Utah Department of
Health & Human Services
Licensing & Background Checks

Congregate Care Inspection Checklist

Residential Treatment

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. ***(Revised 08/2022)***

Provider Name:	Waypoint Academy	**Facility ID:**		**Phone Number:**	(801) 698-7702	**Notes**
Site Name or Address:	9091 E. 100 S. Huntsville, UT 84317			**Email Address:**	bwilde@waypointacademy.com	
Approved Capacity:	36	**# of Present Residents\Clients**	17			

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)		
✓	**DACS to ensure background checks are current.**	Suggested removals	✓	**Introduce yourself and any DHHS staff**	
✓	**Any active rule variances.**		✓	**Clients Interviews**	Harley, Ayden, Cullen
✓	**Any license restrictions or conditions.**		✓	**Staff Interviews**	DJ
✓	**Any needed rule variances.**		☐	**Other:**	

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:	RT Renewal	**Date:**	11/15/2022	**Time Started On-site:**	9:30am	**Time Ended On-site:**	5:30pm
Number of Non Compliant Items:	9	**Name of Individual Informed of this Inspection:**		Bryan Wilde			
Licensor(s) Conducting this Inspection:	Shelisa York			**OL Staff Observing Inspection:**			
✓	**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.		Bryan Wilde			

Congregate Care Programs - General Inspection Checklist						
C = Compliant **NC = Not Compliant** **NA = Not Assessed during this inspection**						
Licensing Application and Monitoring Procedures	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-4(1)(c) and R501-1-10. The provider permitted OL unrestricted access to site(s), records, clients, and staff during business hours.	✓					
Program Changes	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	✓					
Variances	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-8. If any, the provider is in compliance with the terms of approved rule variances.	✓					
Required Approvals	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	✓					
Investigations of Alleged Noncompliances	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-11. All reportable critical incidents were properly reported.	✓					
Licensee Noncompliance	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	✓					
Program Administration and Direct Service Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-13(1). The provider clearly identifies services to the office, public, potential client, parent, or guardian regarding: (a) contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (e) each program requirement and expectation; (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served; (g) each cost, fee, and expense for a service and refund policy; and (h) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	✓					

R501-1-13(2). The following items are posted in a conspicuous place: (a) abuse reporting laws; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.		✓		11/29/2022		Must have all 5 posters in any location where they are posted and viewable in a conspicuous place.
R501-1-13(3). Provider is in compliance with: (a) a food handler permits for any person preparing meals for any other person; (b) business licenses; (c) capacity limits; (d) fire clearance; (e) licensure and registration of any vehicles used to transport clients.	✓					
R501-1-13(4). Provider has proof of: (a) financial viability of the program as verified by a financial professional; (b) general liability insurance; (c) professional liability insurance; (d) vehicle insurance; (e) fire insurance; and (f) additional insurance as required to cover each program activity.	✓					
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.		✓		11/29/2022		Licensor needs to check if these training must be done annually. If so, staff J.H. is overdue on (v) incident reporting. Also, there is no training on licensing rule
R501-1-13(8). A program providing school on-site: (a) maintains the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) is recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensures each youth is taught at grade level.	✓					

R501-1-13(9). The provider ensures that unlicensed clinical and medical staff who are not associated with the facility are appropriately supervised.			✓			They do not have unlicensed staff as per this rule.
R501-1-13(10). A program that utilizes telehealth for treatment complies with each applicable rule.	✓					
Residential Programs Additional Administration and Direct Services Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-14(1). A program providing residential service: (b) ensures that each staff shift list remains current and available to the office upon request; (c) ensures access to a medical clinic or a medical professional familiar with the program and population served; and (d) provides a separate space for clients who are sick.	✓					
R501-1-14(3). If the congregate care program caring for youth allows an individual turning 18 years old to remain in the program, the provider ensures that: (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 program has a documented need for the individual to remain in the program; (c) the program 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 program outlines a policy regarding the protection of younger clients by supervising or 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.					✓	Will create a form outlining E (i-iii) for students over 18 NC is for student, A.A. Program created a form and provided to licensor during site visit.
R501-1-14(4). The provider facilitates weekly confidential voice-to-voice communication between a child and the child's parents, guardian, foster parents, and siblings. The provider ensures that the communication complies with the child's treatment plan, if any; and (a) does not use family contact as an incentive for proper behavior or withhold family contact as a punishment; (b) does not deny the communication unless state law or a court order prohibits the communication; or modify the frequency or form of the communication unless: (A) the office approves the modification; or (B) state law or a court order prohibits the frequency or the form of the communication.	✓					

