



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

## Social Detoxification Inspection Checklist

Provider Name:	Steps Recovery Center Of St. George LLC (3638 Sugar Leo Dr.)	Facility ID:	F23-98507	Phone Number:	(435) 673-1085	Notes
Site Name or Address:	3638 Sugar Leo Dr. Saint George, UT, 84790			Email Address:	Stepslicensing@stepsrc .com; Suzyw@stepsrc.com	
Approved Capacity:	4	# of Present Residents/Clients				
<b>Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)</b>			<b>Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)</b>			
<input checked="" type="checkbox"/> DACS to ensure background checks are current.	There are no active rule variances.	<input checked="" type="checkbox"/> Adult substance use treatment program exemption.	<input checked="" type="checkbox"/> Introduce yourself and any DHHS staff			
<input checked="" type="checkbox"/> Any active rule variances.	There are no needed rule variances.	<input checked="" type="checkbox"/> Clients Interviews	<input checked="" type="checkbox"/> There were no clients at the facility at the time of the inspection.			
<input checked="" type="checkbox"/> Any license restrictions or conditions.	There are no license restrictions or conditions.	<input checked="" type="checkbox"/> Staff Interviews				
<input checked="" type="checkbox"/> Any needed rule variances.	There are no needed rule variances.	<input checked="" type="checkbox"/> Other:				
<b>Inspection Information:</b>						
<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>						
<b>Signature Information</b>						
Inspection Type:	Annual Renewal	Date:	10/11/2023	Time Started On-site:	11:26 am	Time Ended On-site:
Number of Non Compliant Items:	0	Name of Individual Informed of this Inspection:	Taz Decker	OL Staff Observing Inspection:		
Licensor(s) Conducting this Inspection:	Greg Hirst					
<input checked="" type="checkbox"/> The Licensor explained noncompliance items (if any).	Please sign/type individual informed name and date of review: Julie Watson 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							
<p style="text-align: center;"><b>C = Compliant</b>  <b>NC = Not Compliant</b>  <b>NA = Not Assessed during this inspection</b></p>							
<b>Licensing Application and Monitoring Procedures</b>		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"/>	
<b>Program Changes</b>		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"/>	
<b>Variances</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8.	The provider is in compliance with the terms of approved rule variances.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Required Approvals</b>		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"/>	
<b>Investigations of Alleged Noncompliances</b>		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"/>	
<b>Licensee Noncompliance</b>		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"/>	Licenses at this facility have not been suspended or revoked.
<b>Program Administration and Direct Service Requirements</b>		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						
(h)	identification of each non-clinical, extracurricular, or supplemental service offered or referred.						

<b>R501-1-13(2).</b> 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"/>	<input type="checkbox"/>
<b>R501-1-13(3).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(5).</b> Provider has proof that:					
(a) financial viability of the program as verified by a financial professional; (b) vehicle insurance;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(6).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(7) &amp; (8).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

| Residential Programs Additional Administration and Direct Services Requirements | R501-1-13(9). The provider ensures that unlicensed clinical and medical staff who are not associated with the facility are appropriately supervised. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Program Physical Facilities and Safety							Residential Programs Additional Facilities and Safety Requirements				
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R501-1-18(5). Programs managing, storing, or administering client medication identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input 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"/>			

<b>R501-1-19(1)-(2).</b> 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 acknowledgement 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 checked="" type="checkbox"/>			
(e) any grievances or complaints made by or against the individual and actions taken by the program; and	<input type="checkbox"/>			
(f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>			
Program Client Record Requirements	c	NC	NA	Date to be corrected by
				Corrected During Inspection
Notes				
<b>R501-1-20(1).</b> 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;	<input type="checkbox"/>			
(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.				
<b>R501-1-20(2).</b> 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				

<b>R501-1-21(1).</b> The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum:	<input type="checkbox"/>			
(a) verification that the client meets the eligibility requirements of the program;	<input type="checkbox"/>			
(b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve;	<input checked="" type="checkbox"/>			
(c) description of presenting needs;	<input type="checkbox"/>			
(d) suicide risk screening; and	<input type="checkbox"/>			
(e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input type="checkbox"/>			
<b>R501-1-21(3).</b> 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"/>			
(a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and	<input type="checkbox"/>			
(b) signed consent for treatment that outlines:	<input checked="" type="checkbox"/>			
(i) rules of the program;	<input type="checkbox"/>			
(ii) expectations of clients, parents, and guardians;	<input type="checkbox"/>			
(iii) services to be provided;	<input type="checkbox"/>			
(iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and	<input type="checkbox"/>			
(vi) licensing contact information.	<input type="checkbox"/>			
<b>R501-1-21(4).</b> A discharge plan identify resources available to a client and include:	<input checked="" type="checkbox"/>			
(a) reason for discharge or transfer;	<input type="checkbox"/>			
(b) aftercare plan;	<input type="checkbox"/>			
(c) summary of services provided; and	<input type="checkbox"/>			
(d) progress evaluation.	<input type="checkbox"/>			
<b>Residential Additional Program Intake and Discharge Requirements</b>				
<b>R501-1-22(1).</b> 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"/>			
(a) gender identity and individualized assessment for bedroom and bathroom assignments;	<input checked="" type="checkbox"/>			
(b) cultural background;	<input type="checkbox"/>			
(c) dominant language and mode of communication;	<input type="checkbox"/>			
(d) family history and dynamics;	<input type="checkbox"/>			
(e) current and past health and medical history;	<input type="checkbox"/>			
(f) social, psychological, developmental, vocational, and, as appropriate, educational factors;	<input type="checkbox"/>			
(g) suicide risk screening; and	<input type="checkbox"/>			
(h) authorization to serve and obtain emergency care.	<input type="checkbox"/>			
<b>R501-1-22(3).</b> 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 adults only program.

