	Department of		Birthing Cen	ters Inspection C	hecklist	This inspection checklist is the tool CCL licensors use to ensure consistency for		
	alth & Human Services		R432-50	00. <u>Birthing Cente</u>	<u>ers</u>	every inspection. (<i>Revised 10/2024</i>)		
Facility Name:		Facility ID:		Phone Number:		Notes / Sticky Notes		
Address:				Email Address:				
Provider:								
P (Ma	lease review the following items ark with a check mark if completed and	prior to the insp d make and necessa	ection: ary notes)		se review the following items d vith a check mark if completed and r			
Inspection Infor	mation:			·		·		
- I will email you th	nis inspection checklist after the inspe	ction is completed.	l will send you an official	inspection report once th	nis inspection has been approved by	OL management.		
- If the only rule no verify compliance a	oncompliances are documentation and and ensure compliance maintenance.	l/or records, please	submit them to the Offic	e of Licensing by the corr	ection required date listed. A licens	or may conduct a follow-up inspection to		
- You may submit f	feedback on this inspection by visiting	the website <u>dlbc.ut</u>	tah.gov					
			Signature	Information				

Inspection Type:		Date:		Time Started:		Time Ended:	
	Number of rule noncompliances:		Name of Individual Info	rmed of this Inspection:			
1	Licensor(s) Conducting this Inspection:				OL Staff Observing Inspection:		
	The Licensor reviewed compliance.	Please sign/t	ype individual informed n	name and date of review:			

Hea	epartment of Ith & Human Services Ig & Background Checks	Birthing C R432-550 <u>Birth</u>			This inspection checklist is the tool OL licensors use to ensure consistency for every inspection.				
		Licensor Introduct	tory Items						
	Introduction of any unknov	vn OL staff to the provider							
	Give a brief explanation of t	the inspection process to the provider							
	ASK: the provider if they wa you conduct the walk- thou them.	nt you to tell staff about rule noncompliances as gh, or wait until the inspection is over to tell							
	Wash hands or use hand sa	nitizer before touching items in the facility.							
	Please review the Facility's	days and hours of operations:							
		General Not	tes						

		R	ULES	CHECK	(LIST		
Rule # R432	Rule Description C = Compliant NC = Not Compliant NA = Not Assessed during this inspection		NC	NA	Compliance Required By Date:	Corrected During Inspection	Notes
R432-35-4. Covered Pro	· · · · · ·	с	NC	NA	Date		Notes
R432-35-4(1)	(1) The covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before issuance of a provisional license, license renewal, or engagement as a covered individual.						
R432-35-4(2)(a)-(b)	 (2) The covered provider shall ensure the engaged covered individual: (a) signs a criminal background screening authorization form that is available for review by the department; and (b) submits fingerprints within 15 working days of engagement. 						
R432-35-4(3)	(3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination.						
R432-35-4(4)	(4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239.						
R432-35-4(5)	(5) If the department determines an individual is not eligible for direct patient access, based on information obtained through DACS and the sources listed in Section R432-35-8, the department shall send a notice of agency action, as outlined in Rule R432-30, to the covered provider and the individual explaining the action and the individual's right of appeal.						
R432-35-4(6)	(6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access.						

R432-35-4(7)	(7) The department may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the department, the work arrangement does not pose a threat to the safety and health of patients or residents.			
R432-35-4(8)	(8) The covered provider that provides services in a residential setting shall enter required information into DACS to initiate and obtain certification for direct patient access for each individual 12 years of age and older, who is not a resident, and resides in the residential setting. If the individual is not eligible for direct patient access and continues to reside in the setting, the department may revoke an existing license or deny licensure for healthcare services in the residential setting.			
R432-35-4(9)(a)-(d)	 (9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including: (a) employment status; (b) address; (c) email address; and (d) name. 			
R432-35-4(10)	(10) An individual or covered individual seeking licensure as a covered provider shall submit required information to the department to initiate and obtain certification for direct patient access before the issuance of the provisional license. If the individual is not eligible for direct patient access, the department may revoke an existing license or deny licensure as a health care facility.			

