



Utah Department of Health & Human Services Licensing & Background Checks		Day Treatment Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. (Revised 10/2023)				
Provider Name:		ARDU Recovery Center	Facility ID:	F23-96697	Phone Number:	(801) 810-1234	Notes			
Site Name or Address:		1053 W 1020 S Provo, UT, 84601		Email Address:	drew@ardu.com					
Approved Capacity:		20	# of Present Residents\Clients	0						
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)						
<input checked="" type="checkbox"/> Current backgrounds in DACS				<input checked="" type="checkbox"/>	Any active rule variances.					
<input checked="" type="checkbox"/> Current staff roster collected				<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff					
<input checked="" type="checkbox"/> Any license restrictions or conditions.				<input checked="" type="checkbox"/>	Staff Interviews					
<input checked="" type="checkbox"/> Any needed rule variances.				<input checked="" type="checkbox"/>	Clients Interviews					
Inspection Information:										
- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.										
- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.										
Signature Information										
Inspection Type:		annual	Date:	11/30/23	Time Started On-site:	12:00	Time Ended On-site:	17:00		
Number of Non Compliant Items:			2	Name of Individual Informed of this Inspection:			Drew Redd			
Licensor(s) Conducting this Inspection:					Nathan Ponis			OL Staff Observing Inspection:		
<input checked="" type="checkbox"/> The Licensor explained noncompliance items (if any).		Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.			Drew Redd					

General Provisions Non-Residential - Inspection Checklist

(Revised 10/2023)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Licensing Application and Monitoring Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-4(1)(c) An applicant or a licensee shall permit the office to have immediate, unrestricted access to: (i) each site subject to licensing; (ii) any on and off-site program and client records; and (iii) each staff and client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Program Changes	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8. The provider is in compliance with the terms of approved rule variances.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Required Approvals	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Investigations of Alleged Noncompliances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11. All reportable critical incidents were properly reported.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Licensee Noncompliance	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Program Administration and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-13(1) A program shall transparently identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (e) each program requirement and expectation; (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of which behaviors and presenting issues would be reason for discharge or exclusion from the program; and (ii) the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (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.					<input checked="" type="checkbox"/>	

R501-1-13(2). The following items are posted in a conspicuous place: (a) abuse reporting laws; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(3). Provider is in compliance with: (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(5). Provider has proof of: (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"/>	
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (c) the organizational and governance structure of the program, this includes: (i) line of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/13/23	<input type="checkbox"/>	The provider was out of compliance with this rule by failing to post the required documents. In the facility, the provider did not have the clients rights posted.
R501-1-13(8). A program providing school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) be recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensure each youth is taught at grade level.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(9). Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(10). A program that utilizes telehealth for treatment shall do so within the scope of their professional licensure in accordance with Title 2 Chapter 60 for health and Title 58, Chapter 60 and 60a for mental health and comply with each applicable rule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1) Each program shall ensure the appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-15(2) Each program shall ensure that all appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3) Each program shall accommodate clients with disabilities as needed or appropriately refer to comparable services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4). Each program shall ensure that fire drills in non-outpatient programs shall be conducted and documented at least quarterly and program administration shall provide and document feedback regarding response time and process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5). Each program shall ensure that a 911 recognizable phone is always on-site with clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6) Each program shall ensure that bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7) Each program shall ensure that each bathroom shall be properly equipped with toilet paper, paper towels or a dryer, and soap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8) Each program shall ensure that each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(9). Each program shall maintain medications and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served. This shall include locked storage for each medication and hazardous chemical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10). Each program shall ensure that non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11). Each program shall ensure that prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(12). Each program shall maintain a fully supplied first aid kit as recommended by the American Red Cross.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Food Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-17(2). Each program that provides meals shall ensure that meals are not used as incentive or punishment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(3). Each program that provides meals shall provide nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program shall ensure that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; and (c) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that is: (i) served from dietitian or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA					<input type="checkbox"/>	
R501-1-17(4). Each program that provides meals shall establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-17(5). Each program that provides meals shall provide adequate dining space for each client that is maintained in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(6). Each program that provides self-serve meals shall 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1). Each program shall ensure adequate staffing such that the current population can be safely supervised including, where necessary, more staff than required by the usual staffing ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(2). Each program shall identify a manager or qualified designee who shall be immediately available when the program is in operation or there shall be a qualified and trained substitute when the manager is absent or unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(3). Each program that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(4). Each program serving substance use disorder shall ensure each staff and client is screened for tuberculosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5). Each program managing, storing, or administering client medication shall identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6). Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Personnel Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-19(1). Each program shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-19(2). Personnel information shall include: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/13/23	<input type="checkbox"/>	The provider was out of compliance with this rule by having incomplete staff files. During the inspection, all staff files were missing a signed Dept code of conduct.
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-20(1) A program shall maintain client information to include the following:</p> <ul style="list-style-type: none"> (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's physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons for self-directed violence or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-20(2) A program shall document a plan detailing how each program staff and client file shall 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.</p>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by Corrected During Inspection Notes
<p>R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum:</p> <ul style="list-style-type: none"> (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records:</p> <ul style="list-style-type: none"> (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	

R501-1-21(4). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and <u>(c) designed to involve the participation of each client or each client's parent or guardian.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Programs 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"/>	
R501-1-23(5). Programs providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Programs 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
R501-1-24(1). 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"/>	
R501-1-24(2) Before initial licensure and as updates are made, policies and procedures shall be: (a) submitted electronically to the office; (b) approved by the office as required; and (c) trained to each staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Day Treatment Programs - Inspection Checklist

(Revised 10/2023)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-4(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 checked="" type="checkbox"/>	
Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-5(A). 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 checked="" type="checkbox"/>	
R501-20-5(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 checked="" type="checkbox"/>	
R501-20-5(C). Staffing Ratios 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	

R501-20-5(D). 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.

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.

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 week per consumer enrolled in the program,
- 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 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.