					This is not a youth congregate care program.
<b>R501-1-22(4).</b> 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.					
<b>R501-1-22(5).</b> 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).					
<b>R501-1-22(6).</b> Private placements are reported to the office by the fifth business day of each month.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>R501-1-22(7).</b> 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
<b>R501-1-23(1).</b> 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.					
<b>R501-1-23(2).</b> 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"/>
<b>R501-1-23(3).</b> Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>R501-1-23(4).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>R501-1-23(5).</b> 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"/>
<b>R501-1-23(6).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection
					Notes

Additional Policy and Procedure Requirements for Residential Programs					
	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"/>
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

<p><b>This is not a youth congregate care program.</b></p>	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input checked="" type="checkbox"/>
<p><b>R501-1-26.</b> 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 use cruel, severe, unusual, or unnecessary practice on a child, including:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(c) inducing pain to obtain compliance;</li> <li>(d) hyperextending joints;</li> <li>(e) peer restraints;</li> <li>(f) discipline or punishment that is intended to frighten or humiliate;</li> <li>(g) requiring or forcing the child to take an uncomfortable position, including squatting or bending;</li> <li>(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;</li> <li>(i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact;</li> <li>(j) denying an essential program service;</li> <li>(k) depriving the child of a meal, water, rest, or opportunity for toileting;</li> <li>(l) denying shelter, clothing, or bedding;</li> <li>(m) withholding personal interaction, emotional response, or stimulation;</li> <li>(n) prohibiting the child from entering the residence;</li> <li>(o) abuse as defined in Section 80-1-102; and</li> <li>(p) neglect as defined in Section 80-1-102.</li> </ul>	

**Social Detoxification Programs - Additional 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
<b>Administration</b>						
<b>R501-11-4(A).</b> In addition to the following rules, all social detoxification programs shall comply with R501-2, Core Rules.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-11-4(B).</b> A current list of enrollment of all registered consumers shall be on-site at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Staffing</b>						
<b>R501-11-5(A).</b> Each program shall have an employed manager who is responsible for the day to day resident supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent there shall be a substitute available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-11-5(B).</b> Professional staff shall include at least one of the following individuals who have received training to work with substance abusers:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
1. a licensed physician, or a consulting licensed physician, or 2. a licensed mental health therapist, or a consulting licensed mental health therapist, or 3. a licensed psychologist or consulting licensed psychologist, and 4. a licensed substance abuse counselor or unlicensed staff who work with substance abusers shall be supervised by a licensed clinical professional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-11-5(C).</b> The program shall have a staff person trained, by a certified instructor in standard first aid and CPR, on duty with the consumers at all times. Training shall be updated as required by the certifying agency.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Direct Service</b>						
Program service records shall contain the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-11-6(A).</b> name, address, telephone number and admission date,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-11-6(B).</b> emergency information with names, addresses and telephone number, of a preferred individual and next of kin. Services will not be refused if a person is too intoxicated to provide accurate and detailed emergency information. The program shall obtain thorough information as soon as the client is able to report, and	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-11-6(C).</b> a statement indicating that the consumer meets the admission criteria.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Physical Environment</b>						
<b>R501-11-7(A).</b> The program shall maintain appropriate documentation of compliance with the following items as applicable:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
1. local zoning ordinances, for "I" occupancies only, 2. local business license, 3. local building codes, 4. local fire safety regulations, and 5. local health codes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R501-11-7(B).</b> The program shall provide written approval from the appropriate local government agency for new program services or increased consumer capacity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Physical Facility	Corrected During Inspection			Notes
	C	NC	NA	
<b>R501-11-7(C). Building and Grounds</b> 1. The program shall insure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-11-8(A). Staff Quarters:</b> A 24 hour live-in staff shall have separate living space with a private bathroom.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-11-8(B). The program shall have space to serve as an administrative office for records, secretarial work and bookkeeping.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-11-8(C). Sleeping Space.</b> 1. Large rooms may be used as dormitory style bedrooms. 2. A minimum of 50 square feet per consumer shall be provided in a multiple occupant bedroom. Storage space shall not be counted. 3. A minimum of 70 square feet per individual shall be provided in a single occupant bedroom. Storage space shall not be counted. 4. Sleeping areas shall have a source of natural light, and shall be ventilated by mechanical means or equipped with a screened window that opens. 5. There shall be an escape window for each sleeping room unless there are two ways to exit the room. 6. Each bed, none of which shall be portable, shall be solidly constructed and be provided with clean linens after each consumer stay and at least weekly. 7. Sleeping quarters serving male and female residents shall be structurally separated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-11-8(D). Bathrooms</b> 1. Bathrooms shall meet a minimum ratio of one toilet, one lavatory, and one tub or shower for each eight residents. These shall be maintained in good operating order and in a clean and safe condition. 2. Toilets and baths or showers shall allow for individual privacy. They shall also accommodate consumers with physical disabilities, as required by the state building code. 3. Bathroom mirrors shall be secured to the walls at convenient heights. 4. Each bathroom shall be properly equipped with toilet paper, towels, soap and other items required for personal hygiene. 5. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL INFORMATION							

