the assisted living facility is able to provide.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		This facility does not have a secure unit.
R432-270-15(3)	(3) In addition to completing the facility orientation and demonstration of core competency skills, each direct-care employee in the secure unit shall receive a minimum of four hours of the 16 required hours of documented one-on-one job training in the secure unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		This facility does not have a secure unit.
R432-270-15(4)	(4) There shall be at least one direct-care staff in the secure unit at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		This facility does not have a secure unit.

R432-270-15(5)	(5) Each secure unit shall have an emergency evacuation plan that addresses the ability of the secure unit staff to evacuate the residents in case of emergency.	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	This facility does not have a secure unit.
Section 16. Arrangements for Medical or Dental Care								
R432-270-16(1)	(1) The facility shall assist residents in arranging access for ancillary services for medically related care including physician, dentist, pharmacist, therapy, podiatry, hospice, home health, and other services necessary to support the resident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-16(2)(a)-(c)	(2) The facility shall arrange for care through one or more of the following methods: (a) notifying the resident's responsible person; (b) arranging for transportation to and from the practitioner's office; or (c) arrange for a home visit by a health care professional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-16(3)	(3) The facility shall notify a physician or other health care professional when the resident requires immediate medical attention.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
Section 17. Activity Program								
R432-270-17(1)	(1) Residents shall be encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreational programs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
R432-270-17(2)(a)-(d)	(2) The facility shall provide opportunities for the following: (a) socialization activities; (b) independent living activities to foster and maintain independent functioning; (c) physical activities; and (d) community activities to promote resident participation in activities away from the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

R432-270-17(3)(a)-(c)	(3) The administrator shall designate an activity coordinator to direct the facility's activity program. The activity coordinator's duties include the following: (a) coordinate recreational activities, including volunteer and auxiliary activities;(b) plan, organize, and conduct the residents' activity program with resident participation; and (c) develop and post monthly activity calendars, including information on community activities, based on residents' needs and interests.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-17(4)	(4) The facility shall provide sufficient equipment, supplies, and indoor and outdoor space to meet the recreational needs and interests of residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-17(5)	(5) The facility shall provide storage for recreational equipment and supplies. Locked storage shall be provided for potentially dangerous items such as scissors, knives, and toxic materials.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 18. Medication Administration								
R432-270-18(1)	(1) A licensed health care professional shall assess each resident to determine what level and type of assistance is required for medication administration. The level and type of assistance provided shall be documented on each resident's assessment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11/22/2023	<input type="checkbox"/>	<input type="checkbox"/>	1 resident required assistance with obtaining the injection from the pharmacy but as not receiving the injection medication and the need was not addressed in the assessment.

