



### Inspection Checklist

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. *(Revised 07/21/2025)*

<b>Provider Name:</b> Wasatch Behavioral Health - Payson Apartments (F23-99085)		<b>Facility ID:</b> 99085	<b>Phone Number:</b> Primary Phone: (801) 377-4668	<b>Notes</b>	
<b>Site Name or Address:</b>	911 S 950 W Payson, UT, 84651		<b>Email Address:</b>	Email: kdowns@wasatch.org; lolson@wasatch.org; khughes@wasatch.org	
<b>Approved Capacity:</b>	52	<b># of Present Residents\Clients:</b>	2	On 8/6/2025 and 8/13/2025, a Announced, Annual inspection was conducted according to the Residential Support, licensing rules. The provider required technical assistance with 2 rules.	
<b>Please review the following items prior to the inspection:</b> (Mark with a check mark if completed and make any necessary notes)					
<input checked="" type="checkbox"/>	Current backgrounds in DACS		<input checked="" type="checkbox"/>	Any active rule variances	
<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		<input checked="" type="checkbox"/>	Staff Interviews	
<input checked="" type="checkbox"/>	Any needed rule variances		<input checked="" type="checkbox"/>	Clients Interviews	
<b>Inspection Information:</b>					
<b>Inspection Type:</b>	Announced, Annual	<b>Date:</b>	8/6/2025 and 8/13/2025	<b>Time Started On-site:</b>	10:30:00 AM and 4:30 PM
		<b>Time Ended On-site:</b>	11:30:00 AM and 4:45 PM	<b>Number of Not Compliant Items:</b>	2
		<b>Name of Individual Informed of this Inspection:</b>	Kent Downs		
<b>Licensors Conducting this Inspection:</b>	Brian Palmer			<b>OL Staff Observing Inspection:</b>	

**Adult Residential General Provisions - Inspection Checklist**

*(Revised 07/21/2025)*

**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	Technical Assistance Given	Notes
<b>R380-600-3(1)</b> Until a license or certificate is approved by OL, an applicant or provider may not: (a) accept any fee; (b) enter into any agreement to provide a client service; or (c) provide any client service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R380-600-3(3)</b> An applicant or a provider shall permit the office to have immediate, unrestricted access to: (a) any unaltered on and off-site program or facility and client records; (b) each client who independently consents to speak to OL staff; (c) each site subject to licensing or certification; and (d) each staff member.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	The provider required technical assistance with R380-600-3(3). The Licensor provided technical assistance by informing the provider that they needed to permit the office to have immediate access to any off-site program and client records. During the inspection, employee training files were not available for review and client records were not available for immediate review.
<b>R380-600-3(4)</b> A provider may not permit a staff or client to threaten, verbally or physically abuse, or use violence of any kind while interacting with a representative of the department.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R380-600-3(15)</b> 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) adequate square footage to determine capacity; (b) an admission or placement restriction; or (c) an age restriction.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	The provider required technical assistance with R380-600-3(15). The Licensor provided technical assistance by explaining that the provider needed to adhere to the parameters of square footage capacity of the program facility and a change application needs to be submitted for the capacity increase. During the inspection, two employee families moved out of two of the site apartments during the previous year and there was no capacity change applications submitted for an increase in capacity at the site during the previous year. Clients had moved into the apartments.
<b>R380-600-3(18)</b> Unless previously approved by OL to provide services before receiving a license or certificate for special circumstances, a provider must submit an application, any required fee, and obtain a new or a renewed license or certificate before providing any service that requires a license or certificate.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R380-600-3(25)</b> The provider shall post their current license or certificate, except in a foster home, on the premises in a place readily visible and accessible to the public.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-14-3(1)</b> A provider representative shall ensure that an applicant for an initial background check completes the required application fields and disclosure statements to authorize OBP's continual monitoring of the applicant's fingerprints and applicable state registries.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-14-4(3)(a)</b> The provider representative shall keep the program's roster and employee information current in DACS. (b) The provider representative shall check the roster at least monthly to verify employee information and the employment of employees due for a renewal review.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-14-5(2)(a)</b> The provider representative shall submit a background check application for each applicant for an initial background check no later than two weeks from the date the applicant becomes associated with the licensee, certification, or contract. (b)(i) The provider representative shall ensure an applicant is directly supervised until OBP issues a conditional or eligible clearance determination. (ii) The provider representative shall document how the applicant remains supervised for the entirety of the applicant's supervised employment term before receiving a clearance determination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-14-5(5)(a)</b> The provider representative may not allow an applicant whose background check application is denied to have any supervised or unsupervised direct access to clients unless: (i) OBP approves a subsequent application; or (ii) the denial is overturned in an administrative hearing or by the OBP director. (b) The provider representative shall ensure an applicant initiating an appeal of a denied application works under direct supervision until OBP issues a determination regarding the appeal.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
<b>R380-600-6(5)</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

