

 Utah Department of <b>Health &amp; Human Services</b> Licensing & Background Checks		<b>Inspection Checklist</b>				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 12/2023)</i>		
Provider Name:	Weber Recovery Center		Facility ID:	(F22-95883)		Phone Number:		Notes
Site Name or Address:	2740 Pennsylvania Ave Ogden UT				Email Address:			
Approved Capacity:	RT, 38 / SD, 8		nt Residents\Clients:	RT, 18 / SD, 0				
<b>Please review the following items prior to the inspection:</b> (Mark with a check mark if completed and make and necessary notes)					<b>Please review the following items during the inspection:</b> (Mark with a check mark if completed and make and necessary notes)			
	Current backgrounds in DACS	501-14-4(3) Provider had not kept up to date on DACS. Resolved on-site.				Any active rule variances		
	Current staff roster collected					Introduce yourself and any DHHS staff		
	Any license restrictions or conditions					Staff Interviews		
	Any needed rule variances					Clients Interviews		
<b>Inspection Information:</b>								
- The licensor will email you this inspection checklist after the inspection is completed. <b>This checklist is not an official compliance statement.</b> The licensor will send you an <b>official Inspection Report</b> 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.								
<b>Signature Information</b>								
Inspection Type:	Announced		Date:	1/18/2024		Time Started On-site:	10:00 AM	Time Ended On-site: 5:00 PM
Number of Non Compliant Items:			8		Name of Individual Informed of this Inspection: Patricia Cardwell			
Licensor(s) Conducting this Inspection:			Shelisa York			OL Staff Observing Inspection:		
X	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.			Patricia Cardwell		

General Provisions - Inspection Checklist						
(Revised 12/2023)						
C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
New and Renewal Licensing Procedures	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R380-600-3(1)</b> An applicant or provider may not accept any fee, enter into any agreement to provide a client service, or provide any client service until a license or certificate is approved by the office.	x					
<b>R380-600-3(2)</b> Each applicant and provider shall comply with any applicable administrative rule, statute, zoning, fire, safety, sanitation, building and licensing laws, regulations, ordinances, and codes of the city and county in that the facility or agency will be or is located.	x					
<b>R380-600-3(3)</b> An applicant or a provider shall permit the office to have immediate, unrestricted access to: (a) each site subject to licensing or certification; (b) any unaltered on and off-site program or facility and client records; and (c) each staff and client.	x					
<b>R380-600-3(12)</b> A provider approved by the office to certify their own program or facility sites shall register each certified site using the licensing provider portal.	x					
<b>R380-600-3(14)</b> The license or certificate holder shall adhere to any individualized parameter on a program or facility license or certificate to promote the health, safety, and welfare of any client. Parameters may include: (a) an age restriction; (b) an admission or placement restriction; or (c) adequate square footage to determine capacity.	x					
<b>R380-600-3(23)</b> Each license or certificate is not transferable.	x					
Variances	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R380-600-6(2)</b> The provider may not deviate from any administrative rule before receiving written approval signed by the office director or the director's designee.	x					
<b>R380-600-6(5)</b> The provider shall sign the approved variance and comply with the terms of the written variance, including any conditions or modifications contained within the approved written variance.	x					
Inspection and Investigation Process	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R380-600-7(6)</b> The provider shall ensure that the integrity of the office's information gathering process is not compromised by withholding or manipulating information or influencing any specific response of staff or clients.	x					
<b>R380-600-7(7)</b> The provider shall allow the office to access any program or facility record or staff at an administrative or certified location that is not located at the licensed site.	x					
<b>R380-600-7(16)</b> When a critical incident occurs under the direct responsibility and supervision of the program or facility, the licensee or certificate holder shall: (a) submit a report of the critical incident to the office in format required by the office within one business day of the critical incident occurrence; (b) notify the legal guardian of each involved client within a 24-hour period from the time of the incident; (c) if the critical incident involves any client in the custody of the department or under contract with the department, notify the involved department division immediately; and (d) collect, maintain, and submit original witness statements and supporting documentation, including video footage if available, regarding each critical incident to the office upon request.	x					
Program Policies, Procedures, and Safe Practices	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes

<b>R501-1-4(2)</b> The licensee shall develop, implement, and comply with safe practices that: (a) ensure client health and safety; (b) ensure the needs of the client population served are met; (c) ensure that none of the program practices conflict with any administrative rule or statute before implementation; and (d) inform staff of how to manage any unique circumstances regarding the specific site's physical facility, supervision, community safety, and mixing populations.	x					
<b>R501-1-4(3)</b> The licensee shall submit any change to an office approved policy or curriculum to the office for approval before implementing the proposed change.	x					
<b>Residential Programs Additional Safe Practices</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-5(1)</b> A licensee that manages, stores, or administers client medications shall develop and ensure compliance with the following medication management safe practices: (a) inform staff and clients of program and client responsibility for medication including storage and administration of medications on-site and, as applicable, when staff and clients are offsite in program related activities; (b) if applicable, inform staff and clients of the medication self-administration process; (c) if storing and administering medications, train staff to administer medication and the process to be followed; (d) how staff record medication dosages according to prescriptions; (e) how staff monitor for and record effects and side effects of medications; and (f) how staff log doses and record and report medication errors.	x					
<b>R501-1-5(2)</b> The licensee shall ensure the care, vaccination, licensure, and maintenance of any animals on-site to include: (a) assessment of pet allergies for any clients interacting with animals in the program; (b) maintenance of required examinations, registrations, and vaccinations; and (c) supervision of clients in the presence of animals.	x					
<b>R501-1-5(3)</b> The licensee shall have separate space for clients showing symptoms of an infectious disease.	x					
<b>R501-1-5(4)</b> The licensee shall ensure that a ratio of one staff to one client during transports is only utilized when the program has conducted a safety assessment that indicates that client and staff safety is reasonably assured.	x					
<b>Program Administrative and Direct Service Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-6(1)</b> The licensee shall clearly identify services to the office, public, potential client, parent, or guardian regarding: (a) current and accurate contact information; (b) the complaint reporting and resolution process; (c) a description of each service provided; (d) each program requirement and expectation; (e) eligibility criteria outlining behavior, diagnosis, situation, population, and age that can be safely served, including: (i) an outline of the behaviors and presenting issues that would be reason for discharge or exclusion from the program; and (ii) a statement that the program may not take placement of a child whose needs exceed the scope or ability of the program to reasonably manage; (f) each cost, fee, and expense for a service and refund policy; and (g) identification of each non-clinical, extracurricular, or supplemental service offered or referred.		x		2/18/2024		Program does not have these clearly stated to the public on their website and some information on the website is not accurate.

<b>R501-1-6(2)</b> The licensee shall post the following in conspicuous places where each visitor, staff, and client may view: (a) abuse reporting laws as described in Sections 80-2-609 and 26B-6-205; (b) civil rights notice; (c) Americans with Disabilities Act notice; (d) the program license; (e) any office notice of agency action; (f) a client rights poster in a residential setting except in a foster home or where prohibited by Settings Final Rule; and (g) department code of conduct poster.	x					
<b>R501-1-6(3)</b> The licensee shall maintain compliance with or documentation of an exemption from any of the following requirements: (b) capacity determinations that include each staff and client on premises and may not exceed the capacity limits placed by local authorities; (d) licensure and registration of any vehicles used to transport clients.	x					
<b>R501-1-6(5)</b> The licensee shall maintain and make the following available to the department upon request: (d) vehicle insurance	x					
<b>R501-1-6(6)</b> The licensee shall ensure: (b) current staff and client lists are available at each licensed site; (c) the organizational and governance structure of the program is available to the department upon request and includes: (i) line of authority and responsibility; (ii) a job description, including each duty and qualification for each job title; and (iii) notification to the office of any program changes as described in Section R380-600-3; (f) the licensee maintains an opioid overdose reversal kit on-site with on duty staff trained in its use if the licensee is serving, or is likely to serve, a client with a substance use disorder.	x					
<b>R501-1-6(8)</b> A licensee offering school on-site shall: (a) maintain the established staff to client ratio with behavioral intervention trained staff in the school setting; (c) ensure each client is taught at their appropriate grade level.			x			
<b>R501-1-6(9)</b> The licensee shall ensure clinical and medical staff are licensed or certified in good standing and any unlicensed staff are appropriately supervised as described in Title 58 Occupations & Professions	x					
<b>R501-1-6(12)</b> A licensee that provides behavior interventions to people with disabilities shall comply with Rule R539-4, which supersedes any conflicting rule under Title R501, for the disabled populations served.	x					
<b>Residential Program Additional Administration and Direct Services Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-7(1)</b> A residential program licensee shall additionally: (a) ensure each staff shift list remains current and available to the office upon request; (b) ensure that each shift documents any illness, injury or critical incident and passes it on to the next shift and administration; (c) ensure at least two on-duty staff are present at all times; (d) ensure access to a medical clinic or a medical professional familiar with the program and population served; and (e) provide a separate space for clients who are showing symptoms of an infectious disease.	x					
<b>R501-1-7(6)(a)</b> A residential program licensee, excluding a residential treatment program, may allow for client independence and responsibility for their own supplies, food, laundry, or transportation by outlining in writing resources and responsibility for the provision of these items. (b) Each residential program licensee shall assist clients on a limited basis if they are temporarily unable to provide the items or services listed in Subsection R501-1-7(6)(a) for themselves.	x					
<b>Program Physical Facilities and Safety</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>

