# Ascent Inc. dba Redcliff Ascent  
  
Address: 709 E Main St, Enterprise, UT, 84725  
Violations:

## - Date: 2024-06-28  
  
Type: Focus Inspection  
  
Findings:   
R380-80-4(2): Report abuse or neglect.  
  
Finding: The provider was out of compliance with this rule by not immediately notifying the proper investigative authorities for alleged \*\*child abuse\*\* between clients. During the inspection the provider was aware of suspected \*\*child abuse\*\* on or around 4/23/2024 but a report to the applicable investigative agency was not done until on or around 5/17/2024.

## - Date: 2023-01-26  
  
Type: Focus Inspection  
  
Findings:   
R495-876-6(1)(a)-(g): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by causing harm to clients. During the inspection clients were observed to have received \*\*frostbite\*\* due to having equipment that did not protect them from the environment.  
  
R501-8-4(4): Adequate clothing and equipment.  
  
Finding: The provider was out of compliance with this rule by not having clothing and equipment to protect the client from the environment. In the field clients were observed to have holes in their outer waterproof layers, sleeping bags with holes, and boots that were melted and no longer waterproof. The environment was observed to be sub freezing weather with snow on the ground.

# CERTS dba La Europa Academy (RT)  
  
Address: 1135 E Vine St, Murray, UT, 84121  
Violations:

## - Date: 2025-04-29  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The licensee was out of compliance with rule R501-1-8(1)(f) by not having paper towels in one of the upstairs student bathrooms. During the walk through inspection, the licensor observed one of the upstairs student bathrooms was not equipped with paper towels. This is a repeat non compliance as cited on 09/21/2023 and 05/08/2023.

## - Date: 2025-01-14  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The provider was out of compliance with this rule by not completing the congregate care private placement report for the months of August or September 2024. In reviewing the private placement report, the licensor observed the program had not submitted their report for August or September 2024. This is a \*\*repeat non-compliance\*\*.

## - Date: 2024-02-26  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider is out of compliance with this rule by failing to provide client checks within 15 minutes. During client interviews and in review of surveillance video, the licensor was told and observed that a client was in a bathroom and not checked by staff for 21 minutes. \*\*The client self harmed while in the bathroom.\*\*

# Care Youth Corporation - Falcon Ridge Ranch dba Rite Of Passage Inc/Falcon Ridge Ranch  
  
Address: 750 East Sr 9, Virgin, UT, 84779  
Violations:

## - Date: 2025-03-09  
  
Type: Follow-Up Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The licensee was out of compliance with R501-1-8(3) by not maintaining potentially hazardous items on-site safety when not in use. During a follow-up inspection, the investigator observed that a closet used to store cleaning chemicals was left unlocked when chemicals were not in active use.

## - Date: 2025-02-25  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with R501-1-8(1) by not having working bathroom vents in two of the client bathrooms and having an unorganized client bedroom that had a missing mattress from the bedframe. During the inspection the licensor saw two client bathroom vents that were not working and an unorganized bedroom that had a missing mattress from the bedframe. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-12-03  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance by not maintaining a staff-to-client ratio of one staff to every four clients. During an investigation, provider documentation verified that on Sunday, November 10, 2024 the provider was not compliant with the required staff to student ratio for multiple hours that day.  
  
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider was out of compliance with this rule by not providing supervision commensurate with the behaviors of each client. During an inspection, multiple interviews disclosed and facility video coverage recorded a client with a history of impulsive behaviors was not adequately supervised while in possession of hazardous chemicals. This is a \*\*repeat citation\*\*.  
  
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office of Licensing within one business day. During a \*\*complaint\*\* investigation inspection, the \*\*complaint\*\* being reviewed was identified as a \*\*critical incident\*\* that was not reported to the Office of Licensing by the provider. This is a \*\*repeat citation\*\*.  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with this rule by compromising the health and safety of clients and failing to protect clients from harm. During the investigation inspection, a staff member provided a client with chemicals to clean a water bottle and two additional staff failed to supervise clients using cleaning chemicals. A client intentionally added chemicals to another client’s water bottle with the intent to harm them. A third client drank from the water bottle and reported their stomach hurt. This is a \*\*repeat citation\*\*.  
  
R380-80-4(2): Report abuse or neglect.  
  
Finding: The provider was out of compliance with this rule by not immediately reporting allegations of \*\*child abuse\*\* to Child Protective Services intake or law enforcement. During a \*\*complaint\*\* investigation inspection, the information gathered supported that an alleged \*\*child abuse\*\* incident occurred on 11/10/2024 and the provider reported the allegations to Child Protective Services on 11/15/2024.  
  
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The provider was out of compliance with this rule by allowing a staff member without a conditional or eligible background clearance to work without being directly supervised. During an investigation, facility video coverage recorded a staff member who required direct supervision and was not being directly supervised.

## - Date: 2024-11-12  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(1)(a)-(u): Pre-service training requirements.  
  
Finding: The provider was out of compliance with this rule by not having current Provider Code of Conduct or documentation of training for staff response to client leaving program without permission in staff files within 30 days of hire. During staff file review the licensor observed that the Provider Code of Conduct was not the current form and there was no documentation of training for staff response to client leaving the program without permission.

## - Date: 2024-11-07  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining the required staff-to-client one to four client ratio. During the inspection the information gathered from interviews and provider documentation substantiated that staff did not provide clients with required staff to client ratio mandated for client safety during an outing on 10/26/2024. This is a \*\*repeat citation\*\*.

## - Date: 2024-09-18  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The provider was out of compliance with this rule by \*\*not reporting private placements\*\* to the Office by the fifth business day of the month for August and September 2024. During the inspection the licensor verified through QuickSight reporting that the provider had not reported private placements to the office by the fifth business day of the month for August and September 2024. This is a repeat non compliance.

## - Date: 2024-06-28  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining required staff ratios. During the inspection the provider was observed to be out of staff to client ratio on 1 group staffed at 1 staff to 8 clients. This is a \*\*repeat noncompliance\*\*.

# Care Youth Corporation dba Rite Of Passage Inc/Lava Heights Academy  
  
Address: 730 Spring Dr, Toquerville, UT, 84774  
Violations:

## - Date: 2025-06-04  
  
Type: Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The licensee was out of compliance with R501-19-3(3)(d)(i)(ii)&(f) by a staff member not remaining awake while on duty, not supervising appropriately to ensure client health and safety, and \*\*not performing direct supervision\*\* with line-of-sight check-ins every 15-minutes. During an investigation, the information gathered substantiated that a staff member fell asleep, failed to supervise clients as required, and did not complete one 15-minute line-of-sight check-in. This is a \*\*repeat noncompliance\*\* previously noted on 10/12/2022.

## - Date: 2025-04-17  
  
Type: Investigation Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The licensee as out of compliance with R501-1-8(3) by not storing potentially hazardous material responsibly. During the investigation hand sanitizer was left accessible to clients, with one client drinking the hand sanitizer.

## - Date: 2024-09-18  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The provider was out of compliance with this rule by \*\*not reporting private placements\*\* to the Office by the fifth business day of the month for August and September 2024. During the inspection the licensor verified through QuickSight reporting that the provider had not reported private placements to the office by the fifth business day of the month for August and September 2024. This is a repeat non compliance.

## - Date: 2024-02-01  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by \*\*not maintaining staff ratios\*\*. During the inspection it was observed that the provider was out of ratios by having 2 staff supervising a group of 12 clients.

# Cascade Lodge  
  
Address: 9091 E 100 S, Huntsville, UT, 84317  
Violations:

## - Date: 2024-09-10  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-12(4)(a)-(c): Required signed agreements.  
  
Finding: The provider was out of compliance with this rule by not having signed intake documents or a signed consent for treatment that contained rules of the program and the \*\*client rights\*\*. At the time of inspection, none of the signed intake documents contained rules of the program or clients rights or any type of signed statements stating the client, parent or guardian received the rules of the program and the \*\*client rights\*\*. This was a \*\*repeat noncompliance\*\*.  
  
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The provider was out of compliance with this rule by not ensuring each staff member completes all required yearly training. At the time of inspection, staff did not have yearly training on how to identify the signs and symptoms of clients presenting under the influence of substances or alcohol. This was a \*\*repeat noncompliance\*\*.

## - Date: 2024-02-08  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not ensuring each bathroom is properly equipped with soap. At the time of inspection one of the client bathrooms did not contain soap. This was a \*\*repeat noncompliance\*\*.

# Catalyst Residential Treatment Center dba Gray House  
  
Address: 1004 S 1025 W, Brigham City, UT, 84302  
Violations:

## - Date: 2025-04-08  
  
Type: Follow-Up Inspection  
  
Findings:   
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The licensee was out of compliance with R501-1-13(5)(a)-(b) by \*\*not reporting private placements\*\* to the office by the fifth business day of each month. During the file review, the licensor observed that the provider had not reported on all months of the year. This rule non-compliance is a \*\*repeat non-compliance\*\* as noted on 02/13/2023, 02/29/2024, 03/25/2024, 2/26/2025, and 3/17/2025.

## - Date: 2025-03-17  
  
Type: Follow-Up Inspection, Non On-Site Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The licensee was out of compliance with R501-1-16(2)(a)-(q) by not having all employees trained annually on the required topics. During the file review, it was observed that some employees had not received each of the required annual trainings. This rule non-compliance is a \*\*repeat noncompliance\*\* as noted on 02/13/2023, 02/29/2024, 03/25/2024, and 2/26/2025.  
  
R501-1-16(1)(a)-(u): Pre-service training requirements.  
  
Finding: The licensee was out of compliance with R501-1-16(1)(a)-(u) by not ensuring all employees were trained on the required pre-service training topics within 30 days of hire. During the file review, not all employees had received the necessary pre-service trainings and were past 30 days of hire. \*\*This rule was previously found out of compliance\*\* on 2/26/2025.  
  
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The licensee was out of compliance with R501-1-13(5)(a)-(b) by \*\*not reporting private placements\*\* to the office by the fifth business day of each month. During the file review, the licensor observed that the provider had not reported on all months of the year. This rule non-compliance is a \*\*repeat non-compliance\*\* as noted on 02/13/2023, 02/29/2024, 03/25/2024, and 2/26/2025.  
  
R501-1-13(1)(a)-(h): Intake assessment requirements.  
  
Finding: The licensee was out of compliance with R501-1-13(1)(a)-(h) by not having an intake assessment completed for each client surveyed with each of the required items. During the file review, the provider was unable to show that two clients surveyed had an intake assessment from the program, while a third client had an intake assessment that was missing information regarding gender identity and individualized assessment for bedroom and bathroom assignments, cultural background, and family history and dynamics. This rule non-compliance is a \*\*repeat non-compliance\*\* as noted on 02/29/2024 and 2/26/2025.  
  
R501-1-11(1)(a)-(o): Required client information.  
  
Finding: The licensee was out of compliance with R501-1-11(1)(a)-(o) by not asking identified gender information on intake paperwork and not having all \*\*critical incidents\*\* stored with clients’ files. During the file review, identified gender could not be found on the intake paperwork and a client file had a known \*\*critical incident\*\* involving the client that was not stored with it. This rule non-compliance is a \*\*repeat non-compliance\*\* as noted on 02/13/2023, 02/29/2024, and 2/26/2025.  
  
R501-1-10(5)(a)-(b): Documented safe food practices training.  
  
Finding: The licensee was out of compliance with R501-1-10(5)(a)-(b) by not having documentation of employee training on safe food practices. During the file review, the provider was unable to show a way employees had been trained on allowances for nutritious snacks and how to accommodate clients with special dietary needs. \*\*This rule was previously found out of compliance\*\* on 2/26/2025.

## - Date: 2025-02-26  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The provider was out of compliance with R501-1-16(2)(a)-(q) by not having all employees trained annually on the required topics. During the file review, it was observed that some employees had not received each of the required annual trainings. This rule non-compliance is a \*\*repeat noncompliance\*\* as noted on 02/13/2023, 02/29/2024, and 03/25/2024.  
  
R501-1-15(10)(a)-(f): Required personnel information.  
  
Finding: The provider was out of compliance with R501-1-15(10)(a)-(f) by not storing \*\*critical incidents\*\* with personnel files. During the file review, the provider had no way to show what \*\*critical incidents\*\* a given employee had been involved in. This rule non-compliance is a \*\*repeat non-compliance\*\* as noted on 02/13/2023.  
  
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The provider was out of compliance with R501-1-13(5)(a)-(b) by \*\*not reporting private placements\*\* to the office by the fifth business day of each month. During the file review, the licensor observed that the provider had not reported on all months of the year. This rule non-compliance is a \*\*repeat non-compliance\*\* as noted on 02/13/2023, 02/29/2024 and 03/25/2024.  
  
R501-1-12(5)(a)-(d): Discharge plan resources.  
  
Finding: The provider was out of compliance with R501-1-12(5)(a)-(d) by not having a discharge plan completed for a client. During the file review, a client who had left the program over 30 days ago did not have a discharge plan. This rule non-compliance is a \*\*repeat non-compliance\*\* as noted on 02/13/2023 and 02/29/2024.  
  