	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
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Direct Service

C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
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R501-20-6(A). 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 checked="" type="checkbox"/>	
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R501-20-6(B). A daily activity or service schedule shall be designed and implemented.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
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R501-20-6(C). 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 checked="" type="checkbox"/>	
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R501-20-6(D). All consumers shall be afforded the same quality of care.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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Physical Environment

C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
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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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Facility	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-8(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"/>	
R501-20-8(B). Outdoor recreational space and compatible recreational equipment shall be available when necessary to meet treatment plans.	<input checked="" 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"/>	
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"/>	
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. 2. When operating power equipment, the operator shall wear safe clothing and protective eye gear. 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		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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. 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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Food Service	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-20-9(A). 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"/>	
R501-20-9(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"/>	
R501-20-9(C). When meals are prepared by consumers, there shall be a written policy to include the following: 1. rules of kitchen privileges, 2. menu planning and procedures, 3. nutritional and sanitation requirements, and 4. schedule of responsibilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-9(D). 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"/>	
R501-20-9(E). 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"/>	
R501-20-9(F). 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"/>	
Medication	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-20-10(A). 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"/>	
R501-20-10(B). The program shall have locked storage for medication.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-20-10(C). The program shall have written policy and procedure to include the following: 1. self administered medication, 2. storage, 3. control, and 4. release and disposal of drugs in accordance with federal and state regulations.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

ADDITIONAL INFORMATION





Outpatient Treatment Inspection Checklist

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. (Revised 10/2023)

Provider Name:	ARDU Recovery Center	Facility ID:	F23-96697	Phone Number:	(801) 810-1234	Notes
Site Name or Address:	1053 W 1020 S Provo, UT, 84601			Email Address:	drew@ardu.com	
Approved Capacity:	20	# of Present Residents\Clients	0			
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)		
<input checked="" type="checkbox"/>	Current backgrounds in DACS			<input checked="" type="checkbox"/>	Any active rule variances.	
<input checked="" type="checkbox"/>	Current staff roster collected			<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff	
<input checked="" type="checkbox"/>	Any license restrictions or conditions.			<input checked="" type="checkbox"/>	Staff Interviews	
<input checked="" type="checkbox"/>	Any needed rule variances.			<input type="checkbox"/>	Clients Interviews	

Inspection Information:

- The licensor will email you this inspection checklist after the inspection is completed. **This checklist is not an official compliance statement.** The licensor will send you an **official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.**
- If the only non compliance items are documentation and/or records, please submit them by the *correction required date* listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.

Signature Information

Inspection Type:	annual	Date:	11/30/23	Time Started On-site:	12:00	Time Ended On-site:	17:00
Number of Non Compliant Items:		2	Name of Individual Informed of this Inspection:		Drew Redd		
Licensor(s) Conducting this Inspection:				OL Staff Observing Inspection:			
<input checked="" type="checkbox"/>	The Licensor explained noncompliance items (if any).	Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.		Drew Redd			

General Provisions Non-Residential - Inspection Checklist

(Revised 10/2023)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Licensing Application and Monitoring Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-4(1)(c) An applicant or a licensee shall permit the office to have immediate, unrestricted access to: (i) each site subject to licensing; (ii) any on and off-site program and client records; and (iii) each staff and client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Program Changes	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8. The provider is in compliance with the terms of approved rule variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Required Approvals	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Investigations of Alleged Noncompliances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11. All reportable critical incidents were properly reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Licensee Noncompliance	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Program Administration and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-13(1) A program shall transparently identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (e) each program requirement and expectation; (f) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of which behaviors and presenting issues would be reason for discharge or exclusion from the program; and (ii) the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	

R501-1-13(2). The following items are posted in a conspicuous place: (a) abuse reporting laws; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; and (f) a client rights poster.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(3). Provider is in compliance with: (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(5). Provider has proof of: (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"/>	
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (c) the organizational and governance structure of the program, this includes: (i) line of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/13/23	<input type="checkbox"/>	The provider was out of compliance with this rule by failing to post the required documents. In the facility, the provider did not have the clients rights posted.
R501-1-13(8). A program providing school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (b) be recognized as in good standing by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board; and (c) ensure each youth is taught at grade level.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(9). Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-13(10). A program that utilizes telehealth for treatment shall do so within the scope of their professional licensure in accordance with Title 2 Chapter 60 for health and Title 58, Chapter 60 and 60a for mental health and comply with each applicable rule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1) Each program shall ensure the appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-15(2) Each program shall ensure that all appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3) Each program shall accommodate clients with disabilities as needed or appropriately refer to comparable services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4). Each program shall ensure that fire drills in non-outpatient programs shall be conducted and documented at least quarterly and program administration shall provide and document feedback regarding response time and process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5). Each program shall ensure that a 911 recognizable phone is always on-site with clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6) Each program shall ensure that bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7) Each program shall ensure that each bathroom shall be properly equipped with toilet paper, paper towels or a dryer, and soap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8) Each program shall ensure that each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(9). Each program shall maintain medications and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served. This shall include locked storage for each medication and hazardous chemical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10). Each program shall ensure that non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(11). Each program shall ensure that prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(12). Each program shall maintain a fully supplied first aid kit as recommended by the American Red Cross.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Food Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-17(2). Each program that provides meals shall ensure that meals are not used as incentive or punishment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(3). Each program that provides meals shall provide nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program shall ensure that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; and (c) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that is: (i) served from dietitian or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA					<input type="checkbox"/>	
R501-1-17(4). Each program that provides meals shall establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-17(5). Each program that provides meals shall provide adequate dining space for each client that is maintained in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(6). Each program that provides self-serve meals shall 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1). Each program shall ensure adequate staffing such that the current population can be safely supervised including, where necessary, more staff than required by the usual staffing ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(2). Each program shall identify a manager or qualified designee who shall be immediately available when the program is in operation or there shall be a qualified and trained substitute when the manager is absent or unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(3). Each program that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(4). Each program serving substance use disorder shall ensure each staff and client is screened for tuberculosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5). Each program managing, storing, or administering client medication shall identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6). Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Personnel Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-19(1). Each program shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-19(2). Personnel information shall include: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and (f) each crisis intervention or critical incident report involving the individual.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	12/13/23	<input type="checkbox"/>	The provider was out of compliance with this rule by having incomplete staff files. During the inspection, all staff files were missing a signed Dept code of conduct.
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-20(1) A program shall maintain client information to include the following:</p> <ul style="list-style-type: none"> (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's physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons for self-directed violence or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-20(2) A program shall document a plan detailing how each program staff and client file shall 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.</p>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by Corrected During Inspection Notes
<p>R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum:</p> <ul style="list-style-type: none"> (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
<p>R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records:</p> <ul style="list-style-type: none"> (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	

R501-1-21(4). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and <u>(c) designed to involve the participation of each client or each client's parent or guardian.</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Programs 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"/>	
R501-1-23(5). Programs providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Programs 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
R501-1-24(1). 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"/>	
R501-1-24(2) Before initial licensure and as updates are made, policies and procedures shall be: (a) submitted electronically to the office; (b) approved by the office as required; and (c) trained to each staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

