

Inspection Checklist

This inspection checklist is the tool OL
licensors use to ensure consistency for every
inspection. *(Revised 01/2024)*

Provider Name:	Family Support Center	Facility ID:	F22-93863	Phone Number:	801-635-8147	Notes
Site Name or Address:	Lifestart Village Program North 542 West Wolfe Grove Circle Midvale, Utah 84047			Email Address:	executive.director@familysupportcenter.org; billy@familysupportcenter.org	
Approved Capacity:	42	# of Present Residents\Clients:	15			

Please review the following items prior to 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)

<input checked="" type="checkbox"/>	Current backgrounds in DACS		<input checked="" type="checkbox"/>	Any active rule variances	None
<input checked="" type="checkbox"/>	Current staff roster collected		<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff	
<input checked="" type="checkbox"/>	Any license restrictions or conditions	None	<input checked="" type="checkbox"/>	Staff Interviews	
<input checked="" type="checkbox"/>	Any needed rule variances	None	<input checked="" type="checkbox"/>	Clients Interviews	

Inspection Information:

- The licensor will email you this inspection checklist after the inspection is completed. **This checklist is not an official compliance statement.** The licensor will send you an **official Inspection Report once this inspection has been approved by management.** Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.

- If the only non compliance items are documentation and/or records, please submit them by the *correction required date* listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.

Signature Information

Inspection Type:	Announced annual	Date:	2/4/2025	Time Started On-site:	10:00 AM	Time Ended On-site:	3:00 PM
Number of Non Compliant Items:		3	Name of Individual Informed of this Inspection:		Lori Cox		
Licensor(s) Conducting this Inspection:			Heather Holbrook		OL Staff Observing Inspection:		
<input checked="" type="checkbox"/>	The Licensor explained noncompliance items (if any).	<p style="text-align: center;">Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.</p>			<i>Lori Cox</i>		

