Heal	epartment of th & Human Services & Background Checks		Insp	This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. (Revised 04/2024)						
Provider Name:	Northwest Charities (F22-95546)	Facility ID:	95546	Phone Number:	Primary Phone: (801) 927-7591	Notes				
Site Name or Address:			Email Address:	Email: darla.bill@nwestcharities.com	On 02/24/2025 a Follow - up inspection was conducted according to the Residential Treatment license rules. The provider was in compliance with					
Approved Capacity:	8	# of Present Residents\Clients:	0		the rules.					
	ase review the following items p				se review the following items during the inspection: vith a check mark if completed and make any necessary notes)					
	Current backgrounds in DACS	,			Any active rule variances					
~	Current staff roster collected			\blacksquare	Introduce yourself and any DHHS staff					
~	Any license restrictions or conditions			ightharpoons	Staff Interviews					
~	Any needed rule variances			ightharpoons	Clients Interviews					
Inspection Inforn	nation:									
	ou this inspection checklist after the inspection is s checked here as noncompliant can be part					this inspection has been appro	ved by			
- If the only non compliance items are documentation and/or records, please submit them by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.										
Signature Information										
Inspection Type:	Follow - up	Date:	2/24/2025	Time Started On-site:	1:30 PM	Time Ended On-site:	2:15 PM			
	Number of Not Compliant Items:	0	Name of Individual Info	ormed of this Inspection:	David Tupou, Staff Supervisor, Jared Stanton, Staff in Training					
Li	censor(s) Conducting this Inspection:	Brian Palmer			OL Staff Observing Inspection:					
~	The Licensor explained noncompliance items (if any).	Signing this checklist	does not constitute agreemen	med name and date of review: It with the statements, only that pliances, if any, were explained.	2 P 2 +					

Follow-Up Inspection Checklist (Revised 01/2024)								
(Kevised U1/2024) C = Compliant								
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NA = Not Assessed during this inspection								
Rules Selected for the Follow-Up Inspection	с	NC	NA	Date to be corrected	Corrected During Inspection	Notes		
R501-1-14(1) 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; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (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; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director.	~					Original Inspection: There was not a method for documenting missed treatment. The provider did not retain documentation of the time and date of services performed by contracted clinicians. The contracted therapists retained the records of the dates and times of the services they provided and the missed treatment. This inspection: On 2/24/2025, the Licensor verified that the provider ensured a clinical director ensured treatment and service planning and weekly treatment was approved as stated in the rule.		
R501-1-14(4) 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.	~		0			Original Inspection: The treatment plans for the clients did not indicate the group therapy treatment that clients were receiving 3 times per week and the bi-weekly individual treatment the clients were receiving was also not addressed in the treatment plans. This Inspection: On 2/24/2025, the Licensor verified that the provider documented treatment services as prescribed in the treatment plan.		

R501-1-15(10) The licensee shall ensure that personnel information includes: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Rule R501-14; (c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion; (e) any grievances or complaints made by or against the individual and actions taken by the program; & (f) each crisis intervention or critical incident report involving the individual.	Y		Original Inspection: Annual training records were not maintained on-site. This Inspection: On 2/24/2025, the Licensor verified that the provider ensured personnel records were maintained as stated in the rule.
R501-1-15(11) The licensee shall ensure that at least one CPR and First Aid-certified staff member is available when staff and clients are present unless a currently licensed healthcare professional is present.	~		Original Inspection: Annual training records were not maintained on-site. This inspection: On 2/14/2025, the Licensor verified that the provider ensured there was at least one First Aid-certified staff member available as stated in the rule.
R501-1-16(2) The licensee shall ensure each staff completes the following training topics each year, based on the program's license date: (a) program policies, procedures and safe practices as outlined in Section R501-1-4; (b) general provisions and applicable categorical licensing rule; (c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and circumstances the program can safely manage; (d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes; (e) provider code of conduct as outlined in Rule R380-80; (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; (g) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extrem weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; (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; (i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and Micotine Products; (i) how to manage clients who screen with elevated suicide risk levels; (k) general incident reporting; (ii) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements; (m) CPR and first aid; (n) if storing and administering medications, training required to administer medication and the process to be followed; (o) training to identify and address in a residential or congregate care program: (i) clients who pose a risk of violence; (ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of cli	≥		Original Inspection: There were no annual training available during the inspection for any of the employees. This Inspection: On 2/24/2025, the Licensor verified that the training topics were completed each year as ststed in the rule.