<b>R501-1-8(1)</b> The licensee shall ensure: (a) the appearance & cleanliness of the building/grounds are maintained & free from health/fire hazards; (b) any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition; (c) fire drills in non-outpatient programs are conducted at least quarterly and documented, including feedback regarding response time and process; (d) a phone that can be used to call 911 is always available on-site when clients are present; (e) bathroom facilities for staff and clients allow for individual privacy and afford reasonable accommodation based on gender identity; (f) each bathroom is properly equipped with toilet paper, paper towels or a dryer, and soap; (g) each bathroom is ventilated by mechanical means or equipped with a window that opens; (h) non-prescription medication, if stored on-site, is stored in original manufacturer's packaging together with the manufacturer's directions and warnings; and (i) prescription medication, if stored on-site, is stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings.		x		2/18/2024		Detox room 4: no soap/paper towels; Detox Room 3: bathtub was severely dirty, no soap or paper towels; Detox rooms 1 and 2: no paper towels. Basement bathrooms have no ventilation and heat doesn't seem to be working. In the east building, rooms 2 and 4 were missing outlet covers.
<b>R501-1-8(2)</b> The licensee shall accommodate a client with physical disabilities as needed or appropriately refer to comparable services.						
<b>R501-1-8(3)</b> The licensee shall maintain medication and potentially hazardous items on-site lawfully, responsibly, and with consideration of the safety and risk level of the population served to include locked storage for each medication and hazardous chemical that is not in active use.						
<b>R501-1-8(4)</b> The licensee shall maintain a first aid kit that contains at least: (a) bandages of different sizes; (b) tweezers; (c) antiseptic; and (d) disposable sterile gloves.						
<b>Residential Program Additional Facilities and Safety Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-9(1)</b> A residential licensee shall ensure: (a) designated space is available for records, administrative work, & confidential phone calls for clients; (c) live-in staff have dedicated bedrooms & bathrooms separate from client use; (d) each bedroom designated for a client is comparable to other similarly utilized bedrooms with similar access, location, space, furnishings, and furnishings; (e) clients are not locked in bedrooms; (f) a mirror or safety mirror is secured to each bathroom wall at a convenient height; (g) each bathroom is placed to allow access to each client without disturbing any other client during sleeping hours; (h) each bath or shower allows for individual privacy; (i) each client is supplied with hygiene supplies; (j) each sleeping area has a source of natural light and is ventilated by mechanical means or is equipped with a window that opens; (k) each client has a similar solid type of bed or sleeping equipment to any other client in the program; (l) each client is allowed to decorate & personalize their bedroom, while maintaining respect for other residents and property; (m) there are separate containers for soiled & clean laundry, if the program provides common laundry for towels, bedding or clothing; (n) bedding & towels are laundered weekly & after each client is discharged; (o) equipment and supplies for washing & drying laundry are provided, if the program permits clients to do their own laundry; (p) there is at least 60 sq ft per person in a multiple occupancy bedroom and 80 sq ft in a single occupant bedroom.		x			x	Client calls have not been confidential. They are either upstairs by case managers, in common area in main bldg or in the conference room and staff are required to be right next to clients
<b>R501-1-9(2)</b> A residential program licensee serving individuals with disabilities shall house no more than two clients in each bedroom.			x			