		R	ULES	CHECK	(LIST		
Rule # R432	Rule Description C = Compliant NC = Not Compliant NA = Not Assessed during this inspection		NC	NA	Compliance Required By Date:	Corrected During Inspection	Notes
<u>R380-80-4. Providers'</u>	Duty to Help Protect Clients.	с	NC	NA	Date		
R380-80-4(1)	(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.						
<u>R380-80-5. Provider Co</u>	ode of Conduct.	с	NC	NA	Date		
R380-80-5(4)	(4) Each provider shall protect clients from abuse, neglect, harm, exploitation, mistreatment, fraud, and any action that may compromise the health and safety of clients through acts or omissions and shall instruct and encourage others to do the same.						
<u>R432-550-6. Governin</u>	g Body.	с	NC	NA	Date		Notes

R432-550-6(1)(a)-(m)	 The licensee shall appoint in writing an individual or group to constitute the facility's governing body. The governing body shall: (a) comply with federal, state and local laws, rules and regulations; (b) adopt written policies and procedures which describe the functions and services of the birthing center and protect patient rights; (c) adopt a policy prohibiting discrimination because of race, color, sex, religion, ancestry, or national origin in accordance with Title 13, Chapter 7, Sections 1 through 4. (d) develop an organizational structure establishing lines of authority and responsibility; (e) when the governing body is more than one individual, conduct meetings in accordance with facility policy, but at least annually, and maintain written minutes of the meetings; (f) appoint by name and in writing a qualified director of the clinical staff; (h) appoint members of the clinical staff and delineate their clinical privileges; (i) review and approve at least annually a quality assurance program for birthing center operation and patient care provided. (j) establish a system for financial management and accountability; (k) provide for resources and equipment to provide a safe working environment for personnel; (l) act on findings and recommendations of facility-created committees relevant to compliance with these birthing center rules; (m) ensure that facility patient admission eligibility criteria are strictly applied by clinical staff and are evaluated through quality assurance review in accordance with R432-550-11. 						
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 R432-550-6(2)(a)-(d) <	omprehensively define the cy will be operated to protect ients; patient's needs; ompliance with federal, state gulations. cedures shall include: risk maternal patient" which ia for birth services offered ria, which shall in normally ender a maternal patient or continued care at the hing methods for transferring urse of labor or recovery, are for birthing center services or ng center, including; red for proper care and s) transferred, including transferred, including transferred. tion, back-up services, newborn and maternal necessary care is available; rernal patient has been quirements of an ter labor and birth; s in postpartum and and any other family or by the patient; al death or death certificates Chapter 2, Sections 5, 13, 14, ursuant thereto in R436. illing a prophylactic solution nt of Health in the eyes of the n R386-702-8, Special Ophthalmia Neonatorum; tonuria (PKU) and other with Department of Health pursuant to Section 6; ooratory screening to include: Factor and provision for moglobulin; ooglobulin; noglobulin; noglobulin; (C) antibody syphilis; n control to include:						
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<u>R432-550-7. Administra</u>	ator.	С	NC	NA	Date	Notes
R432-550-7(1)(a)-(c)	 (1) Direction. (a) The administrator shall be responsible for the overall management and operation of the birthing center. (b) The administrator shall designate in writing a competent employee to act as administrator in the temporary absence of the administrator. (c) The administrator's designee shall have authority and responsibility to: (i) act in the best interests of patient safety and well-being; (ii) operate the facility in a manner which ensures compliance with these birthing center rules. 					
R432-550-7(2)(a)-(c)	 (2) Qualifications. The administrator and administrator's designee shall be knowledgeable: (a) by education, training or experience in administration and supervision of personnel and qualified as required by facility policy; (b) in birthing center protocols; (c) in applicable federal, state and local laws, rules and regulations. 					
R432-550-7(3)(a)-(f)	 (3) The administrator's responsibilities shall be included in a written job description available for Department review. The administrator shall: (a) complete, submit and file records and reports required by the Department; (b) develop and implement facility policies and procedures; (c) review facility policies and procedures at least annually and report to the governing body on the review; (d) employ or contract with competent personnel whose qualifications are commensurate with job responsibilities and authority and who have the appropriate Utah license or certificate of completion; (e) develop, for all employee positions, job descriptions that delineate functional responsibilities and authority; and (f) review and act on incident or accident reports. 					
<u>R432-550-8. Clinical Dir</u>	rector.	с	NC	NA	Date	Notes