R501-1-11(1)(a)-(o): Required client information.  
  
Finding: The provider was out of compliance with R501-1-11(1)(a)-(o) by not asking identified gender information on intake paperwork and not having all \*\*critical incidents\*\* stored with clients’ files. During the file review, identified gender could not be found on the intake paperwork and a client file had a known \*\*critical incident\*\* involving the client that was not stored with it. This rule non-compliance is a \*\*repeat non-compliance\*\* as noted on 02/13/2023 and 02/29/2024.

## - Date: 2024-08-21  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by staff member's not treating clients with dignity and respect. During the inspection, multiple clients reported that certain staff have yelled and used inappropriate language directly to the clients on multiple occasions. This was a \*\*repeat noncompliance\*\*.  
  
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with the rule by not reporting \*\*critical incidents\*\* to the Office. During the inspection, client and staff interviews confirmed that \*\*critical incidents\*\* occurred on 08/18/2024 and 08/19/2024 that had not been reported. This is \*\*repeat noncompliance\*\*s.

## - Date: 2024-08-12  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not having all bathrooms stocked with hand soap, not having all prescription medication stored in its original pharmacy packaging, and not ensuring client health and safety regarding vehicle safety at the time of the inspection. This rule non-compliance is a \*\*repeat non-compliance\*\*.  
  
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with the rule by not reporting \*\*critical incidents\*\* to the office. During the inspection, client interviews revealed two \*\*critical incidents\*\* that had not been reported. This rule non-compliance is a \*\*repeat non-compliance\*\*.

## - Date: 2024-06-25  
  
Type: Follow-Up Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not having medication stored in original pharmacy packaging. During the inspection, the licensor observed free-floating prescription medications and medications stored in plastic baggies separate from their original pharmacy packaging. This non-compliance is a \*\*repeat non-compliance\*\*.

## - Date: 2024-05-30  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by having three restrooms missing hand soap and medication out of original pharmacy packaging during the inspection. This non-compliance is a \*\*repeat non-compliance\*\*.

## - Date: 2024-04-01  
  
Type: Focus Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by a staff member not treating a client with dignity and being disrespectful during an incident on 02/28/2024 by insulting the client numerous times. This non-compliance was confirmed during an inspection on 04/01/2024. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-03-25  
  
Type: Non On-Site Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not having medication in original pharmacy packaging, and by not having the facility maintained and free of health and fire hazards. During the inspection on 2/29/2024, the licensor observed that prescription medication was not consistently being stored with its original packaging.  
  
This rule non-compliance is a \*\*repeat non-compliance\*\*. This rule non-compliance is a repeated non-compliance from 2/29/2024, as this non-compliance item was not resolved.  
  
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The provider was out of compliance with this rule by not having all annual trainings completed and documented for employees. During the inspection on 2/29/2024, the licensor observed that the provider did not have documentation of multiple annual trainings, and had not done some annual trainings.  
  
This rule non-compliance is a \*\*repeat non-compliance\*\*. This rule non-compliance is a repeated non-compliance from 2/29/2024, as this non-compliance item was not resolved.  
  
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The provider was out of compliance with the rule by not consistently reporting private placements to the Office of Licensing. At the time of the inspection on 2/29/2024, multiple months of private placement reporting were absent.  
  
This rule non-compliance is a \*\*repeat non-compliance\*\*. This rule non-compliance is a repeated non-compliance from 2/29/2024, as this non-compliance item was not resolved.  
  
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with the rule by not reporting \*\*critical incidents\*\* to the office of licensing. During the inspection on 2/29/2024, the licensor discussed various incidents with the provider that were \*\*critical incidents\*\* that had not been reported.  
  
This rule non-compliance is a \*\*repeat non-compliance\*\*. This rule non-compliance is a repeated non-compliance from 2/29/2024, as this non-compliance item was not resolved.

## - Date: 2024-02-29  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not having medication in original pharmacy packaging, and by not having the facility maintained and free of health and fire hazards. During the inspection, the licensor observed that prescription medication was not consistently being stored with its original packaging.  
  
This rule non-compliance is a \*\*repeat non-compliance\*\*.  
  
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with the rule by not reporting \*\*critical incidents\*\* to the office of licensing. During the inspection, the licensor discussed various incidents with the provider that were \*\*critical incidents\*\* that had not been reported.  
  
This rule non-compliance is a \*\*repeat non-compliance\*\*.

# Catalyst Residential Treatment Center dba Red House  
  
Address: 970 S 1025 W, Brigham City, UT, 84302  
Violations:

## - Date: 2024-02-29  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not ensuring that the appearance & cleanliness of the building/grounds are maintained and free from health/fire hazards and that any appliances, plumbing, electrical, HVAC, and furnishings are maintained in operating order and in a clean and safe condition. During the inspection, the licensor observed multiple items that needed repair, cleaning, or to be addressed before this site started taking on clients again, including a cracked toilet lid, a stair needing repair, a baseboard needing replacement, cleanliness concerns with one of the bathrooms, and a few holes that needed to be patched.  
  
This rule non-compliance is a \*\*repeat non-compliance\*\*.

## - Date: 2023-05-08  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-15(2): Facility and furnishings maintained.  
  
Finding: The provider was out of compliance by having electrical outlet cover plates missing.

# Cinnamon Hills Youth Crisis Center  
  
Address: 770 E St George Blvd, Saint George, UT, 84770  
Violations:

## - Date: 2025-06-05  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(c) by a staff member not ensuring a client had the right to be free from potential harm or acts of violence. During an investigation, the information substantiated that a staff physically mistreated a client. This is a \*\*repeat noncompliance\*\* previously noted on 03/19/2024, 01/30/2025, 02/26/2025, and 03/19/2025.  
  
R501-1-4(5)(a)-(l): Congregate care behavior management policy.  
  
Finding: The licensee was out of compliance with R501-1-4(5)(b) by a staff member not using behavior management techniques that emphasize de-escalation and promote self-control, self-esteem, and independence. During an investigation, the information substantiated escalated that a staff member’s inappropriate comments and actions escalated an incident. This is a \*\*repeat noncompliance\*\* previously noted on 02/07/2025 and 02/26/2025.

## - Date: 2025-06-05  
  
Type: Investigation Inspection  
  
Findings:   
R501-1-4(5)(a)-(l): Congregate care behavior management policy.  
  
Finding: The provider was out of compliance with R501-1-4(5)(g)&(i) by two staff members not using passive physical \*\*restraint\*\* as an emergency, temporary means of physical containment to protect the persons involved from immediate harm and using a physical \*\*restraint\*\* as a convenience to staff. During the investigation inspection, the information substantiated that staff conducted an unnecessary physical \*\*restraint\*\* on a client who was not an immediate harm to themselves or others. This is a \*\*repeat noncompliance\*\* previously noted on 01/03/2024, 12/30/2024, and 01/30/2025.

## - Date: 2025-05-27  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(b) by not ensuring a client had the right to be treated with dignity, respect, and fairness. During the investigation inspection, the information gathered substantiated that a staff member made an inappropriate and disrespectful statement to a client. This is \*\*repeat noncompliance\*\* that was previously noted on 05/09/2023, 11/16/2023, 02/07/2025, 04/10/2025, and 05/06/2025.  
  
R380-600-7(16)(a)-(e): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The licensee was out of compliance with R380-600-7(16)(c) by not notifying the parent of the involved client within a 24-hour period from the time of the incident. During an investigation inspection, the information gathered from licensee records substantiated that a \*\*client rights\*\* noncompliance occurred on 05/16/2025 and was not reported to the client’s parent until 05/19/2025. This is a \*\*repeat noncompliance\*\* previously noted on 05/13/2025.

## - Date: 2025-05-13  
  
Type: Announced, Annual Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The Licensee was out of compliance with R380-600-7(16)(b) by not notifying the legal guardian of each involved client within a 24-hour period from the time of the incident. During the client file inspection clients parents and or guardians had not been notified of incidents within 24 hours. This is a \*\*repeat noncompliance\*\* as noted on 1/30/25.

## - Date: 2025-05-06  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(b) by a staff member not ensuring that a client was treated with dignity and respect. During an investigation, the information gathered substantiated that a staff member yelled at and used profanity directed at a client. This is a \*\*repeat noncompliance\*\* previously noted on 05/11/2023, 11/16/2023, and 02/07/2025.

## - Date: 2025-04-21  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The licensee was out of compliance with R380-80-5(4) by a staff member acting in a way that harmed and compromised the health and safety of multiple clients. During an investigation, the information gathered substantiated that a staff member provided and used electronic vaping devices with multiple clients, allowed a client to view sexually inappropriate photos of a minor, video recorded multiple clients engaged in physical altercations and did not intervene, and allowed clients to record themselves engaging in simulated lewd acts and other licensee prohibited actions on that staff’s cell phone. This is a \*\*repeat noncompliance\*\* previously noted on 12/26/2023 and 02/07/2024.

## - Date: 2025-04-10  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(b) by a staff member not ensuring a client’s right to dignity and respect. During an investigation, the information gathered substantiated that a staff member yelled at and told a client to shut up. This is a \*\*repeat noncompliance\*\* previously noted on 05/09/2023, 11/16/2023, and 02/07/2025.

## - Date: 2025-03-19  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(c) by not ensuring a client’s right to be free from harm or acts of violence. During the investigation, the information gathered substantiated that a client was physically harmed and \*\*injured\*\* by two clients. This is a \*\*repeat noncompliance\*\* previously noted on 03/19/2024, 01/30/2025, 01/30/2025, 02/07/2025, and 02/26/2025.  
  
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The licensee was out of compliance with R380-80-5(10) by not ensuring services and supervision that is commensurate with the behaviors and needs or each client. During the investigation, the information gathered substantiated that a staff did not provide services and supervision proportionate with clients behaviors and needs. During this time, a client was physically harmed and \*\*injured\*\* by two other clients. This is a \*\*repeat noncompliance\*\* previously noted on 04/05/2023 and 02/07/2025.

## - Date: 2025-02-26  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(c) by a staff member not ensuring a client was free from potential harm or acts of violence. During an investigation, the information gathered substantiated that a staff attempted to physically confront a client and threw a flip flop at a client’s head. This is a \*\*repeat noncompliance\*\* previously noted on 03/19/2024, 01/30/2025, 01/30/2025, and 02/07/2025.  
  
R501-1-4(5)(a)-(l): Congregate care behavior management policy.  
  
Finding: The licensee was out of compliance with R501-1-4(5)(b) by a staff member not using behavior management techniques that emphasize de-escalation and promote self-control. During an investigation, the information gathered substantiated that a staff member engaged in confrontational behavior with a client rather than using de-escalation techniques. This is a \*\*repeat noncompliance\*\* previously noted on 02/07/2025.

## - Date: 2025-02-07  
  
Type: \*\*Complaint\*\*, Investigation Inspection, Non On-Site Inspection  
  
Findings:   
R501-1-4(5)(a)-(l): Congregate care behavior management policy.  
  
Finding: The licensee was out of compliance with R501-1-4(5)(b) by a staff member not using behavior management techniques that emphasized de-escalation and promoted self-control. During the investigation, the information gathered substantiated that a staff member’s negative conduct exacerbated an incident that other staff members were working to de-escalate.  
  
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The licensee was out of compliance with R380-80-5(10) by a staff member not providing supervision with the skills, behaviors, and needs of each client. During the investigation, the information gathered substantiated that \*\*a staff member was focused on a cell phone while two clients engaged in a confrontation that escalated to a physical assault.\*\* This is a \*\*repeat noncompliance\*\* as previously noted on 04/05/2023, 08/16/2023, and 12/26/2023.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(b) by a staff member not ensuring a client had the right to be treated with dignity and respect and to be free from potential harm or acts of violence. During the inspection, the information gathered substantiated a staff member engaged in a verbal and physical confrontation with a client. This is a \*\*repeat noncompliance\*\* previously noted on 05/09/2023, 11/16/2023, 03/19/2024, 01/30/2025, and 01/30/2025.  
  
R380-600-7(6): No withholding or manipulating sources.  
  
Finding: The licensee was out of compliance with R380-600-7(6) by withholding information that affected the office’s information gathering process. During the investigation, a review of an incident report submitted by the licensee was conducted. It was observed that the licensee omitted information pertinent to the context of the incident. This is a \*\*repeat noncompliance\*\* as previously noted on 01/30/2025.

## - Date: 2025-01-30  
  
Type: Investigation Inspection  
  
Findings:   
R501-1-4(5)(a)-(l): Congregate care behavior management policy.  
  
Finding: The provider was out of compliance with this rule by staff members using a physical \*\*restraint\*\* as a convenience to staff. During the investigation inspection, facility video coverage and multiple interviews substantiated that a client who was not an immediate danger to themselves or others was placed in an unnecessary physical \*\*restraint\*\*. This is a \*\*repeat citation\*\*.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by violating the client’s right to be free from potential harm and acts of violence. During the investigation inspection, the information gathered substantiated that a staff member acted outside the scope of their training, and was physically aggressive with a client while conducting a physical \*\*restraint\*\*. This is a \*\*repeat citation\*\*.