	C	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
<b>Inspection and Investigation Process</b>							
<b>R380-600-7(16)</b> When a critical incident occurs under the direct responsibility and supervision of the program or facility, the provider shall: (a) submit a report of the critical incident to OL in a format required by OL within one business day of the critical incident occurrence; (b) additionally ensure any allegation of an incident of abuse, neglect, or exploitation of a client is reported to DCFS for a minor client or APS for an adult client and law enforcement within 24 hours; (c) notify the parent or legal guardian of each involved client within a 24-hour period from the time of the incident; (d) 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 (e) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to OL upon request.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Program Policies, Procedures, and Safe Practices</b>							
<b>R501-1-4(2)</b> 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"/>	<input type="checkbox"/>	
<b>R501-1-4(3)</b> 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"/>	<input type="checkbox"/>	
<b>Residential Programs Additional Safe Practices</b>							
<b>R501-1-5(1)</b> 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"/>	<input type="checkbox"/>	The rule was not assessed because employee files were not available to be reviewed within the inspection time frame for the site.
<b>R501-1-5(2)</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-5(4)</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Program Administrative and Direct Service Requirements</b>							
<b>R501-1-6(1)</b> 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"/>	<input type="checkbox"/>	
<b>R501-1-6(2)</b> 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; (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"/>	<input type="checkbox"/>	

<b>R501-1-6(3)</b> The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements: (a) a food handler permit for any person preparing meals for any other person; (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"/>	<input type="checkbox"/>	
<b>R501-1-6(5)</b> The licensee shall maintain and make the following available to the department upon request: (d) vehicle insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-6(6)</b> The licensee shall ensure: (b) current staff and client lists are available at each licensed site; (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"/>	<input type="checkbox"/>	
<b>R501-1-6(9)</b> The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Residential Program Additional Administration and Direct Services Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<b>R501-1-7(1)</b> 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"/>	<input type="checkbox"/>	
<b>R501-1-7(6)(a)</b> 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. (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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Program Physical Facilities and Safety</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<b>R501-1-8(1)</b> The licensee shall ensure: (a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards; (b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition; (c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process; (d) a phone that can be used to call 911 is always available on-site when clients are present; (e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity; (f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap; (g) each bathroom is ventilated by mechanical means or equipped with a window that opens; (h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and (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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-8(2)</b> The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-8(3)</b> 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-1-8(4)</b> The licensee shall maintain a first aid kit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Residential Program Additional Facilities and Safety Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>