R432-550-8(1)	(1) The clinical director shall be responsible for implementing, coordinating and assuring the quality of patient care services.					
R432-550-8(2)(a)-(c)	 (2) The clinical director shall: (a) be currently licensed to practice medicine or midwifery in Utah; (b) have training and expertise in obstetric and newborn services offered to ensure adequate supervision of patient care services; and (c) for an alongside midwifery unit, the clinical director shall be a physician as defined in Section 58-67-102 or a certified nurse midwife under Title 58, Chapter 44a, Nurse Midwife Practice Act. 					
R432-550-8(3)(a)-(i)	 (3) The clinical director's responsibilities shall be included in a written job description available for Department review. The clinical director shall: (a) review and update facility protocols; (b) review and evaluate clinical staff privileges and revise them as necessary; (c) recommend, to the governing body, names of qualified licensed health care practitioners to perform approved procedures and the corresponding clinical staff privileges to be granted; (d) coordinate, direct and evaluate clinical operations of the facility; (e) evaluate and recommend to the administrator the type and amount of equipment needed in the facility; (f) ensure that qualified staff are on the premises while patients are admitted to the facility; (g) ensure clinical staff documentation is recorded immediately and reflects a description of care given; (h) ensure that planned birthing center services are within the scope of privileges granted to the clinical staff; and (i) recommend to the administrator appropriate remedial action and disciplinary action, when necessary, to correct violations of clinical protocols. 					
<u>R432-550-9. Personnel.</u>		c	NC	NA	Date	Notes
R432-550-9(1)	(1) The administrator shall employ a sufficient number of qualified professional and support staff who are competent to perform their respective duties, services and functions.					

R432-550-9(2)(a)-(d)	 (2) The facility shall maintain written personnel policies and procedures which shall be available to personnel and shall address the following: (a) content of personnel records; (b) job descriptions, qualifications and validation of licensure or certificates of completion as appropriate for the position held; (c) conditions of employment; and (d) management of employees. 			
R432-550-9(3)	(3) The facility shall maintain personnel records for employees and shall retain personnel records for terminated employees for a minimum of one year following termination of employment.			
R432-550-9(4)	(4) The facility shall establish a personnel health program through written personnel health policies and procedures which shall protect the health and safety of personnel and patients commensurate with the services offered.			
R432-550-9(5)(a)-(b)	(5) An employee placement health evaluation shall include at a health inventory which shall be completed when an employee is hired. The health inventory shall obtain the employee's history of the following: (a) conditions that predispose the employee to acquiring or transmitting infectious diseases; and (b) conditions which may prevent the employee from performing certain assigned duties satisfactorily.			
R432-550-9(6)	(6) Employee health screening and immunization components of personnel health programs shall be developed in accordance with R386-702, Code of Communicable Disease Rules.			

R432-550-9(7)(a)-(b)	 (7) Employee skin testing by the Mantoux method or other FDA approved in-vitro serologic test and follow-up for tuberculosis shall be done in accordance with R388-804, Special Measures for the Control of Tuberculosis. (a) The licensee shall ensure that all employees are skin-tested for tuberculosis within two weeks of: (i) initial hiring; (ii) suspected exposure to a person with active tuberculosis; and (iii) development of symptoms of tuberculosis. (b) Skin testing shall be exempted for all employees with known positive reaction to skin tests. 						
R432-550-9(8)	(8) The birthing center personnel must receive documented orientation to the facility and the job for which they are hired.						
R432-550-9(9)(a)-(b)	(9) The birthing center personnel must receive documented ongoing in-service training to include: (a) an annual review of facility policies and procedures; and (b) infection control, personal hygiene and each employee's responsibility in the personnel health program.						
R432-550-9(10)	(10) The birthing center Personnel shall have access to the facility's policy and procedure manuals when on duty.						
R432-550-9(11)(a)-(b)	 (11) Personnel shall maintain current licensing, certification or registration appropriate for the work performed and as required by the Utah Department of Commerce. (a) Personnel shall provide evidence of current licensure, registration or certification to the Department upon request. (b) Failure to ensure personnel are licensed, certified or registered may result in sanctions to the facility license. 						
<u>R432-550-10. Contracts</u>		с	NC	NA	Date	CDI	Notes

