z		I							
He	Department of alth & Human Services sing & Background Checks		Insp	ection Checklist		This inspection check licensors use to ensur every inspection. (R	e consistency for		
Provider Name:	Youth Health Associates Inc	Facility ID:	Facility ID: F22-93762)		(801) 628-6160	Note	s		
Site Name or Address:		920 N 000 W Manti, UT, 84642		Email Address:	mriddle@yhautah.com				
Approved Capacity:		# of Present Residents\Clients	15						
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)					
	DACS to ensure background checks are current.	unannounced qua	nannounced quarterly inspection		Introduce yourself and any DHHS staff				
	Any active rule variances.	None Listed		ightharpoons	Clients Interviews				
	Any license restrictions or conditions.	None		~	Staff Interviews				
	Any needed rule variances.				Other:				
Inspection Infor	mation:								
- 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 on 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 the									
	- If the only non compliance items are documentation and/or records, please submit them by the <i>correction required date</i> listed. A lical any noncompliance.					to verify compliance and	maintenance of		
Inspection Type:	Unannounced	Date:	12/13/2023	Time Started On-site:	9:15 am	Time Ended On-site:	11:15 am		
	Number of Non Compliant Items:	2	Name of Individual Info	rmed of this Inspection:	Devin	Frischknecht			
	Licensor(s) Conducting this Inspection:	MeRee Jacobsen			OL Staff Observing Inspection:				
The Licensor explained noncompliance items (if any). Please sign/type individual informed a Signing this checklist does not con statements, only that the inspection on the inspection of the i		stitute agreement with the	Devin Frischknecht						

General Provisions - Inspection Checklist									
(Revised 08/2023)									
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection									
Licensing Application and Monitoring Procedures	с	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.			V			Not assessed during Quarterly Inspection			
Program Changes	С	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.			✓			Not assessed during Quarterly Inspection			
Variances	С	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.			V			Not assessed during Quarterly Inspection			
Required Approvals	С	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.			✓			Not assessed during Quarterly Inspection			
Investigations of Alleged Noncompliances	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes			
R501-1-11. All reportable critical incidents were properly reported.			$ lap{}$			Not assessed during Quarterly Inspection			
Licensee Noncompliance	С	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.			~			Not assessed during Quarterly Inspection			
Program Administration and Direct Service Requirements	С	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.			V			Not assessed during Quarterly Inspection			
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.	Z								
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.			Y			Not assessed during Quarterly Inspection			
R501-1-13(5). Provider has proof of: (a) financial viability of the program as verified by a financial professional; (b) vehicle insurance;			✓			Not assessed during Quarterly Inspection			
R501-1-13(6). Provider ensures that: (a) each entity associated with the licensee read, understand, sign, and follow the current department code of conduct; (b) current staff and client lists are available at each licensed site; (f) at least one CPR and First Aid trained or certified staff member is available when staff and clients are present together; (g) the program maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the program is serving, or is likely to serve, a client with a substance use disorder; and (h) the program provides trainings and monitors staff to ensure compliance regarding program policy and procedures including: (i) the needs of each client; (ii) licensing rule; (iii) client rights; (iv) department code of conduct; (v) incident reporting; (vi) program emergency response plan; and (vii) CPR and first aid.			Y			Not assessed during Quarterly Inspection			

R501-1-13(7) A program serving education entitled children, as that term is defined in Section 62A-2-108.1, shall comply with Section 62A-2-108.1 regarding coordination of educational services to include completion of youth education forms at initial and renewal licensure.			Y			Not assessed during Quarterly Inspection
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.			K			Not assessed during Quarterly Inspection
R501-1-13(9). Clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised.			K			Not assessed during Quarterly Inspection
R501-1-13(10). A program that utilizes telehealth for treatment complies with each applicable rule.			K			Not assessed during Quarterly Inspection
Residential Programs Additional Administration and Direct Services Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-14(1). A program providing residential service: (b) ensures that each staff shift list remains current and available to the office upon request; (c) ensures access to a medical clinic or a medical professional familiar with the program and population served; and (d) provides a separate space for clients who are sick.			Ŋ			Not assessed during Quarterly Inspection
