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|--|--|---|---|--|--|---|---------|
|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks  |  | <b>Inspection Checklist</b>   |   |  |  | This inspection checklist is the tool OL<br>licensors use to ensure consistency for every<br>inspection. <i>(Revised 01/2024)</i> |         |
| Provider Name:   | Ascent Inc dba Discovery Ranch South                 | Facility ID:  | F22-93244                                       | Phone Number:  | (801) 491-2270   | Notes   |         |
| Site Name or Address:  | 4928 N 4500 W<br>Cedar City, UT, 84721               |   |   | Email Address:   | natem@discoveryranchsouth.com;<br>andreab@discoveryranchforgirls.com;<br>maria@discoveryranchsouth.com |   |         |
| Approved Capacity:   | 60   | # of Present Residents\Clients:   | 30  |  |  |   |         |
| Please review the following items prior to the inspection:<br>(Mark with a check mark if completed and make and necessary notes)   |  |   |   | Please review the following items during the inspection:<br>(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  | NA  |         |
| <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               | NA  |   | <input checked="" type="checkbox"/>  | Staff Interviews   | 4   |         |
| <input checked="" type="checkbox"/>  | Any needed rule variances                            | NA  |   | <input checked="" type="checkbox"/>  | Clients Interviews   | 3   |         |
| <b>Inspection Information:</b>   |  |   |   |  |  |   |         |
| - The licensor will email you this inspection checklist after the inspection is completed. <b>This checklist is not an official compliance statement.</b> The licensor will send you an <b>official Inspection Report</b> 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.  |  |   |   |  |  |   |         |
| <b>Signature Information</b>   |  |   |   |  |  |   |         |
| Inspection Type:   | Announced  | Date:   | 7/9/2024  | Time Started On-site:  | 10:00 AM   | Time Ended On-site:   | 3:15 PM |
| Number of Non Compliant Items:   |  | 2   | Name of Individual Informed of this Inspection: |  | Maria Elkington-Fowler   |   |         |
| Licensor(s) Conducting this Inspection:  |  | MeRee Jacobsen  |   |  | OL Staff Observing Inspection:   | NA  |         |
| <input checked="" type="checkbox"/>  | The Licensor explained noncompliance items (if any). | Please sign/type individual informed name and date of review:<br>Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained. |   |  | <i>Maria Elkington-Fowler</i>  |   |         |

| General Provisions - Inspection Checklist  |                                     |                                     |                          |                         |                             |  |
|--|-------------------------------------|-------------------------------------|--------------------------|-------------------------|-----------------------------|--|
| General Provisions   |                                     |                                     |                          |                         |                             |  |
| C = Compliance   |                                     |                                     |                          |                         |                             |  |
| NC = Not Compliant   |                                     |                                     |                          |                         |                             |  |
| NA = Not Assessed during this inspection   |                                     |                                     |                          |                         |                             |  |
| New and Renewal Licensing Procedures   | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R380-600-3(1)</b> An applicant or provider may not accept any fee, enter into any agreement to provide a client service, or provide any client service until a license or certificate is approved by the office.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R380-600-3(2)</b> Each applicant and provider shall comply with any applicable administrative rule, statute, zoning, fire, safety, sanitation, building and licensing laws, regulations, ordinances, and codes of the city and county in that the facility or agency will be or is located.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R380-600-3(3)</b> An applicant or a provider shall permit the office to have immediate, unrestricted access to: (a) each site subject to licensing or certification; (b) any unattended on- and off-site program or facility and client records; and (c) each staff and client.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R380-600-3(12)</b> A provider approved by the office to certify their own program or facility sites shall register each certified site using the licensing provider portal.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R380-600-3(14)</b> The license or certificate holder shall adhere to any individualized parameter on a program or facility license or certificate to promote the health, safety, and welfare of any client. Parameters may include: (a) an age restriction; (b) an admission or discharge restriction; (c) adequate square footage to determine capacity.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R380-600-3(23)</b> Each license or certificate is not transferable.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| Variances  | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R380-600-6(2)</b> The provider may not deviate from any administrative rule before receiving written approval signed by the office director or the director's designee.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R380-600-6(1)</b> The provider shall sign the approved variance and comply with the terms of the written variance, including any conditions or modifications contained within the approved written variance.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| Inspection and Investigation Process   | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R380-600-7(6)</b> The provider shall ensure that the integrity of the office's information gathering process is not compromised by withholding or manipulating information or influencing any specific response of staff or clients.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R380-600-7(7)</b> The provider shall allow the office to access any program or facility record or staff at an administrative or certified location that is not located at the licensed site.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R380-600-7(16)</b> 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 occurring; (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.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| Program Policies, Procedures, and Safe Practices   | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R501-1-4(2)</b> The licensee shall develop, implement, and comply with safe practices that: (a) ensure client health and safety; (b) ensure the needs of the client population served are met; (c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and (d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and moving populations.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-4(3)</b> The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| Residential Programs Additional Safe Practices   | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R501-1-5(1)</b> A licensee that manages, stores, or administers client medications shall develop and ensure compliance with the following medication management safe practices: (a) inform staff and clients of program and client responsibility for medication including storage and administration of medications on-site and, as applicable, when staff and clients are off-site in program-related activities; (b) if applicable, inform staff and clients of the medication self-administration process; (c) if storing and administering medications, train staff to administer medication and the process to be followed; (d) how staff record medication dosage according to prescriptions; (e) how staff monitor for and record effects and side effects of medications; and (f) how staff log doses and record and report medication errors.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-5(2)</b> The licensee shall ensure the care, vaccination, housing, and maintenance of any animals on site to include: (a) assessment of pet allergies for any clients interacting with animals in the program; (b) maintenance of required examinations, registrations, and vaccinations; and (c) supervision of clients in the presence of animals.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-5(3)</b> The licensee shall have separate space for clients showing symptoms of an infectious disease.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-5(4)</b> The licensee shall ensure that a ratio of one staff to one client during transports is only utilized when the program has conducted a safety assessment that indicates that client and staff safety is reasonably assured.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| Program Administrative and Direct Service Requirements   | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R501-1-6(1)</b> The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (d) each program requirement and expectation; (e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served; including: (i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and (ii) a statement that the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (f) each cost, fee, and expense for a service and refund policy; and (g) identification of each non-clinical, extracurricular, or supplemental service offered or referred.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-6(2)</b> The licensee shall post the following in conspicuous places where each visitor, staff, and client may see: (a) abuse reporting laws as described in Sections 80-2-609 and 268-6-205; (b) all rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice or agency action; (f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings-Final rule; and (g) department code of conduct poster.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-6(3)</b> The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements: (a) capacity determinations that include each staff and client on premises and may not exceed the capacity limits placed by local authorities; (b) licensure and registration of any vehicles used to transport clients.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-6(5)</b> The licensee shall maintain and make the following available to the department upon request: (a) vehicle insurance.