<b>R501-1-9(3)</b> The licensee utilizing seclusion rooms shall ensure the following: (a) seclusion rooms measure a minimum of 75 sq ft and have a minimum ceiling height of 7 ft with no equipment, hardware or furnishings that obstruct staff's view of the client or present a hazard; (b) a seclusion room shall have either natural or mechanical ventilation with break resistant windows and either a break resistant two-way mirror or camera that allows for observation of the entire room; (c) a seclusion room may not have locking capability and may not be located in closets, bathrooms, unfurnished areas or other areas not designated as part of residential living space; and (d) a bedroom may not be utilized as a seclusion room and a seclusion room may not be utilized as a bedroom.			x			
<b>R501-1-9(4)</b> The licensee shall ensure that dormitory space is only permitted in an emergency homeless shelter or a program serving only adults.			x			
<b>R501-1-9(5)</b> The licensee shall train staff and ensure that the use of any alternate sleeping arrangements other than the client's assigned bedroom is only done on an individualized, short-term basis with ongoing clinical or medical justification that: (a) preserves client dignity and confidentiality; (b) is not done as a standard, practice, or policy; (c) is not utilized due to staffing shortages or for staff convenience; and (d) is not used as behavior management or consequence.			x			
<b>Food Service Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-10(2)</b> A licensee that provides meals shall: (a) ensure that meals are not used as incentive or punishment; (b) provide nutritional counseling to staff and clients; (c) designate staff responsible for food service who: (i) maintain a current list of each client with special nutritional needs; and (ii) ensure that each client with special nutritional needs has food storage and a preparation area that is not exposed to any identified allergen or contaminant; (d) 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 are: (i) served from dietitian or nutritionist approved menus; or (ii) for programs serving individuals experiencing homelessness, serve meals as required by USDA standard homeless settings; (e) establish and post kitchen rules and privileges in a kitchen according to client needs and safe food handling practices; and (f) provide adequate dining space for clients that is maintained in a clean and safe condition.	x					
<b>R501-1-10(3)</b> A licensee that allows self-serve meals shall ensure that self-serve kitchen users are supervised, directed, and trained by a staff that has a food handler's permit or is trained by Serv-Safe, USDA, or a comparable program.	x					
<b>R501-1-10(4)</b> A licensee that serves parents and their children may allow a consenting adult client to maintain full responsibility for their, and their child's, special dietary needs, if consent is maintained in writing in the client record.			x			
<b>R501-1-10(5)</b> A licensee that offers meals for clients shall ensure there is documented training confirming staff are trained to and adhere to the following safe practices: (a) how to identify and accommodate clients with special dietary needs; and (b) allowances for nutritious snacks to be available during restricted hours if the program restricts access to food and kitchen equipment.	x					

<b>R501-1-10(6)</b> If meals are prepared by clients, the licensee shall inform staff and clients in writing of the following: (a) rules and privileges of kitchen use; (b) menu planning and procedures; (c) sharing self-prepared food; (d) nutrition and sanitation requirements; (e) schedule of responsibilities; and (f) shopping and storage responsibilities.	x					
<b>Program Client Record Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-11(1)</b> The licensee shall maintain client information to include the following: (a) client name, address, email address, phone number, 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 in treatment services; (m) any grievance or complaint 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 agreement and consent form.	x					
<b>Program Intake and Discharge Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-12(1)</b> The licensee shall complete an intake screening before accepting a client into the program that includes at least: (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; and (d) suicide risk screening.	x					
<b>R501-1-12(2)</b> A licensee 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.	x					
<b>R501-1-12(3)</b> A licensee serving incarcerated or court-mandated justice involved clients shall: (a) conduct a criminogenic risk assessment; (c) separate high and low criminogenic risk populations.	x					