## - Date: 2025-01-30  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(c) by a staff member not ensuring a client’s right to be free from potential harm and acts of violence. During the investigation inspection, the information gathered substantiated that a staff member acted outside the scope of their training, and was physically aggressive with a client while conducting a physical \*\*restraint\*\*.

# Copa Health, Inc. dba Copa - Magna Treatment Facility  
  
Address: 8265 West 2700 South, Magna, UT, 84044  
Violations:

## - Date: 2025-05-22  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The Licensee was out of compliance with R501-1-16(2)(b)&(h) by not conducting an annual training on the relevant licensing categorical rules and not having a firearms policy for employees. During the inspection the licensee did not have documentation for all the required trainings. This is a \*\*repeat noncompliance\*\* as noted on 5.23.24.  
  
R501-1-13(1)(a)-(h): Intake assessment requirements.  
  
Finding: The licensee was out of compliance with R501-1-13(1)(b)&(c) by not having the required client information in one of the three client files reviewed. During the inspection this licensor observed that the information was missing from the client file.

## - Date: 2025-05-14  
  
Type: Investigation Inspection, Non On-Site Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The Licensee was out of compliance with R380-600-7(16)(a-d) by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 5/11/2025 and was not reported until 5/14/20205. This was a \*\*repeat noncompliance\*\* as noted on 4/22/2025, 2/25/2025, 3/18/2024, 2/13/2024 and 10/12/2023.

## - Date: 2025-04-22  
  
Type: Investigation Inspection, Non On-Site Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The Licensee was out of compliance with R380-600-7(16)(a-d) by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 4/16/2025 and was not reported until 4/21/2025. This is a \*\*repeat noncompliance\*\* as noted on 2/25/2025, 3/18/2024, 2/13/2024 and 10/12/2023.

## - Date: 2025-02-25  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 2/20/2025 and was not reported until 2/24/2025.

# Copper Hills Youth Center  
  
Address: 5899 W Rivendell Dr, West Jordan, UT, 84081  
Violations:

## - Date: 2025-06-11  
  
Type: Announced, Annual Inspection  
  
Findings:   
R380-600-7(16)(a)-(e): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The Licensee was out of compliance with R380-600-7(16)(a-d) by not reporting a \*\*critical incident\*\* to the Office within one business day. During the inspection it was observed that three \*\*critical incidents\*\* were not reported to the office by the previous Risk Manager. This is a \*\*repeat citation\*\* as noted on May 1, 2025.

## - Date: 2025-05-01  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The Licensee was out of compliance with rule R380-600-7(16)(a) by not submitting a \*\*critical incident\*\* report to the office within one business day. During the inspection, the investigator verified that a \*\*critical incident\*\* occurred on February 14, 2025 and was not reported to Licensing until May 07, 2025.  
  
R501-19-4(2)(a)-(b): Intermediate secure treatment ratios.  
  
Finding: The Licensee was out of compliance with Rule R501-19-4(2)(b) by failing to maintain a staff-to-client ratio of one staff to every five clients. During the inspections, the investigators observed one unit had one staff member with twelve students and another unit with two staff members and twelve students.  
  
R380-600-7(16)(a)-(e): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The Licensee was out of compliance with rule R380-600-7(16)(a) by not submitting a \*\*critical incident\*\* report to the office within one business day. During the inspection, the investigator verified that a \*\*critical incident\*\* occurred on April 16, 2025 and was not reported to Licensing until April 25, 2025. This was a \*\*repeat noncompliance\*\* as noted on March 03, 2023, February 01, 2023, and November 29, 2022.

## - Date: 2025-04-17  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-80-4(2): Report abuse or neglect.  
  
Finding: The Licensee was out of compliance with rule R380-80-4(2) by not immediately submitting a \*\*critical incident\*\* report to Child Protective Services notifying them of a staff member subjecting clients to abuse, neglect or exploitation. During the inspection, the investigator verified that a \*\*critical incident\*\* occurred and was not immediately reported to Child Protective Services.

# Crossroads Academy dba CRA Residential Treatment  
  
Address: 5545 S 1225 E, South Ogden, UT, 84403  
Violations:

## - Date: 2024-12-05  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The program was out of compliance with this rule by not maintaining the residence free of health and safety hazards. During the inspection at Crossroads Academy, a bedroom doorway was missing the top piece of trim, revealing a nail and sharp wood edges. This rule non-compliance is a \*\*repeat non-compliance\*\*.

## - Date: 2024-02-21  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not having all bathrooms properly equipped with hand soap.

# Discovery Ranch - Mapleton  
  
Address: 1308 S 1600 W, Mapleton, UT, 84664  
Violations:

## - Date: 2025-01-22  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.\n  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 01/11/2025 and was not reported until 01/21/2025.

## - Date: 2024-11-20  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 11/18/2024 and was not reported until 11/20/2024.

## - Date: 2024-11-06  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider was out of compliance with this rule by failing to provide supervision commensurate with the behaviors and needs of a client. Throughout the investigation, multiple interviews, provider records, and additional documents were reviewed. The information gathered substantiated that a client who had expressed suicidal ideation and intent was not provided with the level of supervision needed to keep them safe.  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with this rule by compromising the health and safety of a client. Throughout the investigation, multiple interviews, provider records and additional documents were reviewed, and professional evaluations were considered. The information gathered substantiated that a client who had expressed suicidal ideation and a plan was not provided with the care required to keep them safe.  
  
R501-1-4(7): \*\*Suicide Prevention Policy\*\*.  
  
Finding: The provider was out of compliance with this rule by not following their \*\*Suicide Prevention Policy\*\*. Throughout an investigation, multiple interviews, documentation, and provider records substantiated that the provider did not follow their \*\*Suicide Prevention Policy\*\*.  
  
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office of Licensing within one business day and not reporting a \*\*critical incident\*\* to the legal guardian of a client involved in an incident within a 24-hour period from the time of the incident. During an investigation inspection, provider documentation and provider/legal guardian communication substantiated that a physical \*\*restraint\*\* was conducted on a client on 04/23/2024 and was not reported to the Office of Licensing or the legal guardian as required by Utah Administrative Rule. This is a \*\*repeat noncompliance\*\* citation.

# Discovery Ranch South  
  
Address: 4928 N 4500 W, Cedar City, UT, 84721  
Violations:

## - Date: 2025-06-12  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(1)(a)-(u): Pre-service training requirements.  
  
Finding: The Licensee was out of compliance with R501-1-16(1)(o)(u) by not completing preservice training within 30 days. During the employee file inspection 1 staff member had not completed the preservice training within 30 days of hire. This is a \*\*repeat noncompliance\*\* as noted on 12/31/24.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The Licensee was out of compliance with R501-1-15 (4) by allowing a direct care staff to work \*\*unsupervised\*\* before they have an approved background clearance. During the employee file inspection one staff member was found to have worked \*\*unsupervised\*\* before the had an approved background clearance.  
  
R501-1-13(1)(a)-(h): Intake assessment requirements.  
  
Finding: The Licensee was out of compliance with R501-1-13(1)(b)(c) by not having required information in intake screening. During the client file inspection the intake screening assessment was missing cultural background and mode of communication. This is a \*\*repeat noncompliance\*\* as noted on 7/6/23.  
  
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The Licensee was out of compliance with R501-14-5(2)(a) by not submitting an application for an initial background screening no later than two weeks from the applicant becoming associated with the licensee. During the employee file review inspection a staff member hadn't had a background check associated with licensee.

## - Date: 2025-05-14  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with R501-19-3(3)(d)(ii) by having a direct care staff sleeping while on shift. During the investigation interviews were conducted that revealed that a night shift staff was found sleeping while on duty. This is a \*\*repeat noncompliance\*\* as noted on 1/21/2025.

## - Date: 2025-03-20  
  
Type: Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The licensee was out of compliance with R380-600-7(16)(a) by not reporting a \*\*critical incident\*\* within 1 business day. During the inspection it was learned that 2 clients went missing. This was not reported to licensing. This is a \*\*repeat noncompliance\*\* as noted on 4/3/2024, 3/4/2024, 12/19/20023, 12/6/2025, and 12/6/2025.  
  
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The licensee was out of compliance with R501-19-3(3)(f) by not performing line of sight check-ins every 15 minutes. During the inspection 2 clients left staff supervision without staff being aware. Staff marked them present even though the clients were missing. This is a \*\*repeat noncompliance\*\* as noted on 9/18/2024 and 5/16/2023.  
  
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The licensee was out of compliance with R380-80-5(10) by not providing supervision commensurate with a clients behavior. \*\*During the investigation a client with a history of recent self harm was not supervised in a way that addressed the risk of self harm.\*\* This is a \*\*repeat noncompliance\*\* as noted on 2/12/2025 and 12/6/2023.

## - Date: 2025-02-12  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider was out of compliance with this rule by not providing supervision based of the clients behavior. During the inspection a client with a history of \*\*sexual misconduct\*\* was able to sexually act with a peer. This is a \*\*repeat noncompliance\*\* from 12/6/2025.

## - Date: 2025-01-21  
  
Type: Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The licensee was out of compliance with R501-19-3(3)(d)(ii) by a staff member failing to remain awake while on duty. During an investigation, the information gathered substantiated that a client and staff members observed a staff member asleep when they were assigned to supervise clients. This is a \*\*repeat noncompliance\*\* previously noted on 12/28/2022, 05/16/2023, 09/18/2023, 12/31/2024, and 12/31/2024.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(c) by clients not being free from potential harm. During the investigation, the information gathered substantiated that a staff member fell asleep with an open bottle of pills that spilled in their lap and on the floor. A client observed this incident and the open bottle of pills.

## - Date: 2024-12-31  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The Licensee was out of compliance with R501-19-3(3)(c) for not maintaining a staff-to-client ratio of one staff to every four clients. During an investigation, the information substantiated that on 12/31/2025 the ratio was 5 staff with 22 clients for four hours that day. This is a \*\*repeat noncompliance\*\* as noted on 12/28/2022, 05/16/2023, and 09/18/2024.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The Licensee was out of compliance with R380-80-6(1)(b) for a staff member that did not treat a client with dignity or respect. During the investigation, multiple interviews substantiated that a staff member told multiple clients to shut up and called them liars and attention seekers.  
  
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The licensee was out of compliance with R501-1-8(1)(a) by not ensuring the buildings and grounds are clean and maintained and free from health hazards. During an investigation inspection on 12/31/2024, a licensing investigator and licensor observed multiple environmental safety concerns throughout the client cabins. This is a \*\*repeat noncompliance\*\* previously noted on 07/28/2023 and 07/25/2024.  
  
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The licensee was out of compliance with R501-1-8(3) for not maintaining potentially hazardous items responsibly and with consideration of the safety and risk level of the population serviced. During an investigation inspection on 12/31/2024, multiple bottles of alcohol-based perfume were accessible to clients.  
  
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The licensee was out of compliance with R501-19-3(3)(f) by \*\*not performing direct supervision\*\* with line of sight check-ins every 15 minutes. During the investigation, the information gathered substantiated that a client was left \*\*unsupervised\*\* for approximately three hours. This is a \*\*repeat noncompliance\*\* noted on 05/16/2023 and 09/18/2024.  
  
R501-1-10(2)(a)-(f): Requirements for licensees providing meals.  
  
Finding: The provider was out of compliance with R501-1-10(2)(a) for not ensuring that meals are not used as incentive or punishment. During the investigation, the information gathered substantiated that meals had been used as an incentive/punishment.  
  
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The licensee was out of compliance with R380-600-7(16)(a) by not reporting a \*\*critical incident\*\* to the Office of Licensing within one business day. During an investigation, the information gathered substantiated that the licensee did not report a \*\*critical incident\*\* that occurred on 12/28/2024. This is a \*\*repeat noncompliance\*\* noted on 05/16/2023, 12/06/2023, 12/19/2023, 03/04/2024, and 04/03/2024.  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with R380-80-5(4) by not protecting clients from harm and any action that may compromise the health and safety of clients. During the investigation, the information gathered substantiated that two clients accessed a sharp object from the staff office and used it to injure themselves.

# Eagle Ranch Academy, Inc  
  
Address: 115 W 1470 S, Saint George, UT, 84770  
Violations:

## - Date: 2025-05-12  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-80-4(2): Report abuse or neglect.  
  
Finding: The provider was out of compliance with R380-80-4(2) by \*\*not immediately reporting witnessed client-on-client abuse to law enforcement or Child Protective Services.\*\* During the investigation inspection, the information gathered substantiated that a client-on-client physical assault occurred on 05/03/2025. The provider reported this incident to law enforcement on 05/05/2025.

## - Date: 2024-05-07  
  
Type: Non On-Site Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by failing to report a \*\*critical incident\*\* by the next business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 5/4/2024 and was not reported until 5/7/2024. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-03-06  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by direct care staff members failing to perform direct supervision line of sight check-ins every 15 minutes. Throughout the investigation, information was gathered through interviews and provider documentation. The evidence substantiated that clients were left \*\*unsupervised\*\* for longer than 15 minutes and engaged in unsafe behaviors. This is a \*\*repeat noncompliance\*\*.