R432-550-10(1)(a)-(c)	 (1) The licensee shall provide a written contract for any birthing center services that are not provided directly by the facility. The licensee shall ensure that the contracted entity: (a) performs according to facility policies and procedures; (b) conforms to standards required by laws, rules and regulations; and (c) provides services that meet professional standards and are timely. 						
R432-550-10(2)	(2) Contracts shall be available for Department review.						
R432-550-10(3)	(3) An alongside midwifery unit shall have a transfer agreement in place with the adjoining hospital to transfer a patient to the adjacent hospital's labor and delivery unit if a higher level of care is needed, and for services that are provided by the adjacent hospital's staff in collaboration with the alongside midwifery unit staff.						
R432-550-10(4)	(4) An alongside midwifery unit may contract with staff from the adjoining hospital to assist with newborn care or resuscitation of a patient in an emergency.						
<u>R432-550-11. Quality A</u>	surance.	с	NC	NA	Date	CDI	Notes
R432-550-11(1)	(1) The administrator shall establish a quality assurance committee and program. This committee shall review regularly clinic operations, protocols, policies and procedures, incident reports, infection control, patient care policies and safety.						
R432-550-11(2)	(2) The quality assurance committee shall initiate action to resolve identified quality assurance problems by filing a written report of findings and recommendations with the licensee.						
R432-550-11(3)	(3) The quality assurance committee shall meet as prescribed in facility policy or at least quarterly and shall keep written minutes available for department review.						

R432-550-11(4)	(4) The quality assurance program shall include surveillance, prevention and control of infection.						
R432-550-12. Emergency	R432-550-12. Emergency and Disaster.		NC	NA	Date	CDI	Notes
R432-550-12(1)	(1) The facility shall assure the safety and well-being of patients in the event of an emergency or disaster. An emergency or disaster may include but is not limited to interruption of public utilities, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic and injury.						
R432-550-12(2)	(2) The administrator shall educate, train and drill staff to respond appropriately in an emergency in accordance with NFPA 101, Life Safety Code.						
R432-550-12(3)(a)-(c)	 (3) The administrator shall be responsible for the development of an emergency and disaster plan, coordinated with state and local emergency or disaster authorities, to respond to emergencies and disasters as appropriate. The plan shall: (a) be in writing and personnel shall have ready access when on duty; (b) be reviewed and updated at least annually by the administrator and the licensee; and (c) address evacuation of occupants to a safe place within the facility or to another location. 						
R432-550-12(4)(a)-(b)	 (4) The facility must maintain safe ambient air temperatures within the facility. (a) Emergency heating must have the approval of the local fire department. (b) The facility shall have, and be capable of implementing contingency plans regarding excessively high or low ambient air temperatures within the facility that may affect the health and safety of the patients. 						
R432-550-13. Patients' F	Rights.	с	NC	NA	Date	CDI	Notes

