

 Utah Department of Health & Human Services Licensing & Background Checks		Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 01/2024)</i>	
Provider Name:	Wildflower - Hopper	Facility ID:	F24-111725	Phone Number:	(801) 835-9359	Notes	
Site Name or Address:	5708 West 4200 South, Hopper, UT 84315			Email Address:	wildflowermountainranch2022@gmail.com		
Approved Capacity:	4	# of Present Residents\Clients:	0				
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			
<input checked="" type="checkbox"/>	Current backgrounds in DACS	Background check for all employees		<input checked="" type="checkbox"/>	Any active rule variances	NA	
<input checked="" type="checkbox"/>	Current staff roster collected			<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff		
<input type="checkbox"/>	Any license restrictions or conditions	NA		<input checked="" type="checkbox"/>	Staff Interviews	Staff was interviewed	
<input type="checkbox"/>	Any needed rule variances	NA		<input type="checkbox"/>	Clients Interviews	No current clients	
Inspection Information:							
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.							
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.							
Signature Information							
Inspection Type:	Pre-License	Date:	7/12/2024	Time Started On-site:	10:00 AM	Time Ended On-site:	12:00 PM
Number of Non Compliant Items:		0	Name of Individual Informed of this Inspection:		Veronica Bratcher		
Licensor(s) Conducting this Inspection:		Kacee Arrington			OL Staff Observing Inspection:		
<input checked="" type="checkbox"/>	The Licensor explained noncompliance items (if any).	Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.			Veronica Bratcher		

Pre - Inspection Checklist						
(Revised 01/2024)						
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
Program Policies, Procedures, and Safe Practices	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-4(1) The licensee shall submit to the office, before program implementation, policies and procedures that include: (a) a description of what constitutes sex and gender abuse, discrimination, and harassment; (b) procedures for preventing and reporting abuse, discrimination, and harassment; and (c) procedures for teaching effective and professional communication with individuals of any sexual orientations and genders.	x					P & P was submitted and reviewed previously.
R501-1-4(2) The licensee shall develop, implement, and comply with safe practices that: (a) ensure client health and safety; (b) ensure the needs of the client population served are met; (c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and (d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and mixing populations.	x					P & P was submitted and reviewed previously.
R501-1-4(3) The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.	x					
R501-1-4(4) A congregate care program licensee shall submit to the office any policies and procedures that describe behavior management, suicide prevention, restraint, or seclusion used in the program as described in Section 26B-2-123, before implementation.	X					P & P was submitted and reviewed previously.
R501-1-4(5) In addition to complying with Section 26B-2-123, a congregate care program licensee shall ensure that the congregate care behavior management policy and practices reflect the following: (a) a congregate care program licensee uses behavior management techniques that are trauma-informed and appropriate for the client's age, behavior, needs, developmental level, and past experiences and defer to the least restrictive method of behavior management available to control a situation; (b) a congregate care program licensee only uses behavior management techniques that emphasize de-escalation and promote self-control, self-esteem, and independence; (c) a congregate care program licensee identifies a behavior management curriculum that emphasizes de-escalation and is compliant with Section 26B-2-123; (d) only direct care staff familiar with the child and the child's needs conduct passive physical restraint; (e) restraint is only used if it does not cause undue physical discomfort, harm, or pain to the client; (f) interventions that use painful stimuli are prohibited as a general practice; (g) passive physical restraint is used only as an emergency, temporary means of physical containment to protect the consumer, other persons, or property from immediate harm; (h) restraint only continues as long as the client presents an immediate danger to self or others; (i) passive physical restraint is not used as a convenience to staff, a substitute for programming or associated with punishment in any way; (j) a client, non-direct care staff member, or other unauthorized individual does not use any form of restraint; (k) staff do not use physical work assignments or activities that inflict pain as behavior management techniques; and (l) staff are trained to ensure the following safe practices: (i) appropriate de-escalation techniques and alternatives to restraint or seclusion; (ii) thresholds for restraint;	x					P & P was submitted and reviewed previously.

