

| Congregate Care Inspection Checklist | | | | This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 08/2022)</i> |
|---|---|---|----------------------------------|---|
|  <p>Utah Department of Health & Human Services Licensing & Background Checks</p> | | | | |
| Provider Name: | Zion Hills Academy, Inc. | Facility ID: | F22-93763 | Residential Treatment |
| Site Name or Address: | 5088 N Veterans Memorial Dr Enoch, UT, 84721 | Email Address: | janie@sabin@havenwoodacademy.com | Phone Number: |
| Approved Capacity: | 16 | # of Present Residents/Clients | 13 | |
| Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes) | | | | |
| <input checked="" type="checkbox"/> DACS to ensure background checks are current. <input checked="" type="checkbox"/> Any active rule variances. <input checked="" type="checkbox"/> Any license restrictions or conditions. <input checked="" type="checkbox"/> Any needed rule variances. | | | | |
| Inspection Information: | | | | |
| <ul style="list-style-type: none"> The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection. If the only non compliance items are documentation and/or records, please submit them by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance. | | | | |
| Signature Information | | | | |
| Inspection Type: | 2nd Unannounced | Date: | 07/18/2023 | Time Started On-site: 10:00am |
| Number of Non Compliant Items: | 0 | Name of Individual Informed of this Inspection: | Janie Sabin | |
| Licensor(s) Conducting this Inspection: | Greg Hirst | | | |
| 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. | | | | |
| <input checked="" type="checkbox"/> The Licensor explained noncompliance items (if any). | | | | |

| Congregate Care Programs - General Inspection Checklist | | | | | | | |
|--|--|-------------------------------------|--------------------------|--------------------------|-------------------------|-----------------------------|-------|
| <p style="text-align: center;">C = Compliant NC = Not Compliant NA = Not Assessed during this inspection</p> | | | | | | | |
| Licensing Application and Monitoring Procedures | | C | NC | NA | Date to be corrected by | Corrected During Inspection | Notes |
| R501-1-4(c) and R501-1-10. | The provider permitted OL unrestricted access to site(s), records, clients, and staff during business hours. | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Variances | | C | NC | NA | Date to be corrected by | Corrected During Inspection | Notes |
| R501-1-8. | If any, the provider is in compliance with the terms of approved rule variances. | <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Program Administration and Direct Service Requirements | | C | NC | NA | Date to be corrected by | Corrected During Inspection | Notes |
| R501-1-13(1). | The provider clearly identifies services to the office, public, potential client, parent, or guardian regarding: | | | | | | |
| (a) | contact information; | | | | | | |
| (b) | the complaint reporting and resolution process; | | | | | | |
| (c) | a description of each service provided; | | | | | | |
| (e) | each program requirement and expectation; | | | | | | |
| (f) | eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served; | | | | | | |
| (g) | each cost, fee, and expense for a service and refund policy; and | | | | | | |
| (n) | identification of each non-clinical, extracurricular, or supplemental service offered or referred. | | | | | <input type="checkbox"/> | |