General Provisions - Inspection Checklist

(Revised 01/2024)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

New and Renewal Licensing Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R380-600-3(1) An applicant or provider may not accept any fee, enter into any agreement to provide a client service, or provide any client service until a license or certificate is approved by the office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R380-600-3(2) Each applicant and provider shall comply with any applicable administrative rule, statute, zoning, fire, safety, sanitation, building and licensing laws, regulations, ordinances, and codes of the city and county in that the facility or agency will be or is located.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R380-600-3(3) An applicant or a provider shall permit the office to have immediate, unrestricted access to: (a) each site subject to licensing or certification; (b) any unaltered on and off-site program or facility and client records; and (c) each staff and client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R380-600-3(12) A provider approved by the office to certify their own program or facility sites shall register each certified site using the licensing provider portal.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R380-600-3(14) The license or certificate holder shall adhere to any individualized parameter on a program or facility license or certificate to promote the health, safety, and welfare of any client. Parameters may include: (a) an age restriction; (b) an admission or placement restriction; or (c) adequate square footage to determine capacity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R380-600-3(23) Each license or certificate is not transferable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R380-600-6(2) The provider may not deviate from any administrative rule before receiving written approval signed by the office director or the director's designee.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	No current variance requests
R380-600-6(5) The provider shall sign the approved variance and comply with the terms of the written variance, including any conditions or modifications contained within the approved written variance.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Inspection and Investigation Process	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R380-600-7(6) The provider shall ensure that the integrity of the office's information gathering process is not compromised by withholding or manipulating information or influencing any specific response of staff or clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R380-600-7(7) The provider shall allow the office to access any program or facility record or staff at an administrative or certified location that is not located at the licensed site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R380-600-7(16) When a critical incident occurs under the direct responsibility and supervision of the program or facility, the licensee or certificate holder shall: (a) submit a report of the critical incident to the office in format required by the office within one business day of the critical incident occurrence; (b) notify the legal guardian of each involved client within a 24-hour period from the time of the incident; (c) if the critical incident involves any client in the custody of the department or under contract with the department, notify the involved department division immediately; and (d) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to the office upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Policies, Procedures, and Safe Practices	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-4(2) The licensee shall develop, implement, and comply with safe practices that: (a) ensure client health and safety; (b) ensure the needs of the client population served are met; (c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and (d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and mixing populations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-4(3) The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Programs Additional Safe Practices	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-5(1) A licensee that manages, stores, or administers client medications shall develop and ensure compliance with the following medication management safe practices: (a) inform staff and clients of program and client responsibility for medication including storage and administration of medications on-site and, as applicable, when staff and clients are offsite in program related activities; (b) if applicable, inform staff and clients of the medication self-administration process; (c) if storing and administering medications, train staff to administer medication and the process to be followed; (d) how staff record medication dosages according to prescriptions; (e) how staff monitor for and record effects and side effects of medications; and (f) how staff log doses and record and report medication errors.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Clients manage their own medications
R501-1-5(2) The licensee shall ensure the care, vaccination, licensure, and maintenance of any animals on-site to include: (a) assessment of pet allergies for any clients interacting with animals in the program; (b) maintenance of required examinations, registrations, and vaccinations; and (c) supervision of clients in the presence of animals.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-5(3) The licensee shall have separate space for clients showing symptoms of an infectious disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-5(4) The licensee shall ensure that a ratio of one staff to one client during transports is only utilized when the program has conducted a safety assessment that indicates that client and staff safety is reasonably assured.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	The program does not transport clients.
Program Administrative and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6(1) The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (d) each program requirement and expectation; (e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and (ii) a statement that the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (f) each cost, fee, and expense for a service and refund policy; and (g) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-6(2) The licensee shall post the following in conspicuous places where each visitor, staff, and client may view: (a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; (f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings Final Rule; and (g) department code of conduct poster.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-6(3) The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements: (b) capacity determinations that include each staff and client on premises and may not exceed the capacity limits placed by local authorities; (d) licensure and registration of any vehicles used to transport clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	Within capacity
R501-1-6(5) The licensee shall maintain and make the following available to the department upon request: (d) vehicle insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-6(6) The licensee shall ensure: (b) current staff and client lists are available at each licensed site; (c) the organizational and governance structure of the program is available to the department upon request and includes: (i) line of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; and (iii) notification to the office of any program changes as described in Section R380-600-3; (f) the licensee maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the licensee is serving, or is likely to serve, a client with a substance use disorder.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-6(8) A licensee offering school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) ensure each client is taught at their appropriate grade level.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-6(9) The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised as described in Title 58 Occupations & Professions	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-6(12) A licensee that provides behavior interventions to people with disabilities shall comply with Rule R539-4, which supersedes any conflicting rule under Title R501, for the disabled populations served.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Residential Program Additional Administration and Direct Services Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-7(1) A residential program licensee shall additionally: (a) ensure each staff shift list remains current and available to the office upon request; (b) ensure that each shift documents any illness, injury or critical incident and passes it on to the next shift and administration; (c) ensure at least two on-duty staff are present at all times; (d) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (e) provide a separate space for clients who are showing symptoms of an infectious disease.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-7(3) A congregate care program licensee may allow an individual turning 18 to remain in the program if: (a) the individual remains in the custody of a state entity or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday; (b) the licensee has a documented need for the individual to remain in the program; (c) the licensee maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; (d) the licensee outlines a plan for the protection of younger clients by supervising and separating 18-year-old individuals from youth who are more than two years younger; and (e) the individual signs a consent document outlining: (i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will; (ii) that any criminal offenses committed may result in being charged as an adult; and (iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