Utah Department of <b>Health &amp; Human Services</b> Licensing & Background Checks		<b>Residential Treatment Inspection Checklist</b>			This inspection checklist is the tool OL licensors use to ensure consistency. ( <i>Revised 03/2023</i> )
Provider Name:	Steps Recovery Center Of St. George LLC (3638 Sugar Leo Dr.)	Facility ID:	F23-98507	Phone Number:	(435) 673-1085
Site Name or Address:	3638 Sugar Leo Dr. Saint George, UT, 84790			Email Address:	Stepslicensing@stepsrc.com; suzyw@stepsrc.com
Approved Capacity:	4	# of Present Residents/Clients		<b>Please review the following items during the inspection:</b> (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"/> There are no active rule variances.		<b>Please review the following items during the inspection:</b> (Mark with a check mark if completed and make and necessary notes)	
<input checked="" type="checkbox"/> Any active rule variances.		<input checked="" type="checkbox"/> There are no active rule variances.		<input checked="" type="checkbox"/> Introduce yourself and any DHSS staff	<small>There were no clients at the facility at the time of the inspection.</small>
<input checked="" type="checkbox"/> Any license restrictions or conditions.		<input checked="" type="checkbox"/> There are no license restrictions or conditions.		<input checked="" type="checkbox"/> Clients Interviews	
<input checked="" type="checkbox"/> Any needed rule variances.		<input checked="" type="checkbox"/> There are no needed rule variances.		<input checked="" type="checkbox"/> Staff Interviews	
				<input checked="" type="checkbox"/> Other:	
<b>Inspection Information:</b> <ul style="list-style-type: none"> <li>- The licensor will email you this inspection checklist after the inspection is completed. <b>This checklist is not an official compliance statement.</b> The licensor will send you an <b>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.</b></li> <li>- If the only non compliance items are documentation and/or records, please submit them by the <b>correction required date listed</b>. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.</li> </ul>					
<b>Signature Information</b>					
Inspection Type:	Annual Renewal	Date:	10/11/2023	Time Started On-site:	11:26 am
Number of Non Compliant Items:	0	Name of Individual Informed of this Inspection:	Taz Decker		
Licensor(s) Conducting this Inspection:	Greg Hirst				
<b>Please sign/type individual informed name and date of review:</b> Julie Watson <small>Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.</small>					
<input checked="" type="checkbox"/> The Licensor explained noncompliance items (if any).					

General Provisions Inspection Checklist							
<p style="text-align: center;"><b>C = Compliant</b>  <b>NC = Not Compliant</b>  <b>NA = Not Assessed during this inspection</b></p>							
<b>Licensing Application and Monitoring Procedures</b>		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"/>	
<b>Program Changes</b>		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"/>	
<b>Variances</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8.	The provider is in compliance with the terms of approved rule variances.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>Required Approvals</b>		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"/>	
<b>Investigations of Alleged Noncompliances</b>		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"/>	
<b>Licensee Noncompliance</b>		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"/>	Licenses at this facility have not been suspended or revoked.
<b>Program Administration and Direct Service Requirements</b>		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						
(h)	identification of each non-clinical, extracurricular, or supplemental service offered or referred.						

