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|  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: | Catalyst Residential Treatment Center dba Gray House | Facility ID: | F22-93248 | Phone Number: | (385) 220-4677 | Notes | |
| Site Name or Address: | 1004 S 1025 W, Brigham City, UT, 84302 | | | Email Address: | seth@catalystrtc.com; adam@catalystrtc.com; jessie@catalystrtc.com | | |
| Approved Capacity: | 26 | # of Present Residents\Clients: | 10 | | | | |
| 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 | No 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 | No license restrictions or conditions. | | <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: | Unannounced | Date: | 5/15/2024 | Time Started On-site: | 3:00 PM | Time Ended On-site: | 5:00 PM |
| Number of Non Compliant Items: | | 2 | Name of Individual Informed of this Inspection: | | Brooks Westover | | |
| 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>Brooks Westover</i> | | |