<p>R501-1-7(4) A congregate care program licensee shall ensure weekly confidential communication with family in accordance with Section 26B-2-123 and shall ensure that:</p> <p>(a) the frequency or form of the confidential communication requirement is only modified if the program submits a modification request that demonstrates the following to the office:</p> <p>(i) the program operates in an area of limited or unreliable phone accessibility or coverage;</p> <p>(ii) there is significant risk of harm or danger to client safety by providing youth with unsupervised telephone access;</p> <p>(iii) the licensee offers an alternative that satisfies the requirement of weekly confidential two-way communication; or</p> <p>(vi) extenuating circumstances exist outside the individual treatment plans that are prohibitive to offering voice to voice communication;</p> <p>(b) a parent or guardian authorizes in writing an alternate means of confidential communication when voice to voice is unavailable; and</p> <p>(c) the licensee offers voice to voice confidential communication as soon as it can be safely offered.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a congregate care program.
<p>R501-1-7(6)(a) A residential program licensee, excluding a residential treatment program, may allow for client independence and responsibility for their own supplies, food, laundry, or transportation by outlining in writing resources and responsibility for the provision of these items.</p> <p>(b) Each residential program licensee shall assist clients on a limited basis if they are temporarily unable to provide the items or services listed in Subsection R501-1-7(6)(a) for themselves.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-1-8(1) The licensee shall ensure:</p> <p>(a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards;</p> <p>(b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition;</p> <p>(c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process;</p> <p>(d) a phone that can be used to call 911 is always available on-site when clients are present;</p> <p>(e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity;</p> <p>(f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap;</p> <p>(g) each bathroom is ventilated by mechanical means or equipped with a window that opens;</p> <p>(h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and</p> <p>(i) prescription medication, if stored on-site, is stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Feb. 18th	<input type="checkbox"/>	The program has not been holding quarterly fire drills.
<p>R501-1-8(2) The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-8(3) The licensee shall maintain medication and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served to include locked storage for each medication and hazardous chemical that is not in active use.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-8(4) The licensee shall maintain a first aid kit that contains at least:</p> <p>(a) bandages of different sizes;</p> <p>(b) tweezers;</p> <p>(c) antiseptic; and</p> <p>(d) disposable sterile gloves.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Program Additional Facilities and Safety Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-9(1) A residential licensee shall ensure:</p> <p>(a) designated space is available for records, administrative work, & confidential phone calls for clients;</p> <p>(c) live-in staff have dedicated bedrooms & bathrooms separate from client use;</p> <p>(d) each bedroom designated for a client is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings;</p> <p>(e) clients are not locked in bedrooms;</p> <p>(f) a mirror or safety mirror is secured to each bathroom wall at a convenient height;</p> <p>(g) each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours;</p> <p>(h) each bath or shower allows for individual privacy;</p> <p>(i) each client is supplied with hygiene supplies;</p> <p>(j) each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens;</p> <p>(k) each client has a similar solid type of bed or sleeping equipment to any other client in the program;</p> <p>(l) each client is allowed to decorate & personalize their bedroom, while maintaining respect for other residents and property;</p> <p>(m) there are separate containers for soiled & clean laundry, if the program provides common laundry for towels, bedding or clothing;</p> <p>(n) bedding & towels are laundered weekly & after each client is discharged;</p> <p>(o) equipment and supplies for washing & drying laundry are provided, if the program permits clients to do their own laundry;</p> <p>(p) there is at least 60 sq ft per person in a multiple occupancy bedroom and 80 sq ft in a single occupant bedroom.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-9(2) A residential program licensee serving individuals with disabilities shall house no more than two clients in each bedroom.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-9(3) The licensee utilizing seclusion rooms shall ensure the following:</p> <p>(a) seclusion rooms measure a minimum of 75 sq ft and have a minimum ceiling height of 7 ft with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard;</p> <p>(b) a seclusion room shall have either natural or mechanical ventilation with break resistant windows and either a break resistant two-way mirror or camera that allows for observation of the entire room;</p> <p>(c) a seclusion room may not have locking capability and may not be located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space; and</p> <p>(d) a bedroom may not be utilized as a seclusion room and a seclusion room may not be utilized as a bedroom.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-9(4) The licensee shall ensure that dormitory space is only permitted in an emergency homeless shelter or a program serving only adults.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-9(5) The licensee shall train staff and ensure that the use of any alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized, short-term basis with ongoing clinical or medical justification that:</p> <p>(a) preserves client dignity and confidentiality;</p> <p>(b) is not done as a standard, practice, or policy;</p> <p>(c) is not utilized due to staffing shortages or for staff convenience; and</p> <p>(d) is not used as behavior management or consequence.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
<p>Food Service Requirements</p>	<p>C</p>	<p>NC</p>	<p>NA</p>	<p>Date to be corrected by</p>	<p>Corrected During Inspection</p>	<p>Notes</p>
<p>R501-1-10(2) A licensee that provides meals shall:</p> <p>(a) ensure that meals are not used as incentive or punishment;</p> <p>(b) provide nutritional counseling to staff and clients;</p> <p>(c) designate staff responsible for food service who:</p> <p>(i) maintain a current list of each client with special nutritional needs; and</p> <p>(ii) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant;</p> <p>(d) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that are:</p> <p>(i) served from dietitian or nutritionist approved menus; or</p> <p>(ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings;</p> <p>(e) establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices; and</p> <p>(f) provide adequate dining space for clients that is maintained in a clean and safe condition.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-10(3) A licensee that allows self-serve meals shall ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-10(4) A licensee that serves parents and their children may allow a consenting adult client to maintain full responsibility for their, and their child's, special dietary needs, if consent is maintained in writing in the client record.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-10(5) A licensee that offers meals for clients shall ensure there is documented training confirming staff are trained to and adhere to the following safe practices: (a) how to identify and accommodate clients with special dietary needs; and (b) allowances for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-10(6) If meals are prepared by clients, the licensee shall inform staff and clients in writing of the following: (a) rules and privileges of kitchen use; (b) menu planning and procedures; (c) sharing self-prepared food; (d) nutrition and sanitation requirements; (e) schedule of responsibilities; and (f) shopping and storage responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11(1) The licensee shall maintain client information to include the following: (a) client name, address, email address, phone number, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact's physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons, for self-directed violence, or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences in treatment services; (m) any grievance or complaint made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreement and consent form.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Feb. 18	<input type="checkbox"/>	The client file was missing (i), individualized assessment for restriction of access to on-site items that could be used as weapons, for self-directed violence or as an intoxicant.
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12(1) The licensee shall complete an intake screening before accepting a client into the program that includes at least: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; and (d) suicide risk screening.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Feb. 18th	<input type="checkbox"/>	The client file was missing (d) a suicide risk screening.
R501-1-12(2) A licensee serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-12(3) A licensee serving incarcerated or court-mandated justice involved clients shall: (a) conduct a criminogenic risk assessment; (c) separate high and low criminogenic risk populations.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