Outpatient Treatment Programs - Inspection Checklist

(Revised 10/2023)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Administration and Direct Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-4(2). Programs shall have current program information readily available to the Office and the public, including a description of: (a) program services; (b) the client population served; (c) program requirements and expectations; (d) information regarding any non-clinical services offered; (e) costs, fees, and expenses that may be assessed, including any non-refundable costs, fees or expenses; and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-4(3). The Program shall: (e) disclose any potential conflicts of interest to the Office; (f) ensure that staff are licensed or certified in good standing as required and that unlicensed individuals providing direct client services shall do so only in accordance with the Mental Health Professional Practices Act*	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-4(8). Programs shall maintain documentation of all critical incidents; critical incident reports shall contain: (a) time of incident; (b) summary of incident; (c) individuals involved; and (d) program response to the incident.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Physical Facility	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-21-5(1). Space shall be adequate to meet service needs and ensure client confidentiality and comfort.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(2). The program shall maintain potentially hazardous items on-site lawfully, responsibly and with consideration of the safety and risk level of the population(s) served.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(4). Programs offering supplemental services or activities in addition to outpatient treatment shall: (a) remain publicly transparent in the use of the equipment, practices and purposes; (b) ensure the health and safety of the consumer; (c) gain informed consent for participation in supplemental services or activities; and (d) provide verification of all trainings or certifications as required for the operation and use of any supplemental equipment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(6). The program site shall provide access to a toilet and lavatory sink in a manner that ensures basic privacy, and shall be: (a) stocked with toilet paper, soap, and paper towels/dryer; and (b) maintained in good operating order and kept in a clean and safe condition.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-5(7). The program shall ensure that the physical environment is safe for consumers and staff and that the appearance and cleanliness of the building and grounds are maintained.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Substance Use Disorder Treatment Programs	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

R501-21-6(1). All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-6(2). Maintain proof of completion of the National Survey of Substance Abuse Treatment Services (NSSATS) annually.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-21-6(3). Medication-assisted treatment (MAT) in substance use disorder programs shall:						
(a) maintain a program-wide counselor to MAT consumer ratio of: 1:50;						
(b) assure all consumers see a licensed practitioner that is authorized to prescribe controlled substances at least once yearly;						
(c) show proof of completion of federally required physician training for physicians prescribing buprenorphine;						
(d) admit consumers to the program and prescribe, administer or dispense medications only after the completion of a face-to-face visit with a licensed practitioner having authority to prescribe controlled substances who confirms opioid dependence. A licensed practitioner having authority to prescribe controlled substances must approve every subsequent dose increase prior to the change;						
(e) require all consumers admitted to the program to participate in random drug testing. Drug testing will be performed by the program a minimum of two times per month for the first three months of treatment, and monthly thereafter; except for a consumer whose documented lack of progress shall require more frequent drug testing for a longer period of time;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
(f) require that consumers participate in at least one counseling session per week for the first 90 days. Upon documented successful completion of this phase of treatment, consumers shall be required to participate in counseling sessions at least twice monthly for the next six months. Upon documented successful completion of nine months of treatment, consumers shall be seen by a licensed counselor at least monthly thereafter until discharge; and						
(g) require one hour of prescribing practitioner time at the program site each month for every ten MAT consumers enrolled.						
R501-21-6(4). MAT Programs prescribing, administering or dispensing Methadone (Opioid Treatment Programs) shall:						
(a) maintain Substance Abuse and Mental Health Services Administration (SAMHSA) certification and accreditation as an opioid treatment program.						
(b) comply with DSAMH Rule R523-10 Governing Methadone and other opioid treatment service providers;						
(c) employ a:						
(i) licensed physician who is an American Society of Addiction Medicine certified physician; or	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
(ii) prescribing licensed practitioner who can document specific training in current industry standards regarding methadone treatment for opioid addictions; or						
(iii) prescribing licensed practitioner who can document specific training or experience in methadone treatment for opioid addictions; and						
(d) provide one nurse to dispense or administer medications for every 150 Methadone consumers dosing on an average daily basis.						

<p>R501-21-6(5). Certified DUI Education Programs</p> <p>(a) Only programs certified with the Division of Substance Abuse and Mental Health (DSAMH) to provide Prime for Life education in accordance with R523-11 shall provide court ordered DUI education.</p> <p>(b) Certified DUI education programs shall:</p> <ul style="list-style-type: none"> (i) complete and maintain a substance use screening for each participant prior to providing the education course; (A) screenings may be shared between providers with client written consent.; (ii) provide a workbook to each participant to keep upon completion of the course; (iii) ensure at least 16 hours of course education; and (iv) provide separate classes for adults and youth. <p>(c) Any violations of this rule section will be reported to DSAMH for evaluation of certification.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<p>Domestic Violence</p> <p>R501-21-7(1). Domestic Violence (DV) treatment programs shall comply with generally accepted and current practices in domestic violence treatment, and shall meet the following requirements:</p> <p>(a) maintain and document cooperative working relationships with domestic violence shelters, treatment programs, referring agencies, custodial parents when the consumer is a minor, and local domestic violence coalitions;</p> <ul style="list-style-type: none"> (i) treatment sessions for children and victims shall offer a minimum of ten sessions for each consumer, not including intake or orientation; (b) if the consumer is a perpetrator, program contact with the victims, current partner, and the criminal justice referring agencies is also required, as appropriate; (ii) In accordance with UCA50-60-102(5), a Licensed Mental Health Therapist shall complete a domestic violence treatment evaluation for each offender to include individualized recommendations for the offender's treatment. 	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-21-7(2). Staff to Consumer Ratio</p> <p>(a) The staff to consumer ratio in adult treatment groups shall be one staff to eight consumers, for a one hour long group; or one staff to ten consumers for an hour and a half long group. The maximum group size shall not exceed 16.</p> <p>(b) Child victim, or child witness groups shall have a ratio of one staff to eight children, when the consumers are under 12 years of age; and a ratio of one staff to ten children when the consumers are 12 years of age and older.</p>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-21-7(3). Client Intake and Safety