R501-1-14(5). The provider ensures that before allowing a direct care staff to work unsupervised, they have an approved background clearance and are trained in the following: (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; (b) which practices are prohibited for congregate care programs; (c) the clinical needs of each of the clientele; (d) client rights; (e) department code of conduct; and (f) incident reporting.	✓					They complete all training in 30 days
R501-1-14(6). Direct care staff are trained in first aid and CPR within six months of hire.	✓					
Program Physical Facilities and Safety	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-15(1). The appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	✓					
R501-1-15(2). Appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	✓					
R501-1-15(3). clients with disabilities are accommodated as needed or appropriately referred to comparable services.	✓					
R501-1-15(4). Fire drills in non-outpatient programs are conducted and documented at least quarterly and program administration provides and documents feedback regarding response time and process.	✓					
R501-1-15(5). A 911 recognizable phone is always on-site with clients.	✓					
R501-1-15(6). Bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	✓					
R501-1-15(7). Each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap.			✓			Rule update requested 11/16/2022. Program needs to ensure that there are, at minimum, hand towels in all client bathrooms. Public bathrooms should continue to have paper towels or dryers.
R501-1-15(8). Each bathroom is ventilated by mechanical means or equipped with a window that opens.	✓					
R501-1-15(9). Medications and potentially hazardous items on-site are maintained lawfully, responsibly, and with consideration of the safety and risk level of the population served. This includes locked storage for each medication and hazardous chemical.	✓					
R501-1-15(10). Non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings.	✓					
R501-1-15(11). Prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	✓					
Residential Programs Additional Facilities and Safety Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-16(1). There is designated space available for records, administrative work, and confidential phone calls for clients.	✓					

R501-1-16(2). Bedroom assignments are made in accordance with each approved agency non-discrimination policy and individualized assessment.	✓					
R501-1-16(3). Live-in staff have separate living spaces with a bathroom that is separate from client bathrooms.			✓			No live-in staff
R501-1-16(4). Each bedroom designated for clients is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings.	✓					
R501-1-16(6). No client is locked in a bedroom.	✓					
R501-1-16(7). Each mirror or safety mirror is secured to the bathroom wall at a convenient height.	✓					
R501-1-16(8). Each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.	✓					
R501-1-16(9). Each bath or shower allows for individual privacy.	✓					
R501-1-16(10). Each client is supplied with hygiene supplies.	✓					
R501-1-16(11). Each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens.	✓					
R501-1-16(12). Each bed is solidly constructed and non-portable.	✓					
R501-1-16(13). use of alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized basis with clinical or medical justification and: (a) preserves client dignity; (b) Is not be done as a blanket practice; (c) Is not used due to staffing shortages or for staff convenience; and (d) Is not used as a behavior management or consequence practice.	✓					
R501-1-16. Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.	✓					
R501-1-16. Common laundry for towels, bedding, or clothing provide separate containers for soiled and clean laundry.	✓					
R501-1-16(15). Bedding and towels are laundered weekly and after each client is discharged.	✓					
R501-1-16(16). Programs permitting clients to do the client's own laundry, provide equipment and supplies for washing and drying.	✓					
R501-1-16(17). Each individual is provided with at least 60 square feet in a multiple occupancy bedroom and 80 square feet in a single occupant bedroom.	✓					
R501-1-16(18). In facilities serving individuals with disabilities, no more than two persons are housed in each bedroom.	✓					
Food and Service Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-17(1). Residential programs that provide meals for four or more, but less than 16, clients comply with a local health inspection.			✓			They currently have 17 clients

R501-1-17(2). Meals are not used as incentive or punishment.	✓					
R501-1-17(3). Each program that provides meals provides nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program ensures that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) 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; and (c) 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 is: (i) served from dietician or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings.	✓					Provide a new approved menu every two weeks, signed.
R501-1-17(4). Programs that provide meals establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	✓					
R501-1-17(5). Programs that provide meals provide adequate dining space that is maintained in a clean and safe condition for each client .	✓					
R501-1-17(6). Programs that provide self-serve meals ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a Department of Health food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	✓					Youth with current permits only allowed
Program Staffing	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-18(1). There is adequate staffing, so the current population can be safely supervised.	✓					
R501-1-18(2). A manager or qualified designee is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	✓					On call therapist is always available.
R501-1-18(3). Programs that offer clinical services employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	✓					
R501-1-18(4). Programs serving substance use disorder ensure each staff and client is screened for tuberculosis.			✓			No S.A. clients
R501-1-18(5). Programs managing, storing, or administering client medication identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	✓					
R501-1-18(6). Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	✓					
Program Personnel Record Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**