R501-1-12(4) The licensee shall ensure that , the client, parent, or guardian signs and receives copies of the following agreements to be maintained as client records: (a) determination of eligibility; (b) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (c) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-12(5) The licensee shall ensure that a discharge plan identifies resources available to a client and includes: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-13(1) A residential program licensee shall ensure an intake assessment is completed following an approved intake screening, no later than seven days from the admission date, and that the assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (g) suicide risk screening; and (h) authorization to serve and obtain emergency care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(2) A residential program licensee may not serve youth from out of state without a disruption plan as described in Section 26B-2-124 and, as applicable, Section 80-2-905, Interstate Compact Placement of Children (ICPC).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(3) A congregate care program licensee shall ensure that each congregate care disruption plan complies with the following: (a) the program retains jurisdiction and responsibility for the youth while the youth remains in Utah; and (b) the program completes an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible person; (iii) a signed statement from parent or responsible person outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible person as identified in Subsection R501-1-13(3)(b)(i) or to another licensed congregate care program or higher level of care, as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(4) A congregate care program licensee may demonstrate compliance with Subsections R501-1-13(2) and R501-1-13(3) by producing the 100A and 100B forms and disruption plan as required by the ICPC.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(5) A congregate care program licensee shall report private placements to the office as described in Section 26B-2-124 by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month. (b) A congregate care program licensee that does not comply with the disruption plan requirements stated in Section 26B-2-124 shall pay for the cost of care incurred by entities maintaining the youth for purposes of locating, housing, or transporting the youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-14(1) A licensee that offers clinical treatment shall: (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: (i) regularly reviewed and updated; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (b) ensure each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(2)(a) A residential program licensee shall ensure that in addition to the required weekly individual therapy, frequency and need for family and group therapy and other clinical services are addressed in the individual's treatment plan. (b) A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(4) A licensee who offers group counseling, family counseling, skills development, or other treatment shall offer and document these treatment services as prescribed in the treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(5) The licensee shall make any records available to the department for review upon request.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1) The licensee shall ensure adequate staffing to safely supervise the current population, including adding more staff than required by the usual staffing ratio as needed to manage behaviors, dynamics, and individual client treatment and supervision needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2) The licensee shall identify a manager or qualified designee who is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3) A licensee that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4) The licensee shall ensure that before allowing a direct care staff to work unsupervised they have an approved background clearance except as excluded in Section R501-14-17;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5) A licensee who serves clients with substance use disorder shall ensure each staff is screened for tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6) A licensee who serves a client with substance use disorder may not offer, entice, refer, or recommend medical cannabis as treatment for substance use disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7) A licensee who manages, stores, or administers client medication shall identify a medical professional to oversee the medication management, medication oversight, and staff training regarding medication management and administration.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8) The licensee shall ensure that each person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in the 21 CFR Part 1301.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(9) The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10) The licensee shall ensure that personnel information includes: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Rule R501-14; (c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion; (e) any grievances or complaints made by or against the individual and actions taken by the program; & (f) each crisis intervention or critical incident report involving the individual.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11) The licensee shall ensure that at least one CPR and First Aid-certified staff member is available when staff and clients are present unless a currently licensed healthcare professional is present.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Personnel Training Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-1-16(1) The licensee shall ensure that each staff receives pre-serving training on the following topics before being left unsupervised and within 30-days of hire:</p> <ul style="list-style-type: none"> (a) program policies, procedures and safe practices as outlined in Section R501-1-5; (b) program emergency preparedness, response, and recovery plan, including at least: <ul style="list-style-type: none"> (i) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; and (ii) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies; (c) CPR and First Aid; (d) client eligibility, emphasizing the behaviors and circumstances the program can safely manage; (e) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes; (f) client rights; (g) supervision and ratios; (h) as applicable, medications management, storing, and administration; (i) as applicable, food handling as outlined in Subsection R501-1-10(3); (j) background checks; (k) prevention, signs and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements; (l) provider code of conduct as outlined in Rule 380-80; (m) non-discrimination policy in accordance with Section 26B-2-109 that includes a prohibition of abuse, discrimination, and harassment based on sex, gender identity, or sexual orientation; (n) staff and client grievance procedures; (o) crisis intervention; (p) appropriate use of restraint and seclusion; (q) de-escalation techniques; (r) appropriate searches; (s) appropriate and inappropriate behaviors of clients; (t) appropriate and inappropriate staff responses to client behaviors; and (u) if applicable, staff response to a client leaving a program without permission. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<p>R501-1-16(2) The licensee shall ensure each staff completes the following training topics each year, based on the program's license date:</p> <ul style="list-style-type: none"> (a) program policies, procedures and safe practices as outlined in Section R501-1-4; (b) general provisions and applicable categorical licensing rule; (c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and circumstances the program can safely manage; (d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes; (e) provider code of conduct as outlined in Rule R380-80; (f) program plan for the prevention or control of infectious and communicable disease to include coordination with and following any guidance of the state or local health authorities, Center for Disease Control, and the department; (g) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; (h) program rules regarding firearms that does not conflict with constitutional or statutory rights regarding concealed weapons permits as described in Title 53, Chapter 5, Part 7, Concealed Firearms Act; (i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and Nicotine Products; (j) how to manage clients who screen with elevated suicide risk levels; (k) general incident reporting; (l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements; (m) CPR and first aid; (n) if storing and administering medications, training required to administer medication and the process to be followed; (o) training to identify and address in a residential or congregate care program: <ul style="list-style-type: none"> (i) clients who pose a risk of violence; (ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of client access to contraband and dangerous weapons or materials; (iii) clients who are at risk for suicide; (iv) managing clients with mental health concerns; and (v) identifying the signs and symptoms of clients presenting under the influence of substances or alcohol; (p) if the licensee manages funds for client allowances, training to document each expense; and (q) appropriate use of any alternate sleeping arrangements in a residential or congregate care program. 	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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Adult Residential Support Programs - Inspection Checklist