<b>R501-1-13(2).</b> 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"/>	<input type="checkbox"/>
<b>R501-1-13(3).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(5).</b> Provider has proof that:					
(a) financial viability of the program as verified by a financial professional; (b) vehicle insurance;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(6).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(7) &amp; (8).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

| Residential Programs Additional Administration and Direct Services Requirements | R501-1-13(9). The provider ensures that unlicensed clinical and medical staff who are not associated with the facility are appropriately supervised. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Program Physical Facilities and Safety							Residential Programs Additional Facilities and Safety Requirements				
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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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
R501-1-18(5). Programs managing, storing, or administering client medication identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input 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"/>			

<b>R501-1-19(1)-(2).</b> 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 checked="" type="checkbox"/>			
(e) any grievances or complaints made by or against the individual and actions taken by the program; and	<input type="checkbox"/>			
(f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>			
Program Client Record Requirements	c	NC	NA	Date to be corrected by
				Corrected During Inspection
Notes				
<b>R501-1-20(1).</b> 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;	<input type="checkbox"/>			
(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.				
<b>R501-1-20(2).</b> 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				

<b>R501-1-21(1).</b> The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum:	<input type="checkbox"/>			
(a) verification that the client meets the eligibility requirements of the program;	<input type="checkbox"/>			
(b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve;	<input checked="" type="checkbox"/>			
(c) description of presenting needs;	<input type="checkbox"/>			
(d) suicide risk screening; and	<input type="checkbox"/>			
(e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input type="checkbox"/>			
<b>R501-1-21(3).</b> 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"/>			
(a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and	<input type="checkbox"/>			
(b) signed consent for treatment that outlines:	<input checked="" type="checkbox"/>			
(i) rules of the program;	<input type="checkbox"/>			
(ii) expectations of clients, parents, and guardians;	<input type="checkbox"/>			
(iii) services to be provided;	<input type="checkbox"/>			
(iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and	<input type="checkbox"/>			
(vi) licensing contact information.	<input type="checkbox"/>			
<b>R501-1-21(4).</b> A discharge plan identify resources available to a client and include:	<input checked="" type="checkbox"/>			
(a) reason for discharge or transfer;	<input type="checkbox"/>			
(b) aftercare plan;	<input type="checkbox"/>			
(c) summary of services provided; and	<input type="checkbox"/>			
(d) progress evaluation.	<input type="checkbox"/>			
<b>Residential Additional Program Intake and Discharge Requirements</b>				
<b>R501-1-22(1).</b> 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"/>			
(a) gender identity and individualized assessment for bedroom and bathroom assignments;	<input checked="" type="checkbox"/>			
(b) cultural background;	<input type="checkbox"/>			
(c) dominant language and mode of communication;	<input type="checkbox"/>			
(d) family history and dynamics;	<input type="checkbox"/>			
(e) current and past health and medical history;	<input type="checkbox"/>			
(f) social, psychological, developmental, vocational, and, as appropriate, educational factors;	<input type="checkbox"/>			
(g) suicide risk screening; and	<input type="checkbox"/>			
(h) authorization to serve and obtain emergency care.	<input type="checkbox"/>			
<b>R501-1-22(3).</b> 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 adults only program.

					This is not a youth congregate care program.
<b>R501-1-22(4).</b> 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.					
<b>R501-1-22(5).</b> 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).					
<b>R501-1-22(6).</b> Private placements are reported to the office by the fifth business day of each month.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>R501-1-22(7).</b> 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
<b>R501-1-23(1).</b> 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.					
<b>R501-1-23(2).</b> 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"/>
<b>R501-1-23(3).</b> Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>R501-1-23(4).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>R501-1-23(5).</b> 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"/>
<b>R501-1-23(6).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection
					Notes

Additional Policy and Procedure Requirements for Residential Programs					
	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"/>
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

<p><b>This is not a youth congregate care program.</b></p>	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input checked="" type="checkbox"/>
<p><b>R501-1-26.</b> 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 use cruel, severe, unusual, or unnecessary practice on a child, including:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(c) inducing pain to obtain compliance;</li> <li>(d) hyperextending joints;</li> <li>(e) peer restraints;</li> <li>(f) discipline or punishment that is intended to frighten or humiliate;</li> <li>(g) requiring or forcing the child to take an uncomfortable position, including squatting or bending;</li> <li>(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;</li> <li>(i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact;</li> <li>(j) denying an essential program service;</li> <li>(k) depriving the child of a meal, water, rest, or opportunity for toileting;</li> <li>(l) denying shelter, clothing, or bedding;</li> <li>(m) withholding personal interaction, emotional response, or stimulation;</li> <li>(n) prohibiting the child from entering the residence;</li> <li>(o) abuse as defined in Section 80-1-102; and</li> <li>(p) neglect as defined in Section 80-1-102.</li> </ul>	