- (a) When any consumer enters a treatment program, the staff shall conduct an in-depth, face-to-face interview and assessment to determine the consumer's clinical profile and treatment needs. The evaluation in R501-23-7 shall count for this assessment when the consumer is an offender.
- (b) For perpetrator consumers, additional information shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate.
- (c) When appropriate, additional information for child consumers shall be obtained from parents, prior treatment providers, schools, and Child Protective Services.
- (d) When any of the above cannot be obtained, the reason shall be documented.
- (e) The assessment shall include the following:
- (i) a profile of the frequency, severity, and duration of the domestic violence behavior, which includes a summary of psychological violence;
 - (ii) documentation of any homicidal, suicidal ideation and intentions, as well as abusive behavior towards children;
 - (iii) a clinical diagnosis and a referral for evaluation to determine the need for medication, if indicated;
 - (iv) documentation of safety planning when the consumer is an adult victim, child victim, or child witness; and that they have contact with the perpetrator;
- (A) for victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted; and
- (v) documentation that appropriate measures have been taken to protect children from harm.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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R501-21-7(4). Treatment Procedures

- (a) Consumers deemed appropriate for a domestic violence treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues.
- (b) Consumers who are not deemed appropriate for domestic violence programs shall be referred to the appropriate resource, with the reasons for referral documented, and notification given to the referring agency.
- (c) Domestic violence counseling shall be provided concurrently with, or after other necessary treatment, when appropriate.
- (d) Conjoint or group therapy sessions with victims and perpetrators together, or with both co-perpetrators, shall not be provided until a comprehensive assessment has been completed to determine that the violence has stopped, and that conjoint treatment is appropriate.
- (e) The perpetrator must complete a minimum of 4 domestic violence treatment sessions, unless otherwise noted in the offender evaluation recommendations prior to the provider implementing conjoint therapy.
- (f) A written procedure shall be implemented to facilitate the following, in an efficient and timely manner:
- (i) entry of the court ordered defendant into treatment;
 - (ii) notification of consumer compliance, participation, or completion;
 - (iii) disposition of non-compliant consumers;
 - (iv) notification of the recurrence of violence; and
 - (v) notification of factors which may exacerbate an individual's potential for violence.
- (g) The program shall comply with the "Duty to Warn," Section 78B-3-502.
- (h) The program shall document specialized training in domestic violence assessment and treatment practices, including 24 hours of Utah Association for Domestic Violence Treatment (UADVT) pre-service training, within the last two years; and 16 hours annual training thereafter for all individuals providing treatment service.
- (i) Clinical supervision for treatment staff that are not clinically licensed shall consist of a minimum of one hour per week to discuss clinical dynamics of cases.

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

ADDITIONAL INFORMATION





Social Detoxification Inspection Checklist

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. (Revised 10/2023)

Provider Name:	ARDU Recovery Center	Facility ID:	F23-96697	Phone Number:	(801) 810-1234	Notes
Site Name or Address:	1053 W 1020 S Provo, UT, 84601			Email Address:	drew@ardu.com	
Approved Capacity:	20	# of Present Residents\Clients	0			
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)		
<input checked="" type="checkbox"/>	Current backgrounds in DACS			<input checked="" type="checkbox"/>	Any active rule variances.	
<input checked="" type="checkbox"/>	Current staff roster collected			<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff	
<input checked="" type="checkbox"/>	Any license restrictions or conditions.			<input checked="" type="checkbox"/>	Staff Interviews	
<input checked="" type="checkbox"/>	Any needed rule variances.			<input type="checkbox"/>	Clients Interviews	

Inspection Information:

- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.
- If the only non compliance items are documentation and/or records, please submit them by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.

Signature Information

Inspection Type:	annual	Date:	11/30/23	Time Started On-site:	12:00	Time Ended On-site:	17:00
Number of Non Compliant Items:	2	Name of Individual Informed of this Inspection:			Drew Redd		
Licensor(s) Conducting this Inspection:	Nathan Ponis			OL Staff Observing Inspection:			
<input checked="" type="checkbox"/>	The Licensor explained noncompliance items (if any).	Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.			Drew Redd		

General Provisions Adult Residential - Inspection Checklist

(Revised 10/2023)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Licensing Application and Monitoring Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-4(1)(c) An applicant or a licensee shall permit the office to have immediate, unrestricted access to: (i) each site subject to licensing; (ii) any on and off-site program and client records; and (iii) each staff and client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Changes	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8. The provider is in compliance with the terms of approved rule variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Required Approvals	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Investigations of Alleged Noncompliances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11. All reportable critical incidents were properly reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Licensee Noncompliance	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Administration and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-13(1) A program shall transparently identify services to the office, public, potential client, parent, or guardian regarding:</p> <ul style="list-style-type: none"> (a) current and accurate 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, including: <ul style="list-style-type: none"> (i) an outline of which behaviors and presenting issues would be reason for discharge or exclusion from the program; and (ii) the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (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. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Drew Redd	<input type="checkbox"/>	
<p>R501-1-13(2). The following items are posted in a conspicuous place where each visitor, staff, and client may view:</p> <ul style="list-style-type: none"> (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"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-13(3). Provider is in compliance with:</p> <ul style="list-style-type: none"> (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients. 	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-13(5). Provider has proof of:</p> <ul style="list-style-type: none"> (a) financial viability of the program as verified by a financial professional; (b) vehicle insurance; 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-13(6). Provider ensures that:</p> <ul style="list-style-type: none"> (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; (c) the organizational and governance structure of the program, this includes: <ul style="list-style-type: none"> (i) line of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: <ul style="list-style-type: none"> (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"/> <input type="checkbox"/>	12/13/23	<input type="checkbox"/>	The provider was out of compliance with this rule by failing to post the required documents. In the facility, the provider did not have the clients rights posted.
<p>R501-1-13(9). Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	