<p>(iii) thresholds for restraints;</p> <p>(iii) the physiological and psychological impact of restraint;</p> <p>(iv) appropriate monitoring of restraint episodes;</p> <p>(v) how to recognize the physical signs of distress, positional asphyxia, and obtaining medical assistance;</p> <p>(vi) how to intervene if another staff member fails to follow correct procedures when using a restraint;</p> <p>(vii) time limits for restraints;</p> <p>(viii) the process for obtaining clinical approval for continued restraints;</p> <p>(ix) the procedure for documenting and reporting restraints;</p> <p>(x) the procedure for processing restraints with clients;</p> <p>(xi) the procedure for following up with staff after a restraint;</p> <p>(xii) how staff address injuries and complaints;</p> <p>(xiii) department code of conduct; and</p> <p>(xiv) client rights.</p>						
<p>R501-1-4(6) A congregate care program licensee shall ensure that congregate care seclusion policy and practices reflect the following:</p> <p>(a) seclusion is only used to ensure the immediate safety of the child or others and is terminated as soon as the risks have been mitigated, not to exceed four hours without clinical justification;</p> <p>(b) staff who are familiar to the child directly supervise the child during the seclusion;</p> <p>(c) staff supervising seclusion ensure that any potentially harmful items or objects are removed from the seclusion environment;</p> <p>(d) seclusion rooms measure a minimum of 75 square feet and have a minimum ceiling height of seven feet with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard;</p> <p>(e) seclusion rooms have either natural or mechanical ventilation with break resistant windows and either a break resistant two-way mirror or camera that allows for observation of the entire room;</p> <p>(f) seclusion rooms do not have locking capability and are not located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space;</p> <p>(g) bedrooms are not utilized as a seclusion room and seclusion rooms may not be utilized as bedrooms;</p> <p>(h) seclusion episodes are documented in detail by the staff involved in initiating and supervising the seclusion episode;</p> <p>(i) seclusion episodes of more than two in a 24-hour period are supported by clinical review and documentation regarding client suitability for remaining in the program; and</p> <p>(j) client time-out is used when addressing behavioral issues only if:</p> <p>(i) a client in time-out is never physically prevented from leaving the time-out area;</p> <p>(ii) it takes place away from the area of activity or from other clients, such as in the client's bedroom;</p> <p>(iii) staff monitors the client while in time-out; and</p> <p>(iv) the reason for and duration of time-out is documented by staff on duty when it occurs.</p>			x			<p>Program does not use seclusion.</p>
<p>R501-1-4(7) A congregate care program licensee shall develop and follow a suicide prevention policy that complies with Subsection 26B-2-123(5).</p>	x					<p>P & P was submitted and reviewed previously.</p>
<p>R501-1-4(8) A congregate care program licensee shall ensure that the program's licensed clinical professional conducts regular reviews of client restraints, seclusions, behavioral interventions, and time outs to inform processing discussions with clients and training for direct care staff.</p>			x			<p>Program does not use restraints or seclusions.</p>
<p>R501-1-4(9)(a) Before a congregate care program licensee may accept a client or send a discharging client who is transported by a youth transportation company as defined in Section 26B-2-101, the licensee shall ensure that the transport company is registered with the office.</p> <p>(b) A congregate care program licensee shall report private placements to the office as described in Section 26B-2-124 by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month.</p>	x					<p>P & P was submitted and reviewed previously.</p>

Program Administrative and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6(1) The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (d) each program requirement and expectation; (e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and (ii) a statement that the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (f) each cost, fee, and expense for a service and refund policy; and (g) identification of each non-clinical, extracurricular, or supplemental service offered or referred.	x					
R501-1-6(2) The licensee shall post the following in conspicuous places where each visitor, staff, and client may view: (a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; (f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings Final Rule; and (g) department code of conduct poster.	x					Hung in the den area of the home.
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8(1) The licensee shall ensure: (a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards; (b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition; (c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process; (d) a phone that can be used to call 911 is always available on-site when clients are present; (e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity; (f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap; (g) each bathroom is ventilated by mechanical means or equipped with a window that opens; (h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and (i) prescription medication, if stored on-site, is stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.		x				Program needs to put a lock on the cellar door and hang or remove the door in the school building.
R501-1-8(2) The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.	x					
R501-1-8(3) The licensee shall maintain medication and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served to include locked storage for each medication and hazardous chemical that is not in active use.	X					Provider now has locked storage for meds.
R501-1-8(4) The licensee shall maintain a first aid kit that contains at least: (a) bandages of different sizes; (b) tweezers; (c) antiseptic; and (d) disposable sterile gloves.	x					The first aid kit had some aspirin in it but it was removed while on site.
Residential Program Additional Facilities and Safety Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-9(1) A residential licensee shall ensure:</p> <p>(a) designated space is available for records, administrative work, & confidential phone calls for clients;</p> <p>(c) live-in staff have dedicated bedrooms & bathrooms separate from client use;</p> <p>(d) each bedroom designated for a client is comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings;</p> <p>(e) clients are not locked in bedrooms;</p> <p>(f) a mirror or safety mirror is secured to each bathroom wall at a convenient height;</p> <p>(g) each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours;</p> <p>(h) each bath or shower allows for individual privacy;</p> <p>(i) each client is supplied with hygiene supplies;</p> <p>(j) each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens;</p> <p>(k) each client has a similar solid type of bed or sleeping equipment to any other client in the program;</p> <p>(m) there are separate containers for soiled & clean laundry, if the program provides common laundry for towels, bedding or clothing;</p> <p>(o) equipment and supplies for washing & drying laundry are provided, if the program permits clients to do their own laundry;</p> <p>(p) there is at least 60 sq ft per person in a multiple occupancy bedroom and 80 sq ft in a single occupant bedroom.</p>	x					
<p>R501-1-9(3) The licensee utilizing seclusion rooms shall ensure the following:</p> <p>(a) seclusion rooms measure a minimum of 75 sq ft and have a minimum ceiling height of 7 ft with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard;</p> <p>(b) a seclusion room shall have either natural or mechanical ventilation with break resistant windows and either a break resistant two-way mirror or camera that allows for observation of the entire room;</p> <p>(c) a seclusion room may not have locking capability and may not be located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space; and</p> <p>(d) a bedroom may not be utilized as a seclusion room and a seclusion room may not be utilized as a bedroom.</p>			x			Provider does not use seclusion.
Food Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-1-10(2) A licensee that provides meals shall:</p> <p>(ii) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant;</p> <p>(e) establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices; and</p> <p>(f) provide adequate dining space for clients that is maintained in a clean and safe condition.</p>		x			fixed onsite.	Rules were printed and posted in the kitchen while on site.
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-1-11(2) The licensee shall document a plan detailing how each program staff and client file is maintained and remains available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.</p>	x					
Rule Compliance, Penalties, Agency Action Reviews, and Appeals	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R380-600-8(11) Any owner identified in a license or certificate revocation action may not be approved for a license or certification of any other program or facility overseen by the office for five years from the date the revocation was made effective.</p>	x					