(Revised 01/2024)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-3(2). Each residential support program that offers treatment shall obtain the appropriate categorical department license for that treatment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-3(4). Residential support may not require treatment as a condition of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-4(1). If the residential support program serving adults is an emergency homeless shelter or a domestic violence shelter, they provide 24-hour supervision.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(2). The program established a policy and procedure that identifies each situation requiring medical attention and how the program will meet the client's medical needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(3). If the residential support program accepts the services of a student or volunteer, they provide screening, training, and evaluation for each student or volunteer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(4). Each volunteer that provides care without a paid staff present in any emergency homeless shelter or domestic violence shelter has direct communication access to designated staff and has a cleared background screening prior to unsupervised client access.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(5). Each volunteer is informed verbally and in writing of program objectives and the scope of service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(6). The emergency homeless shelter is able to provide the following information regarding each client or has documented reasons why each piece of information is not obtainable: (a) name; (b) date of birth; (c) race; (d) ethnicity; (e) gender; (f) veteran status; (g) disabling condition; (h) start date; (i) exit date; (j) destination; (k) relationship to head of household; (l) service location; (m) prior living situation; (n) case management log and service plan, where applicable; (o) information that could affect health, safety, or well-being, include medication needs; (p) documentation, which must be updated to include each service and contact and must be summarily updated at 90-day intervals; and (q) service plans, which emphasize self-sufficiency and identify and refer to applicable sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-4(7). Documentation for each client remains in effect for re-opening for 30 days past the last shelter stay with the exception of single night stays.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Physical Facility	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-5(1). Except as otherwise provided in this section, the residential support program has at least one bathroom for every ten clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(2). A domestic violence shelter and emergency homeless shelter may allow family members to share a bathroom. Where a bathroom is shared by more than one family or by children over the age of eight, either the child's parent or program staff ensures that client privacy is maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

