Utah Department of
Health & Human Services
Licensing & Background Checks

Inspection Checklist

R432-101 Specialty Hospital - Psychiatric

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. *(Revised 10/2024)*

Facility Name:		**Facility ID:**		**Phone Number:**		**Notes / Sticky Notes**
Address:				**Email Address:**		
Provider:						

Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)					
☐	**Abuse investigations past 6 months**	**Last 30 days**	☐	**Infection Control Plan**	
☐	**List of current residents and discharged residents past 6 months**	**Last 30 days**	☐	**Emergency/Disaster Plan**	
☐	**List of all current employees and former employees past 6 months**	**Last 30 days**	☐	**Written Transfer Agreement**	
☐	**Policies and Procedure Manual**	**N/A**	☐	**Employee Staffing Schedule (At least 1 RN present 24 hours per day)**	
☐	**List of Governing Body and Professional Staff**	**N/A**	☐		
☐	**Quality Assurance past 12 months**	**N/A**	☐		

Inspection Information:

- All areas that are inaccessible must remain inaccessible for this inspection. During the inspection, the licensor will ask to have locked areas unlocked. All accessible areas must be compliant with all applicable rules during the inspection.

- I will email you this inspection checklist after the inspection is completed. I will send you an official inspection report once this inspection has been approved by OL management.

- If the only rule noncompliances are documentation and/or records, please submit them to Licensing by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and ensure compliance maintenance.

- You may submit feedback on this inspection through your Licensing Portal or at: DLBC.utah.gov

Signature Information

Inspection Type:		**Date:**		**Time Started:**		**Time Ended:**	
Number of rule noncompliances:		**0**	**Name of Individual Informed of this Inspection:**				
Licensor(s) Conducting this Inspection:					**OL Staff Observing Inspection:**		
☐	**The Licensor reviewed compliance.**	**Please sign/type individual informed name and date of review:**					

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Licensor Introductory Items			
☐	Introduction of any unknown OL staff to the provider	☐	
☐	Give a brief explanation of the inspection process to the provider	☐	
☐	ASK: the provider if they want you to tell staff about rule noncompliances as you conduct the walk- though, or wait until the inspection is over to tell them.	☐	
☐	Wash hands or use hand sanitizer before touching items in the facility.	☐	
☐		☐	
☐		☐	
☐			

General Notes

RULES CHECKLIST								
Rule # R432-101	**Rule Description** **C = Compliant** **NC = Not Compliant** **NA = Not Assessed during this inspection**	**C**	**NC**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**RISK: Low Moderate High Extreme**	**Notes**
R380-80-4. Providers' Duty to Help Protect Clients.		**C**	**NC**	**NA**	**Date**			
R380-80-4(1)	(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.	☐	☐	☐		☐		
R380-80-5. Provider Code of Conduct.		**C**	**NC**	**NA**		**NA**	**Date**	**Notes**
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.	☐	☐	☐		☐		
R432-101-6. General Construction Rules.		**C**	**NC**	**NA**	**Date**			**Notes**
In addition to the General Construction Rule, R432-4, Rule R432-7 additionally applies to the construction of a psychiatric specialty hospital.		☐	☐	☐		☐		
R432-101-7. Organization.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
101-7(1)	(1) Section R432-100-6 additionally applies to the governing body of a psychiatric specialty hospital.	☐	☐	☐		☐		
101-7(2)	(2) The governing body shall develop through its officers, committees, medical and other staff, a mission statement that includes a plan for patient care services.	☐	☐	☐		☐		

101-7(3)(a)-(d)	(3) The licensee shall provide: (a) current and complete medical records; (b) continuous registered nursing supervision and other nursing services; (c) basic in-house services to include: (i) laboratory; (ii) pharmacy; (iii) emergency services; (iv) interim care of traumatized patients coordinated with an appropriate emergency transportation service; (v) specialized diagnostic and therapeutic facilities; and (vi) medical staff and equipment required to provide the type of care in the recognized specialty the hospital provides; and (d) any basic on-site services required of a general hospital that are needed for the diagnosis, therapy, and treatment offered or required by patients admitted to or cared for in the psychiatric specialty hospital.	☐	☐	☐		☐		
R432-101-8. Administrator.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
101-8(1)	(1) Section **R432-100-7** additionally applies to the administrator of a psychiatric specialty hospital.	☐	☐	☐		☐		
101-8(2)	(2) The administrator shall organize and staff the hospital according to the nature, scope and extent of services offered.	☐	☐	☐		☐		
R432-101-9. Professional Staff.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
101-9(1)	(1) The licensee shall ensure the psychiatric services of the hospital are organized, staffed and supported according to the nature, scope and extent of the services provided.	☐	☐	☐		☐		
101-9(2)	(2) Section **R432-100-8** additionally applies to professional staff of a psychiatric specialty hospital.	☐	☐	☐		☐		
101-9(3)	(3) The medical direction of the psychiatric care and services of the hospital shall be under a licensed physician who is a member of the medical staff, appointed by the governing body, and certified or eligible for certification by the American Board of Psychiatry and Neurology.	☐	☐	☐		☐		

