

 Utah Department of Health & Human Services Licensing & Background Checks		Congregate Care Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 08/2022)</i>	
Provider Name:		Facility ID:		Phone Number:		Notes	
Site Name or Address:				Email Address:			
Approved Capacity:		# of Present Residents\Clients					
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			
<input type="checkbox"/>	DACS to ensure background checks are current.			<input type="checkbox"/>	Introduce yourself and any DHHS staff		
<input type="checkbox"/>	Any active rule variances.			<input type="checkbox"/>	Clients Interviews		
<input type="checkbox"/>	Any license restrictions or conditions.			<input type="checkbox"/>	Staff Interviews		
<input type="checkbox"/>	Any needed rule variances.			<input type="checkbox"/>	Other:		
Inspection Information:							
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.							
- If the only non compliance items are documentation and/or records, please submit them by the <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:		Date:		Time Started On-site:		Time Ended On-site:	
Number of Non Compliant Items:			Name of Individual Informed of this Inspection:				
Licensor(s) Conducting this Inspection:					OL Staff Observing Inspection:		
<input 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.					

Foster Care Programs - General Safety Inspection Checklist

C = Compliant
NC = Not Compliant
NA = Not Assessed during this inspection

Licensing Application and Monitoring Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-4(1)(c) and R501-1-10. The provider permitted OL unrestricted access to site(s), records, clients, and staff during business hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Changes	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-12-4(2)(d). Any changes to the household income and expenses from the one previously reported to OL?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8. The provider is in compliance with the terms of approved rule variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Required Approvals	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Investigations of Alleged Noncompliances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11. All reportable critical incidents were properly reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Licensee Noncompliance	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Aspects of the Home	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-12-6(1). The indoor and outdoor areas are maintained free from: -Unstable or falling structures -Accessible exposed electrical wires (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-13(3). Provider is in compliance with: (a) a food handler permits for any person preparing meals for any other person; (b) business licenses; (c) capacity limits; (d) fire clearance; (e) licensure and registration of any vehicles used to transport clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Emergency Plans	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1). The appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2). Appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3). clients with disabilities are accommodated as needed or appropriately referred to comparable services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4). Fire drills in non-outpatient programs are conducted and documented at least quarterly and program administration provides and documents feedback regarding response time and process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5). A 911 recognizable phone is always on-site with clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6). Bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7). Each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8). Each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-15(9). Medications and potentially hazardous items on-site are maintained lawfully, responsibly, and with consideration of the safety and risk level of the population served. This includes locked storage for each medication and hazardous chemical.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10). Non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11). Prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Transportation	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-16(1). There is designated space available for records, administrative work, and confidential phone calls for clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(2). Bedroom assignments are made in accordance with each approved agency non-discrimination policy and individualized assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(3). Live-in staff have separate living spaces with a bathroom that is separate from client bathrooms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(4). Each bedroom designated for clients is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(6). No client is locked in a bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(7). Each mirror or safety mirror is secured to the bathroom wall at a convenient height.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(8). Each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(9). Each bath or shower allows for individual privacy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(10). Each client is supplied with hygiene supplies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(11). Each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(12). Each bed is solidly constructed and non-portable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(13). use of alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized basis with clinical or medical justification and: (a) preserves client dignity; (b) Is not be done as a blanket practice; (c) Is not used due to staffing shortages or for staff convenience; and (d) Is not used as a behavior management or consequence practice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16. Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-16. Common laundry for towels, bedding, or clothing provide separate containers for soiled and clean laundry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(15). Bedding and towels are laundered weekly and after each client is discharged.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(16). Programs permitting clients to do the client's own laundry, provide equipment and supplies for washing and drying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(17). Each individual is provided with at least 60 square feet in a multiple occupancy bedroom and 80 square feet in a single occupant bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(18). In facilities serving individuals with disabilities, no more than two persons are housed in each bedroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Behavior Management	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-17(1). Residential programs that provide meals for four or more, but less than 16, clients comply with a local health inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(2). Meals are not used as incentive or punishment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(3). Each program that provides meals provides nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program ensures that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; and (c) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that is: (i) served from dietician or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(4). Programs that provide meals establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(5). Programs that provide meals provide adequate dining space that is maintained in a clean and safe condition for each client .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(6). Programs that provide self-serve meals ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a Department of Health food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1). There is adequate staffing, so the current population can be safely supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(2). A manager or qualified designee is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-18(3). Programs that offer clinical services employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(4). Programs serving substance use disorder ensure each staff and client is screened for tuberculosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5). Programs managing, storing, or administering client medication identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6). Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Foster Child's Rights in Foster Care	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-19(1)-(2). The program create and maintains personnel information for each staff member, contracted employee, and volunteer, including: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-1-20(1). Client information is maintained and includes: (a) client name, address, email address, phone numbers, date of birth and identified gender; (b) emergency contact names, including legal guardian where applicable, and at minimum, the emergency contact physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons for self-directed violence or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-20(2). There is a plan detailing how each program staff and client file will be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-21(2). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records: (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-21(3). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-22(1). In residential facilities, an intake assessment is completed following an approved intake screening and no later than seven days from the admission date. The assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (g) suicide risk screening; and (h) authorization to serve and obtain emergency care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(2). No youth from out of state is served without a disruption plan as described in Section 62A-2-125 and, as applicable, Title 80-2-905, Interstate Compact Placement of Children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-22(3). The disruption plan contains the following: (a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah; (b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party; (iii) a signed statement from parent or responsible party outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible party identified in Subsection R501-1-22(3)(a) or to another licensed congregate care program. R501-1-22(4). Each congregate care program may demonstrate compliance with Subsections R501-1-22(2) and R501-1-22(3) by producing the 100A and 100B forms and disruption plan as required by the Interstate Compact for the Placement of Children (ICPC).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(5). Private placements are reported to the office by the fifth business day of each month.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-22(6). Critical and non-critical restraints or seclusions are reported to the office within one business day.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