**Residential Treatment Programs Additional Inspection Checklist**

**C = Compliant**

**NC = Not Compliant**

**NA = Not Assessed during this inspection**

<b>Administration</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-19-3(1).</b> 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"/>	
<b>R501-19-3(2).</b> The residential treatment program serving a child provides direct supervision that meets supervision and ratio requirements.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is an adults only program.
<b>R501-19-3(3).</b> The residential treatment program serving a child has no less than two direct care staff on duty.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is an adults only program.
<b>R501-19-3(4).</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is an adults only program.
<b>R501-19-3(5).</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	This is an adults only program.
<b>R501-19-3(6).</b> The residential treatment program serving a child only decreases the number of staff as described in Section R501-19-4 if:	<input type="checkbox"/>	<input checked="" 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 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"/>	
<b>R501-19-3(7).</b> 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"/>	
<b>R501-19-3(8).</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-19-3(9).</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-19-3(10).</b> 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"/>	
<b>R501-19-3(11).</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>R501-19-3(12).</b> Video surveillance in bedrooms is only used by a residential treatment program:	(a) with client, parent, or guardian permission;	<input type="checkbox"/>
	(b) when there is a documented need;	<input type="checkbox"/>
	(c) when the programs monitor cameras or checks in at intervals of 15-minutes or less; and	<input checked="" type="checkbox"/>
	(d) in a program serving an individual with disabilities, where video surveillance is in compliance with Rule R539-3.	<input type="checkbox"/>
<b>R501-19-3(13).</b> 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;	<input type="checkbox"/>
	(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;	<input type="checkbox"/>
	(c) the program obtains written parental or guardian consent prior to allowing step-down privileges; and	<input type="checkbox"/>
	(d) the program provides to each client and parent or guardian a policy that includes:	<input type="checkbox"/>
	(i) a description of what constitutes authorized departure and unsupervised time;	<input type="checkbox"/>
	(ii) a description of how each step-down privilege, including authorized departure or unsupervised time, is achieved and rescinded;	<input type="checkbox"/>
	(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	<input type="checkbox"/>
	(iv) a statement that no step-down client is permitted to perform any direct care staff duties.	<input type="checkbox"/>
<b>R501-19-3(14).</b> 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;	<input type="checkbox"/>
	(b) the program provides clinical justification;	<input type="checkbox"/>
	(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;	<input checked="" type="checkbox"/>
	(d) the program ensures that any adult with direct access to the 17-year-old is directly supervised by a direct care staff; and	<input type="checkbox"/>
	(e) the program ensures enhanced safety and supervision measures for treating a minor in an adult setting.	<input type="checkbox"/>
<b>R501-19-3(15).</b> 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	<input checked="" type="checkbox"/>
	(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).	<input type="checkbox"/>

<b>R501-19-3(16).</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>This is an adults only program.</b>
<b>R501-19-3(17).</b> 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"/>	<input type="checkbox"/>	This program does not provide education to minors.
<b>R501-19-3(18).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-19-3(19).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-19-3(20).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-19-3(21).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-19-3(22).</b> The residential treatment program provides indoor space for free and informal client activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Requirements for Intermediate Secure Treatment</b>						
<b>R501-19-4(1).</b> 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"/>	<input type="checkbox"/>	This is not an intermediate secure program.
<b>R501-19-4(2).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-19-4(3).</b> The manager described in Section R501-1-18:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(a) is at least 25 years of age;	<input type="checkbox"/>	<input type="checkbox"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-19-4(4).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>R501-19-4(5).</b> 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"/>
<b>R501-19-4(6).</b> 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"/>
<b>Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities</b>				
<b>R501-19-5(1).</b> 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"/>
<b>R501-19-5(2).</b> 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"/>
<b>R501-19-5(3).</b> 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"/>
<b>R501-19-5(4).</b> The residential treatment program shares with each client a monthly activity schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-19-5(5).</b> 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"/>
<b>R501-19-5(6).</b> 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"/>
<b>R501-19-5(7).</b> 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"/>
<b>R501-19-5(8).</b> 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"/>

<b>R501-19-5(9).</b> 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"/>
<b>R501-22-9(10).</b> 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)