<b>R501-1-12(4)</b> The licensee shall ensure that , the client, parent, or guardian signs and receives copies of the following agreements to be maintained as client records: (a) determination of eligibility; (b) fee agreement outlining costs of services including program, client, parent, or guardian responsibility for payment; and (c) 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.		x		2/18/2024		Clients have not gotten copies of their paperwork after it is signed.
<b>R501-1-12(5)</b> The licensee shall ensure that a discharge plan identifies resources available to a client and includes: (a) reason for discharge or transfer; (b) aftercare plan; (c) summary of services provided; and (d) progress evaluation.	x					
<b>Residential Additional Program Intake and Discharge Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected</b>	<b>Corrected During</b>	<b>Notes</b>
<b>R501-1-13(1)</b> A residential program licensee shall ensure an intake assessment is completed following an approved intake screening, no later than seven days from the admission date, and that 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.	x					
<b>Program Clinical Services</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-14(1)</b> A licensee that offers clinical treatment shall: (a) assign a clinical director to ensure that assessment, treatment, and service planning practices are: (i) regularly reviewed and updated; (ii) individualized; and (iii) designed to involve the participation of each client or each client's parent or guardian; (b) ensure 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; (c) ensure client treatment plans are developed and signed by a licensed clinical professional within 30 days of admission; (d) ensure discharge goals are identified in the initial treatment plan and treatment goals are structured around the identified discharge goals and objectives; (e) ensure that each client identified for treatment receives individual treatment at least weekly; and (f) ensure any missing individual weekly treatment is justified, approved, and documented by the clinical director.		x		2/18/2024		3 clients audited did not have individualized tx plan that clearly shows their participation in the creation of their own treatment plans. Further, goals and objectives are not structured around completion of the client's stated discharge goals.
<b>R501-1-14(2)(a)</b> A residential program licensee shall ensure that in addition to the required weekly individual therapy, frequency and need for family and group therapy and other clinical services are addressed in the individual's treatment plan. (b) A non-residential program licensee who offers clinical treatment may alter the weekly therapy requirement as designated in the individual's treatment plan.	x					
<b>R501-1-14(4)</b> A licensee who offers group counseling, family counseling, skills development, or other treatment shall offer and document these treatment services as prescribed in the treatment plan.	x					



<b>R501-1-14(5)</b> The licensee shall make any records available to the department for review upon request.	x					
<b>Program Staffing</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-15(1)</b> The licensee shall ensure adequate staffing to safely supervise the current population, including adding more staff than required by the usual staffing ratio as needed to manage behaviors, dynamics, and individual client treatment and supervision needs.	x					
<b>R501-1-15(2)</b> The licensee shall identify a manager or qualified designee who is immediately available when the program is in operation or there is a qualified and trained substitute when the manager is absent or unavailable.	x					
<b>R501-1-15(3)</b> A licensee 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.	x					
<b>R501-1-15(4)</b> The licensee shall ensure that before allowing a direct care staff to work unsupervised they have an approved background clearance except as excluded in Section R501-14-17;		x		1/25/2024		1 staff did not have a current background check in process.
<b>R501-1-15(6)</b> A licensee who serves a client with substance use disorder may not offer, entice, refer, or recommend medical cannabis as treatment for substance use disorder.	x					
<b>R501-1-15(7)</b> A licensee who manages, stores, or administers client medication shall identify a medical professional to oversee the medication management, medication oversight, and staff training regarding medication management and administration.	x					
<b>R501-1-15(8)</b> The licensee shall ensure that each person involved with the prescription, administration, or dispensing of controlled substances maintains appropriate medical or pharmacy licenses and DEA registration numbers as described in the 21 CFR Part 1301.	x					
<b>R501-1-15(9)</b> The licensee shall create and maintain personnel information for each staff member, contracted employee, and volunteer.	x					
<b>R501-1-15(10)</b> The licensee shall ensure that personnel information includes: (a) any applicable qualification, experience, certification, or license; (b) any approved and current office background clearance, except as excluded in Rule R501-14; (c) a provider code of conduct that is signed by the staff member, contracted employee, or volunteer; (d) any pre-service and annual training records with the date completed, topic, and the individual's signed acknowledgment of training completion; (e) any grievances or complaints made by or against the individual and actions taken by the program; & (f) each crisis intervention or critical incident report involving the individual.		x			x	1 staff is missing a resume/application outlining experience and qualifications. This was corrected on-site.
<b>R501-1-15(11)</b> The licensee shall ensure that at least one CPR and First Aid-certified staff member is available when staff and clients are present unless a currently licensed healthcare professional is present.	x					
<b>Personnel Training Requirements</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-1-16(1)</b> The licensee shall ensure that each staff receives pre-serving training on the following topics before being left unsupervised and within 30-days of hire: (a) program policies, procedures and safe practices as outlined in Section R501-1-5; (b) program emergency preparedness, response, and recovery plan, including at least: (i) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service; and (ii) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies;						