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

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

C = Compliant
NC = Not Compliant
NA = Not Assessed during this inspection

Administration and Direct Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-4(2). Programs shall have current program information readily available to the Office and the public, including a description of: (a) program services; (b) the client population served; (c) program requirements and expectations; (d) information regarding any non-clinical services offered; (e) costs, fees, and expenses that may be assessed, including any non-refundable costs, fees or expenses; and (f) complaint reporting and resolution processes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<p>R501-21-4(3). The Program shall:</p> <p>(a) provide outpatient and/or intensive outpatient treatment services not to exceed nineteen hours per week, as clinically recommended and documented;</p> <p>(b) identify and provide to the Office the organizational structure of the program including:</p> <p>(i) names and titles of owners, directors and individuals responsible for implementing all aspects of the program, and</p> <p>(ii) a job description, duties and qualifications for each job title;</p> <p>(c) identify a director or qualified designee who shall be immediately available at all times that the program is in operation;</p> <p>(d) ensure at least one CPR/First Aid trained or certified staff member is available onsite at all times with clients present;</p> <p>(e) disclose any potential conflicts of interest to the Office;</p> <p>(f) ensure that staff are licensed or certified in good standing as required and that unlicensed individuals providing direct client services shall do so only in accordance with the Mental Health Professional Practices Act;</p> <p>(g) train and monitor staff compliance regarding:</p> <p>(i) program policy and procedures;</p> <p>(ii) the needs of the program's consumers;</p> <p>(iii) Office of Licensing rule 501-21 and annual training on the Licensing Code of Conduct and client rights as outlined in R501-1-11;</p> <p>(iv) emergency procedures;</p> <p>(h) create and maintain personnel files for each staff member to include:</p> <p>(i) applicable qualifications, experience, certifications and licenses;</p> <p>(ii) approved and current Office of Licensing background screening except as excluded in 501-14-17; and</p> <p>(iii) training records with date completed, topic and employee signature(s) verifying completion.</p> <p>(i) comply with Office rules and all local, state and federal laws to include maintaining a current business license, fire inspection and health clearance as applicable;</p> <p>(j) maintain proof of financial viability of the program;</p> <p>(k) maintain general liability insurance, professional liability insurance that covers all program staff, vehicle insurance for transport of clients, fire insurance and any additional insurance required to cover all program activities; and</p> <p>(l) maintain proof of completion of the National Mental Health Services Survey (NMHSS) annually for each site providing mental health services; and</p> <p>(m) ensure that all programs and individuals involved with the prescription, administration or dispensing of controlled substances shall do so per state and federal law, including maintenance of DEA registration numbers for:</p> <p>(i) all prescribing physicians; and</p> <p>(ii) the specific site where the controlled substances are being prescribed, as required.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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R501-21-4(4). The program shall develop, implement and comply with policies and procedures sufficient to ensure the health and safety and meet the needs of the client population served. Policies and procedures shall address: (a) client eligibility; (b) intake and discharge process; (c) client rights as outlined in R501-1-12; (d) staff and client grievance procedures; (e) behavior management; (f) medication management; (g) critical incident reporting as outlined in R501-1-2-9 and R501-1-9-2d; (h) emergency procedures; (i) transportation of clients to include requirement of insurance, valid driver license, driver and client safety and vehicle maintenance; (j) firearms; (k) client safety including any unique circumstances regarding physical facility, supervision, community safety and mixing populations; and (l) provision of client meals, administration of required medications, maximum group sizes, and sufficient physical environment providing for the comfort of clients when clients are present for six or more consecutive hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-4(5). Programs shall maintain client files to include the following: (a) client name, home address, email address if available, phone numbers, date of birth and gender; (b) legal guardian and emergency contact names, address, email address and phone numbers; (c) all information that could affect the health, safety or well-being of the client including all medications, allergies, chronic conditions or communicable diseases; (d) intake assessment; (e) treatment plan signed by the clinical professional or service plan for non-clinical services; (f) detailed documentation of all clinical and non-clinical services provided with date and signature of staff completing each entry; (g) signed fee disclosure statement including Medicaid number, insurance information and identification of any other entities that are billed for the client's services; (h) client or guardian signed consent or court order of commitment to services in lieu of signed consent, for all treatment and non-clinical services; (i) grievance and complaint documentation; and (j) discharge documentation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-4(6). Programs shall document a plan detailing how all program, staff, and client files shall be maintained and remain available for the Office and other legally authorized access, for seven years, regardless of whether or not the program remains licensed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-4(7). The program shall ensure that assessment, treatment and service planning practices are clinically appropriate, updated as needed, timely, individualized, and involve the participation of the client or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-21-4(8). Programs shall maintain documentation of all critical incidents; critical incident reports shall contain: (a) time of incident; (b) summary of incident; (c) individuals involved; and (d) program response to the incident.	<input 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