Day Treatment Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. (Revised 03/2023)	
Provider Name:	Steps Recovery Center Of St. George LLC (3638 Sugar Leo Dr.)	Facility ID:	F23-98507	Phone Number:	(435) 673-1085
Site Name or Address:	3638 Sugar Leo Dr. Saint George, UT, 84790			Email Address:	Stepslicensing@stepsrc.com; Suzyw@stepsrc.com
Approved Capacity:	4	# of Present Residents/Clients		Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)	
<p>Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)</p> <p><input checked="" type="checkbox"/> DACS to ensure background checks are current.</p> <p><input checked="" type="checkbox"/> Any active rule variances.</p> <p><input checked="" type="checkbox"/> Any license restrictions or conditions.</p> <p><input checked="" type="checkbox"/> Any needed rule variances.</p>				<p>Adult substance use treatment program exemption.</p> <p><input checked="" type="checkbox"/> There are no active rule variances.</p> <p><input checked="" type="checkbox"/> There are no license restrictions or conditions.</p> <p><input checked="" type="checkbox"/> There are no needed rule variances.</p> <p>Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)</p> <p><input checked="" type="checkbox"/> Introduce yourself and any DHHS staff</p> <p><input checked="" type="checkbox"/> Clients Interviews</p> <p><input checked="" type="checkbox"/> Staff Interviews</p> <p><input checked="" type="checkbox"/> Other:</p>	
<b>Inspection Information:</b> <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:	Annual Renewal	Date:	10/11/2023	Time Started On-site:	11:26 am
Number of Non Compliant Items:	0	Name of Individual Informed of this Inspection:	Taz Decker	Time Ended On-site:	11:26 am
Licensor(s) Conducting this Inspection:	Greg Hirst	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: Julie Watson 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							
<p style="text-align: center;"><b>C = Compliant</b>  <b>NC = Not Compliant</b>  <b>NA = Not Assessed during this inspection</b></p>							
<b>Licensing Application and Monitoring Procedures</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-4(c) and R501-1-10.</b> 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"/>	
<b>Program Changes</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-6.</b> 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"/>		
<b>Variances</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-8.</b> The provider is in compliance with the terms of approved rule variances.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b>Required Approvals</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-9.</b> All required policies, curriculums, and updates have been approved by OL before implementation.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b>Investigations of Alleged Noncompliances</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-11.</b> All reportable critical incidents were properly reported.		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<b>Licensee Noncompliance</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-12.</b> 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"/>		Licenses at this facility have not been suspended or revoked.
<b>Program Administration and Direct Service Requirements</b>		C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-13(1).</b> 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.							

<b>R501-1-13(2).</b> 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"/>	<input type="checkbox"/>
<b>R501-1-13(3).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(5).</b> Provider has proof that:					
(a) financial viability of the program as verified by a financial professional; (b) vehicle insurance;	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(6).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-1-13(7) &amp; (8).</b> 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Residential Programs Additional Administration and Direct Services Requirements	R501-1-13(9). The provider ensures that unlicensed clinical and medical staff who are not associated with the facility are appropriately supervised.	R501-1-13(10). A program that utilizes telehealth for treatment complies with each applicable rule.	R501-1-14(1). A program providing residential service: (b) ensures that each staff shift list remains current and available to the office upon request; (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; (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 (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; (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.	

Program Physical Facilities and Safety							Residential Programs Additional Facilities and Safety Requirements				
c	NC	NA	Date to be corrected by			Corrected During Inspection			Notes		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
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Program Personnel Record Requirements						
	c	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-1-17(2).</b> Meals are not used as incentive or punishment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>R501-1-17(3).</b> 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"/>			
(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.						
<b>R501-1-17(4).</b> 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"/>			
<b>R501-1-17(5).</b> 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"/>			
<b>R501-1-17(6).</b> 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						
<b>R501-1-18(1).</b> There is adequate staffing, so the current population can be safely supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>R501-1-18(2).</b> 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"/>			
<b>R501-1-18(3).</b> 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"/>			
<b>R501-1-18(4).</b> Programs serving substance use disorder ensure each staff and client is screened for tuberculosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>R501-1-18(5).</b> 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"/>			
<b>R501-1-18(6).</b> 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"/>			

<b>R501-1-19(1)-(2).</b> 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 acknowledgement 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 checked="" type="checkbox"/>			
(e) any grievances or complaints made by or against the individual and actions taken by the program; and	<input type="checkbox"/>			
(f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>			
Program Client Record Requirements	c	NC	NA	Date to be corrected by
				Corrected During Inspection
Notes				
<b>R501-1-20(1).</b> 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.				
<b>R501-1-20(2).</b> 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				

<b>R501-1-21(1).</b> The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum:	<input type="checkbox"/>			
(a) verification that the client meets the eligibility requirements of the program;	<input type="checkbox"/>			
(b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve;	<input checked="" type="checkbox"/>			
(c) description of presenting needs;	<input type="checkbox"/>			
(d) suicide risk screening; and	<input type="checkbox"/>			
(e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious.	<input type="checkbox"/>			
<b>R501-1-21(3).</b> 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"/>			
(a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and	<input type="checkbox"/>			
(b) signed consent for treatment that outlines:	<input checked="" type="checkbox"/>			
(i) rules of the program;	<input type="checkbox"/>			
(ii) expectations of clients, parents, and guardians;	<input type="checkbox"/>			
(iii) services to be provided;	<input type="checkbox"/>			
(iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and	<input type="checkbox"/>			
(vi) licensing contact information.	<input type="checkbox"/>			
<b>R501-1-21(4).</b> A discharge plan identify resources available to a client and include:	<input checked="" type="checkbox"/>			
(a) reason for discharge or transfer;	<input type="checkbox"/>			
(b) aftercare plan;	<input type="checkbox"/>			
(c) summary of services provided; and	<input type="checkbox"/>			
(d) progress evaluation.	<input type="checkbox"/>			
<b>Residential Additional Program Intake and Discharge Requirements</b>				
<b>R501-1-22(1).</b> 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"/>			
(a) gender identity and individualized assessment for bedroom and bathroom assignments;	<input checked="" type="checkbox"/>			
(b) cultural background;	<input type="checkbox"/>			
(c) dominant language and mode of communication;	<input type="checkbox"/>			
(d) family history and dynamics;	<input type="checkbox"/>			
(e) current and past health and medical history;	<input type="checkbox"/>			
(f) social, psychological, developmental, vocational, and, as appropriate, educational factors;	<input type="checkbox"/>			
(g) suicide risk screening; and	<input type="checkbox"/>			
(h) authorization to serve and obtain emergency care.	<input type="checkbox"/>			
<b>R501-1-22(3).</b> 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 adults only program.