<p><b>R501-1-9(1)</b> A residential licensee shall ensure:</p> <p>(a) designated space is available for records, administrative work, &amp; confidential phone calls for clients;</p> <p>(c) live-in staff have dedicated bedrooms &amp; 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 &amp; personalize their bedroom, while maintaining respect for other residents and property;</p> <p>(m) there are separate containers for soiled &amp; clean laundry, if the program provides common laundry for towels, bedding or clothing;</p> <p>(n) bedding &amp; towels are laundered weekly &amp; after each client is discharged;</p> <p>(o) equipment and supplies for washing &amp; 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"/>	<input type="checkbox"/>	
<p><b>R501-1-9(2)</b> A residential program licensee serving individuals with disabilities shall house no more than two clients in each bedroom.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-9(3)</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-9(5)</b> The licensee shall train staff and ensure that the use of any alternate sleeping arrangements other than the client's assigned bedroom complies with Subsection R501-1-4(7) and:</p> <p>(a) preserves client dignity and confidentiality;</p> <p>(b) shall be done on an individualized, time delimited basis;</p> <p>(c) may not be utilized due to staffing shortages or for staff convenience; and</p> <p>(d) may not be used as behavior management or consequence.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<p><b>Food Service Requirements</b></p> <p><b>R501-1-10(2)</b> 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>(f) provide adequate dining space for clients that is maintained in a clean and safe condition.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The provider did not provide meals.
<p><b>R501-1-10(3)</b> 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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-10(4)</b> 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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The provider did not serve client children
<p><b>R501-1-10(5)</b> 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:</p> <p>(a) how to identify and accommodate clients with special dietary needs; and</p> <p>(b) allowances for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The provider did not provide meals.
<p><b>R501-1-10(6)</b> If meals are prepared by clients, the licensee shall inform staff and clients in writing of the following:</p> <p>(a) rules and privileges of kitchen use;</p> <p>(b) menu planning and procedures;</p> <p>(c) sharing self-prepared food;</p> <p>(d) nutrition and sanitation requirements;</p> <p>(e) schedule of responsibilities; and</p> <p>(f) shopping and storage responsibilities.</p>	<input checked="" type="checkbox"/>	<input 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	Technical Assistance Given	Notes
<p><b>R501-1-11(1)</b> The licensee shall maintain client information to include the following:</p> <ul style="list-style-type: none"> <li>(a) client name, address, email address, phone number, date of birth and identified gender;</li> <li>(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;</li> <li>(c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record;</li> <li>(d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease;</li> <li>(e) intake screening and assessment;</li> <li>(f) discharge documentation;</li> <li>(g) treatment or service plan;</li> <li>(h) progress notes and services provided with date and signature of staff completing each entry;</li> <li>(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;</li> <li>(j) any referral arrangements made by the program;</li> <li>(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;</li> <li>(l) summary of attendance and absences in treatment services;</li> <li>(m) any grievance or complaint made by or against the client and actions taken by the program;</li> <li>(n) each crisis intervention or critical incident report involving the client; and</li> <li>(o) any signed agreement and consent form.</li> </ul>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Client files were not made available for immediate review at the site or at any off-site location.
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
<p><b>R501-1-12(1)</b> The licensee shall complete an intake screening before accepting a client into the program that includes at least:</p> <ul style="list-style-type: none"> <li>(a) verification that the client meets the eligibility requirements of the program;</li> <li>(b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve;</li> <li>(c) description of presenting needs; and</li> <li>(d) suicide risk screening.</li> </ul>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Client files were not made available for immediate review at the site or at any off-site location.
<p><b>R501-1-12(2)</b> 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.</p>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Client files were not made available for immediate review at the site or at any off-site location.
<p><b>R501-1-12(3)</b> A licensee serving incarcerated or court-mandated justice involved clients shall:</p> <ul style="list-style-type: none"> <li>(a) conduct a criminogenic risk assessment;</li> <li>(c) separate high and low criminogenic risk populations.</li> </ul>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Client files were not made available for immediate review at the site or at any off-site location.
<p><b>R501-1-12(4)</b> The licensee shall ensure that , the client, parent, or guardian signs and receives copies of the following agreements to be maintained as client records:</p> <ul style="list-style-type: none"> <li>(a) determination of eligibility;</li> <li>(b) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and</li> <li>(c) signed consent for treatment that outlines: <ul style="list-style-type: none"> <li>(i) rules of the program;</li> <li>(ii) expectations of clients, parents, and guardians;</li> <li>(iii) services to be provided;</li> <li>(iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services;</li> <li>(v) client rights; and</li> <li>(vi) licensing contact information.</li> </ul> </li> </ul>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Client files were not made available for immediate review at the site or at any off-site location.
<p><b>R501-1-12(5)</b> The licensee shall ensure that a discharge plan identifies resources available to a client and includes:</p> <ul style="list-style-type: none"> <li>(a) reason for discharge or transfer;</li> <li>(b) aftercare plan;</li> <li>(c) summary of services provided; and</li> <li>(d) progress evaluation.</li> </ul>	<input type="checkbox"/>	<input style="border: 1px solid red;" type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Client files were not made available for immediate review at the site or at any off-site location.
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes

<p><b>R501-1-13(1)</b> 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:</p> <ul style="list-style-type: none"> <li>(a) gender identity and individualized assessment for bedroom and bathroom assignments;</li> <li>(b) cultural background;</li> <li>(c) dominant language and mode of communication;</li> <li>(d) family history and dynamics;</li> <li>(e) current and past health and medical history;</li> <li>(f) social, psychological, developmental, vocational, and, as appropriate, educational factors;</li> <li>(h) authorization to serve and obtain emergency care.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Client files were not made available for immediate review at the site or at any off-site location.
<p><b>Program Clinical Services</b></p>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
<p><b>R501-1-14(1)</b> A licensee that offers clinical treatment shall:</p> <ul style="list-style-type: none"> <li>(a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: <ul style="list-style-type: none"> <li>(i) regularly reviewed and updated;</li> <li>(ii) individualized; and</li> <li>(iii) designed to involve the participation of each client or each client's parent or guardian;</li> </ul> </li> <li>(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;</li> <li>(c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission;</li> <li>(d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives;</li> <li>(e) ensure that each client identified for treatment receives individual treatment at least weekly; and</li> <li>(f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-14(2)(a)</b> 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.</p> <p>(b) A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-14(4)</b> 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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>Program Staffing</b></p>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
<p><b>R501-1-15(1)</b> 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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(2)</b> 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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(3)</b> 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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(4)</b> 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;</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(5)</b> A licensee who serves clients with substance use disorder shall ensure each staff is screened for tuberculosis.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(6)</b> 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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(7)</b> 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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(8)</b> 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</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(9)</b> The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(10)</b> The licensee shall ensure that personnel information includes:</p> <ul style="list-style-type: none"> <li>(a) any applicable qualification, experience, certification, or license;</li> <li>(b) any approved and current office background clearance, except as excluded in Rule R501-14;</li> <li>(c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer;</li> <li>(d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion;</li> <li>(e) any grievances or complaints made by or against the individual and actions taken by the program; &amp;</li> <li>(f) each crisis intervention or critical incident report involving the individual.</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<p><b>R501-1-15(11)</b> 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.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

