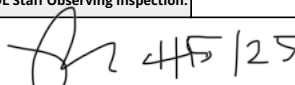
 Utah Department of Health & Human Services Licensing & Background Checks		Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 02/12/2025)</i>	
Provider Name:	Ascend Recovery (DT & RT) (F23-97996)	Facility ID:	97996	Phone Number:	Primary Phone: (801) 216-4800		Notes
Site Name or Address:	6595 N 6000 W American Fork, UT, 84003			Email Address:	Email: contact@ascendrecovery.com		On April 15, 2025, a Pre-Inspection inspection was conducted according to the Outpatient Treatment, license rules. The licensee was in compliance with the rules.
Approved Capacity:	No Capacity for Outpatient Treatment	# of Present Residents/Clients:	0				
Please review the following items prior to the inspection: (Mark with a check mark if completed and make any necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make any necessary notes)			
<input checked="" type="checkbox"/>	Current backgrounds in DACS			<input checked="" type="checkbox"/>	Any active rule variances	no rule variances at this time	
<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	new site, no conditions at this time		<input checked="" type="checkbox"/>	Staff Interviews		
<input checked="" type="checkbox"/>	Any needed rule variances			<input checked="" type="checkbox"/>	Clients Interviews	no clients at this time	
Inspection Information:							
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.							
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.							
Signature Information							
Inspection Type:	Pre-Inspection	Date:	April 15, 2025	Time Started On-site:	2:00 PM	Time Ended On-site:	3:30 PM
Number of Not Compliant Items:	2	Name of Individual Informed of this Inspection: Johanna Salter, COO, Alix Andersen, Compliance Coordinator					
Licensors(s) Conducting this Inspection: Brian Palmer, QIDP				OL Staff Observing Inspection:			
<input checked="" type="checkbox"/>	The Licensor explained noncompliance items (if any).	Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.			 4/15/25		

Pre - Inspection Checklist						
(Revised 02/12/2025)						
C = Compliant						
NC = Not Compliant						
NA = Not Assessed during this inspection						
New and Renewal Licensing Procedures	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes
R380-600-3(1) 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"/>	
R380-600-3(2) 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"/>	
R501-14-5(2)(a) The screening agent shall submit an application for an initial background screening no later than two weeks from the applicant becoming associated with the licensee. (b) The provider shall ensure an applicant is directly supervised until the office issues a conditional or eligible clearance determination, and the provider shall document how the individual remains supervised for the entirety of their supervised employment term before receiving a clearance determination	<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	Corrected During Inspection	Notes
R501-1-4(1) The licensee shall submit to the office, before program implementation, policies and procedures that include: (a) a description of what constitutes sex and gender abuse, discrimination, and harassment; (b) procedures for preventing and reporting abuse, discrimination, and harassment; and (c) procedures for teaching effective and professional communication with individuals of any sexual orientations and genders.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-4(2) 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 mixing populations.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	The provider did not have a written process to ensure outpatient treatment clients were aware of the location to go to receive those services. The procedure was needed because different populations residing at the site would be less likely to remain separated.
R501-1-4(3) 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"/>	
R501-1-4(4) A congregate care program licensee shall submit to the office any policies and procedures that describe behavior management, suicide prevention, restraint, or seclusion used in the program as described in Section 26B-2-123, before implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	The provider did not serve youth
R501-1-4(5) In addition to complying with Section 26B-2-123, a congregate care program licensee shall ensure that the congregate care behavior management policy and practices reflect the following: (a) a congregate care program licensee uses behavior management techniques that are trauma-informed and appropriate for the client's age, behavior, needs, developmental level, and past experiences and defer to the least restrictive method of behavior management available to control a situation; (b) a congregate care program licensee only uses behavior management techniques that emphasize de-escalation and promote self-control, self-esteem, and independence; (c) a congregate care program licensee identifies a behavior management curriculum that emphasizes de-escalation and is compliant with Section 26B-2-123; (d) only direct care staff familiar with the child and the child's needs conduct passive physical restraint; (e) restraint is only used if it does not cause undue physical discomfort, harm, or pain to the client; (f) interventions that use painful stimuli are prohibited as a general practice; (g) passive physical restraint is used only as an emergency, temporary means of physical containment to protect the consumer, other persons, or property from immediate harm; (h) restraint only continues as long as the client presents an immediate danger to self or others; (i) passive physical restraint is not used as a convenience to staff, a substitute for programming or associated with punishment in any way; (j) a client, non-direct care staff member, or other unauthorized individual does not use any form of restraint; (k) staff do not use physical work assignments or activities that inflict pain as behavior management techniques; and (l) staff are trained to ensure the following safe practices: (i) appropriate de-escalation techniques and alternatives to restraint or seclusion; (ii) thresholds for restraints; (iii) the physiological and psychological impact of restraint; (iv) appropriate monitoring of restraint episodes; (v) how to recognize the physical signs of distress, positional asphyxia, and obtaining medical assistance; (vi) how to intervene if another staff member fails to follow correct procedures when using a restraint; (vii) time limits for restraints; (viii) the process for obtaining clinical approval for continued restraints; (ix) the procedure for documenting and reporting restraints; (x) the procedure for processing restraints with clients; (xi) the procedure for following up with staff after a restraint; (xii) how staff address injuries and complaints; (xiii) department code of conduct; and (xiv) client rights.