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-6(6)</b> The licensee shall ensure: (a) current staff and client lists are available at each licensed site; (b) the organizational and governance structure of the program is available to the department upon request and include: (i) list of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; and (iii) notification to the office of any program changes as described in Section R380-600-3; (f) the licensee maintains or obtains evidence of current first-aid or on-duty staff trained in its use if the licensee is serving, or is likely to serve, a client with a substance use disorder.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-6(8)</b> A licensee offering school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) ensure each client is taught at their appropriate grade level.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-6(9)</b> The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised as described in Title 58 Occupations & Professions.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-6(12)</b> A licensee that provides behavior interventions to people with disabilities shall comply with Rule 501.34, which supersedes any conflicting rule under Title 501, for the disabled populations served.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| Residential Program Additional Administrations and Direct Services Requirements  | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R501-1-7(1)</b> A residential program licensee shall additionally: (a) ensure each staff shift file remains current and available to the office upon request; (b) ensure that each shift documents any illness, injury or critical incident and passes it on to the next shift and administration; (c) ensure at least two on-duty staff are present at all times; (d) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (e) provide a separate space for clients who are showing symptoms of an infectious disease.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-7(3)</b> A congregate care program licensee may allow an individual turning 18 to remain in the program if the individual remains in the custody of a care 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 licensee has a documented need for the individual to remain in the program; (c) the licensee maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; and (d) the licensee outlines a plan for the protection of younger clients by supervising and 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 offense 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. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-7(4)</b> A congregate care program licensee shall ensure weekly confidential communication with family in accordance with Section 268-2-2.7 and shall ensure that: (a) the frequency or form of the confidential communication requirement is only modified if the program submits a modification request that demonstrates the following to the office: (i) the program operates in an area of limited or unreliable phone accessibility or coverage; (ii) there is a significant risk of harm or danger to client safety by providing youth with unsupervised telephone access; and (iii) the licensee offers an alternative that satisfies the requirement of weekly confidential two-way communication; or (b) extenuating circumstances exist outside the individual treatment plans that are prohibitive to offering voice to voice communication; (c) a parent or guardian authorizes in writing an alternate means of confidential communication when voice to voice is unavailable; and (d) the licensee offers voice to voice confidential communication as soon as it can be safely offered.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    | Weekly confidential communication has been provided for clients with their family. The licensee verified this through client and staff interviews.   |
| <b>R501-1-7(6)</b> A residential program licensee, including a residential treatment program, may allow for client independence and responsibility for their own supplies, food, laundry, or transportation by outlining in writing resources and responsibility for the provision of these items. (b) Each residential program licensee shall assist clients on a limited basis if they are temporarily unable to provide the items or services listed in Subsection 9501-1-7(10)(a) for themselves.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| Program Physical Facilities and Safety   | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R501-1-8(1)</b> The licensee shall ensure: (a) the appearance & cleanliness of the building grounds are maintained & free from health/safety hazards; (b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition; (c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and participation; (d) a phone that can be used to call 911 is always available on-site when clients are present; (e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity; (f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap; (g) each bathroom is ventilated by mechanical means or equipped with a window that opens; (h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and (i) prescription medication, if stored on-site, is stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | <input type="checkbox"/>    | Non prescription medications have not all been stored in original manufacturer's packaging. Some over the counter meds have been pre-prepared by facility nurse in Client bedrooms in both occupied cabins were designated with client clothes and various client items. The school, cafeteria, and all other parts of the facility were very clean and organized. |
| <b>R501-1-8(2)</b> The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-8(3)</b> The licensee shall maintain medication and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served to include locked storage for each medication and hazardous chemical that is not in active use.  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-1-8(4)</b> The licensee shall maintain a first aid kit that contains at least: (a) bandages of different sizes; (b) tweezers; (c) antiseptic; and (d) disposable sterile gloves.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| Residential Program Additional Facilities and Safety Requirements  | C                                   | NC                                  | NA                       | Date to be corrected by | Corrected During Inspection | Notes  |

|  |                          |                                     |                          |                         |   |  |
|--|--------------------------|-------------------------------------|--------------------------|-------------------------|---|--|
| <b>RS01-1-91(a)</b> A residential license shall ensure:  |                          |                                     |                          |                         |   |  |
| (a) designated space is available for records, administrative work, & confidential phone calls for clients;  |                          |                                     |                          |                         |   |  |
| (b) live-in staff have dedicated bedrooms & bathrooms separate from client use;  |                          |                                     |                          |                         |   |  |
| (c) each bedroom designated for a client is comparable to other similarly affixed bedrooms with similar access, location, space, finishes, and furnishings;  |                          |                                     |                          |                         |   |  |
| (d) clients are not locked in bedrooms;  |                          |                                     |                          |                         |   |  |
| (e) a mirror or safety mirror is secured to each bathroom wall at a convenient height;   |                          |                                     |                          |                         |   |  |
| (f) each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours;  |                          |                                     |                          |                         |   |  |
| (g) each bath or shower allows for individual privacy;   |                          |                                     |                          |                         |   |  |
| (h) each client is supplied with hygiene supplies;   |                          |                                     |                          |                         |   |  |
| (i) each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens;  |                          |                                     |                          |                         |   |  |
| (j) each client has a similar solid type of bed or sleeping equipment to any other client in the program;  |                          |                                     |                          |                         |   |  |
| (k) each client is allowed to decorate & personalize their bedroom, while maintaining respect for other residents and property;  |                          |                                     |                          |                         |   |  |
| (l) there are separate containers for soiled & clean laundry, if the program provides common laundry for towels, bedding or clothing;  |                          |                                     |                          |                         |   |  |
| (m) bedding & towels are laundered weekly & after each client is discharged;   |                          |                                     |                          |                         |   |  |
| (n) equipment and supplies for washing & drying laundry are provided, if the program permits clients to do their own laundry;  |                          |                                     |                          |                         |   |  |
| (o) there is at least 60 sq ft per person in a multiple occupancy bedroom and 80 sq ft in a single occupant bedroom.   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         | Provider does not have live in staff.                   |  |
| <b>RS01-1-92(a)</b> A residential program license serving individuals with disabilities shall house no more than two clients in each bedroom.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-93(a)</b> The licensee attesting seclusion rooms shall ensure the following:   |                          |                                     |                          |                         |   |  |