101-9(4)	(4) Section **R432-100-14** additionally applies to nursing staff of a psychiatric specialty hospital.	☐	☐	☐		☐			
101-9(5)	(5) The licensee shall provide enough qualified, and competent health care professional and support staff to assess and address patient needs within the plan for patient care services.	☐	☐	☐		☐			
101-9(6)	(6) The licensee may employ qualified professional staff members or retain by contract.	☐	☐	☐		☐			
101-9(7)	(7) The licensee shall ensure professional staff are assigned or assume specific responsibilities on the treatment team as qualified by training and educational experience and as permitted by hospital policy and the scope of the professional license.	☐	☐	☐		☐			
R432-101-10. Personnel Management Service.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-10(1)	(1) The licensee shall provide licensed, certified, or registered personnel who are able and competent to perform their respective duties, services, and functions.	☐	☐	☐		☐			
101-10(2)(a)-(b)	(2) The licensee shall ensure written personnel policies and procedures include: (a) job descriptions for each position, including: (i) job title; (ii) job summary; (iii) responsibilities; (iv) minimum qualifications; and (v) required skills, licenses, and physical requirements; and (b) a method to handle and resolve grievances from the staff.	☐	☐	☐		☐			
101-10(3)(a)-(c)	(3)(a) The licensee shall ensure each staff member has access to hospital policy and procedure manuals, a copy of their position description, and other information necessary to effectively perform duties and carry out responsibilities. (b) The licensee shall conduct a criminal background check with the Department of Public Safety for each employee before beginning employment. (c) The licensee shall maintain the security and confidentiality of any information obtained in the criminal background check.	☐	☐	☐		☐			

101-10(4)(a)-(g)	(4)(a) The licensee shall orient each employee to job requirements and personnel policies, and be provided job training beginning the first day of employment. (b) The licensee shall document, with signatures of the employee and supervisor, completion of basic orientation during the first 30 days of employment. (c) The licensee shall ensure registered nurses, licensed practical nurses, and psychiatric technologists receive additional orientation to the following: (i) concepts of treatment provided within the hospital; (ii) roles and functions of nurses in the treatment programs; and (iii) psychotropic medications. (d) The licensee shall hold in-service training sessions at least quarterly and ensure they are available to each employee. (e) The licensee shall establish a policy to outline in-service training attendance standards. (f) The licensee shall ensure licensed professional staff shall receive continuing education to keep informed of significant new developments and to be able to develop new skills. (g) The licensee shall ensure the following in-service training topics are addressed annually: (i) fire prevention; (ii) review and drill of emergency procedures and evacuation plan; (iii) prevention and control of infections; (iv) training in the principles of emergency medical care and cardiopulmonary resuscitation for physicians, licensed nursing personnel, and others as appropriate; (v) proper use and documentation of restraints and seclusion; (vi) patients' rights, in accordance with Section R432-101-15; (vii) confidentiality of patient information; (viii) reporting abuse, neglect or exploitation of adults or children; and (ix) provision of age appropriate care to the population being served.	☐	☐	☐		☐			