<p>R432-270-18(2)(a)-(f)</p>	<p>(2) Each resident's medication program shall be administered by means of one of the methods described in Subsections (2)(a) through (f):</p> <p>(a) The resident is able to self-administer medications.</p> <p>(i) Residents who have been assessed to be able to self-administer medications may keep prescription medications in their rooms.</p> <p>(ii) If more than one resident resides in a unit, the facility shall assess each person's ability to safely have medications in the unit. If safety is a factor, a resident shall keep his medication in a locked container in the unit.</p> <p>(b) The resident is able to self-direct medication administration. Facility staff may assist residents who self-direct medication administration by:</p> <p>(i) reminding the resident to take the medication;</p> <p>(ii) opening medication containers; and</p> <p>(iii) reminding the resident or the resident's responsible person when the prescription needs to be refilled.</p> <p>(c) Family members or a designated responsible person may administer medications. If a family</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<p>11/23/2023</p>	<input type="checkbox"/>	<p>1 resident was assessed to require family to assist with medications but there was no agreement by the designated family member that they would be responsible to fill prescriptions, document medication administrations and administer medications. 1 resident had a medication that was not being delivered by the pharmacy and was not administered according to the prescribing order.</p>
<p>R432-270-18(3) R432-270-18(4)(a)-(g)</p>	<p>(3) The facility shall have a licensed health care professional or licensed pharmacist review resident medications at least every six months.</p> <p>(4) Medication records shall include the following:</p> <p>(a) the resident's name;</p> <p>(b) the name of the prescribing practitioner;</p> <p>(c) medication name including prescribed dosage;</p> <p>(d) the time, dose and dates administered;</p> <p>(e) the method of administration;</p> <p>(f) signatures of personnel administering the medication; and</p> <p>(g) the review date.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R432-270-18(5)</p>	<p>(5) The licensed health care professional or licensed pharmacist shall document any change in the dosage or schedule of medication in the medication record. When changes in the medication are documented by the facility staff the licensed health care professional shall co-sign within 72 hours. The licensed health care professional shall notify unlicensed assistive personnel who administer medications of the medication change.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R432-270-18(6)	(6) The facility shall have access to a reference for possible reactions and precautions for prescribed medications in the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R432-270-18(7)	(7) The facility shall notify the licensed health care professional when medication errors occur.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R432-270-18(8)	(8) Medication error incident reports shall be completed if a medication error occurs or is identified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R432-270-18(9)	(9) Medication errors must be incorporated into the facility quality improvement process.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11/16/2023		Medication errors were not incorporated into the quality improvement process
R432-270-18(10)(a)-(b)	(10) Medications stored in a central storage area shall be: (a) locked to prevent unauthorized access; and (b) available for the resident to have timely access to the medication.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R432-270-18(11)	(11) Medications that require refrigeration shall be stored separately from food items and at temperatures between 36 - 46 degrees Fahrenheit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R432-270-18(12)(a)-(b)	(12) The facility shall develop and implement policies governing the following: (a) security and disposal of controlled substances by the licensee or facility staff that are consistent with the provisions of Code of Federal Regulations, Title 21, Chapter II, Part 1307; and (b) destruction and disposal of unused, outdated, or recalled medications.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R432-270-18(13)	(13) The facility shall document the return of resident's medication to the resident or to the resident's responsible person upon discharge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Section 19. Management of Resident Funds		C	NC	NA	Date	CDI	Notes			
R432-270-19(1)	(1) Residents have the right to manage and control their financial affairs. The facility may not require residents to deposit their personal funds or valuables with the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>				The facility does not manage any residents' funds

	R432-270-19(2)(a)-(g) (2) The facility is not required to handle residents' cash resources or valuables. However, upon written authorization by the resident or the resident's responsible person, the facility may hold, safeguard, manage, and account for the resident's personal funds or valuables deposited with the facility, in accordance with rule R432-270-19(2)(a)-g)	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	The facility does not manage any residents' funds.
	Section 20. Facility Records	C	NC	NA	CDI	Notes
R432-270-20(1)	(1) The facility shall maintain accurate and complete records. Records shall be filed, stored safely, and be easily accessible to staff and the Department.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-20(2)	(2) Records shall be protected against access by unauthorized individuals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-20(3)(a)-(j)	(3) The facility shall maintain personnel records for each employee and shall retain such records for at least three years following termination of employment. Personnel records must include the following: (a) employee application; (b) date of employment; (c) termination date; (d) reason for leaving; (e) documentation of CPR and first aid training; (f) health inventory; (g) food handlers permits; (h) TB skin test documentation; (i) documentation of criminal background screening; and (j) documentation of core competency initial and annual training.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
R432-270-20(4)(a)-(g)	(4) The facility shall maintain in the facility a separate record for each resident that includes the following: (a) the resident's name, date of birth, and last address; (b) the name, address, and telephone number of the person who administers and obtains medications, if this person is not facility staff; (c) the name, address, and telephone number of the individual to be notified in case of accident or death; (d) the name, address, and telephone number of a physician and dentist to be called in an emergency; (e) the admission agreement; (f) the resident assessment; and (g) the resident service plan.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