R432-550-13(1)(a)-(h)	 (1) Written patients' rights shall be established and made available to the patient as determined by facility policy which shall include the following: (a) to be fully informed, prior to or at the time of admission, and during stay, of these rights and of facility rules that pertain to the patient; (b) to be fully informed, prior to admission, of the treatment to be received, potential complications and expected outcomes; (c) to refuse treatment to the extent permitted by law and to be informed of the medical consequences of such refusal; (d) to be informed, prior to or at the time of admission and during stay, of services available in the facility and of any expected charges for which the patient may be liable; (e) to be afforded the opportunity to participate in decisions involving personal health care, except when contraindicated; (f) to refuse to participate in experimental research; (g) to be ensured confidential treatment of personal and medical records and to approve or refuse release to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third party payment contract; (h) to be treated with consideration, respect and full recognition of personal dignity and individuality, including privacy in treatment and in care for personal needs. 						
R432-550-14. Clinical St	aff and Personnel.	с	NC	NA	Date	CDI	Notes
R432-550-14(1)	(1) Information identifying current clinical staff and on-call and emergency telephone numbers shall be readily available to birthing center personnel.						
R432-550-14(2)	(2) Clinical staff and licensed personnel of the birthing center shall be trained in emergency and resuscitation measures for infants and adults, including but not limited to, cardiopulmonary resuscitation certification.						
R432-550-14(3)	(3) A licensed maternity care practitioner shall be present at each birth and remain until the maternal patient and newborn are stable postpartum.						

R432-550-14(4)	(4) A second member of the birthing center staff who is licensed or certified to give cardiopulmonary resuscitation shall be present at each birth.						
R432-550-14(5)	(5) Clinical staff, licensed personnel and support staff shall be provided to meet patients' needs, to ensure patients' safety and to ensure that patients in active labor are attended.						
R432-550-14(6)	(6) A midwife practicing in an alongside midwifery unit shall be a certified nurse midwife under Title 58, Chapter 44a, Nurse Midwife Practice Act.						
<u>R432-550-15. Clinical S</u>	R432-550-15. Clinical Staff.				Date	CDI	Notes
R432-550-15(1)	(1) The attending member of the clinical staff shall ensure the supervision of, and quality of, care delivered to the patient admitted to the facility.						
R432-550-15(2)	(2) Each patient shall be under the care of a member of the clinical staff.						
R432-550-15(3)	(3) Clinical staff members shall comply with applicable professional practice laws and written birthing center protocols approved by the clinical director.						
R432-550-15(4)	(4) The attending member of the clinical staff shall verify in writing that the patient conforms to facility eligibility criteria.						
R432-550-15(5)	(5) The attending member of the clinical staff shall decide when transfer of a patient to a hospital is necessary and document in writing the conditions warranting the decision.						
<u>R432-550-16. Equipme</u>	at and Supplies.	с	NC	NA	Date	CDI	Notes
R432-550-16(1)	(1) The administrator shall provide necessary equipment in good working order to meet the patient's needs.						

R432-550-16(2)	(2) The type and amount of equipment shall be indicated in facility policy and approved by the clinical director.						
R432-550-16(3)(a)-(b)	 (3) An emergency cart or tray equipped to allow completion of emergency procedures defined by facility policy shall be readily available. (a) The facility shall safely store the emergency cart or tray in a designated area that is accessible to authorized personnel. (b) The facility shall maintain a written log of all upkeep of the emergency cart or tray. 						
R432-550-16(4)	(4) The inventory of supplies shall be sufficient to care for the number of patients registered for care.						
R432-550-16(5)(a)-(n)	 (5) Properly maintained equipment and supplies for the maternal patient and the newborn shall include at least the following: (a) furnishings suitable for labor, birth and recovery; (b) oxygen with flow meters and masks or equivalent; (c) bulb suction; (d) resuscitation equipment to include resuscitation bags, laryngeal mask airways and oral airways; (e) firm surfaces suitable for use in resuscitating patients; (f) emergency medications and related supplies and equipment; (g) fetal monitoring equipment, minimally to include a fetoscope or doppler; (h) equipment to monitor and maintain the optimum body temperature of the newborn; (i) a clock indicating hours, minutes and seconds; (j) sterile suturing equipment and supplies; (k) adjustable examination light; (l) infant scale; (m) a telephone or equivalent two-way communication device capable of reaching other facilities or emergency agencies; and (n) a delivery log for recording birth data. 						
R432-550-17. Medicatio	ons.	с	NC	NA	Date	CDI	Notes
R432-550-17(1)	(1) Licensed personnel shall prescribe, order and administer medication in accordance with applicable professional practice acts, pharmacy and controlled substances laws.						