<p>(m) instructions to staff regarding how to report and respond to significant criminal activity and significant medical emergencies;</p> <p>(c) CPR and First Aid;</p> <p>(d) client eligibility, emphasizing the behaviors and circumstances the program can safely manage;</p> <p>(e) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;</p> <p>(f) client rights;</p> <p>(g) supervision and ratios;</p> <p>(h) as applicable, medications management, storing, and administration;</p> <p>(i) as applicable, food handling as outlined in Subsection R501-1-10(3);</p> <p>(j) background checks;</p> <p>(k) prevention, signs and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;</p> <p>(l) provider code of conduct as outlined in Rule 380-80;</p> <p>(m) non-discrimination policy in accordance with Section 26B-2-109 that includes a prohibition of abuse, discrimination, and harassment based on sex, gender identity, or sexual orientation;</p> <p>(n) staff and client grievance procedures;</p> <p>(o) crisis intervention;</p> <p>(p) appropriate use of restraint and seclusion;</p> <p>(q) de-escalation techniques;</p> <p>(r) appropriate searches;</p> <p>(s) appropriate and inappropriate behaviors of clients;</p> <p>(t) appropriate and inappropriate staff responses to client behaviors; and</p> <p>(u) if applicable, staff response to a client leaving a program without permission.</p>			x			This is a new rule so all items are marked in the following rule.
<p><b>R501-1-16(2)</b> The licensee shall ensure each staff completes the following training topics each year, based on the program's license date:</p> <p>(a) program policies, procedures and safe practices as outlined in Section R501-1-4;</p> <p>(b) general provisions and applicable categorical licensing rule;</p> <p>(c) client eligibility, as outlined in Subsection R501-1-6(1)(e), emphasizing the behaviors and circumstances the program can safely manage;</p> <p>(d) staff involvement and responsibility in the intake, discharge, and unplanned discharge processes;</p> <p>(e) provider code of conduct as outlined in Rule R380-80;</p> <p>(f) program plan for the prevention or control of infectious and communicable disease to include coordination with and following any guidance of the state or local health authorities, Center for Disease Control, and the department;</p> <p>(g) emergency procedures to instruct staff how to address incident reporting, continuity of care, transport, relocation, and client health and safety during natural disasters, extreme weather events, fire, utility or structural failures, or other unexpected disruptions to the program service;</p> <p>(h) program rules regarding firearms that does not conflict with constitutional or statutory rights regarding concealed weapons permits as described in Title 53, Chapter 5, Part 7, Concealed Firearms Act;</p> <p>(i) smoking rules in accordance with Title 26B, Chapter 7, Part 5, Regulation of Smoking, Tobacco Products, and Nicotine Products;</p> <p>(j) how to manage clients who screen with elevated suicide risk levels;</p> <p>(k) general incident reporting;</p> <p>(l) prevention, signs, and symptoms of abuse and neglect, including sexual abuse, and legal reporting requirements;</p> <p>(m) CPR and first aid;</p> <p>(n) if storing and administering medications, training required to administer medication and the process to be followed;</p> <p>(o) training to identify and address in a residential or congregate care program:</p> <p>(i) clients who pose a risk of violence;</p> <p>(ii) what constitutes contraband, possession of contraband, and how the program ensures restriction of client access to contraband and dangerous weapons or materials;</p> <p>(iii) clients who are at risk for suicide;</p> <p>(iv) managing clients with mental health concerns; and</p> <p>(v) identifying the signs and symptoms of clients presenting under the influence of substances or alcohol;</p> <p>(p) if the licensee manages funds for client allowances, training to document each expense; and</p> <p>(q) appropriate use of any alternate sleeping arrangements in a residential or congregate care program.</p>	x			2/18/2024		Staff 1 is missing: b, c, d, f, g, h, i, j, k, l, o, q. Staff 2 is missing: b (outpatient rules), c, d, f, h, i, j, l, o, q Staff 3 is missing b (outpatient rules), c, d, f, h, i, j, l, o, q

