

 Utah Department of Health & Human Services Licensing & Background Checks		Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 01/2024)</i>	
Provider Name:	Juniper Haven	Facility ID:	F23-105460	Phone Number:	(435) 265-4245	Notes	
Site Name or Address:	675 E 400 N, Unit A, Logan, UT, 84321			Email Address:	info@junhav.com		
Approved Capacity:	8	# of Present Residents\Clients:	8				
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			<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 <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.							
Signature Information							
Inspection Type:	3rd Unannounced	Date:	4/23/2024	Time Started On-site:	3:45 PM	Time Ended On-site:	5:00 PM
Number of Non Compliant Items:		0	Name of Individual Informed of this Inspection:		Melissa Adamson		
Licensor(s) Conducting this Inspection:			Josilyn Bertrand		OL Staff Observing Inspection:		
<input checked="" type="checkbox"/>	The Licensor explained noncompliance items (if any).	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.			<i>Melissa Adamson</i>		