R501-1-19(1)-(2). The program create and maintains personnel information for each staff member, contracted employee, and volunteer, including: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.		✓		11/29/2022		(d,ii) Staff C.R. did not have WP P&P signed (due Oct.22) (d, iii) Staff C.R. did not have current Dept. Code of Conduct, behavior management (due Oct. 2022)
Program Client Record Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-20(1). Client information is maintained and includes: (a) client name, address, email address, phone numbers, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact 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; (m) any grievances or complaints 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 agreements and consent forms.	✓					
R501-1-20(2). There is a plan detailing how each program staff and client file will be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.	✓					
Program Intake and Discharge Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**

R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: (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; (d) suicide risk screening; and (e) a program 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.	✓					
R501-1-21(2). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records: (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) 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.		✓		11/29/2022		(b)program is missing i, ii, v, vi) on their signed consent for tx on client, H.C. (audited) but also say it is missing on the others and will update. THE RULE CITED HERE IS INCORRECT. (3)
R501-1-21(3). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	✓					
Residential Additional Program Intake and Discharge Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-22(1). In residential facilities, an intake assessment is completed following an approved intake screening and no later than seven days from the admission date. 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.	✓					
R501-1-22(2) A residential program serving children shall inform the parent or guardian and obtain signed verification of understanding that their children may be interviewed by a licensing representative in accordance with Subsection 62A-2-106-1(k)..		✓		11/29/2022		Program is missing this in their intake paperwork

R501-1-22(3). The disruption plan contains the following: (a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah; (b) a program must complete 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 party; (iii) a signed statement from parent or responsible party 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 party identified in Subsection R501-1-22(3)(a) or to another licensed congregate care program. **R501-1-22(4).** Each congregate care program may demonstrate compliance with Subsections R501-1-22(2) and R501-1-22(3) by producing the 100A and 100B forms and disruption plan as required by the Interstate Compact for the Placement of Children (ICPC).		✓		11/29/2022		Program is missing a complete disruption plan to include (b) (i-iv)
R501-1-22(5). Private placements are reported to the office by the fifth business day of each month.	✓					
R501-1-22(6). Critical and non-critical restraints or seclusions are reported to the office within one business day.	✓					
Program Clinical Services	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	✓					
R501-1-23(2). Programs providing clinical treatment ensure that 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.	✓					
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	✓					
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	✓					
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.		✓		11/29/2022		A few clients checked are missing weekly individual therapy notes
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	✓					
Program Policy and Procedure Requirements	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**

R501-1-24. As submitted to the office, the program developed, implemented, and complied with policies and procedures sufficient to ensure client health and safety and meet the needs of the client population served.	✓					
Additional Policy and Procedure Requirements for Residential Programs	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-1-25(1). Residential programs that provide meals for clients have and follow a food service policy.	✓					
R501-1-25(2). Residential programs managing, storing, or administering client medications have and follow a medication management policy.	✓					
R501-1-25(3). Residential programs have a policy to train staff to identify and address critical risks including violence, suicide, mental health concerns, etc.	✓					
R501-1-25(4). Residential programs have a policy regarding the care, vaccination, licensure, and maintenance of any animals on-site.			✓			
R501-1-25(5). Residential programs have a policy regarding client belongings policy that addresses: (a) initial and updated inventory signed by the client; (b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and (c) program shall replace any lost or stolen items for which the program is responsible.	✓					
R501-1-25(6). A program managing funds for client allowances must document each expense.	✓					
R501-1-25(7). Residential programs develop and follow a policy for providing separate space for sick clients.	✓					Program has 4 sick rooms
Congregate Care Program Additional Policy and Procedure Requirement	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**