| (a) seclusion rooms measure a minimum of 75 sq ft and have a minimum ceiling height of 7 ft with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard;   |                          |                                     |                          |                         |   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         |   |  |
| (b) a seclusion room shall have either natural or mechanical ventilation with break resistant windows and either a break resistant two-way mirror or camera that allows for observation of the entire room;  |                          |                                     |                          |                         |   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         |   |  |
| (c) a seclusion room may not have locking capability and may not be located in closets, bathrooms, unattended areas or other areas not designated as part of residential living space; and   |                          |                                     |                          |                         |   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         |   |  |
| (d) a bedroom may not be utilized as a seclusion room and a seclusion room may not be utilized as a bedroom.   |                          |                                     |                          |                         |   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         | Provider does not utilize a seclusion room for clients. |  |
| <b>RS01-1-94(a)</b> The licensee shall ensure that dormitory spaces is only permitted in an emergency homeless shelter or a program serving only adults.   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-95(a)</b> The licensee shall train staff and ensure that the use of any alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized, short-term basis with ongoing clinical or medical justification that:                |                          |                                     |                          |                         |   |  |
| (a) preserves client dignity and confidentiality;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) is not done as a standard practice, or policy;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (c) is not utilized due to staffing shortages or for staff convenience; and  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (d) is not used as behavior management or consequence.   |                          |                                     |                          |                         |   |  |
|  |                          |                                     |                          |                         |   |  |
| <b>Food Service Requirements</b>   |                          |                                     |                          |                         |   |  |
| C  | NC                       | NA                                  |                          | Date to be corrected by | Corrected During Inspection                             | Notes  |
| <b>RS01-1-102(a)</b> A licensee that provides meals shall:   |                          |                                     |                          |                         |   |  |
| (a) ensure that meals are not used as incentive or punishment;   |                          |                                     |                          |                         |   |  |
| (b) provide nutritional counseling to staff and clients;   |                          |                                     |                          |                         |   |  |
| (c) designate staff responsible for food service who:  |                          |                                     |                          |                         |   |  |
| (i) maintain a current list of each client with special nutritional needs; and   |                          |                                     |                          |                         |   |  |
| (ii) 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;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (d) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than three consecutive hours a day, provide a variety of three nutritious meals a day that are:   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (i) served from kitchen or nutritionist approved means; or   |                          |                                     |                          |                         |   |  |
| (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (e) establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices; and   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (f) provide adequate dining space for clients that is maintained in a clean and safe condition.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-103(a)</b> A licensee that allows self-served meals shall ensure that self-serve kitchen areas are supervised, staffed, and trained by a staff that has a food handler's permit or is trained by Serv-Safe, SFA, or a comparable program.                                |                          |                                     |                          |                         |   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         |   | Provider does not allow self-serve meals.  |
| <b>RS01-1-104(a)</b> A licensee that serves parents and their children may allow a consenting adult client to maintain full responsibility for their, and their child's, special dietary needs, if consent is maintained in writing in the client record.                          |                          |                                     |                          |                         |   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         |   | Provider does not admit clients along with their children.   |
| <b>RS01-1-105(a)</b> A licensee that offers meals for clients shall ensure there is documented training confirming staff are trained to and adhere to the following safety practices:  |                          |                                     |                          |                         |   |  |
| (a) how to identify and accommodate clients with special dietary needs; and  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) alternatives for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-106(a)</b> If meals are prepared by clients, the licensee shall inform staff and clients in writing of the following:  |                          |                                     |                          |                         |   |  |
| (a) rules and privileges of kitchen use;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) menu planning and procedures;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (c) sharing self-prepared food;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (d) nutrition and sanitation requirements;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (e) schedule of responsibilities; and  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (f) shopping and storage responsibilities.   |                          |                                     |                          |                         |   |  |
|  |                          |                                     |                          |                         |   |  |
| <b>Program Client Record Requirements</b>  |                          |                                     |                          |                         |   |  |
| C  | NC                       | NA                                  |                          | Date to be corrected by | Corrected During Inspection                             | Notes  |
| <b>RS01-1-111(a)</b> The licensee shall maintain client information to include the following:  |                          |                                     |                          |                         |   |  |
| (a) client name, address, email address, phone number, date of birth and identified gender;  |                          |                                     |                          |                         |   |  |
| (b) emergency contact names, including legal guardian where applicable, and at a minimum, the emergency contact's physical address, current email address or current phone number;   |                          |                                     |                          |                         |   |  |
| (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;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (e) intake screening and assessment;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (f) discharge documentation;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (g) treatment or service plan;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (h) program notes and services provided with date and signature of staff completing each entry;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (i) individualized assessment for restriction of access to on-site items that could be used as weapons, for self-directed violence, or as an instrument;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (j) any referral arrangements made by the program;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (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;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (l) summary of attendance and absences in treatment services;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (m) any grievance or complaint made by or against the client and actions taken by the program;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (n) each crisis intervention or critical incident report involving the client; and   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (o) any signed agreement and consent form.   |                          |                                     |                          |                         |   |  |
|  |                          |                                     |                          |                         |   |  |
| <b>Program Intake and Discharge Requirements</b>   |                          |                                     |                          |                         |   |  |
| C  | NC                       | NA                                  |                          | Date to be corrected by | Corrected During Inspection                             | Notes  |
| <b>RS01-1-121(a)</b> The licensee shall complete an intake screening before accepting a client into the program that includes at least:  |                          |                                     |                          |                         |   |  |