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| R501-1-13(2). The following items are posted in a conspicuous place: | | | | |
| (a) abuse reporting laws; (b) civil rights notice; (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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-1-13(4). Provider has proof of: | | | | |
| (a) financial viability of the program as verified by a financial professional; (b) general liability insurance; (c) professional liability insurance; (d) vehicle insurance; (e) fire insurance; and (f) additional insurance as required to cover each program activity. | <input type="checkbox"/> | <input checked="" 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 (m) 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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| R501-1-13(8). A program providing school on-site: | | | | |
| (a) maintains the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) is recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensures each youth is taught at grade level. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Requirements | Residential Programs Additional Administration and Direct Services | C NC NA Date to be corrected by | Corrected During Inspection | Notes |
|---|--|---|-----------------------------|-------|
| R501-1-13(9). The provider ensures that unlicensed clinical and medical staff who are not associated with the facility are appropriately supervised. | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-13(10). A program that utilizes telehealth for treatment complies with each applicable rule. | | <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> | |
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| R501-1-14(5). The provider ensures that before allowing a direct care staff to work unsupervised, they have an approved background clearance and are trained in the following: | | | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|-----------------------------|-------|
| (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| (b) which practices are prohibited for congregate care programs; | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (c) the clinical needs of each of the clientele; | | | | | | |
| (d) client rights; | | | | | | |
| (e) department code of conduct; and | | | | | | |
| (f) incident reporting. | | | | | | |
| R501-1-14(6). Direct care staff are trained in first aid and CPR within six months of hire. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Program Physical Facilities and Safety | 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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-15(5). A 911 recognizable phone is always on-site with clients. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Residential Programs Additional Facilities and Safety Requirements | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Food and Service Requirements | | C | NC | NA | Date to be corrected by | Corrected During Inspection | Notes |
|--|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|------------------------------|
| R501-1-16(2). Bedroom assignments are made in accordance with each approved agency non-discrimination policy and individualized assessment. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no live-in staff. |
| R501-1-16(4). Each bedroom designated for clients is comparable to other similarly utilized bedrooms with similar access, location, space, furnishings, and furnishings. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-16(5). No client is locked in a bedroom. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (a) preserves client dignity; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) is not done as a blanket practice; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (c) is not used due to staffing shortages or for staff convenience; and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (d) is not used as a behavior management or consequence practice. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-16(14). Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | This is not a DSPD facility. |
| Food and Service Requirements | | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Program Personnel Record Requirements | | | | | | |
|---|-------------------------------------|-------------------------------------|--------------------------|-------------------------|-----------------------------|---|
| | c | NC | NA | Date to be corrected by | Corrected During Inspection | Notes |
| R501-1-17(2). Meals are not used as incentive or punishment. | <input checked="" 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 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| (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. | | | | | | |
| 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 checked="" 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 checked="" 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"/> | | | |
| Program Staffing | | | | | | |
| R501-1-18(1). There is adequate staffing, so the current population can be safely supervised. | <input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | | | This is not a substance use disorder program. |
| 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 checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |

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| | | | | | This is an unannounced visit. This item was not reviewed. |
| 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; | <input type="checkbox"/> | | | | |
| (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; | <input type="checkbox"/> | | | | |
| (e) any grievances or complaints made by or against the individual and actions taken by the program; and | <input checked="" type="checkbox"/> | | | | |
| (f) each crisis intervention or critical incident report involving the individual. | | | | | |
| Program Client Record Requirements | | c | NC | NA | Date to be corrected by |
| | | | | | Corrected During Inspection |
| 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; | <input type="checkbox"/> | | | | |
| (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. | | | | | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Program Intake and Discharge Requirements | | c | NC | NA | Date to be corrected by |
| | | | | | Corrected During Inspection |
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| | | | | This is an unannounced visit. This item was not reviewed. |
| R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (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. | | | | |
| 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: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (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. | | | | |
| R501-1-21(3). A discharge plan identify resources available to a client and include: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (a) reason for discharge or transfer; | | | | |
| (b) aftercare plan; | | | | |
| (c) summary of services provided; and | | | | |
| (d) progress evaluation. | | | | |
| Residential Additional Program Intake and Discharge Requirements | | | | |
| 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: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (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. | | | | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | |
| | | | | This is an unannounced visit. This item was not reviewed. |

| Program Policy and Procedure Requirements | | | | | Notes |
|--|---|----|----|-------------------------|--|
| | C | NC | NA | Date to be corrected by | Corrected During Inspection |
| R501-1-22(3). The disruption plan contains the following: | | | | | This is an unannounced visit. This item was not reviewed. |
| (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). | | | | | |
| R501-1-22(5). Private placements are reported to the office by the fifth business day of each month. | | | | | |
| R501-1-22(6). Critical and non-critical restraints or seclusions are reported to the office within one business day. | | | | | |
| Program Clinical Services | C | NC | NA | Date to be corrected by | Corrected During Inspection |
| 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. | | | | | |
| 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. | | | | | |
| 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. | | | | | |
| 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. | | | | | |
| R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly. | | | | | |
| 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. | | | | | |