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-1-4(6) A congregate care program licensee shall ensure that congregate care seclusion policy and practices reflect the following: (a) seclusion is only used to ensure the immediate safety of the child or others and is terminated as soon as the risks have been mitigated, not to exceed four hours without clinical justification; (b) staff who are familiar to the child directly supervise the child during the seclusion; (c) staff supervising seclusion ensure that any potentially harmful items or objects are removed from the seclusion environment; (d) seclusion rooms measure a minimum of 75 square feet and have a minimum ceiling height of seven feet with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard; (e) seclusion rooms 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; (f) seclusion rooms do not have locking capability and are not located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space; (g) bedrooms are not utilized as a seclusion room and seclusion rooms may not be utilized as bedrooms; (h) seclusion episodes are documented in detail by the staff involved in initiating and supervising the seclusion episode; (i) seclusion episodes of more than two in a 24-hour period are supported by clinical review and documentation regarding client suitability for remaining in the program; and (j) client time-out is used when addressing behavioral issues only if: (i) a client in time-out is never physically prevented from leaving the time-out area; (ii) it takes place away from the area of activity or from other clients, such as in the client's bedroom; (iii) staff monitors the client while in time-out; and (iv) the reason for and duration of time-out is documented by staff on duty when it occurs.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-1-4(7) A congregate care program licensee shall develop and follow a suicide prevention policy that complies with Subsection 26B-2-123(5).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-1-4(8) A congregate care program licensee shall ensure that the program's licensed clinical professional conducts regular reviews of client restraints, seclusions, behavioral interventions, and time outs to inform processing discussions with clients and training for direct care staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-1-4(9)(a) Before a congregate care program licensee may accept a client or send a discharging client who is transported by a youth transportation company as defined in Section 26B-2-101, the licensee shall ensure that the transport company is registered with the office. (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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
Program Administrative and Direct Service Requirements	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes

R501-1-6(1) 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"/>	
R501-1-6(2) The licensee shall post the following in conspicuous places where each visitor, staff, and client may view: (a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205; (b) civil rights notice; (c) Americans with Disabilities Act notice; (e) any office notice of 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	Posters were not posted in the buildings that would be used for outpatient treatment services.
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes
R501-1-8(1) The licensee shall ensure: (a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire 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 process; (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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-8(2) 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"/>	
R501-1-8(3) 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"/>	The Licensee did not have plans to manage outpatient client medications at the site.
R501-1-8(4) The licensee shall maintain a first aid kit	<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	Corrected During Inspection	Notes
R501-1-9(1) A residential licensee shall ensure: (a) designated space is available for records, administrative work, & confidential phone calls for clients; (c) live-in staff have dedicated bedrooms & bathrooms separate from client use; (d) each bedroom designated for a client is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings; (e) clients are not locked in bedrooms; (f) a mirror or safety mirror is secured to each bathroom wall at a convenient height; (g) each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours; (h) each bath or shower allows for individual privacy; (i) each client is supplied with hygiene supplies; (j) each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens; (k) each client has a similar solid type of bed or sleeping equipment to any other client in the program; (m) there are separate containers for soiled & clean laundry, if the program provides common laundry for towels, bedding or clothing; (o) equipment and supplies for washing & drying laundry are provided, if the program permits clients to do their own laundry; (p) there is at least 60 sq ft per person in a multiple occupancy bedroom and 80 sq ft in a single occupant bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	This is not a residential license.
R501-1-9(3) The licensee utilizing 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; (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; (c) a seclusion room may not have locking capability and may not be located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space; and (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"/>	Not residential.
Food Service Requirements	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes
R501-1-10(2) A licensee that provides meals shall: (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; and (f) provide adequate dining space for clients that is maintained in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	The Licensee did not plan to provide meals to outpatient treatment clients.
Program Client Record Requirements	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes
R501-1-11(2) The licensee shall document a plan detailing how each program staff and client file is maintained and remains available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Rule Compliance, Penalties, Agency Action Reviews, and Appeals	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes

R380-600-8(11) Any owner identified in a license or certificate revocation action may not be approved for a license or certification of any other program or facility overseen by the office for five years from the date the revocation was made effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	The owner was not identified in a revocation.