R501-1-26. A Congregate Care Program does not utilize any behavior management technique, restraint, seclusion, or curriculum unless it has been approved by the office. They do not the use a cruel, severe, unusual, or unnecessary practice on a child, including: (a) a strip search unless the congregate care program determines and documents that a strip search is necessary to protect an individual's health or safety; (b) a body cavity search unless the congregate care program determines and documents that a body cavity search is necessary to protect an individual's health or safety; (c) inducing pain to obtain compliance; (d) hyperextending joints; (e) peer restraints; (f) discipline or punishment that is intended to frighten or humiliate; (g) requiring or forcing the child to take an uncomfortable position, including squatting or bending; (h) for the purpose of punishing or humiliating, requiring or forcing the child to repeat physical movements or physical exercises such as running laps or performing push-ups; (i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact; (j) denying an essential program service; (k) depriving the child of a meal, water, rest, or opportunity for toileting; (l) denying shelter, clothing, or bedding; (m) withholding personal interaction, emotional response, or stimulation; (n) prohibiting the child from entering the residence; (o) abuse as defined in Section 80-1-102; and (p) neglect as defined in Section 80-1-102.	✓					

Residential Treatment Programs Additional Inspection Checklist						
C = Compliant **NC = Not Compliant** **NA = Not Assessed during this inspection**						
Administration	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-19-3(1). The residential treatment program documents local government approval for new program services or increased consumer capacity as described in Section 62A-2-108.2.	✓				✓	
R501-19-3(2). The residential treatment program serving a child provides direct supervision that meets supervision and ratio requirements.	✓					
R501-19-3(3). The residential treatment program serving a child has no less than two direct care staff on duty.	✓					
R501-19-3(4). The residential treatment program serving a child maintains a staff to client ratio of no less than one staff to every four clients or as otherwise dictated in department contract.	✓					
R501-19-3(5). Except as provided under Section R501-19-4, a residential treatment program serving a child may decrease the staff to client ratio during client sleeping hours to one staff to every 16 clients.	✓					
R501-19-3(6). The residential treatment program serving a child only decreases the number of staff as described in Section R501-19-4 if: (a) each client is appropriately supervised to ensure health and safety at the ratio; and (b) each direct care staff remains awake while on duty.	✓					
R501-19-3(7). The residential treatment program increases each staff to client ratio as necessary to ensure the health and safety of the current client population.	✓					
R501-19-3(8). Direct supervision is only performed by direct care staff who are in physical proximity to the clients and actively supervising with line-of-sight check-ins no less frequently than every 15 minutes.	✓					
R501-19-3(9). Except in an emergency situation that is caused by a client's behavior or medical needs, each direct care staff assigned to a one-on-one or line-of-sight supervision is not counted at the same time in the staffing ratio for any other client.	✓					
R501-19-3(10). The program policy includes how the program will accommodate client privacy in each bedroom space while assuring client health and safety.	✓					
R501-19-3(11). The residential treatment program may utilize on-site video surveillance to directly supervise a client in time out or seclusion or as an enhancement to minimum supervision ratio requirements. 15-minute physical check-ins must be conducted and documented when a client is being monitored by video.	✓					

R501-19-3(12). Video surveillance in bedrooms is only used by a residential treatment program: (a) with client, parent, or guardian permission; (b) when there is a documented need; (c) when the programs monitor cameras or checks in at intervals of 15-minutes or less; and (d) in a program serving an individual with disabilities, where video surveillance is in compliance with Rule R539-3.	✓					
R501-19-3(13). A residential treatment program serving a child may provide step-down privileges to include unsupervised time and authorized departures from the program if: (a) the program maintains a 1:4 direct care staff to client ratio; (b) the program documents in the client record and communicates to each of the client's direct care staff individualized justification for the step-down privileges and which privileges are authorized by a clinical professional; (c) the program obtains written parental or guardian consent prior to allowing step-down privileges; and (d) the program provides to each client and parent or guardian a policy that includes: (i) a description of what constitutes authorized departure and unsupervised time; (ii) a description of how each step-down privilege, including authorized departure or unsupervised time, is achieved and rescinded; (iii) a policy that the program will immediately communicate to each client parent or guardian and direct care staff when the step-down privileges have been rescinded; and (iv) a statement that no step-down client is permitted to perform any direct care staff duties.			✓			
R501-19-3(14). A residential treatment program serving adults may admit a 17-year-old under the following circumstances: (a) the program obtains written permission from the individual's parent or legal guardian; (b) the program provides clinical justification; (c) the program ensures that the individual sleeps in a separate room from adults or a room that the individual shares with adults no more than two years older than the individual; (d) the program ensures that any adult with direct access to the 17-year-old is directly supervised by a direct care staff; and (e) the program ensures enhanced safety and supervision measures for treating a minor in an adult setting.	✓					
R501-19-3(15). The residential treatment program providing services to a substance use disorder client: (a) only admits a substance use disorder client with a level of care that falls within American Society of Addiction Medicine levels 3.1 through 3.5; and (b) obtains any required licenses before providing any service to a substance use disorder client outside of the residential milieu with a level of care described in Subsection R501-19-3(16).	✓					