R501-21-5(1). Space shall be adequate to meet service needs and ensure client confidentiality and comfort.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(2). The program shall maintain potentially hazardous items on-site lawfully, responsibly and with consideration of the safety and risk level of the population(s) served.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(3). All furniture and equipment shall be maintained in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(4). Programs offering supplemental services or activities in addition to outpatient treatment shall: (a) remain publically transparent in the use of the equipment, practices and purposes; (b) ensure the health and safety of the consumer; (c) gain informed consent for participation in supplemental services or activities; and (d) provide verification of all trainings or certifications as required for the operation and use of any supplemental equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(5). The program shall post the following documents where they are clearly visible by clients, staff, and visitors: (a) Civil Rights and anti-discrimination laws; (b) program license; (c) current or pending Notices of Agency Action; (d) abuse and neglect reporting laws; and (e) client rights and grievance process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(6). The program site shall provide access to a toilet and lavatory sink in a manner that ensures basic privacy, and shall be: (a) stocked with toilet paper, soap, and paper towels/dryer; and (b) maintained in good operating order and kept in a clean and safe condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(7). The program shall ensure that the physical environment is safe for consumers and staff and that the appearance and cleanliness of the building and grounds are maintained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Substance Use Disorder Treatment Programs	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-6(1). All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-6(2). Maintain proof of completion of the National Survey of Substance Abuse Treatment Services (NSSATS) annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<p>R501-21-6(3). Medication-assisted treatment (MAT) in substance use disorder programs shall:</p> <p>(a) maintain a program-wide counselor to MAT consumer ratio of: 1:50;</p> <p>(b) assure all consumers see a licensed practitioner that is authorized to prescribe controlled substances at least once yearly;</p> <p>(c) show proof of completion of federally required physician training for physicians prescribing buprenorphine;</p> <p>(d) admit consumers to the program and prescribe, administer or dispense medications only after the completion of a face-to-face visit with a licensed practitioner having authority to prescribe controlled substances who confirms opioid dependence. A licensed practitioner having authority to prescribe controlled substances must approve every subsequent dose increase prior to the change;</p> <p>(e) require all consumers admitted to the program to participate in random drug testing. Drug testing will be performed by the program a minimum of two times per month for the first three months of treatment, and monthly thereafter; except for a consumer whose documented lack of progress shall require more frequent drug testing for a longer period of time;</p> <p>(f) require that consumers participate in at least one counseling session per week for the first 90 days. Upon documented successful completion of this phase of treatment, consumers shall be required to participate in counseling sessions at least twice monthly for the next six months. Upon documented successful completion of nine months of treatment, consumers shall be seen by a licensed counselor at least monthly thereafter until discharge; and</p> <p>(g) require one hour of prescribing practitioner time at the program site each month for every ten MAT consumers enrolled.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-21-6(4). MAT Programs prescribing, administering or dispensing Methadone (Opioid Treatment Programs) shall:</p> <p>(a) maintain Substance Abuse and Mental Health Services Administration (SAMHSA) certification and accreditation as an opioid treatment program.</p> <p>(b) comply with DSAMH Rule R523-10 Governing Methadone and other opioid treatment service providers;</p> <p>(c) employ a:</p> <p>(i) licensed physician who is an American Society of Addiction Medicine certified physician; or</p> <p>(ii) prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or</p> <p>(iii) prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and</p> <p>(d) provide one nurse to dispense or administer medications for every 150 Methadone consumers dosing on an average daily basis.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-21-6(5). Certified DUI Education Programs (a) Only programs certified with the Division of Substance Abuse and Mental Health (DSAMH) to provide Prime for Life education in accordance with and R523-11 shall provide court ordered DUI education. (b) Certified DUI education programs shall: (i) complete and maintain a substance use screening for each participant prior to providing the education course; (A) screenings may be shared between providers with client written consent.; (ii) provide a workbook to each participant to keep upon completion of the course; (iii) ensure at least 16 hours of course education; and (iv) provide separate classes for adults and youth. (c) Any violations of this rule section will be reported to DSAMH for evaluation of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-6(6). Justice Reform Initiative (JRI) Certified Programs shall operate in compliance with DSAMH rules 523-3 and 523-4. (a) JRI certified programs shall maintain a criminogenic screen/risk assessment for each justice involved client and separate clients into treatment groups according to level of risk assessed. (b) Providers shall complete screenings that assess both substance abuse and mental health comorbidity. (c) JRI programs shall treat, or refer to other DHS licensed programs that have obtained a justice certification from the DSAMH to treat the array of disorders noted in screenings. (d) Any violations of this rule section shall be reported to DSAMH for evaluation of certification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Domestic Violence	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-7(1). Domestic Violence (DV) treatment programs shall comply with generally accepted and current practices in domestic violence treatment, and shall meet the following requirements: (a) maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor, and local domestic violence coalitions; (i) treatment sessions for children and victims shall offer a minimum of ten sessions for each consumer, not including intake or orientation; (b) if the consumer is a perpetrator, program contact with the victims, current partner, and the criminal justice referring agencies is also required, as appropriate; (i) In accordance with UCA50-60-102(5), a Licensed Mental Health Therapist shall complete a domestic violence treatment evaluation for each offender to include individualized recommendations for the offender's treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-7(2). Staff to Consumer Ratio (a) The staff to consumer ratio in adult treatment groups shall be one staff to eight consumers, for a one hour long group; or one staff to ten consumers for an hour and a half long group. The maximum group size shall not exceed 16. (b) Child victim, or child witness groups shall have a ratio of one staff to eight children, when the consumers are under 12 years of age; and a ratio of one staff to ten children when the consumers are 12 years of age and older.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