| (a) verification that the client meets the eligibility requirements of the program;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (c) description of presenting needs; and   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (d) suicide risk screening.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-122(a)</b> A licensee 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, seizures, in a coma, or unconscious.                          |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-123(a)</b> A licensee serving incarcerated or court-mandated justice involved clients shall:   |                          |                                     |                          |                         |   |  |
| (a) conduct a criminogenic risk assessment;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) separate high and low criminogenic risk populations;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   | Provider does not admit court-mandated or incarcerated clients.  |
| (c) separate high and low criminogenic risk populations;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (d) determination of eligibility;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (e) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (f) signed consent for treatment that outlines:  |                          |                                     |                          |                         |   |  |
| (i) rules of the program;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (ii) expectations of clients, parents, and guardians;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (iii) services to be provided;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (iv) medical number, insurance information, and identification of any other entities that are billed for the client's services;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (v) client rights; and   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (vi) licensing contact information.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-124(a)</b> The licensee shall ensure that a discharge plan identifies resources available to a client and includes:  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (a) reason for discharge or transfer;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) aftercare plan;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (c) summary of services provided; and  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (d) progress evaluation.   |                          |                                     |                          |                         |   |  |
|  |                          |                                     |                          |                         |   |  |
| <b>Residential Additional Program Intake and Discharge Requirements</b>  |                          |                                     |                          |                         |   |  |
| C  | NC                       | NA                                  |                          | Date to be corrected by | Corrected During Inspection                             | Notes  |
| <b>RS01-1-131(a)</b> A residential program licensee shall ensure an intake assessment is completed following an approved intake screening, no later than seven days from the admission date, and that the assessment considers and contains:                                       |                          |                                     |                          |                         |   |  |
| (a) gender identity and individualized assessment for bedroom and bathroom assignments;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) cultural background;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (c) dominant language and mode of communication;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (d) family history and dynamics;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (e) current and past health and medical history;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (f) social, psychological, developmental, vocational, and, as appropriate, educational factors;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (g) suicide risk screening; and  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (h) authorization to serve and obtain emergency care.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-132(a)</b> A residential program licensee may not serve youth from out of state without a disruption plan as described in Section 26B-2-124 and, as applicable, Section 8B-2-905, Interstate Compact Placement of Children (ICPC).                                       |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-133(a)</b> A congregate care program licensee shall ensure that each congregate care disruption plan complies with the following:  |                          |                                     |                          |                         |   |  |
| (a) the program retains jurisdiction and responsibility for the youth while the youth remains in Utah; and   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) the program completes an individualized disruption plan at the time of intake for each out of state client to include:   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (i) who is responsible for the child's return if placement at the facility disrupts;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible person;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (iii) a signed statement from parent or responsible person outlining the plan for the youth in the event of an unplanned disruption in care; and   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (iv) a plan for safe transportation either to the state of origin, the responsible person as identified in Subsection RS01-1-133(b)(3) or to another licensed congregate care program or higher level of care, as needed.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-134(a)</b> A congregate care program licensee may demonstrate compliance with Subsections RS01-1-133(a) and RS01-1-133(b) by producing the 1024 and 1028 forms and disruption plan as required by the ICPC.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-135(a)</b> A congregate care program licensee shall report private placements to the office as described in Section 26B-2-124 by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   | Provider has been consistent in reporting private placements to the office by the fifth business day of each month.            |
| (a) a congregate care program licensee that does not comply with the disruption plan requirements stated in Section 26B-2-124 shall pay for the cost of care incurred by entities maintaining the youth for purposes of locating, housing, or transporting the youth.              |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
|  |                          |                                     |                          |                         |   |  |
| <b>Program Clinical Services</b>   |                          |                                     |                          |                         |   |  |
| C  | NC                       | NA                                  |                          | Date to be corrected by | Corrected During Inspection                             | Notes  |
| <b>RS01-1-141(a)</b> A licensee that offers clinical treatment shall:  |                          |                                     |                          |                         |   |  |
| (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are:   |                          |                                     |                          |                         |   |  |
| (i) regularly reviewed and updated;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (ii) individualized; and   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (iii) designed to involve the participation of each client or each client's parent or guardian;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (b) ensure 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;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission;  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives;   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   | The licensee verified clients have received weekly individual therapy as required through file review and clinical interviews. |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (e) ensure that each client identified for treatment receives individual treatment at least weekly; and  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-142(a)</b> A residential program licensee shall ensure that in addition to the required weekly individual therapy, frequency and need for family and group therapy and other clinical services are addressed in the individual's treatment plan.                         |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-143(a)</b> A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-144(a)</b> A licensee who offers group counseling, family counseling, skills development, or other treatment shall offer and document these treatment services as prescribed in the treatment plan.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-145(a)</b> The licensee shall make any records available to the department for review upon request.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
|  |                          |                                     |                          |                         |   |  |
| <b>Program Staffing</b>  |                          |                                     |                          |                         |   |  |
| C  | NC                       | NA                                  |                          | Date to be corrected by | Corrected During Inspection                             | Notes  |
| <b>RS01-1-151(a)</b> The licensee shall ensure adequate staffing to safely supervise the current population, including adding more staff than required by the usual staffing ratio as needed to manage behaviors, dynamics, and individual client treatment and supervision needs. |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-152(a)</b> The licensee shall identify a manager or qualified designee who is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-153(a)</b> A licensee that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.   |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-154(a)</b> The licensee shall ensure that before allowing a direct care staff to work unsupervised they have an approved background clearance except as included in Section RS01-1-14-17.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   |  |