R501-1-13(10). A program that utilizes telehealth for treatment shall do so within the scope of their professional licensure in accordance with Title 2 Chapter 60 for health and Title 58, Chapter 60 and 60a for mental health and comply with each applicable rule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Programs Additional Administration and Direct Services Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-14(1). A program providing residential service shall: (b) ensure that each staff shift list remains current and available to the office upon request; (c) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (d) provide a separate space for clients who are sick.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(5). Before allowing a direct care staff to work unsupervised they must have an approved background clearance and be trained in the following: (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; (b) which practices are prohibited for congregate care programs by Section 62A-2-123; (c) the clinical needs of each of the clientele; (d) client rights; (e) department code of conduct; and (f) incident reporting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(6). Direct care staff must be trained in the following within six months of hire: (a) CPR; (b) first aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1) Each program shall ensure the appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2) Each program shall ensure that all appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3) Each program shall accommodate clients with disabilities as needed or appropriately refer to comparable services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4) Each program shall ensure that fire drills in non-outpatient programs shall be conducted and documented at least quarterly and program administration shall provide and document feedback regarding response time and process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5) Each program shall ensure that a 911 recognizable phone is always on-site with clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6) Each program shall ensure that bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7) Each program shall ensure that each bathroom shall be properly equipped with toilet paper, paper towels or a dryer, and soap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8) Each program shall ensure that each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-15(9). Each program shall maintain medications and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served. This shall include locked storage for each medication and hazardous chemical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10). Each program shall ensure that non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/13/23	<input type="checkbox"/>	
R501-1-15(11). Each program shall ensure that prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(12). Each program shall maintain a fully supplied first aid kit as recommended by the American Red Cross.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Program Additional Facilities and Safety Requirements.	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-16(1) Each residential program shall ensure designated space is available for records, administrative work, and confidential phone calls for clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(2) Each residential program shall ensure bedroom assignments shall be made in accordance with each agency policy and individualized assessment described in Section 62A-2-124.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(3) Each residential program shall ensure that live-in staff have separate living spaces with a bathroom that is separate from client bathrooms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(4) Each residential program shall ensure that each bedroom designated for clients shall be comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(5) Dormitory space is only allowed in an emergency homeless shelter or a program serving only adults.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(6) Each residential program shall ensure that each client is not locked in a bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(7) Each residential program shall ensure that each mirror or safety mirror is secured to the bathroom wall at a convenient height.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(8) Each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(9) Each bath or shower allows for individual privacy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(10) Each client is supplied with hygiene supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(11) Each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(12) Each bed is solidly constructed and non-portable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(13) Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(14) A program that provides common laundry for towels, bedding, or clothing shall provide separate containers for soiled and clean laundry.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-16(15) Bedding and towels are laundered weekly and after each client is discharged.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(16) Programs permitting clients to do laundry provide equipment and supplies for washing and drying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(17) Each individual is provided with at least 60 square feet in a multiple occupancy bedroom and 80 square feet in a single occupant bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(18) Each residential program serving individuals with disabilities shall house no more than two persons in each bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(19) Seclusion room measures 75 square ft. with 7 feet ceiling, nothing that obstructs view of client, no safety hazards, has natural light or mechanical ventilation, no locking capability, cannot be a bathroom, bedroom, closet or area outside the licensed site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Food and Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-17(1) Each residential program that provides meals for four or more, but less than 16, clients shall comply with a local health inspection as described in Rule R392-110, Food Service and Sanitation in Residential Facilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(2) Each program that provides meals shall ensure that meals are not used as incentive or punishment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(3) Each program that provides meals provides nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program ensures that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; and (c) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that is: (i) served from dietician or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings	<input checked="" type="checkbox"/>				<input type="checkbox"/>	
R501-1-17(4) Programs that provide meals establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(5) Programs that provide meals provide adequate dining space that is maintained in a clean and safe condition for each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1) Each program shall ensure adequate staffing such that the current population can be safely supervised including, where necessary, more staff than required by the usual staffing ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-18(2) Each program shall identify a manager or qualified designee who shall be immediately available when the program is in operation or there shall be a qualified and trained substitute when the manager is absent or unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(3) Each program that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(4) Each program serving substance use disorder shall ensure each staff and client is screened for tuberculosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5) Each program managing, storing, or administering client medication shall identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6) Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Personnel Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-19(1) . Each program shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-19(2) . Personnel information shall include: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	The provider was out of compliance with this rule by having incomplete staff files. During the inspection, all staff files were missing a signed Dept code of conduct.
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-20(1) A program shall maintain client information to include the following:</p> <ul style="list-style-type: none"> (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's physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons for self-directed violence or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			
<p>R501-1-20(2). There is a plan detailing how each program staff and client file will be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.</p>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum:</p> <ul style="list-style-type: none"> (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<p>R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records:</p> <ul style="list-style-type: none"> (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: <ul style="list-style-type: none"> (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		

R501-1-21(4). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-22(1). In residential facilities, an intake assessment is completed following an approved intake screening and no later than seven days from the admission date. The assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (g) suicide risk screening; and (h) authorization to serve and obtain emergency care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	<input 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
R501-1-24(1). 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"/>	

R501-1-24(2) Before initial licensure and as updates are made, policies and procedures shall be: (a) submitted electronically to the office; (b) approved by the office as required; and (c) trained to each staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Additional Policy and Procedure Requirements for Residential Programs	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-25(1). Residential programs that provide meals for clients have and follow a food service policy.	<input checked="" 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"/>	
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"/>	
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"/>	
R501-1-25(5). Residential programs have a policy regarding client belongings policy that addresses: (a) initial and updated inventory signed by the client; (b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and (c) program shall replace any lost or stolen items for which the program is responsible.					<input type="checkbox"/>	
R501-1-25(6). A program managing funds for client allowances must document each expense.	<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"/>	

Social Detoxification Programs - Inspection Checklist

(Revised 10/2023)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Physical Facility	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-11-5(2) Each provider shall ensure that the physical facility is compliant with the following: (a) 24 hour live-in staff have a separate living space with a private bathroom; (b) a large room may be used as a dormitory style bedroom; (c) a minimum of 50 square feet per individual, excluding storage space, is provided for a multiple occupant bedroom; (d) a minimum of 70 square feet per individual, excluding storage space is provided for a single occupant bedroom; (e) there is an escape window for each sleeping room unless there are two ways to exit the room; and (f) each bathroom meets a minimum ratio of one toilet, one sink, and one tub or shower for each eight residents.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
Specialized Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-11-6(1) Social detoxification services shall serve clients who require a clinical managed residential withdrawal management level of care only until they can be stabilized and transition to a lower level of care, or medical necessity requires moving the individual to a higher level of care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
R501-11-6(2) A provider wishing to provide medically monitored inpatient withdrawal management under a social detoxification license may only do so under the following conditions: (a) medical and nursing professionals provide 24-hour medically monitored evaluation and withdrawal management under physician-approved policies and physician-monitored procedures and protocols; (b) justification is documented for how clients served at this level do not require services at the level of either a higher or lower level of care; (c) the individual meets the admission and continued service criteria for medically monitored withdrawal management; and (d) the program meets each requirement for medically monitored withdrawal management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
R501-11-6(3) The provider shall complete a preliminary screening when an individual presents for service to determine appropriateness for social model detox and shall complete the subsequent intake evaluation within seven days.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
R501-11-6(4) The provider shall require a client to provide recent evidence of a Tuberculosis screening or get tested for Tuberculosis within one week of presenting for service.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-11-6(5) The provider shall ensure: (a) a client who exhibits signs of possible active Tuberculosis is screened by the provider immediately with assistance from the local health department; and (b) any local health department recommendations are followed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	