| Additional Policy and Procedure Requirements for Residential Programs | | | | | | Notes |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|-----------------------------|--|
| | C | NC | NA | Date to be corrected by | Corrected During Inspection | |
| R501-1-25(1). Residential programs that provide meals for clients have and follow a food service policy. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (a) initial and updated inventory signed by the client; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (c) program shall replace any lost or stolen items for which the program is responsible. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | The program does not manage funds for client allowances. |
| R501-1-25(6). A program managing funds for client allowances must document each expense. | <input type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Congregate Care Program Additional Policy and Procedure Requirement | | | | | | Notes |
| | C | NC | NA | Date to be corrected by | Corrected During Inspection | |

- 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:
- (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;
 - (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;
 - (c) inducing pain to obtain compliance;
 - (d) hyperextending joints;
 - (e) peer restraints;
 - (f) discipline or punishment that is intended to frighten or humiliate;
 - (g) requiring or forcing the child to take an uncomfortable position, including squatting or bending;
 - (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;
 - (i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact;
 - (j) denying an essential program service;
 - (k) depriving the child of a meal, water, rest, or opportunity for toileting;
 - (l) denying shelter, clothing, or bedding;
 - (m) withholding personal interaction, emotional response, or stimulation;
 - (n) prohibiting the child from entering the residence;
 - (o) abuse as defined in Section 80-1-102; and
 - (p) neglect as defined in Section 80-1-102.

Residential Treatment Programs Additional Inspection Checklist

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

| Administration | C | NC | NA | Date to be corrected by | Corrected During Inspection | Notes |
|---|-------------------------------------|--------------------------|--------------------------|--------------------------|-----------------------------|-------|
| R501-19-3(1). The residential treatment program documents local government approval for new program services or increased consumer capacity as described in Section 62A-2:108.2. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(2). The residential treatment program serving a child provides direct supervision that meets supervision and ratio requirements. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(3). The residential treatment program serving a child has no less than two direct care staff on duty. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(4). The residential treatment program serving a child maintains a staff to client ratio of no less than one staff to every four clients or as otherwise dictated in department contract. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(5). Except as provided under Section R501-19-4, a residential treatment program serving a child may decrease the staff to client ratio during client sleeping hours to one staff to every 16 clients. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(6). The residential treatment program serving a child only decreases the number of staff as described in Section R501-19-4 if: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (a) each client is appropriately supervised to ensure health and safety at the ratio; and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) each direct care staff remains awake while on duty. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(7). The residential treatment program increases each staff to client ratio as necessary to ensure the health and safety of the current client population. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(8). Direct supervision is only performed by direct care staff who are in physical proximity to the clients and actively supervising with line-of-sight check-ins no less frequently than every 15 minutes. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(9). Except in an emergency situation that is caused by a client's behavior or medical needs, each direct care staff assigned to a one-on-one or line-of-sight supervision is not counted at the same time in the staffing ratio for any other client. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(10). The program policy includes how the program will accommodate client privacy in each bedroom space while assuring client health and safety. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-3(11). The residential treatment program may utilize on-site video surveillance to directly supervise a client in time out or seclusion or as an enhancement to minimum supervision ratio requirements. 15-minute physical check-ins must be conducted and documented when a client is being monitored by video. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | | | |
|---|-------------------------------------|--------------------------|--------------------------|
| | | | |
| R501-19-3(12). Video surveillance in bedrooms is only used by a residential treatment program: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) with client, parent, or guardian permission; | | | |
| (b) when there is a documented need; | | | |
| (c) when the programs monitor cameras or checks in at intervals of 15-minutes or less; and | | | |
| (d) in a program serving an individual with disabilities, where video surveillance is in compliance with Rule R539-3. | | | |
| R501-19-3(13). A residential treatment program serving a child may provide step-down privileges to include unsupervised time and authorized departures from the program if: | | | |
| (a) the program maintains a 1:4 direct care staff to client ratio; | | | |
| (b) the program documents in the client record and communicates to each of the client's direct care staff individualized justification for the step-down privileges and which privileges are authorized by a clinical professional; | | | |
| (c) the program obtains written parental or guardian consent prior to allowing step-down privileges; and | | | |
| (d) the program provides to each client and parent or guardian a policy that includes: | | | |
| (i) a description of what constitutes authorized departure and unsupervised time; | | | |
| (ii) a description of how each step-down privilege, including authorized departure or unsupervised time, is achieved and rescinded; | | | |
| (iii) a policy that the program will immediately communicate to each client parent or guardian and direct care staff when the step-down privileges have been rescinded; and | | | |
| (iv) a statement that no step-down client is permitted to perform any direct care staff duties. | | | |
| R501-19-3(14). A residential treatment program serving adults may admit a 17-year-old under the following circumstances: | | | |
| (a) the program obtains written permission from the individual's parent or legal guardian; | | | |
| (b) the program provides clinical justification; | | | |
| (c) the program ensures that the individual sleeps in a separate room from adults or a room that the individual shares with adults no more than two years older than the individual; | | | |
| (d) the program ensures that any adult with direct access to the 17-year-old is directly supervised by a direct care staff; and | | | |
| (e) the program ensures enhanced safety and supervision measures for treating a minor in an adult setting. | | | |
| R501-19-3(15). The residential treatment program providing services to a substance use disorder client: | | | |
| (a) only admits a substance use disorder client with a level of care that falls within American Society of Addiction Medicine levels 3.1 through 3.5; and | | | |
| (b) obtains any required licenses before providing any service to a substance use disorder client outside of the residential milieu with a level of care described in Subsection R501-19-3(16). | | | |
| This is not a substance use treatment program. | | | |