| <b>RS01-1-155(a)</b> A licensee who serves clients with substance use disorder shall ensure each staff is screened for substance use.  |                          |                                     |                          |                         |   |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                         |   | Provider does not specialize in serving clients with substance use disorder. Staff are screened for substance use.             |
| <b>RS01-1-156(a)</b> A licensee who serves a client with substance use disorder may not offer, endorse, refer, or recommend medical cannabis as treatment for substance use disorder.  |                          |                                     |                          |                         |   |  |
| <input type="checkbox"/>   | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |                         |   | Provider does not specialize in serving clients with substance use disorder.   |

|  |                                     |                          |                          |                                |                                    |              |
|--|-------------------------------------|--------------------------|--------------------------|--------------------------------|------------------------------------|--------------|
| <b>RS01-1-15(7)</b> A licensee who manages, stores, or administers client medication shall identify a medical professional to oversee the medication management, medication oversight, and staff training regarding medication management and administration.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>RS01-1-15(8)</b> The licensee shall ensure that each person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in the 20 CFR Part 1.301.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>RS01-1-15(9)</b> The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>RS01-1-15(10)</b> The licensee shall ensure that personnel information includes:<br>(a) any applicable qualifications, experience, certification, or license;<br>(b) any approved and current off-in background clearance, except as excluded in Rule RS01-1-14;<br>(c) a provider code of conduct as signed by the staff member, contracted employee, or volunteer;<br>(d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion;<br>(e) any grievances or complaints made by or against the individual and actions taken by the program; &<br>(f) each such intervention or critical incident report involving the individual.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>RS01-1-15(11)</b> The licensee shall ensure that at least one CPE and First Aid-certified staff member is available when staff and clients are present unless a currently licensed healthcare professional is present.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>Personnel Training Requirements</b>   | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b> |
| <b>RS01-1-16(1)</b> The licensee shall ensure that each staff receives pre-serving training on the following topics before being left unsupervised and within 30 days of hire:<br>(a) program policies, procedures and safety practices as outlined in Section RS01-1-5;<br>(b) program emergency preparedness, response, and recovery plan, including at least:<br>(i) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; and<br>(c) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies;<br>(d) CPE and First Aid;<br>(e) client eligibility, emphasizing the behaviors and circumstances the program can safely manage;<br>(f) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;<br>(g) client rights;<br>(h) supervision and ratios;<br>(i) as applicable, medications management, storage, and administration;<br>(j) as applicable, food handling as outlined in Subsection RS01-1-10(2);<br>(k) background checks;<br>(l) prevention, signs and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;<br>(m) provider code of conduct as outlined in Rule 260-80;<br>(n) non-discrimination policy in accordance with Section 26B-2-109 that includes a prohibition of abuse, discrimination, and harassment based on sex, gender identity, or sexual orientation;<br>(o) staff and client grievance procedures;<br>(p) crisis intervention;<br>(q) appropriate use of restraint and seclusion;<br>(r) de-escalation techniques;<br>(s) appropriate searches;<br>(t) appropriate and inappropriate behaviors of clients;<br>(u) appropriate and inappropriate staff responses to client behaviors; and<br>(v) if applicable, staff responses to a client leaving a program without permission.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |
| <b>RS01-1-16(2)</b> The licensee shall ensure each staff completes the following training topics each year, based on the program's license date:<br>(a) program policies, procedures and safety practices as outlined in Section RS01-1-4;<br>(b) general provisions and applicable categorical licensing rule;<br>(c) client eligibility, as outlined in Subsection RS01-1-4(1)(b), emphasizing the behaviors and circumstances the program can safely manage;<br>(d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;<br>(e) provider code of conduct as outlined in Rule (260-80);<br>(f) program plan for the prevention or control of infectious and communicable disease to include coordination with and following any guidance of the state or local health authorities, Center for Disease Control, and the department;<br>(g) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service;<br>(h) program rules regarding firearms that does not conflict with constitutional or statutory rights regarding concealed weapons permits as described in Title 53, Chapter 5, Part 7, Concealed Firearms Act;<br>(i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and Nicotine Products;<br>(j) how to manage clients who screen with elevated suicide risk levels;<br>(k) general incident reporting;<br>(l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;<br>(m) CPE and First Aid;<br>(n) if storing and administering medications, training required to administer medication and the process to be followed;<br>(o) training to identify and address in a residential or congregate care program:<br>(i) clients who pose a risk of violence;<br>(ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of client access to contraband and dangerous weapons or materials;<br>(iii) clients who are at risk for suicide;<br>(iv) managing clients with mental health concerns; and<br>(v) identifying the signs and symptoms of clients presenting under the influence of substances or alcohol;<br>(p) if the licensee manages funds for client allowances, training to document each expense; and<br>(q) appropriate use of any alternate sleeping arrangements in a residential or congregate care program. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                | <input type="checkbox"/>           |              |

| Congregate Care Residential Treatment Programs - Inspection Checklist  |                                     |                          |                                     |                         |                             |  |
|--|-------------------------------------|--------------------------|-------------------------------------|-------------------------|-----------------------------|--|
| (Revised 01/2024)  |                                     |                          |                                     |                         |                             |  |
| C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection  |                                     |                          |                                     |                         |                             |  |
| Administration   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R501-19-3(2)</b> Each residential treatment provider shall ensure its policies include client privacy accommodation in each bedroom space while assuring client health and safety   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(3)</b> Each residential treatment provider serving a child shall:<br>(a) provide direct supervision that meets supervision and ratio requirements;<br>(b) ensure two direct care staff are always on duty;<br>(c) maintain a staff-to-client ratio of one staff to every four clients except:<br>(i) as otherwise required by a department contract; or<br>(ii) to reduce ratios to one staff to every 16 clients during client sleeping hours;<br>(d) only decrease the number of staff as described in this section if:<br>(i) each client is appropriately supervised to ensure health and safety at the ratio; and<br>(ii) each direct care staff remains awake while on duty.<br>(e) increase the staff-to-client ratio as necessary to ensure the health and safety of the current client population.<br>(f) only allow direct care staff to perform direct supervision with line of sight check-ins every 15 minutes;<br>(g) ensure that any direct care staff member assigned to a client's one-on-one supervision is not counted at the same time in the staffing ratio for any other client, except in an emergency situation;<br>(h) only utilize on-site video surveillance to directly supervise a client in time out or seclusion or as an enhancement to minimum supervision ratio requirements;<br>(i) conduct and document physical check-ins every 15-minutes when a client is being monitored by video; and<br>(j) only use video surveillance in a bedroom as follows:<br>(i) with client, parent, or guardian permission;<br>(ii) when there is a documented need;<br>(iii) when the provider monitors cameras or physically checks in at intervals of 15 minutes or less;<br>(iv) when video surveillance is in compliance with R539-3 for serving an individual with disabilities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(4)</b> Each residential treatment provider serving a child may provide step-down privileges to include unsupervised time and authorized departures from the program if the provider:<br>(a) maintains a staff-to-client ratio of one direct care staff to every four clients;<br>(b) documents in the client record and communicates to each of the client's direct care staff, the individualized justification for the step-down privileges and which privileges are authorized by a clinical professional;<br>(c) obtains written parental or guardian consent before allowing step-down privileges; and<br>(d) provides a policy to each client and parent or guardian that includes:<br>(i) a description of what constitutes authorized departure and unsupervised time;<br>(ii) a description of how each step-down privilege, including authorized departure or unsupervised time, is achieved and rescinded;<br>(iii) a statement that the [program]provider will immediately communicate to each client parent or guardian and direct care staff when the step-down privileges have been rescinded; and<br>(iv) a statement that no step-down client is allowed to perform any direct care staff duties.