R501-11-6(6) Once a client has completed the acute detoxification period as demonstrated by reasonable physical and psychological stability, the provider shall conduct an evaluation to determine the treatment referral.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	
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ADDITIONAL INFORMATION





Provider Name:		Adult Residential Treatment Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. (Revised 10/2023)	
Provider Name:		ARDU Recovery Center	Facility ID:	F23-96697	Phone Number:	(801) 810-1234	Notes
Site Name or Address:		1053 W 1020 S Provo, UT, 84601		Email Address:	drew@ardu.com		
Approved Capacity:		20	# of Present Residents\Clients	0			
Please review the following items prior to the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			
<input checked="" type="checkbox"/>	Current backgrounds in DACS			<input checked="" type="checkbox"/>	Any active rule variances.		
<input checked="" type="checkbox"/>	Current staff roster collected			<input checked="" type="checkbox"/>	Introduce yourself and any DHHS staff		
<input checked="" type="checkbox"/>	Any license restrictions or conditions.			<input checked="" type="checkbox"/>	Staff Interviews		
<input checked="" type="checkbox"/>	Any needed rule variances.			<input type="checkbox"/>	Clients Interviews		
Inspection Information:							
<p>- The licensor will email you this inspection checklist after the inspection is completed. This checklist is not an official compliance statement. The licensor will send you an official Inspection Report once this inspection has been approved by management. Only items checked here as noncompliant can be part of your Inspection Report, and the Inspection Report is to be considered the results of this inspection.</p>							
<p>- If the only non compliance items are documentation and/or records, please submit them by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and maintenance of any noncompliance.</p>							
Signature Information							
Inspection Type:	annual	Date:	11/30/23	Time Started On-site:	12:00	Time Ended On-site:	17:00
Number of Non Compliant Items:		2	Name of Individual Informed of this Inspection:		Drew Redd		
Licensor(s) Conducting this Inspection:				Nathan Ponis		OL Staff Observing Inspection:	
<input checked="" type="checkbox"/>	The Licensor explained noncompliance items (if any).	Please sign/type individual informed name and date of review: Signing this checklist does not constitute agreement with the statements, only that the inspection was conducted and noncompliances, if any, were explained.		Drew Redd			

General Provisions Adult Residential - Inspection Checklist

(Revised 10/2023)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Licensing Application and Monitoring Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-4(1)(c) An applicant or a licensee shall permit the office to have immediate, unrestricted access to: (i) each site subject to licensing; (ii) any on and off-site program and client records; and (iii) each staff and client.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Changes	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-6. Any changes to the license, services, ownership, capacity, location, and contact information were properly reported and processed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-8. The provider is in compliance with the terms of approved rule variances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Required Approvals	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-9. All required policies, curriculums, and updates have been approved by OL before implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Investigations of Alleged Noncompliances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-11. All reportable critical incidents were properly reported.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Licensee Noncompliance	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-12. If the license has been suspended or revoked, the provider does not accept new clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Administration and Direct Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-13(1) A program shall transparently identify services to the office, public, potential client, parent, or guardian regarding:</p> <ul style="list-style-type: none"> (a) current and accurate 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, including: <ul style="list-style-type: none"> (i) an outline of which behaviors and presenting issues would be reason for discharge or exclusion from the program; and (ii) the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (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. 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Drew Redd	<input type="checkbox"/>	
<p>R501-1-13(2). The following items are posted in a conspicuous place where each visitor, staff, and client may view:</p> <ul style="list-style-type: none"> (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"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-13(3). Provider is in compliance with:</p> <ul style="list-style-type: none"> (a) food handler permits for any person preparing meals for any other person; (b) capacity limits; (c) licensure and registration of any vehicles used to transport clients. 	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-13(5). Provider has proof of:</p> <ul style="list-style-type: none"> (a) financial viability of the program as verified by a financial professional; (b) vehicle insurance; 	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	
<p>R501-1-13(6). Provider ensures that:</p> <ul style="list-style-type: none"> (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; (c) the organizational and governance structure of the program, this includes: <ul style="list-style-type: none"> (i) line of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: <ul style="list-style-type: none"> (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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	12/13/23	<input type="checkbox"/>	The provider was out of compliance with this rule by failing to post the required documents. In the facility, the provider did not have the clients rights posted.
<p>R501-1-13(9). Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>	