			<input type="checkbox"/>	<input checked="" type="checkbox"/>	NA	Date	CDI	Notes
		C	NC	NA	Date	CDI	Notes	
R432-270-21(10)	(10) If food service personnel also work in housekeeping or provide direct resident care, the facility shall develop and implement employee hygiene and infection control measures to maintain a safe, sanitary food service.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				Food service personnel are not providing resident care while working in the kitchen.
Section 22. Housekeeping Services								
R432-270-22(1)	(1) The facility shall employ housekeeping staff to maintain both the exterior and interior of the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
R432-270-22(2)(a)-(b)	(2) The facility shall designate a person to direct housekeeping services. This person shall: (a) post routine laundry, maintenance, and cleaning schedules for housekeeping staff; and (b) ensure furniture, bedding, linens, and equipment are clean before use by another resident.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
R432-270-22(3)	(3) The facility shall control odors by maintaining cleanliness.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
R432-270-22(4)	(4) There shall be a trash container in every occupied room.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
R432-270-22(5)	(5) Cleaning agents, bleaches, insecticides, or poisonous, dangerous, or flammable materials shall be stored in a locked area to prevent unauthorized access.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>		Cleaning agents in accessible janitor room 2nd floor and accessible activity director office. Paint and cleaning agents accessible in the first floor paint storage room across from room 113.
R432-270-22(6)	(6) Housekeeping personnel shall be trained in preparing and using cleaning solutions, cleaning procedures, proper use of equipment, proper handling of clean and soiled linen, and procedures for disposal of solid waste.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
R432-270-22(7)	(7) Bathtubs, shower stalls, or lavatories may not be used as storage places.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
R432-270-22(8)	(8) Throw or scatter rugs that present a tripping hazard to residents are not permitted.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Section 23. Laundry Services								
		C	NC	NA		CDI	Notes	

R432-270-25(6)(a)-(j)	<p>(6) The facility's emergency and disaster response plan must address the following:</p> <ul style="list-style-type: none"> (a) the names of the person in charge and persons with decision-making authority; (b) the names of persons who shall be notified in an emergency in order of priority; (c) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies; (d) instructions on how to contain a fire and how to use the facility alarm systems; (e) assignment of personnel to specific tasks during an emergency; (f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations; (g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster; (h) delivery of essential care and services to facility occupants by alternate means; (i) delivery of essential care and services if additional persons are housed in the facility during an emergency; and (j) delivery of essential care and services to facility occupants if personnel are reduced by an emergency. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-25(7)(a)-(c)	<p>(7) The facility shall maintain safe ambient air temperatures within the facility.</p> <ul style="list-style-type: none"> (a) Emergency heating must have the approval of the local fire department. (b) Ambient air temperatures of 58 degrees Fahrenheit or below may constitute an imminent danger to the health and safety of the residents in the facility. The person in charge shall take immediate action in the best interests of the residents. (c) The facility shall have, and be capable of implementing, contingency plans regarding excessively high ambient air temperatures within the facility that may exacerbate the medical condition of residents. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

R432-270-25(8)(a)-(d)	(8) Personnel and residents shall receive instruction and training in accordance with the plans to respond appropriately in an emergency. The facility shall: (a) annually review the procedures with existing staff and residents and carry out unannounced drills using those procedures; (b) hold simulated disaster drills semi-annually; (c) hold simulated fire drills quarterly on each shift for staff and residents in accordance with Rule R710-3; and (d) document drills, including date, participants, problems encountered, and the ability of each resident to evacuate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-25(9)	(9) The administrator shall be in charge during an emergency. If not on the premises, the administrator shall make every effort to report to the facility, relieve subordinates and take charge.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-25(10)	(10) The facility shall provide in-house equipment and supplies required in an emergency including emergency lighting, heating equipment, food, potable water, extra blankets, first aid kit, and radio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-25(11)(a)-(b)	(11) The following information shall be posted in prominent locations throughout the facility: (a) The name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems; and (b) evacuation routes, location of fire alarm boxes, and fire extinguishers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency info not posted in prominent location throughout the facility. Name of person in charge, and names and numbers of emergency medical personnel, agencies and appropriate communication and transport systems.
Section 26. First Aid		C	NC	NA	Date	CDI	Notes	
R432-270-26(1)	(1) There shall be one staff person on duty at all times who has training in basic first aid, the Heimlich maneuver, certification in cardiopulmonary resuscitation and emergency procedures to ensure each resident receives prompt first aid as needed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-270-26(3)	(3) The facility shall have a first aid kit available at a specified location in the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