**Social Detoxification Programs - Inspection Checklist**

**(Revised 12/2023)**

**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
<b>R501-11-5(2)</b> 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 sq ft per individual, excluding storage space, is provided for a multiple occupant bedroom; (d) a minimum of 70 sq ft 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; & (f) each bathroom meets a minimum ratio of one toilet, one sink, and one tub or shower for each eight residents.	x					
Specialized Services	C	NC	NA	Date to be corrected by	Corrected During Inspection	Notes
<b>R501-11-6(1)</b> 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.	x					
<b>R501-11-6(2)</b> 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.	x					
<b>R501-11-6(3)</b> 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.	x					
<b>R501-11-6(4)</b> 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.	x					
<b>R501-11-6(5)</b> 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.	x					
<b>R501-11-6(6)</b> 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.	x					

**Adult Residential Treatment Programs - Inspection Checklist**

**(Revised 12/2023)**

**C = Compliant  
NC = Not Compliant  
NA = Not Assessed during this inspection**

<b>Administration</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-19-3(7).</b> The residential treatment program increases each staff to client ratio as necessary to ensure the health and safety of the current client population.	x					
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.			x			This is a congregate care rule
<b>R501-19-3(9).</b> Except in an emergency situation that is caused by a client's behavior or medical needs, each direct care staff assigned to a one-on-one or line-of-sight supervision is not counted at the same time in the staffing ratio for any other client.	x					
<b>R501-19-3(10).</b> The program policy includes how the program will accommodate client privacy in each bedroom space while assuring client health and safety.	x					
<b>R501-19-3(11).</b> The residential treatment program may utilize on-site video surveillance to directly supervise a client in time out or seclusion or as an enhancement to minimum supervision ratio requirements. 15-minute physical check-ins must be conducted and documented when a client is being monitored by video.	x					
<b>R501-19-3(12).</b> Video surveillance in bedrooms is only used by a residential treatment program: (a) with client, parent, or guardian permission; (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.	x					
<b>R501-19-3(14).</b> A residential treatment program serving adults may admit a 17-year-old under the following circumstances: (a) the program obtains written permission from the individual's parent or legal guardian; (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.	x					
<b>R501-19-3(15).</b> 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).	x					
<b>R501-19-3(17).</b> A program that provides education utilizes a curriculum that is recognized by an educational accreditation organization such as the State Board of Education or the National School Accreditation Board.	x					
<b>R501-19-3(18).</b> Each program that allows a client to participate in meal preparation ensures proper training and justify the client's participation in writing.			x			
<b>R501-19-3(19).</b> 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.	x					
<b>R501-19-3(20).</b> 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.	x					

<b>R501-19-3(21).</b> 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.	x					
<b>R501-19-3(22).</b> Each residential treatment program provides indoor space for free and informal client activities.	x					
<b>Specialized Services Required to Serve Clients Under the Division of Services for People with Disabilities</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-19-5(1).</b> 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.						SECTION NOT APPLICABLE
<b>R501-19-5(2).</b> Each residential treatment program specifies, in policy, the amount of time non-client individuals may stay as overnight guests.						
<b>R501-19-5(3).</b> Each residential treatment program presents each client with an individual plan that addresses appropriate day treatment.						
<b>R501-19-5(4).</b> Each residential treatment program shares with each client a monthly activity schedule.						
<b>R501-19-5(5).</b> Each residential treatment program maintains a record of income earned and unearned, and client service fees.						
<b>R501-19-5(6).</b> Each residential treatment facility is located within a reasonable distance from school, church, recreation, and other community facilities.						
<b>R501-19-5(7).</b> 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.						
<b>R501-19-5(8).</b> 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.						
<b>R501-19-5(9).</b> 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.						
<b>R501-22-9(10).</b> In the event of a conflict between licensing rule and the Federal Home and Community Based Settings Final rule, the settings rule shall prevail.						