<p>R501-21-7(3). Client Intake and Safety (a) When any consumer enters a treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the consumer's clinical profile and treatment needs. The evaluation in R501-23-7 shall count for this assessment when the consumer is an offender. (b) For perpetrator consumers, additional information shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate. (c) When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools, and Child Protective Services. (d) When any of the above cannot be obtained, the reason shall be documented. (e) The assessment shall include the following: (i) a profile of the frequency, severity, and duration of the domestic violence behavior, which includes a summary of psychological violence; (ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior towards children; (iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated; (iv) documentation of safety planning when the consumer is an adult victim, child victim, or child witness; and that they have contact with the perpetrator; (A) for victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted; and (v) documentation that appropriate measures have been taken to protect children from harm.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-21-7(4). Treatment Procedures (a) Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues. (b) Consumers who are not deemed appropriate for domestic violence programs shall be referred to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency. (c) Domestic violence counseling shall be provided concurrently with, or after other necessary treatment, when appropriate. (d) Conjoint or group therapy sessions with victims and perpetrators together, or with both co-perpetrators, shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate. (e) The perpetrator must complete a minimum of 4 domestic violence treatment sessions, unless otherwise noted in the offender evaluation recommendations prior to the provider implementing conjoint therapy. (f) A written procedure shall be implemented to facilitate the following, in an efficient and timely manner: (i) entry of the court ordered defendant into treatment; (ii) notification of consumer compliance, participation, or completion; (iii) disposition of non-compliant consumers; (iv) notification of the recurrence of violence; and (v) notification of factors which may exacerbate an individual's potential for violence. (g) The program shall comply with the "Duty to Warn," Section 78B-3-502. (h) The program shall document specialized training in domestic violence assessment and treatment practices, including 24 hours of Utah Association for Domestic Violence Treatment (UADVT) pre-service training, within the last two years; and 16 hours annual training thereafter for all individuals providing treatment service. (i) Clinical supervision for treatment staff that are not clinically licensed shall consist of a minimum of one hour per week to discuss clinical dynamics of cases.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-21-7(5). Training (a) Training that is documented and approved by the designated Utah DHS DV Specialist Regarding assessment and treatment practices for treating: (i) DV victims; and (ii) DV perpetrators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-7(6). Programs must disclose all current DHHS contracts and actions against the contract to the Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-7(7). Programs must disclose all current Accreditations and actions against accredited status to the Office.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

ADDITIONAL INFORMATION

[illegible]