R501-19-3(16). The residential treatment program makes any necessary accommodation before allowing a child to continue the child's education with a curriculum approved by the State Board of Education.	✓					
R501-19-3(17). A program that provides education utilizes a curriculum that is recognized by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board.	✓					
R501-19-3(18). A program that allows a client to participate in meal preparation ensures proper training and justify the client's participation in writing.	✓					
R501-19-3(19). The residential treatment program provides individual, group, and family counseling or other treatment, including skills development, at least weekly or as outlined in the individual's treatment plan.						
R501-19-3(20). A residential treatment program that provides therapeutic service such as life skill development, psychoeducation, or social coaching is included in the therapeutic environment and be overseen by a clinical professional.						
R501-19-3(21). The residential treatment program documents the time and date of each service provided to each client. Any documentation includes the signature of the individual providing service.						
R501-19-3(22). The residential treatment program provides indoor space for free and informal client activities.						
Requirements for Intermediate Secure Treatment	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-19-4(1). The intermediate secure treatment program clearly defines in policy the responsibilities of the manager described in Section R501-1-18.			✓			This section is not applicable
R501-19-4(2). Subsection R501-19-3(4) does not apply to an intermediate secure treatment program serving youth. Intermediate secure treatment programs serving youth maintain a staff to client ratio of no less than one staff to every five clients.			✓			
R501-19-4(3). The manager described in Section R501-1-18: (a) is at least 25 years of age; (b) has a BA or BS degree or equivalent training in a human services related field; and (c) has at least three years management experience in a residential or secure treatment setting.			✓			
R501-19-4(4). Each direct care staff working in an intermediate secure treatment program is trained to work with a child with behavioral or mental health needs and works under the supervision of a licensed clinical professional.			✓			

R501-19-4(5). In addition to the direct care staff training requirements described in Subsection R501-1-14(5), each direct care staff working in an intermediate secure treatment program receives 30 hours of additional training annually that includes training on the following topics: (a) human relations and communication skills; (b) the special needs of children and families; (c) problem solving and guidance; (d) client rules and regulations; (e) client record and incident documentation ; (f) maintaining staff, client, and visitor safety in a secure setting; and (g) universal precautions for bloodborne pathogens.			✓			
R501-19-4(6). The intermediate secure treatment facility incorporates the use of fixtures and furnishings that help limit self-harm and suicide. Such fixtures and furnishings include: (a) plexiglass or safety glass; (b) recessed lighting; (c) sealed light fixtures; (d) non-exposed fire sprinkler heads; and (e) pressure release robe hooks.			✓			
Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities	**C**	**NC**	**NA**	**Date to be corrected by**	**Corrected During Inspection**	**Notes**
R501-19-5(1). The residential treatment program made policy and procedures governing each facility daily operation and activity available to each client and visitor. Each policy and procedures governing facility daily operation and activity applies to any individual that enters the facility.			✓			This section is not applicable
R501-19-5(2). The residential treatment program specifies, in policy, the amount of time non-client individuals may stay as overnight guests.			✓			
R501-19-5(3). The residential treatment program presents each client with an individual plan that addresses appropriate day treatment.			✓			
R501-19-5(4). The residential treatment program shares with each client a monthly activity schedule.			✓			
R501-19-5(5). The residential treatment program maintains a record of income earned and unearned, and client service fees.			✓			
R501-19-5(6). The residential treatment facility is located within a reasonable distance from school, church, recreation, and other community facilities.			✓			
R501-19-5(7). The residential treatment program maintains an accurate record of each fund deposited with the residential facility for client use. This record contains a list of each deposit and withdrawal.			✓			
R501-19-5(8). The residential treatment program substantiates client purchase of over $20 with receipts signed by the client and professional staff. The residential treatment program keeps a record of each client petty cash fund.			✓			

R501-19-5(9). The residential treatment program, in conjunction with the support coordinator for the Division of Services for People With Disabilities and each client's parent or guardian, applies for unearned income benefits for which a client is entitled.	☐	☐	✓		☐	
R501-22-9(10). In the event of a conflict between licensing rule and the Federal Home and Community Based Settings Final rule, the settings rule shall prevail.	☐	☐	✓		☐	

ADDITIONAL INFORMATION