R432-270-26(4)	(4) The facility shall have a current edition of a basic first aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-26(5)	(5) The facility shall have a clean-up kit for blood borne pathogens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 27. Pets		C	NC	NA	Date	CDI	Notes	
R432-270-27(1)	(1) The facility may allow residents to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinance and by facility policy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-270-27(2)	(2) The facility shall ensure pets are kept clean and disease-free.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-270-27(3)	(3) The pets' environment shall be kept clean.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-270-27(4)	(4) Small pets such as birds and hamsters shall be kept in appropriate enclosures.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	The facility did not have any birds or hamsters.	
R432-270-27(5)	(5) Pets that display aggressive behavior are not permitted in the facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-270-27(6)	(6) Pets that are kept at the facility or are frequent visitors must have current vaccinations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-270-27(7)	(7) Upon approval of the administrator, family members may bring residents' pets to visit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

R432-270-27(8)	(8) Each facility with birds shall have procedures that prevent the transmission of psittacosis. Procedures shall ensure the minimum handling and placing of droppings into a closed plastic bag for disposal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-27(9)	(9) Pets are not permitted in central food preparation, storage, or dining areas or in any area where their presence would create a significant health or safety risk to others.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 28. Respite Services								
R432-270-28(1)	(1) Assisted Living facilities may offer respite services and are not required to obtain a respite license from the Utah Department of Health.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No residents receiving respite services at time of inspection.
R432-270-28(2)	(2) The purpose of respite is to provide intermittent, time limited care to give primary caretakers relief from the demands of caring for a person. Respite services may also be provided for emergency shelter placement of vulnerable adults requiring protection by Adult Protective Services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-28(3)	(3) Respite services may be provided at an hourly rate or daily rate, but may not exceed 14-days for any single respite stay. Stays that exceed 14 days shall be considered a non-respite assisted living facility admission, subject to the requirements of Rule R432-270.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-28(4)	(4) The facility shall coordinate the delivery of respite services with the recipient of services, case manager, if one exists, and the family member or primary caretaker.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-270-28(5)	(5) The facility shall document the person's response to the respite placement and coordinate with all provider agencies to ensure an uninterrupted service delivery program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

R432-270-28(6)	(6) The facility shall complete a service agreement to serve as the plan of care. The service agreement shall identify the prescribed medications, physician treatment orders, need for assistance for activities of daily living and diet orders.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-28(7)(a)-(h)	(7) The facility shall have written policies and procedures approved by the Department prior to providing respite care. Policies and procedures shall be available to staff regarding the respite care clients that include: (a) medication administration; (b) notification of a responsible party in the case of an emergency; (c) service agreement and admission criteria; (d) behavior management interventions; (e) philosophy of respite services; (f) post-service summary; (g) training and in-service requirement for employees; and (h) handling personal funds.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-28(8)	(8) Persons receiving respite services shall be provided a copy of the Resident Rights documents upon admission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-28(9)(a)-(g)	(9) The facility shall maintain a record for each person receiving respite services that includes: (a) a service agreement; (b) demographic information and resident identification data; (c) nursing notes; (d) physician treatment orders; (e) records made by staff regarding daily care of the person in service; (f) accident and injury reports; and (g) a post-service summary.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-28(10)	(10) Retention and storage of respite records shall comply with Subsections R432-270-20(1), (2), and (5).	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-28(11)	(11) If a person has an advanced directive, a copy shall be filed in the respite record and staff shall be informed of the advanced directive.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No residents receiving respite services at time of inspection.