R501-22-5(3). The emergency homeless shelter may exceed the bathroom ratio set forth in Subsection R501-22-5(1) if: (a) each bathroom ratio is approved by either the local authority that determines capacity or the Department of Health; (b) each bathroom ratio specifically designated for males and females in adult-only nightly shelter settings; (c) each bathroom is inspected, cleaned, and re-stocked daily and as needed; (d) the emergency homeless shelter ensures individual privacy in bathing and toileting; (e) each individual with disabilities has access to at least one locking bathroom or stall; and (f) each emergency homeless shelter accommodates each parent's needs for changing, toileting, and bathing their children.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(4). The emergency homeless setting has a policy to identify how to manage emergency overflow when capacity has been reached during extreme weather conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(5). The residential support program has a policy and procedure that allows and encourages each client to have clean linen at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(6). An emergency homeless program may have portable beds, cots, or mats to accommodate fluctuating client volume.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(7). The residential support program provides clean bedding to each client as needed. Bedding is laundered at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(8). Each family may be permitted to share bedroom space with rules outlined by the program as described in this rule and in dormitory settings allowed by this rule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(9). The following bedroom standards apply to domestic violence shelters, family support centers, temporary homeless youth shelters, emergency homeless family shelters, and children's shelters: (a) Each program shall provide at least 40 square feet per client in a multiple occupancy bedroom. Storage space and the use of one crib for children under two years of age shall not be counted in the square foot requirement as long as the crib does not inhibit access to and from the room. (b) Each program may use roll away and hide-a-beds as long as the client square foot requirement is maintained. (c) Each family member is allowed to share a bedroom with another family member. Where a bedroom is shared by more than one family, program staff shall make appropriate arrangements to ensure client privacy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(11). If emergency homeless shelter, temporary homeless youth shelter, and receiving center, they ensure that the standards of this subsection are met. (a) Dormitory style bedrooms may be permitted with square footage and capacity determinations made by the local fire authority. Capacity determinations shall include any staff present in the facility. (b) If the local fire authority does not identify capacity, licensing square footage requirements apply. (c) There is a policy to identify how to manage overflow when capacity has been reached.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(12). The program outlines policies and procedures regarding: (a) rules and guidelines for each family or mixed gender sharing the same dormitory space or bedroom, including each individualized bedroom assignment; (b) securing personal belongings; (c) responsibility for each client supervising the client's own children; (d) conflict resolution; (e) nuisance and disruptive behavior; (f) housekeeping responsibilities; (g) daily schedules; (h) prohibited items; and (i) search policy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-22-5(13). If the program requires a client to provide the client's own laundry supplies and locate a laundromat for laundering, the program has a policy to assist each client on a limited basis when the client is unable to provide the client's laundry supplies and locate a laundromat.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Specialized Services for Clients With Substance Use Disorders	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-6(1). The program does not admit anyone who is currently experiencing convulsions, shock, delirium tremens, unconsciousness, or is in a coma.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not an SUD program
R501-22-6(2). The residential support program potentially serving clients with substance use disorder provides evidence of ongoing coordination with the local health authorities regarding managing communicable diseases within the licensed setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