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(5)</b> Each residential treatment provider shall make any necessary accommodation to allow a child to continue the child's education with a curriculum approved by the State Board of Education.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(6)</b> Each residential treatment provider that offers education shall utilize a curriculum that is recognized by an educational accreditation organization, including the State Board of Education or the National School Accreditation Board.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(8)</b> Each residential treatment provider providing services to a substance use disorder client shall:<br>(a) only admit 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<br>(b) obtain 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 (8)(a), unless otherwise outlined in categorical rule.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(9)</b> Each residential treatment provider that allows a client to participate in food preparation shall ensure the client is trained in safe food handling practices and the provider justifies the client's participation in writing.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(10)</b> Each residential treatment provider shall provide individual, group, and family counseling or other treatment, including skills development, at least weekly or as outlined in the individual's treatment plan.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(11)</b> A clinical professional shall oversee any therapeutic services conducted in the therapeutic environment including:<br>(i) life skill development;<br>(ii) psychoeducation; and<br>(iii) social coaching.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(12)</b> Each residential treatment provider shall document the time and date of each service provided to each client and include the signature of the individual providing the service.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| <b>R501-19-3(13)</b> Each residential treatment provider shall provide indoor space for free and informal client activities.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |  |
| Requirements for Intermediate Secure Treatment   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes  |
| <b>R501-19-4(1)(a)</b> Each intermediate secure treatment provider shall clearly define in policy the responsibilities of the manager described in Section R501-1-15.<br>(b) The licensee shall ensure the manager described in Subsection R501-1-15(2):<br>(i) is at least 25 years of age;<br>(ii) has a bachelor's degree or equivalent training in a human service-related field; and<br>(iii) has at least three years management experience in a residential or secure treatment setting.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    | Not an Intermediate Secure Treatment provider. |
| <b>R501-19-4(2)(a)</b> Subsection R501-19-3(3)(c) does not apply to an intermediate secure treatment provider serving youth.<br>(b) An intermediate secure treatment provider serving youth shall maintain a staff-to-client ratio of one staff to every five clients.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-19-4(3)</b> Each intermediate secure treatment provider shall ensure that 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.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-19-4(4)</b> Each intermediate secure treatment provider shall ensure each direct care staff completes 30 hours of additional training annually regarding:<br>(a) human relations and communication skills;<br>(b) the special needs of children and families;<br>(c) problem-solving and guidance;<br>(d) client rules and regulations;<br>(e) client record and incident documentation;<br>(f) maintaining staff, client, and visitor safety in a secure setting; and<br>(g) universal precautions for blood-borne pathogens.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| <b>R501-19-4(5)</b> Each intermediate secure treatment provider shall incorporate the use of fixtures and furnishings that help limit self-harm and suicide to include:<br>(a) plexiglass or safety glass;<br>(b) recessed lighting;<br>(c) sealed light fixtures;<br>(d) non-exposed fire sprinkler heads; and<br>(e) pressure release robe hooks.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |  |
| 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  |

|   |                          |                          |                                     |                                |                                    |   |
|---|--------------------------|--------------------------|-------------------------------------|--------------------------------|------------------------------------|---|
| <b>R501-19-5(1)</b> Each residential treatment provider serving a DSPD client shall:<br>(a) develop and adhere to policies and procedures governing the daily operation and activity available and applicable to each client and visitor<br>(b) specify, in policy, the amount of time non-client individuals may stay as overnight guests;<br>(c) present each client with an individual plan that addresses appropriate day treatment;<br>(d) share a monthly activity schedule with each client;<br>(e) maintain a record of income and client service fees;<br>(f) ensure the facility is located within a reasonable distance from school, church, recreation, and other community facilities;<br>(g) maintain an accurate record of each fund deposited with the residential facility for client use;<br>(h) maintain a list of each deposit and withdrawal;<br>(i) maintain a receipt signed by the client and professional staff for any purchase over \$20;<br>(j) maintain a record of each client petty cash fund; and<br>(k) apply for any unearned income benefits the client is entitled to, in conjunction with the support coordinator for DSPD and each client's parent or guardian. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Provider does not specialize in serving DSPD clients. |
| <b>R501-19-5(2)</b> If there is a conflict between a licensing rule and the settings rule as defined in Rule R501-1, the settings rule shall prevail.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |   |
| <b>R501-19-3(22)</b> . The residential treatment program provides indoor space for free and informal client activities.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |   |
| <b>Requirements for Intermediate Secure Treatment</b>   | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>  |
| <b>R501-19-4(1)</b> . The intermediate secure treatment program clearly defines in policy the responsibilities of the manager described in Section R501-1-18.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Not an Intermediate Secure Treatment provider.        |
| <b>R501-19-4(2)</b> . 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.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |   |
| <b>R501-19-4(3)</b> . The manager described in Section R501-1-18:<br>(a) is at least 25 years of age;<br>(b) has a BA or BS degree or equivalent training in a human services related field; and<br>(c) has at least three years management experience in a residential or secure treatment setting.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |   |
| <b>R501-19-4(4)</b> . 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.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |   |
| <b>R501-19-4(5)</b> . 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:<br>(a) human relations and communication skills;<br>(b) the special needs of children and families;<br>(c) problem solving and guidance;<br>(d) client rules and regulations;<br>(e) client record and incident documentation ;<br>(f) maintaining staff, client, and visitor safety in a secure setting; and<br>(g) universal precautions for bloodborne pathogens.  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |   |
| <b>R501-19-4(6)</b> . The intermediate secure treatment facility incorporates the use of fixtures and furnishings that help limit self-harm and suicide. Such fixtures and furnishings include:<br>(a) plexiglass or safety glass;<br>(b) recessed lighting;<br>(c) sealed light fixtures;<br>(d) non-exposed fire sprinkler heads; and<br>(e) pressure release robe hooks.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |   |
| <b>Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities</b>   | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                           | <b>Date to be corrected by</b> | <b>Corrected During Inspection</b> | <b>Notes</b>  |
| <b>R501-19-5(1)</b> Each residential treatment provider serving a DSPD client shall:<br>(a) develop and adhere to policies and procedures governing the daily operation and activity available and applicable to each client and visitor<br>(b) specify, in policy, the amount of time non-client individuals may stay as overnight guests;<br>(c) present each client with an individual plan that addresses appropriate day treatment;<br>(d) share a monthly activity schedule with each client;<br>(e) maintain a record of income and client service fees;<br>(f) ensure the facility is located within a reasonable distance from school, church, recreation, and other community facilities;<br>(g) maintain an accurate record of each fund deposited with the residential facility for client use;<br>(h) maintain a list of each deposit and withdrawal;<br>(i) maintain a receipt signed by the client and professional staff for any purchase over \$20;<br>(j) maintain a record of each client petty cash fund; and<br>(k) apply for any unearned income benefits the client is entitled to, in conjunction with the support coordinator for DSPD and each client's parent or guardian. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           | Provider does not specialize in serving DSPD clients. |
| <b>R501-19-5(2)</b> . The residential treatment program specifies, in policy, the amount of time non-client individuals may stay as overnight guests.   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                | <input type="checkbox"/>           |   |

| Day Treatment Programs - Inspection Checklist   |                                     |                          |                                     |                         |                             |       |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------|-----------------------------|-------|
| (Revised 01/2024)   |                                     |                          |                                     |                         |                             |       |