Section 29. Adult Day Care Services		C	NC	NA	Date	CDI	Notes
R432-270-29(1)	(1) Assisted Living Facilities Type I and II may offer adult day care services and are not required to obtain a license from Utah Department of Human Services. If facilities provide adult day care services, they shall submit policies and procedures for Department approval.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No adult day care at this facility.
R432-270-29(3)	(3) A qualified Director shall be designated by the governing board to be responsible for the day to day program operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R432-270-29(4)(a)-(e)	(4) The Director shall have written records on-site for each consumer and staff person, to include the following: (a) demographic information; (b) an emergency contact with name, address and telephone number; (c) consumer health records, including the following: (i) record of medication including dosage and administration; (ii) a current health assessment, signed by a licensed practitioner; and (iii) level of care assessment; (d) signed consumer agreement and service plan; (e) Employment file for each staff person that includes: (i) health history; (ii) background clearance consent and release form; (iii) orientation completion, and (iv) in-service requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R432-270-29(5)(a)-(e)	(5) The program shall have a written eligibility, admission and discharge policy to include the following: (a) intake process; (b) notification of responsible party; (c) reasons for admission refusal that includes a written, signed statement; (d) resident rights notification; and (e) reason for discharge or dismissal.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R432-270-29(6)	(6) Before a program admits a consumer, a written assessment shall be completed to evaluate current health and medical history, immunizations, legal status, and social psychological factors.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

R432-270-29(7)(a)-(c)	(7) A written consumer agreement, developed with the consumer, the responsible party and the Director or designee, shall be completed, signed by all parties and include the following: (a) rules of the program; (b) services to be provided and cost of service, including refund policy; and (c) arrangements regarding absenteeism, visits, vacations, mail, gifts and telephone calls.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-29(8)	(8) The Director, or designee, shall develop, implement and review the individual consumer service plan. The plan shall include the specification of daily activities and services. The service plan shall be developed within three working days of admission and evaluated semi-annually.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-29(9)	(9) There shall be written incident and injury reports to document consumer death, injuries, elopement, fights or physical confrontations; situations that require the use of passive physical restraint, suspected abuse or neglect, and other situations or circumstances affecting the health, safety or well-being of a consumer while in care. Each report will be reviewed by the Director and responsible party. The reports shall be kept on file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-29(10)	(10) There shall be a daily activity schedule posted and implemented as designed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R432-270-29(11)	(11) Consumers shall receive direct supervision at all times and be encouraged to participate in activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

R432-270-29(12)(a)-(c)	(12) There shall be a minimum of 50 square feet of indoor floor space per consumer designated for adult day care during program operational hours. (a) Hallways, office, storage, kitchens, and bathrooms may not be included in the calculation. (b) Indoor and outdoor areas shall be maintained in a clean, secure and safe condition. (c) There shall be at least one bathroom designated for consumers use during business hours. For facilities serving more than 10 consumers, there shall be separate male and female bathrooms designated for consumer use.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No adult day care at this facility.
R432-270-29(13)(a)-(c)	(13) Staff supervision shall be provided continually when consumers are present. (a) Staff ratios shall be maintained at one staff for every eight consumers. (c) In programs where one-half or more of the consumers are diagnosed by a physician's assessment with Alzheimer's, or related dementia, the ratio shall be	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Section 30. Penalties							
R432-270-30	Any person who violates any provision of this rule may be subject to the penalties enumerated in Section 26-21-11 and Section R432-3-6 and be punished for violation of a class A misdemeanor as provided in Section 26-21-16.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-35-4. Covered Provider - DACS Process							
R432-35-4(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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-35-4(2)(a)-(b)	(2) The covered provider shall ensure the engaged covered individual: (a) signs a criminal background screening authorization form that is available for review by the department; and (b) submits fingerprints within 15 working days of engagement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

R432-35-4(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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
R432-35-4(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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
R432-35-4(5)	(5) If the department 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 department shall send a notice of agency action, as outlined in Rule R432-30, to the covered provider and the individual explaining the action and the individual's right of appeal.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		All reviewed employees were eligible for direct patient access.
R432-35-4(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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		All reviewed employees were eligible for direct patient access.
R432-35-4(7)	(7) The department may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the department, the work arrangement does not pose a threat to the safety and health of patients or residents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		No reviewed employees were working under conditions while appealing a decision from the department.
R432-35-4(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 department may revoke an existing license or deny licensure for healthcare services in the residential setting.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Services are not being provided in a residential setting.