R501-22-6(3). Staff are informed regarding: (a) various types of communicable diseases; (b) recognizing signs and symptoms of communicable diseases; (c) steps to take when a potential disease is identified or an outbreak occurs; and (d) screening staff and clients for risk of tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Specialized Services for Domestic Violence Shelters	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-8(1). The domestic violence shelter provides to the client, verbally and in writing, and document shelter rules, reasons for termination, and confidentiality issues.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a DV program
R501-22-8(2). The parent is responsible for supervising the parent's child while at the shelter. If a parent is required to be away from the shelter or involved in shelter activities without the parent's child, the parent arranges for appropriate child-care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(3). The domestic violence shelter action plan includes: (a) a review and discuss with each victim danger and lethality and discuss the level of the victim's risk of safety assessment; (b) review the victim's safety plan with each victim; (c) review the procedure for a protective order and a refer the victim to the appropriate agency or clerk of the court authorized to issue the protective order; and (d) review supportive services for each client, including medical care, self-sufficiency, day care, legal assistance, financial assistance, and housing assistance.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(4). The program facilitates connecting services to identified resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(5). An appropriate referral is made and documented when indicated in the client record for victim treatment, psychiatric consultation, drug and alcohol treatment, or other allied service.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-8(6). The domestic violence shelter staff completing an action plan are supervised by an experienced and trained domestic violence provider.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Specialized Services for Emergency Homeless Shelters	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-10(1). The emergency shelter prioritizes the safety of those needing services and emphasize transitioning into a more permanent housing setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not an emergency homeless shelter
R501-22-10(2). The emergency homeless shelter ensures that no less than two direct care staff are always present and available. A ratio shall be maintained of no fewer than one staff present for every 40 clients during weekday daytime hours. Ratios may be increased as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-10(3). The emergency homeless shelter may deviate from the staffing and capacity ratio requirements of Subsection R501-22-10(2) in emergency homeless settings during extreme weather, on weekends, and during sleeping hours if: (a) the program has a documented chain of command for on-call availability; (b) the program has a surveillance camera system; (c) the program has an emergency radio onsite and each staff on-duty are trained regarding how and when it is to be used; or (d) the program identifies and can rely upon other means of back up support in case of emergency.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-10(4). The emergency homeless shelter requires each adult resident to sign an agreement form at admission which outlines that visitors are allowed on premises to assist with housing, food stamps, assessments, religious, social and other client-specific needs. Each agreement outlines that participation in any meetings or groups with these visitors is strictly voluntary. Each client signature on the form and voluntary participation in the visitation constitutes the client's invitation to these visitors in the department licensed setting. Each client that has not signed the agreement does not participate in any voluntary services offered onsite. Staff in the homeless setting may not be considered a visitor as outlined in this section.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Specialized Services for Programs Serving Clients of the Division of Services for People with Disabilities	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-11(1). In accordance with the federal Home and Community-Based Services (HCBS) Settings final rule, programs serving HCBS Waiver clients complete and adhere to the characteristics of a compliant setting outlined in the residential attestation agreement form and self-assessment survey for each licensed site.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a DSPD program

R501-22-11(2). Copies of the residential attestation agreement form and self-assessment are located in program documentation and updated as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-11(3). In the event of a conflict between this rule and the Settings Final Rule the Settings rule shall prevail.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
Receiving Centers	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-22-12(3). The receiving center outlines in policy and procedure and consumer agreements how each population will be separated and maintained and under which circumstances interactions between populations will be permitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not a receiving center
R501-22-12(4). The receiving center includes individualized clinical documentation for each instance in which a stay lasts longer than 30 days. The individualized clinical documentation outlines the ongoing need and anticipated time frame during which the client will remain in the receiving center.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-12(5). Each placement in a receiving center is a voluntary alternative to a more restrictive placement. A receiving center may not mandate treatment as a condition to residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	