	C	NC	NA	Date to be corrected by	Corrected During Inspection	Technical Assistance Given	Notes
<p><b>Personnel Training Requirements</b></p> <p><b>R501-1-16(1)</b> 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"> <li>(a) program policies, procedures and safe practices as outlined in Section R501-1-5;</li> <li>(b) program emergency preparedness, response, and recovery plan, including at least: <ul style="list-style-type: none"> <li>(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</li> <li>(ii) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies;</li> </ul> </li> <li>(c) CPR and First Aid;</li> <li>(d) client eligibility, emphasizing the behaviors and circumstances the program can safely manage;</li> <li>(e) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;</li> <li>(f) client rights;</li> <li>(g) supervision and ratios;</li> <li>(h) as applicable, medications management, storing, and administration;</li> <li>(i) as applicable, food handling as outlined in Subsection R501-1-10(3);</li> <li>(j) background checks;</li> <li>(k) prevention, signs and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;</li> <li>(l) provider code of conduct as outlined in Rule 380-80;</li> <li>(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;</li> <li>(n) staff and client grievance procedures;</li> <li>(o) crisis intervention;</li> <li>(p) appropriate use of restraint and seclusion;</li> <li>(q) de-escalation techniques;</li> <li>(r) appropriate searches;</li> <li>(s) appropriate and inappropriate behaviors of clients;</li> <li>(t) appropriate and inappropriate staff responses to client behaviors; and</li> <li>(u) if applicable, staff response to a client leaving a program without permission.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The rule was not assessed because employee files were not available to be reviewed within the inspection time frame for the site.
<p><b>R501-1-16(2)</b> 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"> <li>(a) program policies, procedures and safe practices as outlined in Section R501-1-4;</li> <li>(b) general provisions and applicable categorical licensing rule;</li> <li>(c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and circumstances the program can safely manage;</li> <li>(d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;</li> <li>(e) provider code of conduct as outlined in Rule R380-80;</li> <li>(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;</li> <li>(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;</li> <li>(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;</li> <li>(i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and Nicotine Products;</li> <li>(j) how to manage clients who screen with elevated suicide risk levels;</li> <li>(k) general incident reporting;</li> <li>(l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;</li> <li>(m) CPR and first aid;</li> <li>(n) if storing and administering medications, training required to administer medication and the process to be followed;</li> <li>(o) training to identify and address in a residential or congregate care program: <ul style="list-style-type: none"> <li>(i) clients who pose a risk of violence;</li> <li>(ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of client access to contraband and dangerous weapons or materials;</li> <li>(iii) clients who are at risk for suicide;</li> <li>(iv) managing clients with mental health concerns; and</li> <li>(v) identifying the signs and symptoms of clients presenting under the influence of substances or alcohol;</li> </ul> </li> <li>(p) if the licensee manages funds for client allowances, training to document each expense; and</li> <li>(q) appropriate use of any alternate sleeping arrangements in a residential or congregate care program.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The rule was not assessed because employee files were not available to be reviewed within the inspection time frame for the site.

**Residential Support Programs - Inspection Checklist**

*(Revised 07/21/2025)*

**C = Compliant**

**NC = Not Compliant**

**NA = Not Assessed during this inspection**

<b>Administration</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<b>R501-22-3(2)</b> The licensee 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"/>	<input type="checkbox"/>	
<b>R501-22-3(3)</b> The licensee serving an individual experiencing homelessness in a setting with a contracted service provider shall identify each key decision maker and service provider that is associated with the license application and accountable for compliance with licensing rules within the licensed setting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-22-3(4)</b> Residential support may not require treatment as a condition of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-22-3(5)</b> The licensee shall provide evidence of ongoing coordination with the local health authorities regarding managing communicable diseases within the licensed setting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-22-3(6)</b> The licensee shall inform staff regarding: (a) various types of communicable diseases; (b) recognizing signs and symptoms of communicable diseases; and (c) steps to take when a potential disease is identified or an outbreak occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The rule was not assessed because employee files were not available to be reviewed within the inspection time frame for the site.
<b>Staffing</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<b>R501-22-4(1)</b> The licensee is not required to provide 24-hour supervision unless that program is an emergency homeless shelter or a domestic violence shelter serving adults.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-22-4(2)</b> The licensee shall establish safe practices that identify 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"/>	<input type="checkbox"/>	
<b>R501-22-4(3)</b> The licensee shall conduct eligible background clearance and document required training completion for each student or volunteer. (a) a volunteer or student who provides care without a paid staff present in any emergency homeless shelter or domestic violence shelter shall have direct communication access to designated staff and an eligible background screening before any unsupervised client access. (b) The licensee shall inform each volunteer or student 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"/>	<input type="checkbox"/>	
<b>Physical Facility</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<b>R501-22-5(1)</b> Except as otherwise provided in this section, each licensee has at least one bathroom for every ten clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-22-5(2)</b> A domestic violence shelter and emergency homeless shelter licensee 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"/>	<input type="checkbox"/>	The site was not a domestic violence shelter or emergency homeless shelter.
<b>R501-22-5(3)</b> Each 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; (b) each bathroom ratio is specifically designated in adult-only nightly shelter settings; (c) each bathroom is inspected, cleaned, and re-stocked daily and as needed; (d) the licensee ensures individual privacy in bathing and toileting; (e) each individual with disabilities has access to at least one locking bathroom or stall; and (f) the licensee 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"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
<b>R501-22-5(4)</b> The licensee shall develop safe practices to identify how to manage emergency overflow when capacity has been reached during dangerous weather conditions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