**Outpatient Treatment Programs - Inspection Checklist**

**(Revised 12/2023)**

**C = Compliant  
NC = Not Compliant  
NA = Not Assessed during this inspection**

<b>Administration and Direct Services</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-21-4(2).</b> 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 (f) complaint reporting and resolution processes.			x			This is addressed in general provisions
<b>R501-21-4(3).</b> The Program shall: (e) disclose any potential conflicts of interest to the Office	x					
<b>R501-21-4(8).</b> 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.	x					
<b>Physical Facility</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-21-5(1).</b> Space shall be adequate to meet service needs and ensure client confidentiality and comfort.	x					
<b>R501-21-5(2).</b> 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.	x					
<b>R501-21-5(4).</b> Programs offering supplemental services or activities in addition to outpatient treatment shall: (a) remain publically 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.	x					
<b>R501-21-5(6).</b> 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.			x			This is addressed in general provisions
<b>R501-21-5(7).</b> 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.			x			
<b>Substance Use Disorder Treatment Programs</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>
<b>R501-21-6(1).</b> All substance use disorder treatment programs shall develop and implement a plan on how to support opioid overdose reversal.	x					
<b>R501-21-6(2).</b> Maintain proof of completion of the National Survey of Substance Abuse Treatment Services (NSSATS) annually.	x					

<b>R501-21-6(3).</b> 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 2x per month for the first 3 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; (f) require that consumers participate in at least 1 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 2x monthly for the next 6 months. Upon documented successful completion of 9 months of treatment, consumers shall be seen by a licensed counselor at least monthly thereafter until discharge; and (g) require 1 hour of prescribing practitioner time at the program site each month for every 10 MAT consumers enrolled.	x					
<b>R501-21-6(4).</b> 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 (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.	x					
<b>R501-21-6(5).</b> Certified DUI Education Programs (a) Only programs certified with the Division of Substance Abuse and Mental Health (DSAMH) to provide Prime for Life education in accordance with and R523-11 shall provide court ordered DUI education. (b) Certified DUI education programs shall: (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. (c) Any violations of this rule section will be reported to DSAMH for evaluation of certification.			x			
<b>Domestic Violence</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date to be corrected by</b>	<b>Corrected During Inspection</b>	<b>Notes</b>

<p><b>R501-21-7(1).</b> 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> <p>(i) treatment sessions for children and victims shall offer a minimum of ten sessions for each consumer, not including intake or orientation;</p> <p>(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;</p> <p>(i) 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.</p>						SECTION NOT APPLICABLE
<p><b>R501-21-7(2).</b> 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>						
<p><b>R501-21-7(3).</b> Client Intake and Safety</p> <p>(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.</p> <p>(b) For perpetrator consumers, additnl info shall be obtained from the police incident report, perpetrator's criminal history, prior treatment providers, the victim, or victim advocate.</p> <p>(c) When appropriate, additnl info for child consumers shall be obtained from parents, prior treatment providers, schools, and Child Protective Services.</p> <p>(d) When any of the above cannot be obtained, the reason shall be documented.</p> <p>(e) The assessment shall include the following:</p> <p>(i) a profile of the frequency, severity, and duration of the domestic violence behavior, which includes a summary of psychological violence;</p> <p>(ii) documentation of homicidal, suicidal ideation/intentions, &amp; abusive behavior towards children;</p> <p>(iii) a clinical diagnosis and a referral for evaluation to determine need for medication, if indicated;</p> <p>(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;</p> <p>(A) for victims who choose not to become treatment consumers, safety planning shall be addressed when they are contacted; and</p> <p>(v) documentation that appropriate measures have been taken to protect children from harm.</p>						



<b>R501-21-7(4).</b> Treatment Procedures (a) Consumers deemed appropriate for a DV treatment program shall have an individualized treatment plan, which addresses all relevant treatment issues. (b) Consumers who are not deemed appropriate for DV programs shall be referred to the appropriate resource, w/referral reasons documented, & notification given to the referring agency. (c) DV counseling shall be provided concurrently with, or after other needed tx, when appropriate. (d) Conjoint or group therapy sessions w/victims & 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, & that conjoint treatment is appropriate. (e) The perpetrator must complete a minimum of 4 DV 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 & 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 DV assessment & treatment practices, including 24 hrs of Utah Association for Domestic Violence Treatment (UADVT) pre-service training, within the last 2 years; & 16 hrs 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 1 hour per week to discuss clinical dynamics of cases.						
<b>R501-21-7(5).</b> 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.						
<b>R501-21-7(6).</b> Programs must disclose all current DHHS contracts and actions against the contract to the Office.						
<b>R501-21-7(7).</b> Programs must disclose all current Accreditations and actions against accredited status to the Office.						

ADDITIONAL INFORMATION	