R501-1-13(10). A program that utilizes telehealth for treatment shall do so within the scope of their professional licensure in accordance with Title 2 Chapter 60 for health and Title 58, Chapter 60 and 60a for mental health and comply with each applicable rule.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Programs Additional Administration and Direct Services Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-14(1). A program providing residential service shall: (b) ensure that each staff shift list remains current and available to the office upon request; (c) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (d) provide a separate space for clients who are sick.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(5). Before allowing a direct care staff to work unsupervised they must have an approved background clearance and be trained in the following: (a) behavior management policy and curriculum including crisis intervention, appropriate use of restraint and seclusion, and de-escalation techniques; (b) which practices are prohibited for congregate care programs by Section 62A-2-123; (c) the clinical needs of each of the clientele; (d) client rights; (e) department code of conduct; and (f) incident reporting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-14(6). Direct care staff must be trained in the following within six months of hire: (a) CPR; (b) first aid	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Physical Facilities and Safety	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-15(1) Each program shall ensure the appearance and cleanliness of the building and grounds are maintained and free from health and fire hazards.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(2) Each program shall ensure that all appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(3) Each program shall accommodate clients with disabilities as needed or appropriately refer to comparable services.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(4) Each program shall ensure that fire drills in non-outpatient programs shall be conducted and documented at least quarterly and program administration shall provide and document feedback regarding response time and process.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(5) Each program shall ensure that a 911 recognizable phone is always on-site with clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(6) Each program shall ensure that bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(7) Each program shall ensure that each bathroom shall be properly equipped with toilet paper, paper towels or a dryer, and soap.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(8) Each program shall ensure that each bathroom is ventilated by mechanical means or equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-15(9). Each program shall maintain medications and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served. This shall include locked storage for each medication and hazardous chemical.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(10). Each program shall ensure that non-prescription medications, if stored on-site, are stored in original manufacturer's packaging together with the manufacturer's directions and warnings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12/13/23	<input type="checkbox"/>	
R501-1-15(11). Each program shall ensure that prescription medications, if stored on-site, are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-15(12). Each program shall maintain a fully supplied first aid kit as recommended by the American Red Cross.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Program Additional Facilities and Safety Requirements.	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-16(1) Each residential program shall ensure designated space is available for records, administrative work, and confidential phone calls for clients.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(2) Each residential program shall ensure bedroom assignments shall be made in accordance with each agency policy and individualized assessment described in Section 62A-2-124.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(3) Each residential program shall ensure that live-in staff have separate living spaces with a bathroom that is separate from client bathrooms.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(4) Each residential program shall ensure that each bedroom designated for clients shall be comparable to other similarly utilized bedrooms with similar access, location, space, finishings, and furnishings.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(5) Dormitory space is only allowed in an emergency homeless shelter or a program serving only adults.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(6) Each residential program shall ensure that each client is not locked in a bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(7) Each residential program shall ensure that each mirror or safety mirror is secured to the bathroom wall at a convenient height.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(8) Each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(9) Each bath or shower allows for individual privacy.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(10) Each client is supplied with hygiene supplies.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(11) Each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(12) Each bed is solidly constructed and non-portable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(13) Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(14) A program that provides common laundry for towels, bedding, or clothing shall provide separate containers for soiled and clean laundry.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-16(15) Bedding and towels are laundered weekly and after each client is discharged.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(16) Programs permitting clients to do laundry provide equipment and supplies for washing and drying	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(17) Each individual is provided with at least 60 square feet in a multiple occupancy bedroom and 80 square feet in a single occupant bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(18) Each residential program serving individuals with disabilities shall house no more than two persons in each bedroom.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-16(19) Seclusion room measures 75 square ft. with 7 feet ceiling, nothing that obstructs view of client, no safety hazards, has natural light or mechanical ventilation, no locking capability, cannot be a bathroom, bedroom, closet or area outside the licensed site.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Food and Service Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-17(1) Each residential program that provides meals for four or more, but less than 16, clients shall comply with a local health inspection as described in Rule R392-110, Food Service and Sanitation in Residential Facilities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(2) Each program that provides meals shall ensure that meals are not used as incentive or punishment.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(3) Each program that provides meals provides nutritional counseling to staff and clients and designate staff responsible for food service. As part of these responsibilities, each program ensures that designated staff: (a) maintain a current list of each client with special nutritional needs; (b) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; and (c) except in a day treatment program serving clients for less than ten hours a day, or outpatient programs serving clients for less than six consecutive hours a day, provide a variety of three nutritious meals a day that is: (i) served from dietician or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings	<input checked="" type="checkbox"/>				<input type="checkbox"/>	
R501-1-17(4) Programs that provide meals establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-17(5) Programs that provide meals provide adequate dining space that is maintained in a clean and safe condition for each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Staffing	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-18(1) Each program shall ensure adequate staffing such that the current population can be safely supervised including, where necessary, more staff than required by the usual staffing ratio.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-1-18(2) Each program shall identify a manager or qualified designee who shall be immediately available when the program is in operation or there shall be a qualified and trained substitute when the manager is absent or unavailable.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(3) Each program that offers clinical services shall employ or consult with licensed professional staff that include an individual who is familiar with the program and the needs of each client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(4) Each program serving substance use disorder shall ensure each staff and client is screened for tuberculosis.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(5) Each program managing, storing, or administering client medication shall identify a medical professional to be responsible for the medication management policy, medication oversight, and staff training regarding medication management.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-18(6) Each program or person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in 21 CFR 1301.21	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Personnel Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-19(1) . Each program shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-19(2) . Personnel information shall include: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Section R501-14-17; (c) a department code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any training records with the date completed, topic, and the individual's signed acknowledgment of training completion to include: (i) current CPR and First Aid certification; (ii) current policy and procedure training; and (iii) proof of annual department code of conduct and behavior management training; (e) any grievances or complaints made by or against the individual and actions taken by the program; and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	The provider was out of compliance with this rule by having incomplete staff files. During the inspection, all staff files were missing a signed Dept code of conduct.
Program Client Record Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<p>R501-1-20(1) A program shall maintain client information to include the following:</p> <ul style="list-style-type: none"> (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's physical address, current email address or current phone numbers; (c) a program serving substance use disorder clients shall maintain compliance with an initial and annual client tuberculosis screening results in each client record; (d) any information that could affect health safety or well-being of the client including each medication, allergy, chronic condition or communicable disease; (e) intake screening and assessment; (f) discharge documentation; (g) treatment or service plan; (h) progress notes and services provided with date and signature of staff completing each entry; (i) individualized assessment for restriction of access to on-site items that could be used as weapons for self-directed violence or as an intoxicant; (j) any referral arrangements made by the program; (k) client or guardian signed consent or court order of commitment to services in lieu of signed consent for each treatment and non-clinical service; (l) summary of attendance and absences; (m) any grievances or complaints made by or against the client and actions taken by the program; (n) each crisis intervention or critical incident report involving the client; and (o) any signed agreements and consent forms. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			
<p>R501-1-20(2). There is a plan detailing how each program staff and client file will be maintained and remain available to the office and other agencies legally authorized to access the files for seven years regardless of whether the program remains licensed.</p>	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/>			
Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<p>R501-1-21(1). The program completes an intake screening before accepting a client into the program. Intake screenings assess at minimum:</p> <ul style="list-style-type: none"> (a) verification that the client meets the eligibility requirements of the program; (b) verification that the client does not meet any of the exclusionary criteria that the program identified in policy as unable to serve; (c) description of presenting needs; (d) suicide risk screening; and (e) a program serving substance use disorder clients may not admit anyone who is unresponsive or unable to consent to care because the individual is experiencing convulsions, in shock, delirium tremens, in a coma, or unconscious. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
<p>R501-1-21(3). Following determination of eligibility, the client or parent or guardian signs and receives copies of the following agreements to be maintained as client records:</p> <ul style="list-style-type: none"> (a) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (b) signed consent for treatment that outlines: <ul style="list-style-type: none"> (i) rules of the program; (ii) expectations of clients, parents, and guardians; (iii) services to be provided; (iv) Medicaid number, insurance information, and identification of any other entities that are billed for the client's services; (v) client rights; and (vi) licensing contact information. 	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>		