101-10(5)(a)-(c)	(5)(a) The licensee may utilize volunteers in the daily activities of the hospital but volunteers may not be included in the licensee's staffing plan in place of hospital employees. (b) The administrator or designee shall screen volunteers and ensure they are supervised according to hospital policy. (c) The licensee shall ensure volunteers are familiar with the hospital's policies and procedures on volunteers, including patient rights and facility emergency procedures.	☐	☐	☐		☐		
101-10(6)(a)-(c)	(6)(a) The licensee shall ensure that any hospital personnel are licensed, registered, or certified as required by the Utah Department of Commerce. (b) The licensee shall maintain copies of the current license, registration or certification shall be in the personnel files. (c) The licensee's failure to ensure that the individual is appropriately licensed, registered or certified may result in sanctions to the facility license.	☐	☐	☐		☐		
R432-101-11. Quality Assurance.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
101-11(1)	(1) The licensee shall have a well-defined quality assurance plan designed to improve the delivery of patient care through evaluation of the quality of patient care services and resolution of identified problems.	☐	☐	☐		☐		
101-11(2)(a)-(e)	(2) The licensee shall ensure that the quality assurance plan is consistent with the plan for patient care services and is implemented and include methods for: (a) identification and assessment of problems, concerns, or opportunities for improvement of patient care; (b) eliminating identified problems where possible; (c) improving patient care; (d) documentation of corrective actions and results; and (e) reporting findings and concerns to the medical, nursing, and allied health care staffs, the administrator, and the governing board.	☐	☐	☐		☐		
101-11(3)	(3) The licensee shall maintain documentation of minutes of meetings for department review.	☐	☐	☐		☐		
R432-101-12. Infection Control.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**

101-12(1)(a)-(e)	(1)(a) The licensee shall have a written plan to effectively prevent, identify, report, evaluate and control infections. (b) The infection control plan shall include a method to collect and monitor data and carry out necessary follow-up actions. (c) The licensee shall document infection control actions consistent with the requirements of the plan and in accordance with department requirements and standards of medical practice. (d) The licensee shall provide in-service education and training to employees for each service and program component of the hospital. (e) The licensee shall ensure the infection control plan is reviewed and revised as necessary, but at least annually.	☐	☐	☐		☐			
101-12(2)(a)-(f)	(2) The licensee shall implement an employee health surveillance program and infection control policy that meets the requirements of Section R432-100-9 and includes: (a) requirement to complete, an employee health inventory at the time of hire that: (i) identifies conditions that may predispose the employee to acquiring or transmitting infectious diseases; and (ii) identifies conditions that may prevent the employee from satisfactorily performing assigned duties. (b) development of an employee health screening and immunization components of personnel health programs in accordance with Rule R386-702, regarding communicable diseases; (c) requires employee skin testing by the Mantoux Method or other FDA approved in-vitro serologic test and followup for tuberculosis in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis; (d) ensures 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; (iv) exempts any employee with a known positive reaction to skin tests from the required testing; (e) requires a report of any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3, regarding reportable diseases; and (f) complies with the Occupational Safety and Health Administration's Bloodborne Pathogen Standard.	☐	☐	☐		☐			

R432-101-13. Patient Security.		C	NC	NA	Date	CDI		Notes	
101-13(1)	(1) The licensee shall provide enough internal and external security measures consistent with the plan for patient care services.	☐	☐	☐		☐			
101-13(2)	(2) The licensee shall provide supervision and control of the patient populations at all times to ensure patient and public safety.	☐	☐	☐		☐			
101-13(3)	(3) If a licensee offers more than one treatment program or serves more than one age group, patient population, or program, the patients may not be co-mingled.	☐	☐	☐		☐			
101-13(4)	(4) The licensee shall provide enough supervision to ensure a safe and secure living environment as defined in the plan for patient care services.	☐	☐	☐		☐			
R432-101-14. Special Treatment Procedures.		C	NC	NA	Date	CDI		Notes	
101-14(1)	(1) The license shall develop policy regarding the use of special treatment procedures to include the use of seclusion and restraint in accordance with **Section R432-101-23**.	☐	☐	☐		☐			
101-14(2)	(2) The licensee shall ensure special treatment policies and procedures address: (a) the use of convulsive therapy including electroconvulsive therapy; (b) the use of psychosurgery or other surgical procedures for the intervention or alteration of a mental, emotional or behavioral disorder; (c) the use of behavior modification with painful stimuli; (d) the use of unusual, investigational and experimental drugs; (e) the use of drugs associated with abuse potential and those having substantial risk or undesirable side effects; (f) an explanation as to whether the hospital will conduct research projects involving inconvenience or risk to the patient; and (g) involuntary medication administration for emergent and ongoing treatment.	☐	☐	☐		☐			
R432-101-15. Patients' Rights.		C	NC	NA	Date	CDI		Notes	
101-15(1)	(1) The licensee shall provide each patient care and treatment in accordance with the standards and ethics accepted under Title 58, Occupations and Professions, for licensed, registered or certified health care practitioners.	☐	☐	☐		☐			