R432-35-4(9)(a)-(d)	<p>(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:</p> <ul style="list-style-type: none"> (a) employment status; (b) address; (c) email address; and (d) name. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R432-35-4(10)	<p>(10) An individual or covered individual seeking licensure as a covered provider shall submit required information to the department 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 department may revoke an existing license or deny licensure as a health care facility.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<p>The provider is not seeking a provisional license at this time.</p>

ASSISTED LIVING - RESIDENT RECORD REVIEW

Provider:	Provider #:	Date:	Licensor(s):
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Meds-Medications, Mem-Memory, Dec-Decisions, Com-Communication, Groom-Grooming, OH-Oral Hygiene, Drsg-Dressing, Tol-Tolleting, Cont-Contenance, Bath-Bathing, E-Eating, Amb-Ambulation, Trnsf-Transferring

RESIDENT	DOB	DOA	ASSESSMENTS	SERVICE PLAN		MEDICATIONS	DIETARY	COMMENTS
				Date	Level			
Name: 1			PRE-ADMIT/6 MONTH DATE: Meds Mem Dec Com Groom OH Drsg Tol Cont Bath Eat Amb Trnsf	Meds Mem Dec Com Groom OH Drsg Tol Cont Bath Eat Amb Trnsf		6 Month MAR	Qrtly RC	Observations / Interviews

DX:

HH / Hospice:

ER Plan:

Hospitalizations / Sig Change:	6 MONTH/SIG CHANGE DATE:						
	Meds Mem Dec Com Groom OH Drsg Tol Cont Bath Eat Amb Trnsf						

2	Name:						PRE-ADMIT/6 MONTH DATE:						Meds Mem Dec Com Groom OH Drsg Tol Cont Bath Eat Amb Trnsf										
DX:																							
HH / Hospice:																							
ER Plan:																							
Hospitalizations / Sig Change:												6 MONTH/SIG CHANGE DATE:						Meds Mem Dec Com Groom OH Drsg Tol Cont Bath Eat Amb Trnsf					

Assisted Living Survey		
Check	ITEMS	NOTES
	Current Census:	
<input checked="" type="checkbox"/>	List of all current residents and discharged residents for past 6 months	
<input checked="" type="checkbox"/>	Specify resident's receiving: - Home Health - Hospice - Waiver	
<input checked="" type="checkbox"/>	And/or who have: - Wounds - Side Rails on Bed - Insulin Dependent Diabetes - Special Diets	
<input checked="" type="checkbox"/>	List of all current employees (including job title and hire date). Select 1-2 former employee files to ensure proper documentation	
<input checked="" type="checkbox"/>	Add Administrator to sample (Administrator qualifications, annual trainings, etc)	
<input checked="" type="checkbox"/>	Location of resident records and service plans	Request admission agreements, assessments, service plans
<input checked="" type="checkbox"/>	Significant Change Log	
<input type="checkbox"/>	Inservice records or log	

<input checked="" type="checkbox"/>	Incident reports and medication error reports for previous 6 months	Need med errors
<input type="checkbox"/>	Abuse Investigations for previous 12 months	
<input checked="" type="checkbox"/>	Quality Assurance Committee minutes for previous 12 months R432-270-5	
<input checked="" type="checkbox"/>	Fire and Disaster drills for previous 12 months	
<input checked="" type="checkbox"/>	Current Fire Sprinkler Inspection (if applicable)	
<input checked="" type="checkbox"/>	Current Fire Alarm System tests (if applicable)	
<input type="checkbox"/>	Maintenance Log/Schedules and Equipment Test Logs	
<input checked="" type="checkbox"/>	Pest Control	
<input checked="" type="checkbox"/>	Boiler Certificates (if applicable)	
<input checked="" type="checkbox"/>	Local Health Department Food Service Inspection Reports	
<input checked="" type="checkbox"/>	Current Menus and Substitution Log	
<input checked="" type="checkbox"/>	Diet Manual	
<input checked="" type="checkbox"/>	Policies for medication storage and disposal	

<input checked="" type="checkbox"/>	Policies for infection control	
<input checked="" type="checkbox"/>	Facility disaster plan	
<input checked="" type="checkbox"/>	Blood Borne spill kit, First aid kit and manual	
	Specified Closed Records:	