					This is not a youth congregate care program.
<b>R501-1-22(4).</b> 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.					
<b>R501-1-22(5).</b> 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).					
<b>R501-1-22(6).</b> Private placements are reported to the office by the fifth business day of each month.	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
<b>R501-1-22(7).</b> 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
<b>R501-1-23(1).</b> 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.					
<b>R501-1-23(2).</b> 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"/>
<b>R501-1-23(3).</b> Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>R501-1-23(4).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
<b>R501-1-23(5).</b> 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"/>
<b>R501-1-23(6).</b> 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Program Policy and Procedure Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection
					Notes

Additional Policy and Procedure Requirements for Residential Programs					Notes
	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 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					Notes
	c	NC	NA	Date to be corrected by	Corrected During Inspection

<p><b>This is not a youth congregate care program.</b></p>	
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input checked="" type="checkbox"/>
<p><b>R501-1-26.</b> 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 use cruel, severe, unusual, or unnecessary practice on a child, including:</p> <ul style="list-style-type: none"> <li>(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;</li> <li>(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;</li> <li>(c) inducing pain to obtain compliance;</li> <li>(d) hyperextending joints;</li> <li>(e) peer restraints;</li> <li>(f) discipline or punishment that is intended to frighten or humiliate;</li> <li>(g) requiring or forcing the child to take an uncomfortable position, including squatting or bending;</li> <li>(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;</li> <li>(i) spanking, hitting, shaking, or otherwise engaging in aggressive physical contact;</li> <li>(j) denying an essential program service;</li> <li>(k) depriving the child of a meal, water, rest, or opportunity for toileting;</li> <li>(l) denying shelter, clothing, or bedding;</li> <li>(m) withholding personal interaction, emotional response, or stimulation;</li> <li>(n) prohibiting the child from entering the residence;</li> <li>(o) abuse as defined in Section 80-1-102; and</li> <li>(p) neglect as defined in Section 80-1-102.</li> </ul>	

*Day Treatment Programs - Additional Inspection Checklist*

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

	Administration					Staffing					Notes
	C	NC	NA	Date to be corrected by		C	NC	NA	Date to be corrected by	Corrected During Inspection	
<b>R501-20-4(A).</b> In addition to the following rules, all Day Treatment Programs shall comply with R501-2, Core Standards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-20-4(B).</b> A list of current consumers shall be available and on-site at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-20-5(A).</b> The program shall have an employed manager who is responsible for the day to day supervision and operation of the facility. The responsibilities of the manager shall be clearly defined. Whenever the manager is absent, there shall be a substitute available.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-20-5(B).</b> The program shall have a staff person trained, by a certified instructor, in first aid and CPR on duty with the consumers at all times.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>R501-20-5(C). Staffing Ratios</b>											
1. The minimum ratio shall be one direct care staff to ten consumers. In Division of Services for People With Disabilities programs, consumer ratios shall be determined by type of activity. 2. When 10% or more of the consumers are non-ambulatory, the ratio shall be one direct care staff to seven consumers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>						This is an adults only program.