<b>R501-22-5(5)</b> The licensee shall develop safe practices that allow and encourage each client to have clean linen at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-22-5(6)</b> The emergency homeless licensee 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"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
<b>R501-22-5(7)</b> Except as outlined in Subsection R501-22-5(13), the licensee shall provide clean bedding that is laundered at least weekly or as needed for each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-22-5(8)</b> A family may share bedroom space.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-22-5(9)</b> The licensee shall comply with the following bedroom standards for domestic violence shelters, family support centers, temporary homeless youth shelters, emergency homeless family shelters, and children's shelters: (a) there is at least 40 sq feet per client in a multiple occupant bedroom, not counting storage space or one crib for children under two years old if the crib does not inhibit access to and from the room; (b) roll away and hide-a-beds are only used when the 40 sq foot space requirement is maintained; and (c) when a bedroom is shared by more than one family, program staff make arrangements to ensure client privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a domestic violence shelter or emergency homeless shelter.
<b>R501-22-5(11)</b> The licensee shall comply with the following bedroom standards for emergency homeless shelters, temporary homeless youth shelters, and receiving centers: (a) dormitory style bedrooms meet the square footage and capacity determinations made by the local fire authority; (b) capacity determinations include any staff present in the facility; (c) if the local fire authority does not identify capacity, licensing sq footage requirements apply; and (d) there is a safe practice to identify how to manage overflow when capacity has been reached.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
<b>R501-22-5(12)</b> Each licensee shall outline safe practices 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"/>	<input type="checkbox"/>	
<b>R501-22-5(14)</b> Each licensee that requires a client to provide the client's own laundry supplies and locate a laundromat for laundering shall have a safe practice to assist each client on a limited basis when the client cannot provide the client's laundry supplies and locate a laundromat.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
<b>Specialized Services for Programs Serving Client's With Substance Use Disorders</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<b>R501-22-6(1)</b> Each licensee may 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"/>	<input type="checkbox"/>	The site was not used to treat clients with substance use disorder.
<b>R501-22-6(2)</b> Each licensee 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"/>	<input type="checkbox"/>	The site was not used to treat clients with substance use disorder.
<b>R501-22-6(3)</b> The licensee shall screen staff and clients for risk of tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not used to treat clients with substance use disorder.
<b>R501-22-6(4)</b> A licensed substance abuse treatment program shall complete the National Survey of Substance Abuse Treatment annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not used to treat clients with substance use disorder.
<b>Specialized Services for Domestic Violence Shelters</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<b>R501-22-8(1)</b> The licensee shall document that shelter rules, reason for termination and rights to confidentiality are provided to each client, verbally and in writing.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a domestic violence shelter.
<b>R501-22-8(2)</b> Each parent is responsible for supervising their own child while at the shelter. If a parent is required to be away from the shelter or involved in shelter activities without their child, the parent arranges for appropriate child care services.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a domestic violence shelter.