| | | | | |
|---|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| | | | | |
| R501-19-3(16). The residential treatment program makes any necessary accommodation before allowing a child to continue the child's education with a curriculum approved by the State Board of Education. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-3(17). A program that provides education utilizes a curriculum that is recognized by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-3(18). A program that allows a client to participate in meal preparation ensures proper training and justify the client's participation in writing. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-3(19). The residential treatment program provides individual, group, and family counseling or other treatment, including skills development, at least weekly or as outlined in the individual's treatment plan. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-3(20). A residential treatment program that provides therapeutic service such as life skill development, psychoeducation, or social coaching is included in the therapeutic environment and be overseen by a clinical professional. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-3(21). The residential treatment program documents the time and date of each service provided to each client. Any documentation includes the signature of the individual providing service. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| R501-19-3(22). The residential treatment program provides indoor space for free and informal client activities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Requirements for Intermediate Secure Treatment | | | | |
| | C | NC | NA | Date to be corrected by |
| R501-19-4(1). The intermediate secure treatment program clearly defines in policy the responsibilities of the manager described in Section R501-1-18. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-4(2). Subsection R501-19-3(4) does not apply to an intermediate secure treatment program serving youth. Intermediate secure treatment programs serving youth maintain a staff to client ratio of no less than one staff to every five clients. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| R501-19-4(3). The manager described in Section R501-1-18: | | | | |
| (a) is at least 25 years of age; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) has a BA or BS degree or equivalent training in a human services related field; and | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (c) has at least three years management experience in a residential or secure treatment setting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-19-4(4). Each direct care staff working in an intermediate secure treatment program is trained to work with a child with behavioral or mental health needs and works under the supervision of a licensed clinical professional. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| R501-19-4(5). In addition to the direct care staff training requirements described in Subsection R501-1-14(5), each direct care staff working in an intermediate secure treatment program receives 30 hours of additional training annually that includes training on the following topics: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|-------------------------------------|--------------------------|--------------------------|
| (a) human relations and communication skills; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) the special needs of children and families; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) problem solving and guidance; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) client rules and regulations; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) client record and incident documentation ; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) maintaining staff, client, and visitor safety in a secure setting; and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) universal precautions for bloodborne pathogens. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-4(6). The intermediate secure treatment facility incorporates the use of fixtures and furnishings that help limit self-harm and suicide. Such fixtures and furnishings include: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) plexiglass or safety glass; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) recessed lighting; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) sealed light fixtures; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) non-exposed fire sprinkler heads; and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) pressure release robe hooks. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities | | | | |
| R501-19-5(1). The residential treatment program made policy and procedures governing each facility daily operation and activity available to each client and visitor. Each policy and procedures governing facility daily operation and activity applies to any individual that enters the facility. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-5(2). The residential treatment program specifies, in policy, the amount of time non-client individuals may stay as overnight guests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-5(3). The residential treatment program presents each client with an individual plan that addresses appropriate day treatment. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-5(4). The residential treatment program shares with each client a monthly activity schedule. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-5(5). The residential treatment program maintains a record of income earned and unearned, and client service fees. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-5(6). The residential treatment facility is located within a reasonable distance from school, church, recreation, and other community facilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-5(7). The residential treatment program maintains an accurate record of each fund deposited with the residential facility for client use. This record contains a list of each deposit and withdrawal. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-19-5(8). The residential treatment program substantiates client purchase of over \$20 with receipts signed by the client and professional staff. The residential treatment program keeps a record of each client petty cash fund. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| R501-19-5(9). The residential treatment program, in conjunction with the support coordinator for the Division of Services for People With Disabilities and each client's parent or guardian, applies for unearned income benefits for which a client is entitled. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| R501-22-9(10). In the event of a conflict between licensing rule and the Federal Home and Community Based Settings Final rule, the settings rule shall prevail. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