<b>R501-20-5(D)</b> . Professional staff shall include the following individuals who have received training in the specific area listed below:					
1. Mental Health					
a. a licensed physician, or consulting licensed physician,					
b. a licensed psychologist, or consulting licensed psychologist,					
c. a licensed mental health therapist or consulting licensed mental health therapist, and					
d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or a consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist.					
e. If unlicensed staff are used they shall be supervised by a licensed clinical professional.	<input type="checkbox"/>				
2. Substance Abuse					
a. a licensed physician or consulting licensed physician,					
b. a licensed psychologist or consulting licensed psychologist,					
c. a licensed mental health therapist or consulting licensed mental health therapist, and					
d. a licensed substance abuse counselor or unlicensed staff who work with substance abuses shall be supervised by a licensed clinical professional.	<input checked="" type="checkbox"/>				
3. Children and Youth					
a. a licensed physician, or consulting licensed physician,					
b. a licensed psychologist, or consulting licensed psychologist,					
c. a licensed mental health therapist or consulting licensed mental health therapist, to provide a minimum of one hour of service per consumer enrolled in the program, and					
d. a licensed advanced practice registered nurse-psychiatric mental health nurse specialist, or consulting licensed advanced practice registered nurse-psychiatric mental health nurse specialist.					
e. If unlicensed staff are used, they shall be trained to work with emotionally and behaviorally disturbed, or conduct disordered children and youth and shall be under the supervision of a licensed clinical professional.					
4. Services for People With Disabilities					
a. a staff person responsible for consumer supervision and operation of the facility, and					
b. trained staff to provide the services and treatment stated in the consumer's plan.					
<b>Direct Service</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection
<b>R501-20-6(A)</b> . Day treatment activity plans shall be prepared to meet individual consumer needs. Daily activity plans may include behavioral training, community living skills, work activity, work adjustment, recreation, self-feeding, self-care, toilet training, social appropriateness, development of gross and fine motor skills, interpersonal adjustment, mobility training, self-sufficiency training, and to encourage optimal mental or physical function, speech, audiology, physical therapy, and psychological services, counseling, and socialization.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-6(B)</b> . A daily activity or service schedule shall be designed and implemented.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-6(C)</b> . While on-site, consumers shall be supervised as necessary and encouraged to participate in activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-6(D)</b> . All consumers shall be afforded the same quality of care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Physical Environment</b>	C	NC	NA	Date to be corrected by	Corrected During Inspection
					Notes

R501-20-7(A). The program shall provide written documentation of compliance with the following:						
1. local zoning ordinances, 2. local business license requirements, 3. local building codes, 4. local fire safety regulations, 5. local health codes, and 6. local approval from the appropriate government agency for new program services or increased consumer capacity.						
R501-20-7(B). Building and Grounds						
1. The program shall ensure that the appearance and cleanliness of the building and grounds are maintained. 2. The program shall take reasonable measures to ensure a safe physical environment for consumers and staff.						
Physical Facility	c	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-8(A). The program shall have a minimum of fifty square feet of floor space per consumer designated specifically for day treatment. Hallways, office, storage, kitchens, and bathrooms will not be included in computation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R501-20-8(B). Outdoor recreational space and compatible recreational equipment shall be available when necessary to meet treatment plans.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R501-20-8(C). Furniture and equipment shall be of sufficient quantity, variety, and quality to meet program and consumer needs and shall be maintained in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R501-20-8(D). The program shall have locked storage for hazardous chemicals and materials, according to the direction of the local fire authorities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
R501-20-8(E). Equipment						
Equipment for work activities shall be kept in safe operating condition.						
1. Power equipment shall be installed and maintained in accordance with the National Electrical Code.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. When operating power equipment, the operator shall wear safe clothing and protective eye gear.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Rings and watches are not to be worn, and long hair shall be confined when operating power equipment.						
4. Consumer exposure to hazardous materials shall be controlled as defined in Utah State Industrial Regulations.						
R501-20-8(F). Bathrooms						
1. The program shall have one or more bathrooms each for males and females in accordance with current uniform building codes. They shall be maintained in good 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"/>	
2. Bathrooms shall accommodate consumers with physical disabilities as required.						
3. Bathrooms shall be properly equipped with toilet paper, towels, soap, and other items required for personal hygiene.						
4. Bathrooms shall be ventilated by mechanical means or equipped with a screened window that opens.						
Food Service	c	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<b>R501-20-9(A).</b> One person shall be responsible for food service. If this person is not a professionally qualified dietitian, regularly scheduled consultation with a professionally qualified dietitian shall be obtained. Meals served shall be from dietitian approved menus.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-9(B).</b> The person responsible for food service shall maintain a current list of consumers with special nutritional needs and record in the consumers service record information relating to special nutritional needs and provide for nutrition counseling where indicated.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-9(C).</b> When meals are prepared by consumers, there shall be a written policy to include the following:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. rules of kitchen privileges,							
2. menu planning and procedures,							
3. nutritional and sanitation requirements, and							
4. schedule of responsibilities.							
<b>R501-20-9(D).</b> The program shall provide adequate storage and refrigeration for meals carried to the program by consumers.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-9(E).</b> Kitchens shall have clean, operational equipment for the preparation, storage, serving, and clean up of all meals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-9(F).</b> Adequate dining space shall be provided for consumers. The dining space shall be maintained in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes	
<b>R501-20-10(A).</b> Prescriptive medication shall be provided as prescribed by a qualified person according to the Medical Practices Act.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-10(B).</b> The program shall have locked storage for medication.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>R501-20-10(C).</b> The program shall have written policy and procedure to include the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. self administered medication,							
2. storage,							
3. control, and							
4. release and disposal of drugs in accordance with federal and state regulations.							

ADDITIONAL INFORMATION							