# Elevations RTC  
  
Address: 2650 W 2700 S, Syracuse, UT, 84075  
Violations:

## - Date: 2025-03-18  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The Licensee was out of compliance with R501-1-16(2)(l) by not ensuring each staff completes all required training topics each year. At the time of inspection, the staff files reviewed did not have documentation of yearly training on the signs and symptoms of abuse and neglect. This was a \*\*repeat noncompliance\*\* as noted on 03/28/2024.  
  
R501-1-16(1)(a)-(u): Pre-service training requirements.  
  
Finding: The Licensee was out of compliance with R501-1-16(1)(k)(n) by not ensuring that each staff receives all required training before being left \*\*unsupervised\*\* and within 30-days of hire. At the time of inspection, the staff files reviewed did not have documentation of training on the signs and symptoms of abuse and neglect nor documentation of training on client grievance procedures. This was a \*\*repeat noncompliance\*\* as noted on 03/28/2024 and 08/01/2024.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The Licensee was out of compliance with R501-1-15(4) by not ensuring direct care staff have an approved background check clearance before allowing staff to work \*\*unsupervised\*\*. During the inspection, it was observed that direct care staff had a background clearance determination that was no longer eligible.  
  
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The Licensee was out of compliance with R501-1-8(1)(f) by not ensuring each bathroom is properly equipped with soap. During the inspection, It was observed that a client bathroom did not contain soap. This was a \*\*repeat noncompliance\*\* as noted on 05/11/2023, 08/21/2023, 12/14/2023, 03/28/2024, and 08/01/2024.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The Licensee was out of compliance with R501-1-15(4) by not ensuring direct care staff have an approved background check clearance before allowing staff to work \*\*unsupervised\*\*. During the inspection, it was observed that direct care staff had a background clearance determination that was no longer eligible.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The Licensee was out of compliance with R501-1-15(4) by not ensuring direct care staff have an approved background check clearance before allowing staff to work \*\*unsupervised\*\*. During the inspection, it was observed that direct care staff had a background clearance determination that was no longer eligible.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The Licensee was out of compliance with R501-1-15(4) by not ensuring direct care staff have an approved background check clearance before allowing staff to work \*\*unsupervised\*\*. During the inspection, it was observed that direct care staff had a background clearance determination that was no longer eligible.

## - Date: 2024-10-24  
  
Type: Focus Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by failing to treat clients with dignity and respect. During an incident around 10/24/2024, a staff member made an inappropriate comment to a client making them feel unsafe. This was a \*\*repeat noncompliance\*\*.

## - Date: 2024-10-09  
  
Type: \*\*Complaint\*\*, Focus Inspection  
  
Findings:   
R380-80-4(5): Provider shall cooperate on any investigations.  
  
Finding: The provider was out of compliance with this rule by \*\*not cooperating with an investigation\*\*. During the attempted inspection, provider administration told Licensing staff they would need to bring justification as to why the department needs to speak with clients. The investigators requested to interview clients and the provider denied the request.

# Juniper Haven  
  
Address: 675 E 400 N, Logan, UT, 84321  
Violations:

## - Date: 2024-12-05  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 11/30/2024 and was not reported until 12/4/2024.

## - Date: 2024-06-11  
  
Type: Focus Inspection  
  
Findings:   
R380-80-4(2): Report abuse or neglect.  
  
Finding: The provider was out of compliance with this rule by not notifying Child Protective Services (CPS) immediately about suspected \*\*child abuse\*\* between clients at the facility. During an inspection on 06/11/2024, Licensing inquired about the 06/06/2024 incident with the provider and discovered that CPS had not been notified about the suspected abuse.

# Kiva Treatment Center  
  
Address: 652 Shady Ln, Toquerville, UT, 84774  
Violations:

## - Date: 2025-05-28  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(e): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with R380-600-7(16)(a) by not reporting an \*\*allegation of abuse\*\* within one business day. During the investigation the provider was made aware of an \*\*allegation of abuse\*\* and did not report this allegation as required by rule. This is a \*\*repeat noncompliance\*\* as noted on 2/7/2024 and 1/18/2024.

## - Date: 2025-04-14  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The Licensee was out of compliance with rule R501-1-8(3) by not maintaining hazardous items with consideration of the safety and risk level of the population served. During the inspection, chemicals were not in locked cabinets when not in use.

## - Date: 2024-10-17  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by not conducting line of sight check-ins every 15 minutes. During the inspection 2 clients were able to leave the facility for a period of at least 2 hours before the absence was detected. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-08-14  
  
Type: Focus Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with this rule by a staff member harming a client and compromising the health and safety of clients. During the investigation inspection, facility video coverage documented that during an altercation between a staff member and a client, the staff member physically mistreated the client.  
  
  
R501-1-4(5)(a)-(l): Congregate care behavior management policy.  
  
Finding: The provider was out of compliance with this rule by a staff member failing to use behavior management techniques that are trauma-informed and that emphasize de-escalation and promote self-control. During the investigation inspection, facility video coverage documented a staff member that acted outside of the scope of their behavior management training by acting in a confrontational manner with a dysregulated client.

## - Date: 2024-08-06  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The provider was out of compliance with this rule by allowing a direct care staff to work  
\*\*unsupervised\*\* before they have an approved background clearance. During the inspection on 8/6/24, the licensor observed that 2 staff members didn't have background checks prior to working \*\*unsupervised\*\*.

## - Date: 2024-08-06  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The provider was out of compliance with this rule by allowing 2 staff members whose background screening applications were denied to have access to clients. During an investigation inspection, provider documentation and staff interviews verified that 2 staff members with ineligible background screenings had been working with clients. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-02-07  
  
Type: Focus Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by failing to report a physical \*\*restraint\*\* incident to the Office of Licensing within one business day. During an inspection, it was observed that a physical \*\*restraint\*\* incident occurred on 01/26/2024 and was submitted by the provider to the Office of Licensing on 02/01/2024. This is a \*\*repeat noncompliance\*\*.

# Liahona Academy For Youth dba Liahona Treatment Center East Campus  
  
Address: 325 W 600 N, Hurricane, UT, 84737  
Violations:

## - Date: 2025-06-02  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(b) for a staff member not ensuring a client had the right to be treated with dignity and respect. During an investigation inspection, the information gathered substantiated that a staff member yelled at and used profane language directed at a client.

## - Date: 2023-01-04  
  
Type: \*\*Complaint\*\*, Focus Inspection  
  
Findings:   
R501-1-10(5): No withholding or manipulating sources.  
  
Finding: The provider was out of compliance with this rule by manipulating information given to the Office. During the inspection \*\*critical incident\*\* reports were reviewed that noted no pain compliance was used during a \*\*restraint\*\*, when in fact they had been used.  
  
  
R501-1-11(2)(a)-(f): Licensed Program \*\*complaints\*\* and \*\*critical incidents\*\*.  
  
Finding: The provider was out of compliance with this rule by failing to report a \*\*critical incident\*\* within one business day. In the facility a staff member was suspected of violating a client's rights. This was not reported to Licensing.

# Live For Life dba Live For Life Sequoia, LLC  
  
Address: 8783 S 2240 W, West Jordan, UT, 84088  
Violations:

## - Date: 2024-07-18  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 07/15/2024 and was not reported until 0717/2024.  
This rule previously was out of compliance on the following dates: 07/21/2023, 08/10/2023, 09/19/2023, and 07/16/2024.  
This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-07-16  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 07/11/2024 and was not reported until 07/15/2024.

# Logan River Academy LLC dba Logan River Academy  
  
Address: 1683 S Highway 89/91, Logan, UT, 84321  
Violations:

## - Date: 2025-01-28  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not having all client restrooms stocked with toilet paper. During the inspection, two girls' dorms bathrooms did not have toilet paper. This rule non-compliance is a \*\*repeat non-compliance\*\*.

## - Date: 2025-01-02  
  
Type: Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by failing to maintain a staff to client ratio of 1 staff to 4 clients. During game room time, 1 staff member took 8 clients to the game room in a different building from other staff members. A fight broke out leaving 1 staff member to handle the situation alone for a time.

## - Date: 2024-04-23  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not having electrical systems in operating order. During the inspection, the licensor observed a lightbulb was burnt out in one of the bedrooms, making half of the bedroom dark. This rule non-compliance is a \*\*repeat non-compliance\*\*.

# Maple Mountain Recovery (Mapleton)  
  
Address: 727 East 1100 South, Mapleton, UT, 84664  
Violations:

## - Date: 2025-04-24  
  
Type: Follow-Up Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The Licensee was out of compliance with R501-1-16(2)(a),(h) by not ensuring that each employee completed required training each year. During the inspection, two employees had not completed annual program policies for harassment training, and one employee had not completed firearms training each year. This was a \*\*repeat noncompliance\*\* as noted on 03/27/2025.

## - Date: 2025-03-27  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The Licensee was out of compliance with R501-14-5(2)(b) by not documenting how individuals remained supervised for the entirety of their supervised employment term before receiving a clearance determination. During the inspection, one employee did not have an eligible clearance determination and there was no documentation of how the employee would remain supervised.

# New Beginnings Behavioral Health  
  
Address: 217 E Scenic Peak Cove, Draper, UT, 84020  
Violations:

## - Date: 2025-06-11  
  
Type: Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The licensee was out of compliance with R501-19-3(3)(c) by failing to maintain a staff-to-client ratio of one staff to every four clients. In the facility on 6/10/2025, 2 staff members were left to supervise 11 clients while another staff took 1 client to the Emergency Room.   
This is a \*\*repeat noncompliance\*\* as noted on 6/21/2024 & 9/26/2024.  
  
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The licensee was out of compliance with R501-19-3(3)(a) by failing to provide direct supervision that meets supervision requirements. In the facility on 5/24/2025, two clients went AWOL without the provider's awareness.   
This is a \*\*repeat noncompliance\*\* as noted on 3/13/2024.

## - Date: 2025-05-30  
  
Type: 2nd Unannounced, Follow-Up Inspection  
  
Findings:   
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The licensee was out of compliance with R501-14-5(2)(b) by not providing direct supervision for an employee that did not have a cleared background screening from the Office. During the inspection it was reported that the employee without a cleared background screening worked the previous day without supervision.

## - Date: 2025-03-28  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-80-5(5): Provider shall refrain from corporal punishment and use restrain as intervention.  
  
Finding: The Licensee was out of compliance with rule R380-80-5(5), by a staff member using corporal punishment in forcing clients to do push-ups. During the inspection, client interviews were consistent that a staff forced clients to do push-ups on multiple nights as a form of punishment.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The Licensee was out of compliance with rule R501-1-15(4), by allowing a staff member to work \*\*unsupervised\*\* before they had an approved background check. During the inspection, client interviews were consistent that the staff worked night shifts directly with the clients without supervision.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The Licensee was out of compliance with rule R380-80-6(1)(b), by a staff member not treating clients with dignity and respect by making inappropriate comments and to multiple clients. During the inspection, client interviews were consistent in the staff’s treatment of the clients.

## - Date: 2025-03-20  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: This Licensee was out of compliance with R501-1-16(2)(a) by failing to renew a staff on their behavior management system training annually. During the inspection it was determined that staff had not been trained in Crisis Protection Institute’s behavior management system this year. This is a \*\*repeat noncompliance\*\* from 8/02/2024 and 1/22/2025.  
  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The Licensee was out of compliance with R380-80-5(4) by having staff that were not certified in the program’s Behavior management system engage in the client \*\*restraint\*\*s. During the inspection it was reported that on March 19, 2025, untrained staff had conducted a \*\*restraint\*\* on a client that was at risk to themselves or others.  
  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The Licensee was out of compliance with R380-80-5(4) by having staff that were not certified in the program’s Behavior management system engage in the client \*\*restraint\*\*s. During the inspection a review was conducted of \*\*critical incidents\*\* and on February 18, 2025, untrained staff had conducted \*\*restraint\*\*s to manage clients that were a risk to themselves or others.  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The Licensee was out of compliance with R380-80-5(4) by having staff that were not certified in the program’s Behavior management system engage in the client \*\*restraint\*\*s. During the inspection it was reported that on March 19, 2025, untrained staff had conducted a \*\*restraint\*\* on a client that was at risk to themselves or others.  
  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The Licensee was out of compliance with R380-80-5(4) by having staff that were not certified in the program’s Behavior management system engage in the client \*\*restraint\*\*s. During the inspection it was reported that on March 19, 2025, untrained staff had conducted a \*\*restraint\*\* on a client that was at risk to themselves or others.

## - Date: 2024-08-29  
  
Type: 3rd Unannounced  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by not having two direct care staff on duty and by being out of one to four ratio with staff to clients. At the facility during interviews with staff and clients it was reported that one week ago on a Sunday only one staff was at the facility during the day shift. This is a \*\*repeat non-compliance\*\*.  
  