R501-1-21(4). A discharge plan identify resources available to a client and include: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Residential Additional Program Intake and Discharge Requirements	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-22(1). In residential facilities, an intake assessment is completed following an approved intake screening and no later than seven days from the admission date. The assessment considers and contains: (a) gender identity and individualized assessment for bedroom and bathroom assignments; (b) cultural background; (c) dominant language and mode of communication; (d) family history and dynamics; (e) current and past health and medical history; (f) social, psychological, developmental, vocational, and, as appropriate, educational factors; (g) suicide risk screening; and (h) authorization to serve and obtain emergency care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Program Clinical Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-23(1). Programs providing clinical treatment assign a clinical director to ensure that assessment, treatment, and service planning practices are: (a) regularly reviewed and updated; (b) individualized; and (c) designed to involve the participation of each client or each client's parent or guardian.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(2). Programs providing clinical treatment ensure that each person working directly with a client is informed of the client's individual treatment needs and advised of the best approach to working with that client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(3). Programs providing clinical treatment ensure that client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(4). Program providing clinical treatment ensure that discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-1-23(6). Program providing group counseling, family counseling, skills development, or other treatment ensure the treatment is offered and documented as prescribed in the treatment plan.	<input 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
R501-1-24(1). 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"/>	

R501-1-24(2) Before initial licensure and as updates are made, policies and procedures shall be: (a) submitted electronically to the office; (b) approved by the office as required; and (c) trained to each staff.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Additional Policy and Procedure Requirements for Residential Programs	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-25(1). Residential programs that provide meals for clients have and follow a food service policy.	<input checked="" 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"/>	
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"/>	
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"/>	
R501-1-25(5). Residential programs have a policy regarding client belongings policy that addresses: (a) initial and updated inventory signed by the client; (b) storage and return of each client belonging to the client or client's guardian at the time of discharge; and (c) program shall replace any lost or stolen items for which the program is responsible.					<input type="checkbox"/>	
R501-1-25(6). A program managing funds for client allowances must document each expense.	<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"/>	

Adult Residential Treatment Programs - Inspection Checklist

(Revised 10/2023)

C = Compliant

NC = Not Compliant

NA = Not Assessed during this inspection

Administration	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-19-3(7). The residential treatment program increases each staff to client ratio as necessary to ensure the health and safety of the current client population.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(8). Direct supervision is only performed by direct care staff who are in physical proximity to the clients and actively supervising with line-of-sight check-ins no less frequently than every 15 minutes.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drew Redd	<input type="checkbox"/>	
R501-19-3(9). Except in an emergency situation that is caused by a client's behavior or medical needs, each direct care staff assigned to a one-on-one or line-of-sight supervision is not counted at the same time in the staffing ratio for any other client.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(10). The program policy includes how the program will accommodate client privacy in each bedroom space while assuring client health and safety.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(11). The residential treatment program may utilize on-site video surveillance to directly supervise a client in time out or seclusion or as an enhancement to minimum supervision ratio requirements. 15-minute physical check-ins must be conducted and documented when a client is being monitored by video.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(12). Video surveillance in bedrooms is only used by a residential treatment program: (a) with client, parent, or guardian permission; (b) when there is a documented need; (c) when the programs monitor cameras or checks in at intervals of 15-minutes or less; and (d) in a program serving an individual with disabilities, where video surveillance is in compliance with Rule R539-3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(14). A residential treatment program serving adults may admit a 17-year-old under the following circumstances: (a) the program obtains written permission from the individual's parent or legal guardian; (b) the program provides clinical justification; (c) the program ensures that the individual sleeps in a separate room from adults or a room that the individual shares with adults no more than two years older than the individual; (d) the program ensures that any adult with direct access to the 17-year-old is directly supervised by a direct care staff; and (e) the program ensures enhanced safety and supervision measures for treating a minor in an adult setting.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(15). Each residential treatment program providing services to a substance use disorder client: (a) only admits a substance use disorder client with a level of care that falls within American Society of Addiction Medicine levels 3.1 through 3.5; and (b) obtains any required licenses before providing any service to a substance use disorder client outside of the residential milieu with a level of care described in Subsection R501-19-3(16).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R501-19-3(17). A program that provides education utilizes a curriculum that is recognized by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(18). Each program that allows a client to participate in meal preparation ensures proper training and justify the client's participation in writing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(19). Each 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(20). Each 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(21). Each 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R501-19-3(22). Each residential treatment program provides indoor space for free and informal client activities.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Requirements for Intermediate Secure Treatment	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-19-4(1). The intermediate secure treatment program clearly defines in policy the responsibilities of the manager described in Section R501-1-18.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Adult facility
R501-19-4(2). Subsection R501-19-3(4) does not apply to an intermediate secure treatment program serving youth. Intermediate secure treatment programs serving youth maintain a staff to client ratio of no less than one staff to every five clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-4(3). The manager described in Section R501-1-18: (a) is at least 25 years of age; (b) has a BA or BS degree or equivalent training in a human services related field; and (c) has at least three years management experience in a residential or secure treatment setting.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-4(4). Each direct care staff working in an intermediate secure treatment program is trained to work with a child with behavioral or mental health needs and works under the supervision of a licensed clinical professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-4(5). In addition to the direct care staff training requirements described in Subsection R501-1-14(5), each direct care staff working in an intermediate secure treatment program receives 30 hours of additional training annually that includes training on the following topics: (a) human relations and communication skills; (b) the special needs of children and families; (c) problem solving and guidance; (d) client rules and regulations; (e) client record and incident documentation ; (f) maintaining staff, client, and visitor safety in a secure setting; and (g) universal precautions for bloodborne pathogens.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

R501-19-4(6). The intermediate secure treatment facility incorporates the use of fixtures and furnishings that help limit self-harm and suicide. Such fixtures and furnishings include: (a) plexiglass or safety glass; (b) recessed lighting; (c) sealed light fixtures; (d) non-exposed fire sprinkler heads; and (e) pressure release robe hooks.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-19-5(1). Each 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 type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Not DSPD
R501-19-5(2). Each 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 checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(3). Each residential treatment program presents each client with an individual plan that addresses appropriate day treatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(4). Each residential treatment program shares with each client a monthly activity schedule.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(5). Each residential treatment program maintains a record of income earned and unearned, and client service fees.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(6). Each residential treatment facility is located within a reasonable distance from school, church, recreation, and other community facilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(7). Each 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 checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(8). Each 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 checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-19-5(9). Each 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 type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	
R501-22-9(10). In the event of a conflict between licensing rule and the Federal Home and Community Based Settings Final rule, the settings rule shall prevail.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	

ADDITIONAL INFORMATION