<u>R432-550-18. Anesthe</u>	ia Services.	с	NC	NA	Date	CDI	Notes
R432-550-18(1)	(1) The birthing center shall provide facilities and equipment for the provision of anesthesia services commensurate with the obstetric procedures planned for the facility.						
R432-550-18(2)	(2) The clinical director shall ensure the safety of anesthesia services administered to patients by clinical staff through written policies and protocols approved by the clinical staff for anesthetic agents, delivery of anesthesia and potential hazards of anesthesia.						
R432-550-18(3)	(3) A clinical staff member shall monitor patients who receive anesthesia or analgesics.						
<u>R432-550-19. Laborato</u>	ry Services.	с	NC	NA	Date	CDI	Notes
R432-550-19(1)	(1) The birthing center shall provide direct or contract laboratory and associated services according to facility policy and to meet the needs of patients.						
R432-550-19(2)	(2) Laboratory reports or results shall be reported promptly to the attending clinical staff member and documented in the patient's medical record.						
R432-550-19(3)	(3) Laboratory services shall be provided according to CLIA requirements.						
<u>R432-550-20. Medical</u>	lecords.	с	NC	NA	Date	CDI	Notes
R432-550-20(1)	(1) Medical records shall be complete, accurately documented and systematically organized to facilitate retrieval and compilation of information.						
R432-550-20(2)	(2) An employee designated by the administrator shall be responsible and accountable for the processing of medical records.						
R432-550-20(3)	(3) The medical record and its contents shall be safeguarded from loss, defacement, tampering, fires and floods.						

R432-550-20(4)(a)-(b)	 (4) Medical records shall be protected against access by unauthorized individuals. Birthing centers shall: (a) keep medical record information confidential; and (b) obtain consent from the patient before releasing client information identifying the client, including photographs, unless release is otherwise allowed or required by law. 			
R432-550-20(5)	(5) Medical records shall be retained for at least five years after the last date of patient care. Records of minors, including records of newborn infants, shall be retained for three years after the minor reaches legal age under Utah law, but in no case less than five years.			
R432-550-20(6)(a)-(m)	 (6) The birthing center shall maintain an individual medical record for each patient which shall include but is not limited to written documentation of the following: (a) admission record with demographic information and patient identification data; (b) history and physical examination which shall be up-to-date upon the patient's admission; (c) written and signed informed consent; (d) orders by a clinical staff member; (e) record of assessments, plan of care and services provided; (f) record of medications and treatments administered; (g) laboratory and radiology reports; (h) discharge summary for mother and newborn to include a note of condition, instructions given and referral as appropriate; (i) prenatal care record containing at least prenatal blood serology, Rh factor determination and documentation of fetal status; (j) monitoring of progress in labor with assessment of maternal and newborn reaction to the process of labor; (k) fetal monitoring record; (l) labor and delivery record, including type of delivery, record of anesthesia and operative procedures if any; and (m) documentation that the patient is informed of the statement of patient rights. 			