  
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by having a non-functioning toilet and ventilation fan in room three. At the facility, during the walkthrough the toile and ventilation fan in room three did not work. The is a \*\*repeat non-compliance\*\*.

# Oakgrove School/Waterfall Canyon Academy dba Residential Treatment One  
  
Address: 818 N 950 E, Ogden, UT, 84414  
Violations:

## - Date: 2024-12-02  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not having each bathroom properly equipped with toilet paper. During the inspection at Waterfall Canyon Academy Residential Treatment One, the upstairs middle bathroom did not have toilet paper. This rule non-compliance is a \*\*repeat non-compliance\*\*.

## - Date: 2024-07-31  
  
Type: Focus Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by staff not treating a client with dignity and respect and causing potential harm to the client during an incident on 07/25/2024. During the inspection, the investigator observed via video footage a staff aggressively shove a client in the back acting outside of their behavior management training.

## - Date: 2024-07-29  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not having all client bathrooms properly equipped with toilet paper during the inspection. This rule non-compliance is a \*\*repeat non-compliance\*\*.  
  
R501-1-6(2)(a)-(g): Required posted documents.  
  
Finding: The provider was out of compliance with the rule by not have the required documents posted during the inspection. This rule non-compliance is a \*\*repeat non-compliance\*\*.

## - Date: 2024-05-15  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with the rule by not having all bathrooms properly stocked with toilet paper during the inspection.   
  
This rule non-compliance is a \*\*repeat non-compliance\*\*.

# Oakgrove School/Waterfall Canyon Academy dba Residential Treatment Two  
  
Address: 700 25th St, Ogden, UT, 84401  
Violations:

## - Date: 2025-03-25  
  
Type: Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The Licensee was out of compliance with R501-19-3(3)(f) by staff failing to complete the required 15 minute line of sight check-in with a client resulting in the client absconding from the facility on 03/22/2025. During the inspection, video footage showed staff failed to check in with the client for over 40 minutes.

## - Date: 2024-12-05  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 12/03/2024 and was not reported until 12/05/2024.

# Oasis Ascent dba Oasis Ascent- SLC  
  
Address: 1624 E 4500 S, Salt Lake City, UT, 84117  
Violations:

## - Date: 2024-05-10  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by staff members failing to perform direct supervision with line of sight check-ins every 15 minutes. During an investigation inspection on 05/10/24, video footage documented a staff member did not perform direct supervision with line of sight 15 minute check in.

## - Date: 2024-04-17  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by staff members failing to perform direct supervision with line-of-sight check-ins every 15 minutes. During an investigation inspection on 04/17/2024, Administrative staff confirmed a client was left \*\*unsupervised\*\* after being allowed to use the restroom and left alone by staff for nearly 40 minutes on 04/08/2024. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-03-04  
  
Type: Focus Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with this rule by staff members failing to protect the client from harm by not providing direct supervision. During an investigation inspection on 02/05/24 and documentation reviewed identified that the client was able to self-harm after the client was left \*\*unsupervised\*\* after a medical visit for nearly an hour on 01/25/24.

# Oasis Ascent, LLC dba Oasis Provo  
  
Address: 122 N 600 W, Provo, UT, 84601  
Violations:

## - Date: 2025-02-24  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 2/19/2025 and was not reported until 2/21/2025.

## - Date: 2024-12-10  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The provider was out of compliance with this rule by not submitting a new application for background check prior to staff working on site. During the inspection a staff on the staff list did not have a new background check application submitted as requested by the Department of Licensing and Background Screening.

## - Date: 2024-09-17  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining plumbing and electrical in operating order and in clean and safe condition. At the facility, during the walkthrough two toilet seats in the basement bathroom toilets were missing, multiple toilets were missing the tank covers in the facility, outlets and light switches were missing their covers, there was exposed wires on a thermostat and mold in one shower.

# Oxbow Academy, LLC dba West Campus  
  
Address: 95 N State St, Wales, UT, 84667  
Violations:

## - Date: 2025-05-20  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider is out of compliance with R380-80-6(1)(c) by staff failing to keep free from potential harm. During a community physical fitness activity, the clients were out of line of sight and sound with staff for a period of time that allowed one student to grope another without consent.  
  
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider is out of compliance with R380-80-5(10) by staff failing to provide supervision that is commensurate with the behaviors of each client. During an investigation inspection and client interviews, a client involved, reported that the staff was not in line of sight and sound with them at all times because the staff was following them in the van while the clients were exercising in the community. During this time that the clients were not in line of sight of staff, one client was able to grope another student.

## - Date: 2025-05-15  
  
Type: 2nd Unannounced  
  
Findings:   
R380-600-3(25): Posting of license or certificate.  
  
Finding: The licensee was out of compliance with R380-600-3(25) by not having their current OL license on the premises in a place readily to view. During the inspection the licensor observed an expired OL license posted in the main entrance.

# Red Circle Lodge, Inc - Hildale  
  
Address: 930 N Memorial St, Hildale, UT, 84784  
Violations:

## - Date: 2025-06-17  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with R380-80-5(4) by staff members not protecting clients from mistreatment and any action that may compromise the health and safety of clients. During an investigation inspection, the information gathered substantiated that when a client was emotionally dysregulated, staff members verbally mistreated the client. The staff yelled at and used profane language directed at a client. Other staff members did not step in and protect clients from the verbal mistreatment.

## - Date: 2025-02-12  
  
Type: Non On-Site Inspection  
  
Findings:   
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The provider was out of compliance with this rule by allowing a staff member with a denied background screening to have direct access to clients. During a non on-site investigation inspection, the evidence substantiated that a staff member worked for approximately one year after the provider received notice that the staff member had a denied background screening.

## - Date: 2025-01-22  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with this rule by not maintaining hazardous items with consideration of the safety and risk level of the population served. During the inspection chemicals were not in locked in cabinets when not in use.  
  
  
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining building and grounds so they are free from health and fire hazards. During the inspection client bedroom electrical switch broken, bedroom light fixture non functional. Client bathroom non functional bathroom ventilation fan. Classroom fluorescent light fixture cover missing. School building bathrooms missing light bulbs exposed light sockets. Broken bed in client bedroom. This is a \*\*repeat non-compliance\*\*.

## - Date: 2024-12-12  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with R380-600-7(16)(a) by not reporting a \*\*critical incident\*\* within one business day. During the inspection the provider was aware of an allegation of \*\*child abuse\*\* on or around 11/19/2024 and did not make a report to the Office of Licensing. This is a \*\*repeat noncompliance\*\* on 9/27/23, 7/6/23, 6/20/23, 6/8/23, 4/10/23, 4/7/23, and 12/5/22.

## - Date: 2024-10-01  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The provider was out of compliance with this rule by not providing required supervision of staff who don't have a cleared background check. During the inspection on 10/1/24, the licensor observed that the provider wasn't providing required direct supervision of staff who's background checks required supervision.

## - Date: 2024-08-15  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining electrical systems, building and grounds. During the inspection on 8/15/24, the licensor observed broken light switches, a hole in the wall, broken door, broken window.

## - Date: 2024-05-10  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining the electrical systems. During the inspection on 5/10/24, the licensor observed broken light switches, electrical face plates, missing junction box covers, broken lights in clients bedrooms.

## - Date: 2024-02-28  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not having mechanical and electrical furnishings in working order. The building was not free from health and fire hazards. During the inspection on 2/28/24, the licensor observed that the client restrooms didn't have working vent fans. There were non-functional lights in the cafeteria, hallway and school. There was missing light covers in the school building. There was a missing electrical outlet cover in the classroom. There was a broken bracket securing a pipe to the wall. Fire extinguishers were not serviced and expired. There was exposed wires in a client bathroom.

# Renewed Hope Treatment Center  
  
Address: 425 E 6000 N, Enoch, UT, 84721  
Violations:

## - Date: 2025-07-03  
  
Type: Investigation Inspection  
  
Findings:   
R501-1-4(6)(a)-(j): Seclusion policy and practices requirements.  
  
Finding: The provider was out of compliance with R501-1-4(a)(h) by not terminating a seclusion episode when the client was de escalated and not having clinical justification for a seclusion that went longer than 4 hours and not documenting a seclusion episode. During the inspection a client was away from peers for 5 hours even though they were no longer escalated. There was also no clinical justification for the seclusion and staff did not document in detail the seclusion episode.

## - Date: 2025-05-20  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with R501-1-8(3) by having an aluminum can, potentially hazardous, available to clients. In the indoor arena an aluminum can was found accessible to clients who have a history of self harm. This is a \*\*repeat noncompliance\*\* as noted on 7/9/2024.

## - Date: 2025-04-01  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The Licensee was out of compliance with R501-1-8(b) by not maintaining plumbing and electrical and in safe condition. During the inspection walkthrough there was a broken sink and broken electrical outlet covers.

## - Date: 2024-09-19  
  
Type: Focus Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* within one business day. During the inspection a \*\*critical incident\*\* happened on 9/4/2024 and was not reported to the Office of Licensing until 9/13/2024. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-07-15  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 07/11/2024 and was not reported until 07/15/2024.  
This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-07-09  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The provider was out of compliance with this rule by providing supervision to staff requiring supervision. During the inspection on 7/9/24, the licensor observed staff members who had background checks "in process" weren't being supervised.

## - Date: 2024-04-26  
  
Type: Focus Inspection  
  
Findings:   
R501-1-4(5)(a)-(l): Congregate care behavior management policy.  
  
Finding: The provider was out of compliance with this rule by not following their policy of using physical \*\*restraint\*\* to protect the consumer from immediate harm. During the inspection a client was placed into a \*\*restraint\*\* that was not an immediate threat to self, others, or property.

## - Date: 2024-04-02  
  
Type: Non On-Site Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by failing to report a \*\*critical incident\*\* by the next business day. The incident occurred on 3/27/2024 and was reported on 4/1/2024. This is a \*\*repeat noncompliance\*\*.

# Solacium Sunrise, LLC dba Sunrise RTC - The Fields  
  
Address: 3585 S Camino Real, Washington, UT, 84780  
Violations:

## - Date: 2025-04-10  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The Licensee was out of compliance with R501-1-8 (1)(a)(b) by not maintaining cleanliness of the building and furnishings are maintained in operating order and in a clean and safe condition,. During the walkthrough inspection there is a cleanliness issue in client bedrooms, broken furniture in client living areas. This is a \*\*repeat non-compliance\*\* as noted on 12/05/2024 and 02/25/2024.

## - Date: 2025-04-08  
  
Type: Investigation Inspection, Non On-Site Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The Licensee was out of compliance with R380-600-7(16)(a-d) by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 04/06/2025 and was not reported until 04/08/2025.   
This was a \*\*repeat noncompliance\*\* as noted on 01/05/2023, 10/10/2023, & 11/12/2024.

## - Date: 2025-02-04  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The licensee was out of compliance with R380-80-5(4) by staff members acting in a way that compromised the health and safety of a client. During the investigation, staff failed to secure a pair of scissors that were not being used. A client with a history of self-harm used the scissors to self-harm which resulted in medical care beyond basic first aid. This is a \*\*repeat noncompliance\*\* previously noted on 07/25/2023.

## - Date: 2024-12-30  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by not ensuring a client was free from potential harm. During the investigation, the Licensee documentation and multiple interviews substantiated that a client gained access to an unlocked medical room and ingested medication that was not prescribed to them.

## - Date: 2024-12-16  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider was out of compliance with this rule by staff not providing supervision commensurate with a client’s needs and behaviors. During an investigation inspection, the information gathered substantiated that a client who was on a higher level of supervision, obtained a staff cell phone, and used it inappropriately while \*\*unsupervised\*\*.

# Solstice RTC LLC  
  
Address: 1904 W Gordon Ave, Layton, UT, 84041  
Violations:

## - Date: 2025-04-08  
  
Type: Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The Licensee was out of compliance with R501-19-3(3)(f), by staff failing to complete the required line of sight check-in with a client on March 26, 2025. During the inspection, the investigator verified that staff did not complete a check for 45 minutes to 1 hour.

## - Date: 2024-11-07  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by staff failing to perform direct supervision with line of sight check-ins every 15 minutes for a client. The provider’s incident report indicated that supervision was a problem and staff lost track of the client between 7:15 and 7:40.

## - Date: 2024-05-22  
  
Type: Focus Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with this rule by failing to protect the client from abuse, harm, mistreatment, or actions that compromised the client’s health or safety on 2 occasions.  
1. During the investigation, a client disclosed that staff members overshared personal information with the client that was sexual in nature.  
2. During the investigation it was identified that a staff member wrote several love notes to a client and nibbled the client’s neck.

## - Date: 2024-05-15  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by staff failing to perform a 15 minute checks. In the facility, during the evening of 05/09/2024 \*\*required 15 minutes checks were not completed and a client engaged in self harming behaviors.\*\* This was a \*\*repeat noncompliance\*\*.