| C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection   |                                     |                          |                                     |                         |                             |       |
| Administration and Direct Service   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes |
| <b>R501-20-4(1)</b> In addition to the following rules, each day treatment licensee shall comply with Rules R501-1 and R501-14.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-4(2)</b> Non-residential licensees may meet less frequently than weekly only with individualized justification in the client record.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-4(3)</b> A licensee shall:<br>(a) ensure that activity plans are prepared to meet individual client needs or link to applicable resources in the community;<br>(b) design and implement a daily activity or service schedule based on client needs and not staff convenience;<br>(c) ensure clients are supervised onsite and encouraged to participate in activities; and<br>(d) ensure all clients are given the same quality of care.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-4(4)</b> Except as outlined in Subsections R501-20-6(2) and R501-20-7(3), a licensee shall ensure that the minimum staffing ratio is one direct care staff to ten clients at all times.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-4(5)</b> Day treatment or day support services may not be offered within a residential setting unless:<br>(a) each resident is a recipient of the day support services; or<br>(b) the residential setting has a current residential treatment license.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-4(6)</b> A licensee who utilizes restraints shall report each incident of restraint resulting in injury beyond basic first aid to the office as a critical incident.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| Physical Facility   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes |
| <b>R501-20-5(1)</b> Except as outlined in Subsection R501-20-6(3), a licensee shall ensure that the facility has a minimum of 50 square feet of floor space per client designated specifically for day treatment services. Hallways, office, storage, kitchens, and bathrooms may not be included in computation.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-5(2)</b> A licensee shall ensure that outdoor recreational space and compatible recreational equipment are available when necessary to meet treatment plans.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| Additional Considerations for Professional Licensees Providing ABA Day Treatment Services   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes |
| <b>R501-20-6(1)</b> An ABA licensee shall additionally adhere to Rule R539-4, if contracted for providing services to DSPD clients.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-20-6(2)</b> A licensee shall ensure that behavior support plans outline individual behaviors and staff responses to them.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-20-6(3)</b> The licensee shall submit a critical incident to the office for:<br>(a) any self-directed violence not identified in the behavior support plan; and<br>(b) any staff responses outside of the behavior support plan.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| Additional Considerations for Licensees Providing Clubhouse Day Treatment Services  | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes |
| <b>R501-20-7(1)</b> This section of rule supersedes any conflicting requirements of Rules R501-1 and R501-20.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-7(2)(a)</b> A clubhouse licensee accredited by Clubhouse International may apply a staff to client ratio of 1 staff to 15 clients in accordance with national standards.<br><b>(b)</b> A clubhouse licensee may apply the higher ratio only for specialized activities involving transports or for clients and their guests when:<br>(i) staff and client safety has been assessed; and<br>(ii) there is identified back-up for the staff in case of emergency.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-7(3)</b> Square footage calculations in a clubhouse may include hallways, office, storage, kitchens, and bathrooms.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-7(4)</b> A clubhouse licensee may offer clients the option to bring their own food or purchase meals or snacks at a reduced rate.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-7(5)</b> A clubhouse licensee may allow clients cleaning chemicals as part of their work-ordered day. Clubhouse staff shall follow suicide prevention policy and safety protocols when assessing and allowing client access to chemicals.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| <b>R501-20-7(6)</b> Visitors to the clubhouse may only be exempt from background clearance in accordance with Subsection 26B-2-120(10).   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |       |
| Additional Considerations for DSPD Home and Community Based Medicaid Waiver Licensees   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes |
| <b>R501-20-8(1)</b> This section of rule supersedes any conflicting requirements of Rules R501-1& R501-20   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-20-8(2)</b> A licensee serving clients of DSPD shall ensure staff to client ratios are determined by the DSPD worksheet and are individualized based on the person's need.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-20-8(3)</b> A licensee shall ensure a ratio of one staff to six persons is maintained at all times.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-20-8(4)</b> A licensee serving Home and Community Based Services (HCBS) Medicaid Waiver clients shall:<br>(a) identify themselves as a Waiver provider on their licensing application and follow all attestation and survey requirements therein;<br>(b) comply with the HCBS Settings rule and Rule R414-519 to include:<br>(i) providing non-segregated bathrooms;<br>(ii) providing individually stalled bathrooms with locking capability with only trained and authorized staff having access to keys for safety;<br>(iii) ensuring the setting is fully accessible and affords access to the community;<br>(iv) ensuring client information is not posted or stored in public spaces;<br>(v) not restricting client access to food unless documented in the person-centered service plan or behavior support plan;<br>(vi) allowing clients individual initiative, autonomy, independence and choices in regard to their daily activities, physical environment and with whom they interact as much as safely possible; and<br>(vii) supervising clients and maintaining supporting documentation according to the person-centered service plan or behavior support plan; and<br>(c) when there is a conflict between a rule under Title R501 and Settings rule, Settings rule shall supersede. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |       |
| <b>R501-20-8(5)</b> A licensee shall identify any community-based supports provided under the day treatment license and ensure that community-based services are provided safely and in consideration of weather, transportation, emergencies and overall client needs for food, medicine and any other assistance necessary for safe participation in the program.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |       |

| Outpatient Treatment Programs - Inspection Checklist  |                                     |                          |                                     |                         |                             |   |
|---|-------------------------------------|--------------------------|-------------------------------------|-------------------------|-----------------------------|---|
| (Revised 01/2024)   |                                     |                          |                                     |                         |                             |   |
| C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection   |                                     |                          |                                     |                         |                             |   |
| Administration and Direct Services  | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes   |
| <b>R501-21-4(1)</b> In addition to this rule, each outpatient treatment program shall comply with Rules R501-1 and R501-14.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |   |
| <b>R501-21-4(2)</b> An outpatient treatment program shall:<br>(a) provide general outpatient treatment on a weekly basis, or less than weekly only with individualized clinical justification;<br>(b) only provide intensive outpatient treatment, if offered, for between 9 and 19 hours weekly for adults, and six or more hours weekly for adolescents; and<br>(c) ensure the following when clients are present in the facility for six or more consecutive hours:<br>(i) client meals;<br>(ii) administration of any required medications;<br>(iii) maximum group sizes according to building capacity; and<br>(iv) a physical environment that provides for the comfort of clients.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                         | <input type="checkbox"/>    |   |
| <b>R501-21-4(3)</b> An outpatient treatment provider that provides only telehealth services may apply for a single license for one centralized site to cover any telehealth services offered and shall ensure that any telehealth services provided to out of state clients are done so in accordance with the telehealth laws of the client's state of residence.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    | Provider does not only provide telehealth services.         |
| Substance Use Disorder Treatment Programs   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes   |
| <b>R501-21-5(1)</b> Each substance use disorder treatment program shall:<br>(a) develop and implement a plan on how to support opioid overdose reversal;<br>(b) maintain proof of completion of the National Survey of Substance Abuse Treatment Services annually; and<br>(c) ensure medical cannabis is not an enticement or offered, referred, or recommended as treatment for substance use disorder.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    | Provider is not a Substance use Disorder Treatment Program. |
| <b>R501-21-5(2)</b> A program providing medication for opioid use disorder (MOUD) shall:<br>(a) maintain a program-wide counselor to client ratio of 1:65 to provide adequate substance use counseling to each client as clinically necessary; and<br>(b) assure each client sees a licensed practitioner that may prescribe controlled substances at least once yearly.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |
| <b>R501-21-5(3)</b> Each MOUD provider that prescribes, administers or dispenses methadone shall:<br>(a) admit a client to the program only after the completion of a face-to-face visit with a licensed practitioner authorized to prescribe controlled substances who confirms opioid dependence;<br>(b) ensure that a licensed practitioner authorized to prescribe controlled substances approves every subsequent dose increase before the change;<br>(c) require each client admitted to the program to participate in random drug testing performed randomly at least eight times per year, per patient in maintenance treatment, in accordance with generally accepted clinical practice and in accordance with 42CFR part 8; and<br>(d) require one hour of prescribing practitioner time at the program site each month for every ten MOUD clients enrolled.  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |
| <b>R501-21-5(4)</b> Each MOUD program that prescribes, administers or dispenses methadone shall:<br>(a) maintain Substance Abuse and Mental Health Services Administration certification and accreditation as an opioid treatment program;<br>(b) employ the following:<br>(i) a licensed physician who is an ASAM-certified physician;<br>(ii) a prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or<br>(iii) a prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and<br>(c) provide one qualified provider as defined in Section 58-17b-309.7 to dispense or administer medications for every 150 methadone clients dosing on an average daily basis.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |
| <b>R501-21-6(5)</b> An outpatient treatment program may offer mobile MOUD services under their physical site license if:<br>(a) the existing licensed site provides MOUD services;<br>(b) the licensee maintains policy and procedures addressing the agency policies as they apply to the mobile unit; and<br>(c) registration requirements of the Drug Enforcement Administration Code of Federal Regulations, Title 21, Parts 1300, 1301 and 1304, 2021 edition are met.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |
| <b>R501-21-5(6)</b> An alcohol and drug education provider shall provide court ordered education only if certified to do so through the OSUMH in accordance with Rule R523-11.  |                                     |                          |                                     |                         |                             |   |
| <b>R501-21-5(7)</b> A licensed substance use disorder counselor (SUDC) in a substance use disorder outpatient treatment program may:<br>(a) collect client information;<br>(b) conduct the screening portion of an assessment;<br>(c) make level of care recommendations; and<br>(d) identify a substance use disorder.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |
| <b>R501-21-5(8)</b> A SUDC may not diagnose a client.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |
| <b>R501-21-5(9)</b> A OSUMH certified alcohol and drug education provider shall:<br>(a) complete and maintain a substance use screening, that may be shared between providers with written client consent, for each client before providing the education course;<br>(b) provide a workbook to each participant to keep upon completion of the course;<br>(c) ensure at least 16 hours of course education; and<br>(d) provide separate classes for adults and youth.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |
| <b>R501-21-5(10)</b> A provider offering services to justice-involved clients shall:<br>(a) operate in compliance with Rules R523-3 and R523-4;<br>(b) maintain a validated criminogenic screen or risk assessment for each justice involved client that is conducted with an accepted tool including:<br>(i) Level of Service Inventory-Revised (LSI-R);<br>(ii) Risk and Needs Triage (RANT);<br>(iii) Ohio Risk Assessment System (ORAS); or<br>(iv) any other screen that the provider can demonstrate their validation to the OSUMH;<br>(c) separate clients into treatment groups according to level of risk assessed;<br>(d) complete screenings that assess both substance abuse and mental health comorbidity; and<br>(e) treat, or refer to other licensed Department of Health and Human Services programs that serve justice-involved clients to treat the array of disorders noted in the screening. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |
| Domestic Violence   | C                                   | NC                       | NA                                  | Date to be corrected by | Corrected During Inspection | Notes   |
| <b>R501-21-6(1)</b> A domestic violence (DV) treatment provider shall comply with generally accepted and current practices in DV treatment, and shall meet the following requirements:<br>(a) maintain and document cooperative working relationships with DV shelters, treatment programs, referring agencies, local DV coalitions, and custodial parents when the client is a minor;<br>(b) treatment for children and victims offers at least ten sessions for each client, not including intake or orientation;<br>(c) if the client is a perpetrator, provider contact with the victims, current partner, and the criminal justice referring agencies is also required, as applicable; and<br>(d) a Licensed Mental Health Therapist shall complete a DV treatment evaluation for each offender to include individualized recommendations for the offender's treatment.                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         |                             | Not a domestic violence treatment provider.                 |
| <b>R501-21-6(2)</b> A provider shall ensure staff to client ratios are set as follows:<br>(a) the staff to client ratio in a one hour long adult treatment group is one staff to eight clients;<br>(b) the staff to client ratio in a group exceeding one hour is one staff to ten clients;<br>(c) the maximum group size may not exceed 16;<br>(d) child victim or child witness groups shall have a ratio of one staff to eight children, when the clients are under 12 years of age; and<br>(e) a staff to client ratio of one staff to ten children when the clients are 12 years of age and older.   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                         | <input type="checkbox"/>    |   |



|   |                          |                          |                                     |  |                          |  |
|---|--------------------------|--------------------------|-------------------------------------|--|--------------------------|--|
| <p><b>R501-21-6(3)</b> The licensee shall ensure client intake and safety as follows:</p> <p>(a) when a client enters a DV treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the client's clinical profile and treatment needs, and the evaluation in Subsection R501-2[3]1-7(1)(d) shall count for this assessment when the client is an offender;</p> <p>(b) obtain additional information for perpetrator clients from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate;</p> <p>(c) when appropriate, obtain additional information for a child client from parents, prior treatment providers, schools, and Division of Child and Family Services Child Protective Services;</p> <p>(d) when any of Subsections R501-21-6(3)(a) through (c) cannot be obtained, the provider shall document the reason; and</p> <p>(e) the provider shall ensure that the intake assessment includes the following:</p> <p>(i) a profile of the frequency, severity, and duration of the DV behavior, that includes a summary of psychological violence;</p> <p>(ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior toward children;</p> <p>(iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated;</p> <p>(iv) documentation of safety planning when the client is an adult victim, child victim, or child witness and they have contact with the perpetrator;</p> <p>(v) address safety planning upon contact for victims who choose not to become treatment clients; and</p> <p>(vi) documentation that appropriate measures have been taken to protect children from harm.</p>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |
| <p><b>R501-21-6(4)</b> A provider shall ensure that treatment procedures adhere to the following:</p> <p>(a) an individualized treatment plan addressing relevant treatment issues is created for each client;</p> <p>(b) refer each client deemed not appropriate for a DV program to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency;</p> <p>(c) provide DV counseling concurrently with, or after, other necessary treatment when appropriate;</p> <p>(d) conjoint or group therapy sessions with victims and perpetrators, or with co-perpetrators may not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate;</p> <p>(e) the perpetrator shall complete at least four DV treatment sessions, unless otherwise noted in the offender evaluation recommendations before the provider implements conjoint therapy;</p> <p>(f) implement a written procedure in an efficient and timely manner to facilitate:</p> <p>(i) entry of the court ordered defendant into treatment;</p> <p>(ii) notification of client compliance, participation, or completion;</p> <p>(iii) disposition of a non-compliant client;</p> <p>(iv) notification of the recurrence of violence; and</p> <p>(v) notification of factors that may exacerbate an individual's potential for violence;</p> <p>(g) a provider shall comply with the duty to warn, in accordance with Section 78B-3-502;</p> <p>(h) a provider shall document specialized training in DV assessment and treatment practices for any individual providing treatment service, to include:</p> <p>(i) 24 hrs of Utah Association for Domestic Violence Treatment pre-service training within the last 2 years;</p> <p>(ii) 16 hrs annual training thereafter; and</p> <p>(i) clinical supervision for treatment staff that are not clinically licensed shall consist of at least 1 hour per week to discuss clinical dynamics of cases.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |
| <p><b>R501-21-6(5)</b> The provider shall ensure training is documented and approved by the designated Utah Department of Health and Human Services DV Specialist regarding assessment and treatment practices for treating DV victims and perpetrators.</p>  | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |
| <p><b>R501-21-6(6)</b> A provider shall disclose any current Department of Health and Human Services contracts and actions against the contract to the Office of Licensing.</p>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |
| <p><b>R501-21-6(7)</b> A provider shall disclose any current accreditations and actions against accredited status to the Office of Licensing.</p>   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |  | <input type="checkbox"/> |  |