R432-550-22(2) hc R432-550-22. Laundry Servic R432-550-22(1) (1) R432-550-22(2) (2) R432-550-22(2) (2) R432-550-22(2) (3) R432-550-22(3) (3)	ces.) The facility shall develop and implement written olicies and procedures for storage and processing of ean and soiled linen. 2) Clean linen shall be stored, handled and transported o prevent contamination. Linens shall be maintained in ood repair. 3) Soiled linen shall be handled, transported, stored and transported of infection.	с —			Date		Notes
R432-550-21(2) hc R432-550-22. Laundry Servic (1) R432-550-22(1) (1) R432-550-22(2) (2) R432-550-22(2) to) The facility shall develop and implement written olicies and procedures for storage and processing of ean and soiled linen. 2) Clean linen shall be stored, handled and transported o prevent contamination. Linens shall be maintained in				Date		Notes
R432-550-21(2) hc R432-550-22. Laundry Servic (1) R432-550-22(1) pc) The facility shall develop and implement written olicies and procedures for storage and processing of				Date		Notes
k452-550-21(2)	<u>ces.</u>	с	NC	NA	Date	CDI	Notes
	R432-550-22. Laundry Services.						
	2) The facility shall develop and implement written ousekeeping policies and procedures.						
) The facility shall provide adequate housekeeping ervices to maintain a clean and sanitary environment.						
R432-550-21. Housekeeping	Services.	С	NC	NA	Date	CDI	Notes
R432-550-20(8) re	B) An alongside midwifery unit may integrate medical ecords with the medical record system of the adjoining ospital.						
R432-550-20(7)(a)-(d) (b) (c) (d) (d) (c) (d) (d) (c) (d) (c) (d) (c) (d) (c) (d) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	 7) The records of newborn infants shall include the blowing: a) date and hour of birth, birth weight and length, eriod of gestation, gender and condition of infant on elivery including Apgar scores and resuscitative heasures; b) mother's name or unique identification; c) record of ophthalmic prophylaxis; and d) the identification number of the screening kit used to creen for metabolic diseases, documentation that hetabolic screening, genetic screening, PKU or other hetabolic disorders reports were completed or refused by the client. 						

R432-550-23(1)	i	(1) The facility shall provide adequate maintenance service to ensure that facility equipment and grounds are maintained in a clean and sanitary condition and in good repair.						
R432-550-23(2)	1	(2) The facility shall develop and implement a written maintenance program which shall include a preventive maintenance schedule for major equipment and physical plant systems.						
<u>R432-550-24. General N</u>	R432-550-24. General Maintenance.			NC	NA	Date	CDI	Notes
R432-550-24(1)		(1) The facility shall maintain facility buildings, fixtures, equipment and spaces in operable condition.						
R432-550-24(2)		(2) The facility shall provide a safe, clean and sanitary environment.						
R432-550-24(3)		(3) The facility shall conduct a pest-control program that ensures the facility is free from vermin.						
R432-550-24(4)	()	(4) Direct or contract pest-control programs shall comply with Title 4, Chapter 14.						
R432-550-24(5)		(5) Documentation shall be maintained for Department review.						
<u>R432-550-25. Waste Pr</u>	roces	ssing Service.	с	NC	NA	Date	CDI	Notes
disposal of all categorie applicable, using techni	Facilities and equipment shall be provided for the sanitary storage and treatment or disposal of all categories of waste, including hazardous and infectious wastes if applicable, using techniques acceptable to the Department of Environmental Quality, and the local health department having jurisdiction.							
R432-550-26. Lighting.	<u> </u>		с	NC	NA	Date	CDI	Notes
	The facility shall provide adequate and comfortable lighting to meet the needs of patients and personnel.							
<u>R432-550-27. Limitatio</u>	ons o	f Services.	с	NC	NA	Date	CDI	Notes

R432-550-27(1)	(1) Birthing center policy shall establish a written risk assessment system to assess the individual risk for each maternal patient.						
R432-550-27(2)(a)-(b)	 (2) A clinical staff member shall perform and document a risk assessment for each maternal patient to ensure the patient needs: (a) fall within the scope of practice and standards of care included in the clinical staff member's professional practice act and within facility policy; and (b) meet the eligibility requirements for a low risk maternal patient. 						
R432-550-27(3)(a)-(b)	 (3) Clients shall become ineligible for birthing center care upon development of: (a) a clinical need for anesthesia or analgesia other than those used in a setting where anesthesia and analgesia are limited in accordance with the facility's written protocols; or (b) any condition identified intrapartum or postpartum which will be likely to adversely affect the health of the maternal patient or infant and will require management in a general hospital. 						
<u>R432-550-28. Penaltie</u>	5.	с	NC	NA	Date	CDI	Notes
enumerated in Title 26	es any provision of this rule may be subject to the penalties Chapter 21, Section 11 and R432-3-7 and be punished for sdemeanor as provided in Title 26, Chapter 21, Section 16.						