# Sorenson’s Ranch School/Sorenson’s Ranch School Foundation  
  
Address: 410 N 100 E, Koosharem, UT, 84744  
Violations:

## - Date: 2025-04-07  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(c) by staff providing inappropriate images to clients causing potential harm. During the inspection it was confirmed that staff provided inappropriate images to clients. This is a \*\*repeat noncompliance\*\* as noted on 1/2/2024.

## - Date: 2024-01-02  
  
Type: Focus Inspection  
  
Findings:   
R495-876-5(1)(a)-(m): Code of conduct.  
  
Finding: The provider was out of compliance with this rule by failing to provide supervision commensurate with the skills, abilities, behaviors, and needs of each client. During the on-site inspection, multiple interviews disclosed that a staff member who was providing direct supervision for three clients, fell asleep for an undetermined period of time.  
  
R495-876-6(1)(a)-(g): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by a staff member neglecting to provide necessary supervision to keep the client(s) free from potential harm. During an inspection, multiple interviews disclosed that the staff member was not providing active supervision when two clients engaged in inappropriate \*\*sexual misconduct\*\*.

# Stillwater Academy, LLC  
  
Address: 11175 S Redwood Road, South Jordan, UT, 84095  
Violations:

## - Date: 2025-06-26  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with R501-1-8(1)(b) by not having all electrical outlets maintained. At the facility, during the walkthrough there was one electrical outlet that was missing its cover. This is a \*\*repeat noncompliance\*\* as noted on 10/29/2024.

## - Date: 2025-03-25  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The licensee was out of compliance with rule (R501-1-8)(1)(i) by having a prescription acne cream out in the med room without the original pharmacy packaging. During the walk through inspection, the licensor observed a prescription acne cream out in the med room without the original pharmacy packaging. This is a \*\*repeat non-compliance\*\*.

## - Date: 2024-10-15  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out compliance with this rule by not having potentially hazardous materials in a locked storage. At the facility, during the walkthrough there was a container of Clorox wipes out in the student room in the basement. In addition, there was a shed with hazardous material (gas and weed killers) in it at the one of the housing parents homes that did not have a lock. This is a \*\*repeat noncompliance\*\*.  
  
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not having all electrical outlets maintained. At the facility, during the walkthrough there was one electrical outlet that was missing its cover. This is a \*\*repeat noncompliance\*\*.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The provider was out of compliance with this rule by not having all staff background cleared. At the facility, during a review of the DACS system it was found that one staff member that has worked for the provider for a long time did not have a background clearance in DACS.

# Telos Residential Treatment Center, LLC dba Telos RTC  
  
Address: 870 W Center St, Orem, UT, 84057  
Violations:

## - Date: 2025-02-26  
  
Type: Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The Licensee was out of compliance with R501-19-3(f) by failing to perform direct supervision with line of sight supervision check-ins every 15 minutes. During the splitting of a group for activities, staff members did not confirm who had which clients and a client followed one group out the door and left the campus. Each group staff member believed the client was with the other group.

## - Date: 2023-12-06  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(4): Maintain 1 staff to every 4 client ratio.  
  
Finding: The provider is out of compliance with this rule by failing to provide staffing to fit the ratio of one staff to every four clients. In the Fuji apartment on 10/05/23, there were 10 clients with 1 staff member when a \*\*critical incident\*\* occurred at approximately 7:45 AM.

# The Hope Group dba Havenwood At The Ranch  
  
Address: 8097 W 2000 S, Cedar City, UT, 84720  
Violations:

## - Date: 2025-04-22  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The Licensee was out of compliance with R501-1-8 (1)(a) by not maintaining the appearance and cleanliness of the building so they are free from health hazards. During the walkthrough inspection bodily fluids were found on the wall.

## - Date: 2025-01-27  
  
Type: Investigation Inspection  
  
Findings:   
R501-1-4(5)(a)-(l): Congregate care behavior management policy.  
  
Finding: The provider was out of compliance with R501-1-4(5)(a) by not using a trauma informed and the least restrictive \*\*restraint\*\* to control a situation. During the inspection and review of camera footage, it was observed by the investigator that a staff member acted outside their trained behavior management policy. This is a \*\*repeat noncompliance\*\*.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(c) by not protecting a client from potential harm. At the facility, a staff member grabbed the client by their head and threw them down during a \*\*restraint\*\*.

## - Date: 2024-07-02  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The provider was out of compliance with this rule by not providing supervision for staff with an unapproved background check. During the inspection on 7/2/24, the licensor observed that staff members requiring supervision were not provided supervision by the provider.

## - Date: 2024-02-15  
  
Type: \*\*Complaint\*\*, Focus Inspection  
  
Findings:   
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The provider was out of compliance with this rule by not documenting how the individual was supervised for the entirety of their supervised employment term. During the inspection, the licensee was unable to provide documentation to verify a staff member was directly supervised.

# Therapy Associates DBA Star Guides dba Star Guides  
  
Address: 377 E Riverside Dr, Saint George, UT, 84790  
Violations:

## - Date: 2025-05-15  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(e): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The licensee was out of compliance with R380-600-7(16)(a) by not submitting a \*\*critical incident\*\* report to OL within one business day. During an investigation, the information gathered substantiated that a \*\*critical incident\*\* occurred on 05/12/2025 and was reported to the Office of Licensing on 05/16/2025.

## - Date: 2023-11-16  
  
Type: Conditional, Monitoring Inspection  
  
Findings:   
R501-1-11(2)(a)-(f): Licensed Program \*\*complaints\*\* and \*\*critical incidents\*\*.  
  
Finding: The provider was out of compliance with this rule by failing to report 2 separate \*\*critical incidents\*\* to the Office of Licensing. During an on-site inspection on 11/16/2023, multiple interviews disclosed that 2 days prior to the on-site inspection a client was hit and \*\*injured\*\* by another client. A second client was disclosed, that occurred 3 weeks prior to the on-site inspection in which a client was physically restrained by staff members. The staff members involved were aware of these incidents and failed to report them to the Office of Licensing.  
  
R501-1-26(5)(a)-(y): Congregate care behavior management policy.  
  
Finding: The provider was out of compliance with this rule by failing to use passive physical \*\*restraint\*\* only as an emergency, temporary means of physical containment to protect the consumer, other persons, or property from immediate harm. During on and off-site inspections, multiple interviews disclosed that staff members conducted an unnecessary physical \*\*restraint\*\* for control rather than for safety; the client was not an immediate danger to themselves or others \*\*and was physically restrained for talking.\*\*

# Three Peaks Ascent  
  
Address: 21185 N Pine Valley Rd, Beryl, UT, 84714  
Violations:

## - Date: 2024-10-28  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this Rule by not providing line of sight check-in every 15 minutes. During the inspection staff were not conducting line of sight check-ins at night. This was a repeat rule non-compliance.

## - Date: 2023-08-29  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-19-3(8): Direct supervision only by direct care staff.  
  
Finding: The provider was out of compliance with this rule by not conducting line of sight check in's every 15 minutes. During the inspection it was observed that for a period of 30 minutes staff did not go check on clients.

# Turn-About Ranch, Inc Turn-About Ranch Therapeutic Foundation - Roundy  
  
Address: 6650 N Pine Creek Rd, Escalante, UT, 84726  
Violations:

## - Date: 2025-06-16  
  
Type: Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(e): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with R380-600-8(16)(a) by not reporting a \*\*critical incident\*\* within one business day. During the inspection an event outside the normal range of experience happened and was not reported within the required time frame.  
  
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with R501-1-8(3) by not maintaining potentially hazardous items responsibly. During the inspection fuel mix was not stored correctly and a student was able to get a hold of it.

## - Date: 2023-09-28  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(8): Direct supervision only by direct care staff.  
  
Finding: The provider was out of compliance with this rule by failing to provide line of sight check-ins every 15 minutes. During an on-site investigation inspection on 09/14/2023, review of documentation confirmed that intervals between checks ranged from 30 to 60 minutes.

# Turning Point Family Care, Inc. - Residential Treatment  
  
Address: 121 N 1550 W, Cedar City, UT, 84720  
Violations:

## - Date: 2025-07-10  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(1)(a)-(u): Pre-service training requirements.  
  
Finding: The Licensee was out of compliance with R501-1-16(1)(o)(p)(q) by not completing required preservice training within 30 days of hire. During the employee file inspection staff member was found to have not completed preservice training with first 30 days of hire.  
  
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The Licensee was out of compliance with R501-14-5(2)(a) by not associating background screening with the program within 2 weeks of hire. During the employee file inspection a staff member had not had there background check associated with the program within 2 weeks of hire.

## - Date: 2025-01-30  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining the building so that's it free of health and safety issues. During the inspection in Pod A - Broken Door handle in laundry room. Hole in client bedroom. Pod B - Base board broken in bathroom. Bathroom sink not attached to wall. Light fixture cover missing in laundry room. Light fixture cover broken in common area. Pod C - Hole in room 9 wall. Door to room 10 broken. This is a \*\*repeat non-compliance\*\*.

## - Date: 2024-07-16  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The provider was out of compliance with this rule by not providing supervision to staff who have a background check requiring supervision. During the inspection on 7/16/24, the licensor observed a staff member requiring supervision not being supervised.

## - Date: 2023-07-19  
  
Type: Focus Inspection  
  
Findings:   
R501-1-11(2)(a)-(f): Licensed Program \*\*complaints\*\* and \*\*critical incidents\*\*.  
  
Finding: The provider was out of compliance with this rule by failing to submit over 10 \*\*critical incident\*\* reports to the Office of Licensing. During on and off-site inspections, the Office of Licensing conducted multiple client and staff interviews and reviewed documentation that supported noncompliance with this rule.

# UHS Of Provo Canyon dba Springville Campus  
  
Address: 763 N 1650 W, Springville, UT, 84663  
Violations:

## - Date: 2025-04-23  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with R380-80-6(1)(c) by failing to keep a client free from acts of harm. During an investigation inspection, the investigator discovered that during a \*\*restraint\*\* on April 13, 2025, a staff member, through physical contact with the client, caused an injury to a client's face.  
  
R380-80-5(3): Provider shall comply with policies and safe practices.  
  
Finding: The provider was out of compliance with R380-80-5(3) by not complying with applicable written policies and safe practices that address the appropriate treatment of clients. During the investigation inspection, it was determined a staff member did not implement the Handle With Care behavior management policy on which they were trained per the documentation provided. As a result of the failure to follow the policy, a client was \*\*injured\*\*.

## - Date: 2025-03-10  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-4(1): Provider shall protect each client.  
  
Finding: The licensee was out of compliance with R380-80-4(1) by failing to protect a client from mistreatment. During the inspection the licensor reviewed video footage that showed a staff member physically pushing a client.

# Utah Healing House Youth Crisis Center  
  
Address: 704 N White Horse Drive., Spanish Fork, UT, 84660  
Violations:

## - Date: 2025-06-03  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider is out of compliance with R380-80-5(4) by the provider failing to protect the client from any action that may compromise the health and safety of the client. In the facility, the investigator observed through video footage a client had their neck in a noose for 27 minutes before staff responded.  
  
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider is out of compliance with R501-19-3(3)(i) by staff failing to conduct physical check-ins every 15-minutes when a client was being monitored by video. During an investigation inspection on 6/3/25, it was observed through video footage that a client was in their room from 4:25 pm to 5:20 pm, without staff doing physical check-ins.

## - Date: 2025-06-03  
  
Type: \*\*Complaint\*\*, Focus Inspection  
  
Findings:   
R380-80-4(2): Report abuse or neglect.  
  
Finding: The provider is out of compliance with R380-80-4(2) by the provider failing to notify Child Protective Services when they suspect that a child is being subjected to abuse. The investigator conducted a phone interview with the provider on 6/6/2025 and it was reported that they did not know that they had to report the incident of the client being slammed on the floor, to Child Protective Services.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider is out of compliance with R380-80-6(1)(c) by staff failing to keep client free from potential harm. The investigator was on site 6/3/2025 and observed video footage of an incident that occurred on 5/27/2025. It was observed in the footage that staff was using aggressive \*\*restraint\*\* techniques including a knee across the clients abdomen with the staff’s weight pressuring down and slamming the client to the ground.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider is out of compliance with R380-80-6(1)(b) by staff failing to treat the clients with dignity. On 6/3/2025 the investigator reviewed video footage that included audio. The investigator observed through the audio that \*\*the staff was yelling at the client and appeared to be antagonizing the client by saying “Are you going to fucking hit me? Hit me!,” while slapping his own chin.\*\*

## - Date: 2025-03-04  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The licensee was out of compliance with R501-1-8(3) by not maintaining potentially hazardous items in a locked storage. During the inspection the licensor observed potentially hazardous items were not maintained in a locked storage and accessible to clients. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-11-19  
  
Type: Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by failing to report a \*\*critical incident\*\* to the office of licensing. In the facility a \*\*critical incident\*\* occurred which was not reported to the office of licensing.  
This is a \*\*repeat noncompliance\*\*.