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Outpatient Treatment Programs - Inspection Checklist						
(Revised 02/12/2025)						
C = Compliant						
NC = Not Compliant						
NA = Not Assessed during this inspection						
Administration and Direct Services	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes
R501-21-4(1) 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"/>	
R501-21-4(2) An outpatient treatment program shall: (a) provide general outpatient treatment on a weekly basis, or less than weekly only with individualized clinical justification; (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 (c) ensure the following when clients are present in the facility for six or more consecutive hours: (i) client meals; (ii) administration of any required medications; (iii) maximum group sizes according to building capacity; and (iv) a physical environment that provides for the comfort of clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	The Licensee did not have any clients at the time of the inspection.
R501-21-4(3) 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"/>	The Licensee did not intend to provide only telehealth services.
Substance Use Disorder Treatment Programs	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes
R501-21-5(1) Each substance use disorder treatment program shall: (a) develop and implement a plan on how to support opioid overdose reversal; (b) maintain proof of completion of the National Survey of Substance Abuse Treatment Services annually; and (c) ensure medical cannabis is not an enticement or offered, referred, or recommended as treatment for substance use disorder.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(2) A program providing medication for opioid use disorder (MOUD) shall: (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 (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"/>	The Licensee did not plan to provide any medications for opioid use disorder.
R501-21-5(3) Each MOUD provider that prescribes, administers or dispenses methadone shall: (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; (b) ensure that a licensed practitioner authorized to prescribe controlled substances approves every subsequent dose increase before the change; (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 (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"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-21-5(4) Each MOUD program that prescribes, administers or dispenses methadone shall: (a) maintain Substance Abuse and Mental Health Services Administration certification and accreditation as an opioid treatment program; (b) employ the following: (i) a licensed physician who is an ASAM-certified physician; (ii) a prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or (iii) a prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and (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"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-21-6(5) An outpatient treatment program may offer mobile MOUD services under their physical site license if: (a) the existing licensed site provides MOUD services; (b) the licensee maintains policy and procedures addressing the agency policies as they apply to the mobile unit; and (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"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-21-5(6) 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	The Licensee did not plan to provide court-ordered education for drugs and alcohol.
R501-21-5(7) A licensed substance use disorder counselor (SUDC) in a substance use disorder outpatient treatment program may: (a) collect client information; (b) conduct the screening portion of an assessment; (c) make level of care recommendations; and (d) identify a substance use disorder.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	The Licensee did not employ any SUDC and there were no clients being served.
R501-21-5(8) A SUDC may not diagnose a client.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-21-5(9) A OSUMH certified alcohol and drug education provider shall: (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; (b) provide a workbook to each participant to keep upon completion of the course; (c) ensure at least 16 hours of course education; and (d) provide separate classes for adults and youth.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
R501-21-5(10) A provider offering services to justice-involved clients shall: (b) maintain a validated criminogenic screen or risk assessment for each justice involved client that is conducted with an accepted tool including: (i) Level of Service Inventory-Revised (LSI-R); (ii) Risk and Needs Triage (RANT); (iii) Ohio Risk Assessment System (ORAS); or (iv) any other screen that the provider can demonstrate their validation to the OSUMH: (c) separate clients into treatment groups according to level of risk assessed; (d) complete screenings that assess both substance abuse and mental health comorbidity; and (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"/>	The Licensee was not serving any clients yet.
Domestic Violence	C	NC	NA	Date to be corrected	Corrected During Inspection	Notes
R501-21-6(1) A domestic violence (DV) treatment provider shall comply with generally accepted and current practices in DV treatment, and shall meet the following requirements: (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; (b) treatment for children and victims offers at least ten sessions for each client, not including intake or orientation; (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 (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"/>		<input type="checkbox"/>	The licensee did not intend to, or provide domestic violence services.

<p>R501-21-6(2) A provider shall ensure staff to client ratios are set as follows:</p> <p>(a) the staff to client ratio in a one hour long adult treatment group is one staff to eight clients;</p> <p>(b) the staff to client ratio in a group exceeding one hour is one staff to ten clients;</p> <p>(c) the maximum group size may not exceed 16;</p> <p>(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</p> <p>(e) a staff to client ratio of one staff to ten children when the clients are 12 years of age and older.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
<p>R501-21-6(3) 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)-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"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
<p>R501-21-6(4) 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;</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>(j) 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"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
<p>R501-21-6(5) 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"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
<p>R501-21-6(6) 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"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.
<p>R501-21-6(7) 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"/>	Compliance with the rule was not assessed by the licensor because the licensee did not provide services in a way that was relevant to requiring compliance with the rule.