<b>R501-22-8(3)</b> The licensee shall ensure that each domestic violence shelter action plan documents and includes: (a) a review with each victim regarding danger and lethality and the level of the victim's risk of safety assessment; (b) a review of the victim's safety plan with each victim; (c) a review of the procedure for a protective order and a referral for the victim to the appropriate agency or clerk of the court authorized to issue the protective order; and (d) a review of 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"/>	<input type="checkbox"/>	The site was not a domestic violence shelter.
<b>R501-22-8(4)</b> The licensee shall assist with connecting the client to identified resources.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a domestic violence shelter.
<b>R501-22-8(5)</b> The licensee shall make and document a referral 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"/>	<input type="checkbox"/>	The site was not a domestic violence shelter.
<b>R501-22-8(6)</b> The licensee shall ensure that 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"/>	<input type="checkbox"/>	The site was not a domestic violence shelter.
<b>Specialized Services for Emergency Homeless Shelters</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
<b>R501-22-10(1)</b> An emergency shelter licensee shall prioritize 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"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
<b>R501-22-10(2)</b> An emergency homeless shelter licensee shall ensure that no less than two direct care staff are always present and available and maintain a ratio of no fewer than one staff present for every 40 clients during weekday daytime hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
<b>R501-22-10(3)</b> An emergency homeless shelter may operate above staffing ratios during dangerous weather conditions, 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"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
<b>R501-22-10(4)</b> In accordance with Subsections 35A-16-703(1), (2), and (3), an emergency homeless shelter licensee operating in a county where a code blue alert is in effect may increase capacity by 35% when: (a) fire code and building code capacities permit the increase; (b) procedures are implemented for expediting intake; and (c) procedures are implemented for only denying entry if the building capacity is at maximum or the individual poses a risk to the population.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
<b>R501-22-10(5)</b> Each emergency homeless shelter shall require each adult resident to sign an agreement form at admission that outlines the following: (a) visitors are allowed on premises to assist with housing, food stamps, assessments, religious, social and other client-specific needs; (b) participation in any meetings or groups with these visitors is voluntary; (c) each client signature on the form and voluntary participation in the visitation constitutes the client's invitation to the visitors in the department-licensed setting; and (d) each client must sign the agreement before participation in any voluntary services offered onsite.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.

R501-22-10(7) The emergency homeless shelter licensee shall maintain the following information regarding each client or have documented reasons why the 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 of the client, including medication needs; (p) documentation that is updated at 90-day intervals to include each service and contact; and (q) service plans that emphasize self-sufficiency and identify and refer to applicable sources.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
R501-22-10(8) The shelter maintains the documentation listed in Subsection (7) for re-opening the client file, if the client returns up to 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"/>	<input type="checkbox"/>	The site was not an emergency homeless shelter.
<b>Specialized Services for Programs Serving Clients of the Division of Services for People with Disabilities</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
R501-22-11(1) In accordance with the federal Home and Community-Based Services (HCBS) Settings Final Rule, a program serving clients on the HCBS Waiver shall complete and adhere to 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"/>	<input type="checkbox"/>	The site was not used to serve clients on DSPD services.
R501-22-11(2) The licensee shall maintain current copies of the residential attestation agreement form and self-assessment survey forms in program documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not used to serve clients on DSPD services.
R501-22-11(3) In the event of a conflict between this rule and the Settings Final Rule the Settings Final Rule shall prevail.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not used to serve clients on DSPD services.
<b>Specialized Services for Receiving Centers</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Technical Assistance Given</b>	<b>Notes</b>
R501-22-12(1) Each receiving center may be licensed under multiple license types to assess and triage immediate client needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a receiving center.
R501-22-12(2) A receiving center licensee may offer short-term residential support that is intended to mitigate the initial identified problem, stabilize each client, and return each client to the community as quickly and safely as possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a receiving center.
R501-22-12(3) A receiving center licensee shall outline safe practices in consumer agreements regarding how each population will be separated and maintained and the circumstances when interactions between populations are permitted.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a receiving center.
R501-22-12(4) A receiving center licensee shall include individualized clinical documentation outlining the ongoing need and anticipated time frame for discharge for each instance that a client's stay lasts longer than 30 days.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a receiving center.
R501-22-12(5) A receiving center licensee shall ensure that placement in a receiving center is a voluntary alternative that the client may choose instead of a more restrictive placement.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	The site was not a receiving center.
R501-22-12(6) 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"/>	<input type="checkbox"/>	The site was not a receiving center.

