

 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:	Roots Transition	Facility ID:	F22-93625	Phone Number:	801-867-4292	Notes	
Site Name or Address:	150 Highland Dr. Park City, Utah 84098			Email Address:	kami@rootstransition.com		
Approved Capacity:	30	# of Present Residents\Clients:					
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 type="checkbox"/>	Current backgrounds in DACS	Not assessed during quarterly inspection		<input checked="" type="checkbox"/>	Any active rule variances	No variances in place	
<input type="checkbox"/>	Current staff roster collected	Not assessed during quarterly inspection		<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff		
<input checked="" type="checkbox"/>	Any license restrictions or conditions	No conditions or restrictions in place		<input checked="" type="checkbox"/>	Staff Interviews	One staff interviewed	
<input checked="" type="checkbox"/>	Any needed rule variances	No variances needed		<input checked="" type="checkbox"/>	Clients Interviews	Three clients interviewed	
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:	2nd Unannounced	Date:	8/15/2024	Time Started On-site:	10:00 AM	Time Ended On-site:	11:30 AM
Number of Non Compliant Items:		1	Name of Individual Informed of this Inspection:		Heidi Cuneo		
Licensor(s) Conducting this Inspection:		Heather Holbrook			OL Staff Observing Inspection:	Heather Guanajuato	
<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.			Heidi Cuneo		