| ADDITIONAL INFORMATION | | | | | | | |
|------------------------|--|--|--|--|--|--|--|
| | | | | | | | |



This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. (Revised 03/2023)

| Outpatient Treatment Inspection Checklist | | | |
|---|---|-------------------------------------|---------------------------------------|
| Provider Name: | Zion Hills Academy, Inc. | Facility ID: | F22-93763 |
| Site Name or Address: | 5088 N Veterans Memorial Dr Enoch, UT, 84721 | Email Address: | Janiesabin@havenwooodacademy.com |
| Approved Capacity: | 16 | # 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) | | | |
| <input type="checkbox"/> | DACS to ensure background checks are current. | <input checked="" type="checkbox"/> | Introduce yourself and any DHSS staff |
| <input checked="" type="checkbox"/> | Any active rule variances. | <input checked="" type="checkbox"/> | Clients Interviews |
| <input checked="" type="checkbox"/> | Any license restrictions or conditions. | <input checked="" type="checkbox"/> | Staff Interviews |
| <input checked="" type="checkbox"/> | Any needed rule variances. | <input checked="" type="checkbox"/> | Other: |
| Inspection Information: | | | |
| <p>- 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.</p> <p>- 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.</p> | | | |

| Signature Information | | | |
|---|--|---|-------------|
| Inspection Type: | 2nd Unannounced | Date: | 07/18/2023 |
| Number of Non Compliant Items: | 0 | Name of Individual Informed of this Inspection: | Janie Sabin |
| Licensor(s) Conducting this Inspection: | Greg Hirst | OL Staff Observing Inspection: | Janie Sabin |
| <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. | |

| General Provisions Inspection Checklist | | | | | | | |
|---|---|-------------------------------------|--------------------------|----|--------------------------|-----------------------------|-------|
| | C = Compliant NC = Not Compliant NA = Not Assessed during this inspection | C | NC | NA | Date to be corrected by | Corrected During Inspection | Notes |
| Licensing Application and Monitoring Procedures | | | | | | | |
| R501-1-4(c) and R501-1-10. The provider permitted OL unrestricted access to site(s), records, clients, and staff during business hours. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| Program Changes | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | <input type="checkbox"/> | |
| Variances | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-8. The provider is in compliance with the terms of approved rule variances. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Required Approvals | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Investigations of Alleged Noncompliances | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-11. All reportable critical incidents were properly reported. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Licensee Noncompliance | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Program Administration and Direct Service Requirements | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-13(1). The provider clearly identifies services to the office, public, potential client, parent, or guardian regarding: | | | | | | | |
| (a) contact information; | | | | | | | |
| (b) the complaint reporting and resolution process; | | | | | | | |
| (c) a description of each service provided; | | | | | | | |
| (e) each program requirement and expectation; | | | | | | | |
| (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served; | | | | | | | |
| (g) each cost, fee, and expense for a service and refund policy; and | | | | | | | |
| (h) identification of each non-clinical, extracurricular, or supplemental service offered or referred. | | | | | | | |