# Utah Health Operations LLC dba Newport Academy  
  
Address: 251 W Weber Canyon Rd, Oakley, UT, 84055  
Violations:

## - Date: 2025-02-25  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-6(2)(a)-(g): Required posted documents.  
  
Finding: The licensor was out of compliance with this rule by not having the client's rights, abuse reporting and ADA posters in a conspicuous place where each visitor, staff and client may view them in the female house. During the walk through inspection, the civil rights and code of conduct posters were posted, but the abuse reporting, ADA and client's rights posters were missing.

## - Date: 2024-09-05  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 08/28/2024 and was not reported until 09/04/2024.  
This rule was previously found out of complaince on the following dates: 12/09/2022, 03/09/2023, 10/26/2023, & 03/05/2024.

## - Date: 2024-08-06  
  
Type: Focus Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The Provider was out of compliance with this rule by failing to protect a client from acts of violence and mistreatment. During an incident in a client bedroom, a client pushed a staff member. The staff member pushed the client causing the client to fall into a bed frame. The client was \*\*injured\*\*.

# Utah Youth Village (AA-CC)  
  
Address: 1492 Meadowbrook Dr, Tooele, UT, 84074  
Violations:

## - Date: 2025-07-08  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The licensee was out of compliance with Rule R501-1-8(1)(i) by having a student's med box with two loose inhalers without the original pharmacy packaging in it. During the inspection, the licensor observed one of the student med boxes had two loose inhalers without the original pharmacy packaging in it. This is a \*\*repeat noncompliance\*\*.

## - Date: 2025-02-27  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with rule R501-1-8(3) by not maintaining 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. During the walk through inspection, the licensor observed one student bathroom had a bottle of sea salt hair spray left out which contains alcohol. The licensor also observed another student bathroom had aerosol deodorant left out. And the licensor observed one student bathroom had prescription eczema cream left out. This is a \*\*repeat non-compliance\*\* as noted on 3/20/2024; 2/12/2024; 7/19/2023; 3/15/2023; 3/1/2023; 11/16/2022.

## - Date: 2024-03-20  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with this rule by having potentially hazardous items left out in the bathrooms while not in active use including hair oil with a warning label and beard spray aerosol. These items were not maintained with consideration of safety the risk level of the population being served. During the walk through, the licensor observed hair oil and beard spray were in two of the student's bathrooms. This is a \*\*repeat citation\*\*.

## - Date: 2024-02-12  
  
Type: Focus Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with this rule by staff members failing to lock the supply and hazardous chemical closet. During an investigation inspection on 03/15/2024 a video review for 02/12/2024, OL investigators observed the door remaining open after showers and unattended by staff for more than an hour. This is a \*\*repeat citation\*\*.  
  
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by staff members failing to perform direct supervision with line-of-sight check-ins every 15 minutes. During an investigation inspection on 02/12/2024, video footage documented staff failing to conduct 15-minute checks on 02/07/2024 for nearly 50 minutes. This continued during the night shift with most of the checks being conducted hourly or more. This is a \*\*repeat citation\*\*.  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with this rule by staff members failing to protect the client’s health and safety. During an investigation inspection on 02/12/2024 a video review for 02/07/2024, OL investigators observed staff members’ actions including transporting an unresponsive client via program van to the hospital rather than calling 911 or Emergency Services.

## - Date: 2024-01-31  
  
Type: Focus Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by failing to keep clients free from potential harm and/or acts of violence during an incident on 01/24/2024. During the inspection on 01/31/2024, the investigators reviewed video footage of the 01/24/2024 incident and observed a client assaulting other clients and staff with a fire extinguisher while staff did not physically intervene.

# Utah Youth Village (AA-GH)  
  
Address: 1492 Meadowbrook Drive, Tooele, UT, 84074  
Violations:

## - Date: 2025-06-03  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The licensee was out of compliance with rule (  
R501-1-8(1)(f)) by not having paper towels in several of the student's bathrooms. During the walk through inspection, the licensor observed several of the student bathrooms did not have paper towels in them. This is a \*\*repeat non-compliance\*\* as noted on 11/9/2023 and 2/27/2025.

## - Date: 2025-02-27  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with rule R501-1-8(1)(f) by not having many of the student bathrooms properly equipped with towels to dry their hands with. During the walk through inspection, the licensor observed most of the student bathrooms were not equipped with towels for the students to dry their hands with. This is a \*\*repeat non-compliance\*\* as noted on 11/9/2023.

## - Date: 2024-09-03  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with this rule by having potentially hazardous items out while not in use including aerosol deodorant. This item was not kept in locked storage with consideration of the safety and risk level of the population served. During the walk through, the licensor observed an aerosol can of deodorant was left out in a student bathroom. This is a \*\*repeat citation\*\*.

## - Date: 2024-03-20  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with this rule by having potentially hazardous items out while not in active use including mouthwash with alcohol and face toner. These items were not kept in locked storage with consideration of the safety and risk level of the population served. During the walk through, the licensor observed a small bottle of mouthwash with alcohol and liquid facial toner were left out in student bathrooms. This is a \*\*repeat citation\*\*.

# Utah Youth Village (AA-MB)  
  
Address: 1369 Erda Way, Tooele, UT, 84074  
Violations:

## - Date: 2024-06-06  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with this rule by not maintaining potentially hazardous items in a lawful and responsible manner. During the walk through inspection, the licensor observed a aerosol can of body spray in one of the student bathrooms. The body spray was locked up immediately. This is a \*\*repeat non-compliance\*\*.

## - Date: 2023-08-22  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(8): Direct supervision only by direct care staff.  
  
Finding: The provider is out of compliance with this rule by failing to actively supervise the client with line-of-sight check-ins no less than every 15 minutes. At the facility, during the investigation inspection the Director of Operation confirmed that staff conduct a check every hour and their Roles and Responsibility indicates “seven walkthroughs are done each night”.

# Utah Youth Village (AA-WC)  
  
Address: 1293 Whispering Horse Dr, Tooele, UT, 84074  
Violations:

## - Date: 2025-05-20  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The licensee was out of compliance with rule R501-1-8(3) by having an unconnected propane tank left out in the backyard. During the walk through inspection, the licensor observed an unconnected propane tank in the backyard where the students could have access to it. This is a repeat non compliance as cited on 09/03/2024, 06/06/2024, 03/07/2024 and 02/15/2023.

## - Date: 2024-11-13  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 11/09/2024 and was not reported until 11/13/2024.

## - Date: 2024-09-03  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with this rule by having potentially hazardous items not maintained lawfully, responsibly and with consideration of the population served by having a propane tank left out on the back porch and cleaning chemicals in an unlocked cupboard under the kitchen sink. During the walk through inspection, the licensor observed a propane tank sitting on the back porch and the cupboard under the sink containing cleaning chemicals was unlocked.

## - Date: 2024-06-06  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The provider was out of compliance with this rule by not maintaining potentially hazardous items lawfully and responsibly. During the walk through inspection, the licensor observed an aerosol can of dry shampoo and piercing aftercare spray were left out in student bathrooms. These items were locked up immediately. This is a \*\*repeat non-compliance\*\*.

## - Date: 2024-04-11  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by not performing a 15 minute check-in with a client on 04/06/2024. During an inspection on 04/11/2024, this non-compliance was confirmed by reviewing video footage of the client locking themselves in a bathroom and staff not being able to complete a line of sight check-in for 31 minutes.

# Vive Adolescent Care  
  
Address: 120 W 1470 S, Saint George, UT, 84770  
Violations:

## - Date: 2025-05-08  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The Licensee was out of compliance with R501-1-16 (2)(b)(f)(o)(v) by not conducting required annual trainings. During the employee file inspection not all of the annual trainings had be conducted. This is a \*\*repeat noncompliance\*\* as noted on 4/18/24.  
  
R501-1-16(1)(a)-(u): Pre-service training requirements.  
  
Finding: The Licensee was out of compliance with R501-1-16 (1)(j) by not completing required preservice training within a staffs first 30 days of hire. During the employee file inspection there was no training on background checks. This is a \*\*repeat noncompliance\*\* as noted on 4/18/24.  
  
R501-1-12(4)(a)-(c): Required signed agreements.  
  
Finding: The Licensee was out of compliance with R501-1-12 (4)(c)(v) by by not having all the required signed documents part of the client records. During the client file inspection client files didn't have documentation that parents or guardians were receiving clients rights. This is a \*\*repeat noncompliance\*\* as noted on 5/25/23.

## - Date: 2025-04-14  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(b) by not ensuring each client had a right to be treated with dignity. During an investigation, the information gathered substantiated that a client who engaged in self-harm with contraband was not permitted to wear an undergarment for multiple days. The client reported they felt uncomfortable, humiliated, and self-conscious.  
  
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The licensee was out of compliance with R380-80-6(1)(c) by not protecting clients from harm. During an investigation, multiple high acuity clients were not protected from harm by accessing needles from a medical supply closet that was left unlocked, and used the needles to harm themselves.  
  
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with R501-19-3(3)(f) by direct care staff members \*\*not performing direct supervision\*\* with line of sight check-ins every 15 minutes. During the investigation inspection, provider records documented multiple incidents in which staff members conducted line of sight check-ins that were over the 15-minute requirement.

## - Date: 2025-01-14  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining the building and grounds so they are free from health and fire hazards. During the inspection there was exposed wiring in boys stairwell, light not working in client bedroom, broken shower in client bathroom, hole in wall in client bedroom, exposed wires from missing fire alarm in two client bedrooms. This is a \*\*repeat non-compliance\*\*.

## - Date: 2024-10-03  
  
Type: Investigation Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining the building and keeping it free from health hazards. During an investigation inspection, licensors observed a wall with exposed insulation and a broken wall in a stairwell with exposed wires.

## - Date: 2024-06-13  
  
Type: Focus Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by staff members not conducting line-of-sight checks every 15-minutes on clients. During the investigation inspection, provider documentation was reviewed that recorded multiple periods of time throughout the nights of 06/07/2024 and 06/08/2024 when line-of-sight checks exceeded 35 minutes.  
This is a \*\*repeat citation\*\*.

# Weber Recovery Center, LLC (RT, SD, OT)  
  
Address: 2740 Pennsylvania Ave, Ogden, UT, 84401  
Violations:

## - Date: 2025-02-03  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The provider was out of compliance with this rule by not having all training completed for staff. During the inspection, 4 staff did not have training completed. This was a repeat rule noncompliance.  
  
R501-1-15(10)(a)-(f): Required personnel information.  
  
Finding: The provider was out of compliance with this rule by not documenting training with the topic, date, and signature of staff and not having proof of qualifications and experience for all staff. During the inspection, 3 staff did not have signed training acknowledgements and 3 staff did not have proof of qualifications and experience or job descriptions. This was a repeat rule non compliance.  
  
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not having all electrical and plumbing in operating order and in clean and safe condition. During the inspection, 2 electrical outlets did not have cover plates and one sink was clogged. This was a repeat non compliance.

## - Date: 2024-08-27  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not properly equipping bathrooms with paper towels or a dryer. During the inspection, the investigators observed multiple bathrooms throughout the facility without paper towels or a dryer. This was a repeat rule non-compliance.

## - Date: 2024-01-18  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by \*\*not having a clean and maintained facility\*\*. During the inspection, the licensor found 4 detox rooms missing hand soap and/or paper towels/dryer; basement bathrooms have no ventilation system or heat; east building rooms 2 and 4 were missing outlet covers. This was a repeat rule non-compliance.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The provider was out of compliance with this rule by not having all staff in DACS. During the inspection, the licensor saw that 1 staff member did not have a background check.

# White River Academy Foundation  
  
Address: 275 W 100 S, Delta, UT, 84624  
Violations:

## - Date: 2025-03-20  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The Licensee was out of compliance with R501-1-16 (2) by not completing annual training. During the employee file inspection there was missing required annual training. This a \*\*repeat non-compliance\*\* cited on 5/9/24.  
  
R501-1-16(1)(a)-(u): Pre-service training requirements.  
  
Finding: The Licensee was out of compliance with R501-1-16(1) by ensure that each staff receives pre-serving training within 30-days of hire. During the employee file inspection a staff member hadn't received the required preservice training. This a \*\*repeat non-compliance\*\* cited on 5/9/24.  
  
R501-1-15(4): Residential program \*\*unsupervised\*\* staff requirements.  
  
Finding: The Licensee was out of compliance with R501-1-15(4) by having a staff work \*\*unsupervised\*\* without a approved background clearance. During the employee file inspection a staff member was discovered to have worked without having an approved background check.  
  
R501-1-8(3): Medication and hazardous items maintenance and storage.  
  
Finding: The Licensee was out of compliance with rule R501-1-8(3) by not maintaining hazardous items with consideration of the safety and risk level of the population served. During the inspection, chemicals were not in locked cabinets when not in use. This a \*\*repeat non-compliance\*\* cited on 9/24/24.  
  
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The Licensee was out of compliance with R501-1-8 (1)(a) by not maintaining the building so its clean and free from fire and health hazards. During the inspection the licensor observed broken electrical outlet covers and an area that wasn't clean. This is a \*\*repeat noncompliance\*\* as noted on 9/24/24, 3/26/24, 12/12/23, 8/24/23, 4/27/23, 1/20/23.  
  