R501-1-14(3). If the congregate care program caring for youth allows an individual turning 18 years old to remain in the program, the provider ensures that: (a) the individual remains in the custody of a State entity or the individual was admitted and continuously resided in the program for at least 30 days before the individual's 18th birthday; (b) the program has a documented need for the individual to remain in the program; (c) the program maintains responsibility for discharge to an appropriate setting when clinically appropriate and no later than the day an individual reaches 19 years of age; (d) the program outlines a policy regarding the protection of younger clients by supervising or separating 18-year-old individuals from youth who are more than two years younger; and (e) the individual signs a consent document outlining; (i) the individual is consenting to remain in the program voluntarily and understands the individual is not required to remain against their will; (ii) that any criminal offenses committed may result in being charged as an adult; and (iii) that if the individual is involved in any critical incidents posing a risk to the health and safety of other program residents they may be discharged from the program.			>			Not assessed during Quarterly Inspection
R501-1-14(4). The provider facilitates weekly confidential voice-to-voice communication between a child and the child's parents, guardian, foster parents, and siblings. The provider ensures that the communication complies with the child's treatment plan, if any; and (a) does not use family contact as an incentive for proper behavior or withhold family contact as a punishment; (b) does not deny the communication unless state law or a court order prohibits the communication; or modify the frequency or form of the communication unless: (A) the office approves the modification; or (B) state law or a court order prohibits the frequency or the form of the communication.	S					
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;			Y			Not assessed during Quarterly Inspection
(d) client rights; (e) department code of conduct; and (f) incident reporting.						
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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						
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.	✓					
R501-1-15(12). Each program shall maintain a fully supplied first aid kit as recommended by the American Red Cross.	✓					
Residential Program Additional Facilities and Safety Requirements.	С	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.						
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.						
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.			~			Not assessed during Quarterly Inspection
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.						
R501-1-16(5) Dormitory space is only allowed in an emergency homeless shelter or a program serving only adults.			~			Not assessed during Quarterly Inspection
R501-1-16(6) Each residential program shall ensure that each client is not locked in a bedroom.						
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.	V					
R501-1-16(8) Each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours.						
R501-1-16(9) Each bath or shower allows for individual privacy.	~					
R501-1-16(10) Each client is supplied with hygiene supplies.	✓					
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.						
R501-1-16(12) Each bed is solidly constructed and non-portable.	✓					
R501-1-16(13) Each client is permitted to decorate and personalize their bedroom, while maintaining respect for each other resident and property.						
R501-1-16(14) A program that provides common laundry for towels, bedding, or clothing shall provide separate containers for soiled and clean laundry.						
R501-1-16(15) Bedding and towels are laundered weekly and after each client is discharged.	~					
R501-1-16(16) Programs permitting clients to do laundry provide equipment and supplies for washing and drying	✓					
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.	S					
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.			V			
R501-1-16(18). In facilities serving individuals with disabilities, no more than two persons are housed in each bedroom.			~			
Food and Service Requirements	С	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.						Not assessed during Quarterly Inspection
R501-1-17(2) Each program that provides meals shall ensure that meals are not used as incentive or punishment						
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			~			Not assessed during Quarterly Inspection
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.			Z			Not assessed during Quarterly Inspection
R501-1-17(5) Programs that provide meals provide adequate dining space that is maintained in						assessed during Quarterly inspection
		П				

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.			~			Not assessed during Quarterly Inspection
Program Staffing	С	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.	☑					
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.			У			Not assessed during Quarterly Inspection
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.			V			Not assessed during Quarterly Inspection
R501-1-18(4) Each program serving substance use disorder shall ensure each staff and client is screened for tuberculosis.			~			Not assessed during Quarterly Inspection
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.			V			Not assessed during Quarterly Inspection
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			V			Not assessed during Quarterly Inspection
Program Personnel Record Requirements	С	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.			Y			Not assessed during Quarterly Inspection
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.			>			Not assessed during Quarterly Inspection
Program Client Record Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-20(1) A program shall maintain client information to include the following: (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; (i) 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.			>			Not assessed during Quarterly Inspection
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			Y			Not assessed during Quarterly Inspection Not assessed during Quarterly Inspection
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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: (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.			N			Not assessed during Quarterly Inspection