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| R501-1-13(2). The following items are posted in a conspicuous place: | | | |
| (a) abuse reporting laws; (b) civil rights notice; (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"/> |
| R501-1-13(3). Provider is in compliance with: | | | |
| (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| R501-1-13(5). Provider has proof that: | | | |
| (a) financial viability of the program as verified by a financial professional; (b) vehicle insurance; | <input type="checkbox"/> | <input checked="" 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 (m) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| (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 checked="" type="checkbox"/> | <input type="checkbox"/> |
| R501-1-13(7) & (8). A program providing school on-site: | | | |
| (a) completes youth education forms for all education entitled children (b) maintains the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) is recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (d) ensures each youth is taught at grade level. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Residential Programs Additional Administration and Direct Services Requirements | C NC NA | Date to be corrected by | Corrected During Inspection | Notes |
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| R501-1-13(9). The provider ensures that unlicensed clinical and medical staff who are not associated with the facility are appropriately supervised. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-13(10). A program that utilizes telehealth for treatment complies with each applicable rule. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-14(1). A program providing residential service: | | | <input type="checkbox"/> | |
| (b) ensures that each staff shift list remains current and available to the office upon request; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (c) ensures access to a medical clinic or a medical professional familiar with the program and population served; and | | | | |
| (d) provides a separate space for clients who are sick. | | | | |
| R501-1-14(3). If the congregate care program caring for youth allows an individual turning 18 years old to remain in the program, the provider ensures that: | | | | |
| (a) the individual remains in the custody of a State entity or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday; | | | | |
| (b) the program has a documented need for the individual to remain in the program; | | | | |
| (c) the program maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (d) the program outlines a policy regarding the protection of younger clients by supervising or separating 18-year-old individuals from youth who are more than two years younger; and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (e) the individual signs a consent document outlining: | | | | |
| (i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will; | | | | |
| (ii) that any criminal offenses committed may result in being charged as an adult; and | | | | |
| (iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program. | | | | |
| R501-1-14(4). The provider facilitates weekly confidential voice-to-voice communication between a child and the child's parents, guardian, foster parents, and siblings. The provider ensures that the communication complies with the child's treatment plan, if any, and | | | | |
| (a) does not use family contact as an incentive for proper behavior or withhold family contact as a punishment; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (b) does not deny the communication unless state law or a court order prohibits the communication; or | | | | |
| modify the frequency or form of the communication unless: | | | | |
| (A) the office approves the modification; or | | | | |
| (B) state law or a court order prohibits the frequency or the form of the communication. | | | | |