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The Licensee was out of compliance with R501-14-5 (2)(A) by not submitting an application for an initial background screening no later than two weeks from the applicant becoming associated with the licensee. During the inspection while doing employee document review they had 2 staff missing background checks who had not been associated with program in DACS.

## - Date: 2024-09-24  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not having an electrical outlet in safe condition. During the onsite inspection this licensor observed that several outlets and switches were missing its face and one was not secured to the wall. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-03-26  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by having an accessible light fixture in a client bedroom that did not have an intact cover and light bulb leaving an exposed socket.

## - Date: 2024-01-31  
  
Type: Focus Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with the rule by failing to protect clients from alleged abuse by omitting information to an allied investigative agency. During the investigation inspection, provider documentation substantiated that information of an alleged \*\*sexual misconduct\*\* between 2 clients was not reported to CPS (Child Protective Services) in its entirety leading to the CPS referral to be unaccepted. When the omitted information was reported by the Office of Licensing, the CPS referral was accepted and the case was opened for investigation.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by a staff member not ensuring the client(s) were free from potential harm. During an inspection, multiple interviews disclosed that the staff member was not providing active supervision when two clients engaged in inappropriate \*\*sexual misconduct\*\* on two separate occasions.  
  
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider was out of compliance with this rule by a staff member not providing supervision that is commensurate with the behaviors and needs of the clients involved in the incident. During an inspection, multiple interviews disclosed that the staff member was not providing active supervision when two clients engaged in inappropriate \*\*sexual misconduct\*\* on two separate occasions. Multiple interviews disclosed that one of the clients involved in both incidents has a history of sexually acting out against his peers.

## - Date: 2023-12-12  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-15(1): Clean and maintained facility.  
  
Finding: The provider was out of compliance with this rule by not maintaining the building free from hazards. During the onsite inspection, this licensor observed in two different client bedrooms that there was a hole in the wall.

# Wildflower Mountain Ranch Inc.  
  
Address: 2841 Nordic Valley Dr, Eden, UT, 84310  
Violations:

## - Date: 2025-07-08  
  
Type: Investigation Inspection, Non On-Site Inspection  
  
Findings:   
R380-600-7(16)(a)-(e): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The Licensee was out of compliance with R380-600-7(16)(a-d) by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 6/29/2025 and was not reported until 7/7/2025.

## - Date: 2025-03-11  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The Licensee was out of compliance with R501-1-8(1)(a) by not ensuring the building is free from health hazards. During the inspection, the licensor observed three cans of paint were in a closet attached to the clients bedroom where the cans could be accessed by the clients. This was a \*\*repeat noncompliance\*\* as noted on 10/17/2023 and 10/29/2024.  
  
R501-1-12(4)(a)-(c): Required signed agreements.  
  
Finding: The Licensee was out of compliance with R501-1-12(4)(a)-(c) by not ensuring that all required agreements are signed and maintained as part of the client record. During the inspection, one of the client files reviewed did not contain the required signed agreements as part of the client record. This was a \*\*repeat noncompliance\*\* as noted on 02/22/2024.  
  
R501-1-15(10)(a)-(f): Required personnel information.  
  
Finding: The Licensee was out of compliance with R501-1-15(10)(f) by not ensuring that personnel information includes each crisis intervention or \*\*critical incident\*\* report involving the individual. During the inspection, it was observed that staff files did not contain \*\*critical incidents\*\* that the individual staff members were involved in. This was a \*\*repeat noncompliance\*\* as noted on 02/22/2024.  
  
R501-1-16(1)(a)-(u): Pre-service training requirements.  
  
Finding: The Licensee was out of compliance with R501-1-16(1)(a)-(u) by not ensuring each staff receives pre-serving training on all required topics within 30-days of being hired. During the inspection, it was observed that staff had not received training on multiple required topics within 30-days of their hire date. This was a \*\*repeat noncompliance\*\* as noted on 02/22/2024.  
  
R501-1-16(2)(a)-(q): Program policy and training.  
  
Finding: The Licensee was out of compliance with R501-1-16(2)(a)-(q) by not ensuring each staff member completes the required training topics each year. At the time of inspection, multiple staff members were missing required annual training. This was a \*\*repeat noncompliance\*\* as noted on 05/06/2024.

# Youth Health Associates Inc dba Bridges Academy  
  
Address: 387 E 450 So., Clearfield, UT, 84015  
Violations:

## - Date: 2025-06-19  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The Licensee was out of compliance with R501-1-13(5)(a) by \*\*not reporting private placements\*\* to the office by completing the congregate care out of state placement survey prior to the fifth business day of each month. During the inspection, it was observed that the month of February 2025 had not been reported through the required survey. This was a \*\*repeat noncompliance\*\* as noted on 05/21/2024.

## - Date: 2025-02-10  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 2/6/2025 and was not reported until 2/8/2025.

## - Date: 2024-03-18  
  
Type: \*\*Complaint\*\*, Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by failing to report a \*\*critical incident\*\*. During the investigation it was found that a staff member was fired for sharing a vape with clients. The vaping incidents and subsequent firing of the employee were not reported to licensing. This is a \*\*repeat citation\*\*.  
  
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by a staff member sharing their vape with 3 clients and putting those clients in potential harm and mistreatment. During an inspection on 3-18-24, staff and clients were interviewed. Documents were later gathered. Staff confirmed a former staff member provided a vape for clients use. This is a \*\*repeat citation\*\*.

## - Date: 2024-02-05  
  
Type: Focus Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by a staff member sharing their vape with a client, which led to at least 3 clients using the vape and putting those clients in potential harm and mistreatment. During an inspection on 2-5-24, staff and clients were interviewed. Staff and clients confirmed a former staff provided a vape for clients use.

# Youth Health Associates dba Cedar Valley Ranch  
  
Address: 6484 N 2300 W, Cedar City, UT, 84720  
Violations:

## - Date: 2025-06-03  
  
Type: Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(e): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with R380-600-7(16)(a) by not reporting a \*\*critical incident\*\* within one business day. During the investigation an allegation of significant criminal activity was made on or around 5/21/2025. An incident report was not made to licensing until 5/23/2025. This is a \*\*repeat noncompliance\*\* as noted on 3/12/2025, 7/3/2024, 10/5/2023, 8/22/2023, and 8/21/2023.

## - Date: 2025-04-08  
  
Type: Investigation Inspection  
  
Findings:   
R501-14-5(2)(a)-(f): Submitting application for an initial background screening.  
  
Finding: The licensee was out of compliance with R501-14-5(2)(b) by not directly supervising a staff member without a cleared background. During the inspection a staff member whose determination had not been made was left \*\*unsupervised\*\* with clients.

## - Date: 2025-04-01  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The Licensee was out of compliance with R501-1-8 (a, b) by not maintaining the appearance and cleanliness of the building so it's free from health and safety concerns. During the inspection, the building was in disrepair with multiple broken windows, holes in walls, and client areas were not clean.

## - Date: 2025-03-12  
  
Type: Investigation Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The licensee was out of compliance with R380-600-7(16)(a) by not reporting a \*\*critical incident\*\* within one business day. During the inspection the licensee was aware of a \*\*critical incident\*\* on 3/3/2025 but did not submit a report until 3/7/2025. This was a \*\*repeat noncompliance\*\* as noted on 7/3/2024, 10/5/2023, 8/22/2023, and 8/21/2023.

## - Date: 2025-02-18  
  
Type: Investigation Inspection  
  
Findings:   
R501-19-3(3)(a)-(j): Supervision and ratio requirements.  
  
Finding: The provider was out of compliance with this rule by not conducting physical 15-minute check-ins with clients. During the inspection a client was able to leave the facility without staffing being aware. This is a \*\*repeat noncompliance\*\*.

## - Date: 2025-01-16  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining the building, electrical furnishings and appliances. During the inspection the bathroom in school was not vented by mechanical means, the door to the house had been broken, in a client bedroom the light fixture had no cover exposing fluorescent light bulbs, the living room light was non-functional, there was a broken electrical plug by staircase and the stove top in the was kitchen broken. This is a \*\*repeat non-compliance\*\*.

## - Date: 2024-12-05  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider was out of compliance with this rule by not supervising clients based of their behavior. During the inspection clients, who had previously sexually acted out with peers, were able to sexually act out with peers again. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-11-22  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider was out of compliance with this rule by exposing a client to potential harm. During the inspection a client fell from a staff vehicle and sustained injuries.

## - Date: 2024-11-08  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider was out of compliance with this rule by not providing supervision based off of clients behaviors. During the inspection clients were not supervised based of behaviors that they had previously demonstrated. This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-09-13  
  
Type: Focus Inspection  
  
Findings:   
R380-80-5(10): Services and supervision to meet each clients needs.  
  
Finding: The provider was out of compliance with this rule by not providing supervision as required by a client's behavior. During the inspection a client with a history of sexually acting out was able to sexually act out with a peer. This is a \*\*repeat noncompliance\*\*.

# Youth Health Associates Inc dba Eagle Academy  
  
Address: 446 E 450 S, Clearfield, UT, 84015  
Violations:

## - Date: 2025-06-19  
  
Type: Announced, Annual Inspection  
  
Findings:   
R501-1-13(5)(a)-(b): Private placement reporting.  
  
Finding: The Licensee was out of compliance with R501-1-13(5)(a) by \*\*not reporting private placements\*\* to the office by completing the congregate care out of state placement survey prior to the fifth business day of each month. During the inspection, it was observed that multiple months in the last year had not been reported through the required survey. This was a \*\*repeat noncompliance\*\* as noted on 09/12/2023 and 05/21/2024.

## - Date: 2025-02-18  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not ensuring all prescription medications stored on site are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings. At the time of inspection, a prescription medication was outside of the required pharmacy packaging. This is a repeat rule noncompliance.

## - Date: 2024-12-18  
  
Type: 2nd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not ensuring all prescription medications stored on site are stored in original pharmacy packaging or individual pharmacy bubble pack together with the pharmacy label, directions, and warnings. At the time of inspection some of the prescription medications were observed in a plastic bag and not contained in packaging with the pharmacy label, directions, and warnings. This is a repeat rule noncompliance.

# Youth Health Associates dba Lakeview  
  
Address: 836 N 1375 W, Provo, UT, 84604  
Violations:

## - Date: 2025-02-27  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-5(4): Provider shall protect clients from abuse, prevent abuse.  
  
Finding: The provider was out of compliance with R380-80-5(4) by compromising the health and safety of the clients. During the inspection, it was reported by clients that the staff were not present in the basement, where the clients were able to engage in \*\*sexual misconduct\*\*. This is a \*\*repeat noncompliance\*\*.  
  
R380-80-5(3): Provider shall comply with policies and safe practices.  
  
Finding: The provider was out of compliance with R380-80-5(3) by failing to comply with applicable written policies. During the inspection, it was reported by clients that they were able to engage in misconduct without appropriate supervision as stated in the provider’s policies. This is a \*\*repeat noncompliance\*\*.

## - Date: 2025-01-07  
  
Type: Investigation Inspection  
  
Findings:   
R380-80-6(1)(a)-(i): \*\*client rights\*\*.  
  
Finding: The provider is out of compliance with rule by failing to keep clients free from acts of violence. While on site 01/07/2025, it was reported by staff and clients that a client had been harmed by staff. The investigator observed a bruise on the client’s ear.

## - Date: 2024-08-07  
  
Type: Focus, Non On-Site  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by not reporting a \*\*critical incident\*\* to the Office within one business day. During review of \*\*critical incidents\*\* it was identified that the incident occurred on 08/04/2024 and was not reported until 08/06/2024.  
This rule was previously out of compliance on: 02/14/2023, 06/06/2024, 10/05/2023, 11/13/2024, and 04/01/2024.  
  
This is a \*\*repeat noncompliance\*\*.

## - Date: 2024-04-01  
  
Type: Focus Inspection  
  
Findings:   
R380-600-7(16)(a)-(d): \*\*critical incidents\*\* reporting requirements.  
  
Finding: The provider was out of compliance with this rule by failing to report a \*\*critical incident\*\* within 1 business day. During the inspection a \*\*critical incident\*\* happened on 3/28/2024 and was reported to Licensing on 3/30/2024. This is a \*\*repeat noncompliance\*\*.

# Youth Health Associates Inc dba Stepping Stones  
  
Address: 430 E 450 S, Clearfield, UT, 84015  
Violations:

## - Date: 2024-03-21  
  
Type: 3rd Unannounced  
  
Findings:   
R501-1-8(1)(a)-(i): Facility and safety requirements.  
  
Finding: The provider was out of compliance with this rule by not maintaining the appearance and cleanliness of the building. At the time of inspection, one of the client showers had a build up of residue and grime. This was a \*\*repeat non-compliance\*\*.

## - Date: 2023-09-12  
  
Type: Unannounced, Annual Inspection  
  
Findings:   
R501-1-15(1): Clean and maintained facility.  
  
Finding: The provider was out of compliance with this rule/requirement by \*\*not having a clean and maintained facility\*\*.