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.			>			Not assessed during Quarterly Inspection
Residential Additional Program Intake and Discharge Requirements	с	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.			>			Not assessed during Quarterly Inspection
R501-1-22(2) A residential program serving children shall inform the parent or guardian and obtain signed verification of understanding that their child may be interviewed by a licensing representative in accordance with Subsection 62A-2-106-1(k).			V			Not assessed during Quarterly Inspection
R501-1-22(3). A program may not serve youth from out of state without a disruption plan as described in Section 62A-2-125 and, as applicable, Title 62A, Chapter 4a, Part 7, Interstate Compact Placement of Children			V			Not assessed during Quarterly Inspection
R501-1-22(4). Each congregate care disruption plan must contain the following: (a) program must retain jurisdiction and responsibility for the youth while the youth remains in Utah; (b) a program must complete an individualized disruption plan at the time of intake for each out of state client to include: (i) who is responsible for the child's return if placement at the facility disrupts; (ii) current emergency contact information to include the name, address, phone and email address of the parent or responsible party; (iii) a signed statement from parent or responsible party outlining the plan for the youth in the event of an unplanned disruption in care; and (iv) a plan for safe transportation either to the state of origin, the responsible party identified in Subsection R501-122(3)(a) or to another licensed congregate care program.			>			Not assessed during Quarterly Inspection
R501-1-22(5). Each congregate care program may demonstrate compliance with Subsections R501-1-22(2) and R501-1-22(3) by producing the 100A and 100B forms and disruption plan as required by the Interstate Compact for the Placement of Children (ICPC).			Y			Not assessed during Quarterly Inspection
R501-1-22(6). Each congregate Care program shall report private placements to the office as described in Section 62A-2-125 by completing the congregate care out of state placement survey on the office website no later than the fifth business day of each month.			Y			Not assessed during Quarterly Inspection
R501-1-22(7). Each congregate care program shall report each critical and non-critical restraint or seclusion to the office within one business day.			Y			Not assessed during Quarterly Inspection
Program Clinical Services	С	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.			Y			Not assessed during Quarterly Inspection
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.			V			Not assessed during Quarterly Inspection
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.			Ŋ			Not assessed during Quarterly Inspection
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.			Y			Not assessed during Quarterly Inspection
R501-1-23(5). Program providing clinical treatment ensure that each client identified for treatment receives individual treatment at least weekly.			Y			Not assessed during Quarterly Inspection
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.			_			Not assessed during Quarterly Inspection
Program Policy and Procedure Requirements	С	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-24. As submitted to the office, the program developed, implemented, and complied with policies and procedures sufficient to ensure client health and safety and meet the needs of the client population served.			V			Not assessed during Quarterly Inspection

Additional Policy and Procedure Requirements for Residential Programs	с	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.			Y			Not assessed during Quarterly Inspection
R501-1-25(2). Residential programs managing, storing, or administering client medications have and follow a medication management policy.			V			Not assessed during Quarterly Inspection
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			>			Not assessed during Quarterly Inspection
R501-1-25(4). Residential programs have a policy regarding the care, vaccination, licensure, and maintenance of any animals on-site.			Y			Not assessed during Quarterly Inspection
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.			Ŋ			Not assessed during Quarterly Inspection
R501-1-25(6). A program managing funds for client allowances must document each expense.			Y			Not assessed during Quarterly Inspection
R501-1-25(7). Residential programs develop and follow a policy for providing separate space for sick clients.			~			Not assessed during Quarterly Inspection
Congregate Care Program Additional Policy and Procedure Requirement	с	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
R501-1-26. A Congregate Care Program does not utilize any behavior management technique, restraint, seclusion, or curriculum unless it has been approved by the office. They do not use cruel, severe, unusual, or unnecessary practice on a child, including: (a) a strip search unless the congregate care program determines and documents that a strip search is necessary to protect an individual's health or safety; (b) a body cavity search unless the congregate care program determines and documents that a body cavity search is necessary to protect an individual's health or safety; (c) inducing pain to obtain compliance; (d) hyperextending joints; (e) peer restraints; (f) discipline or punishment that is intended to frighten or humiliate; (g) requiring or forcing the child to take an uncomfortable position, including squatting or bending; (h) for the purpose of punishing or humiliating, requiring or forcing the child to repeat physical movements or physical exercises such as running laps or performing push-ups;			N			Not assessed during Quarterly Inspection