| R501-1-14(5). The provider ensures that before allowing a direct care staff to work unsupervised, they have an approved background clearance and are trained in the following: | | | | | | |
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| (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | | | | |
| (b) which practices are prohibited for congregate care programs; | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| (c) the clinical needs of each of the clientele; | | | | | | |
| (d) client rights; | | | | | | |
| (e) department code of conduct; and | | | | | | |
| (f) incident reporting. | | | | | | |
| R501-1-14(6). Direct care staff are trained in first aid and CPR within six months of hire. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | |
| Program Physical Facilities and Safety | 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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-15(5). A 911 recognizable phone is always on-site with clients. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-15(11) & (12). 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. Maintains fully supplied First Aid Kit as recommended by the American Red Cross | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Residential Programs Additional Facilities and Safety Requirements | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| | <input type="checkbox"/> C | <input type="checkbox"/> NC | <input type="checkbox"/> NA | <input type="checkbox"/> Date to be corrected by | <input type="checkbox"/> Corrected During Inspection | <input type="checkbox"/> Notes |
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| R501-1-16(2). Bedroom assignments are made in accordance with each approved agency non-discrimination policy and individualized assessment. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | There are no live-in staff. |
| R501-1-16(4). Each bedroom designated for clients is comparable to other similarly utilized bedrooms with similar access, location, space, furnishings, and furnishings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-16(6). No client is locked in a bedroom. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-16(10). Each client is supplied with hygiene supplies. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-16(13). Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-16(14) A program that provides common laundry for towels, bedding, or clothing shall provide separate containers for soiled and clean laundry. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-16(16). Programs permitting clients to do laundry provide equipment and supplies for washing and drying. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| R501-1-16(19). Seclusion room measures 75 square ft. with 7 feet ceiling, nothing that obstructs view of client, no safety hazards, has natural light or mechanical ventilation, no locking capability, cannot be a bathroom, bedroom, closet or area outside the licensed site. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | This is not a DSPD facility. |
| Food and Service Requirements | | | | | | |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

| Program Personnel Record Requirements | | | | | | |
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| | | | | Date to be corrected by | Corrected During Inspection | Notes |
| R501-1-17(2). Meals are not used as incentive or punishment. | <input checked="" type="checkbox"/> | <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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (a) maintain a current list of each client with special nutritional needs; | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (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: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (i) served from dietician or nutritionist approved menus; or | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| (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"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | This is not a substance use .. + |
| 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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| | | | | | This is an unannounced visit. This item was not reviewed. |
| 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; | <input type="checkbox"/> | | | | |
| (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; | <input type="checkbox"/> | | | | |
| (e) any grievances or complaints made by or against the individual and actions taken by the program; and | <input checked="" type="checkbox"/> | | | | |
| (f) each crisis intervention or critical incident report involving the individual. | | | | | |
| Program Client Record Requirements | | c | NC | NA | Date to be corrected by |
| | | | | | Corrected During Inspection |
| 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; | <input type="checkbox"/> | | | | |
| (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. | | | | | |
| 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 checked="" 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 |

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| | | | | This is an unannounced visit. This item was not reviewed. |
| R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (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. | | | | |
| R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (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. | | | | |
| R501-1-21(4). A discharge plan identify resources available to a client and include: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (a) reason for discharge or transfer; | | | | |
| (b) aftercare plan; | | | | |
| (c) summary of services provided; and | | | | |
| (d) progress evaluation. | | | | |
| Residential Additional Program Intake and Discharge Requirements | | | | |
| 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: | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | |
| (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. | | | | |
| R501-1-22(3). 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 checked="" type="checkbox"/> | <input type="checkbox"/> | This is an unannounced visit. This item was not reviewed. |

| | | | | | This is an unannounced visit. This item was not reviewed. |
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| R501-1-22(4). 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; | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| (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(5). 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). | | | | | |
| R501-1-22(6). Private placements are reported to the office by the fifth business day of each month. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| R501-1-22(7). Critical and non-critical restraints or seclusions are reported to the office within one business day. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | |
| Program Clinical Services | C | NC | NA | Date to be corrected by | Corrected During Inspection |
| R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | <input type="checkbox"/> |
| (a) regularly reviewed and updated; | | | | | |
| (b) individualized; and | | | | | |
| (c) designed to involve the participation of each client or each client's parent or guardian. | | | | | |
| 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 checked="" 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 |

| Additional Policy and Procedure Requirements for Residential Programs | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--|
| | c | NC | NA | Date to be corrected by | Corrected During Inspection |
| 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 checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| R501-1-25(1). Residential programs that provide meals for clients have and follow a food service policy. | <input checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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 checked="" type="checkbox"/> | <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: | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (a) initial and updated inventory signed by the client; | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) program shall replace any lost or stolen items for which the program is responsible. | <input type="checkbox"/> | <input checked="" 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 checked="" 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 checked="" type="checkbox"/> | <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 |
| | | | | | The program does not manage funds for client allowances. |