Utah Department of Health & Human Services			Insp	This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. ( <i>Revised 04/2024</i> )									
Provider Name:	Illume Center LLC dba Ascend Recovery - Lake House (DT & RT) (F23-	Facility ID:		Phone Number:	Primary Phone: (801) 216-4800	Notes							
Site Name or Address:		N 6000 W Fork, UT, 84003			Email: contact@ascendrecovery.com	conducted according to the Residential Treatment license rules. The provider was in compliance with							
Approved Capacity:	DT: 29 RT: 16	# of Present Residents\Clients:	2			the rules.							
	ease review the following items p k with a check mark if completed and			ase review the following items during the inspection: with a check mark if completed and make any necessary notes)									
$\blacksquare$	Current backgrounds in DACS				Any active rule variances								
<b>~</b>	Current staff roster collected			$\blacksquare$	Introduce yourself and any DHHS staff								
<b>~</b>	Any license restrictions or conditions	or		ightharpoons	Staff Interviews								
<b>V</b>	Any needed rule variances			$\blacksquare$	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 correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.													
Signature Information													
Inspection Type:	Follow-up	Date:	2/24/2025	Time Started On-site:	2:30 PM	Time Ended On-site:	3:15 PM						
	Number of Not Compliant Items:	0	Name of Individual Info	ormed of this Inspection:	Johanna Salter, COO, Clay Cross, DO, Alex Andersen, Compliance Officer, Bobby Shaw, Residential Director								
L	icensor(s) Conducting this Inspection:	Brian Palmer			OL Staff Observing Inspection:								
	The Licensor explained noncompliance items (if any).	Signing this checklist	does not constitute agreemer	med name and date of review: at with the statements, only that pliances, if any, were explained.	twater								

Follow-Up Inspection Checklist										
(Revised 01/2024)										
C = Compliant										
NC = Not Compliant										
NA = Not Assessed during this inspection										
Rules Selected for the Follow-Up Inspection	с	NC	NA	Date to be corrected	Corrected During Inspection	Notes				
R380-600-7(16) When a critical incident occurs under the direct responsibility and supervision of the program or facility, the licensee or certificate holder shall:  (a) submit a report of the critical incident to the office in format required by the office within one business day of the critical incident occurrence;  (b) notify the legal guardian of each involved client within a 24-hour period from the time of the incident;  (c) 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  (d) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to the office upon request.	<b>V</b>					Original Inspection: 2 incidents that needed to be reported within 24 hours ocurred and were not reported within 24 hours.  This Inspection: On 2/24/2025, the Licensor verified that the provider ensured critical incidents were submitted as stated in the rule.				