101-15(2)(a)-(d)	(2) The administrator shall appoint a committee that consists of: (a) members of the facility staff; (b) patients or family members, as appropriate; (c) other qualified persons with knowledge of the treatment of mental illness; and (d) at least one person who has no ownership or vested interest in the facility.	☐	☐	☐		☐			
101-15(3)(a)-(f)	(3) The committee outlined in Subsection Rule R432-101-15(2) shall: (a) review, monitor and make recommendations concerning individual treatment programs established to manage inappropriate behavior, and other programs that the committee considers to involve risks to patient safety or restrictions of a patient's rights; (b) review, monitor and make recommendations concerning facility practices and policies as they relate to: (i) drug usage,; (ii) restraints, seclusion and time out procedures; (iii) applications of painful or noxious stimuli; (iii) control of inappropriate behavior; (iv) protection of patient rights; and (v) any other area that the committee identifies as risks to patient protection and rights; (c) maintain minutes of each meeting and communicate the findings to the administrator for appropriate action; (d) designate a person to act as a patient advocate, to be available to respond to questions and requests for assistance from the patients and to bring to the attention of the committee any issues or items of interest that concern the rights of the patients or their care and status; (e) recommend written policies with regard to patient rights that are consistent with state law; and (f) once adopted, the licensee shall post the policies outlined in Subsection R432-101-15(3)(e) in areas accessible to patients, and made available upon request to the patient, family, next of kin, or the public.	☐	☐	☐		☐			
101-15(4)(a)-(c)	(4)(a) The licensee shall ensure the individual treatment plan and clinical orders address the patient rights in this section to ensure patients are permitted communication with family, friends and others. (b) The patient rights or ethics committee shall review any restrictions to a patient's rights. (c) The licensee may establish limitations to the rights identified in **Subsections R432-101-15(5)(a) through (d)** to protect the patient, other patients, or staff or where prohibited by law.	☐	☐	☐		☐			

101-15(5)(a)-(h)	(5) The licensee shall ensure that each patient has the right to: (a) send and receive unopened mail; (b) reasonable access to a telephone to make and receive unmonitored telephone calls; (c) receive authorized visitors and to speak with them in private; (d) attend and participate in social, community and religious groups; (e) voice grievances and recommend changes in policies and services to hospital staff and outside representatives of personal choice, free from restraint, interference, coercion, discrimination, or reprisal; (f) communicate via sealed mail with the department, the Disability Law Center, legal counsel and the courts; (g) communicate with and visit with legal counsel and clergy of choice; and (h) participate in the planning of their care and treatment.	☐	☐	☐		☐			
101-15(6)	(6) The licensee shall document the patient's participation in the treatment planning process in the medical record.	☐	☐	☐		☐			

101-15(7)(a-j)	(7) The licensee shall ensure that each patient: (a) receives an explanation of treatment goals, methods, therapies, alternatives and associated costs; (b) is able to refuse care and treatment, as permitted by law, including experimental research and any treatment that may result in irreversible conditions; (c) is informed of their medical condition, upon request, unless medically contraindicated, if contraindicated, the licensee shall document the circumstances in the patient record; (d) is free from mental and physical abuse and free from chemical and physical restraints except as part of the authorized treatment program, or when necessary to protect the patient from injury to themself or to others; (e) is given the opportunity to exercise any civil rights, including voting, unless the patient has been adjudicated as incompetent and not restored to legal capacity; (f) is not required to perform services for the hospital that are not included for therapeutic purposes in the plans of care; (g) is not required to participate in publicity events, fund raising activities, movies or anything that would exploit the patients; (h) is permitted to exercise religious beliefs and participate in religious worship services without being coerced or forced into engaging in any religious activity; (i) is permitted to retain and use personal clothing and possessions as space permits, unless doing so would infringe upon rights of other patients or interfere with treatment; and (j) is permitted to manage personal financial affairs, or to be given at least a monthly accounting of financial transactions made on their behalf if the licensee accepts a patient's written delegation of this responsibility.	☐	☐	☐		☐			
R432-101-16. Emergency and Disaster.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-16(1)	(1) The licensee shall ensure the safety and well-being of patients and provide for a safe environment in the event of an emergency or disaster including utility interruption of gas, water, sewer, fuel or electricity, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.	☐	☐	☐		☐			

101-16(2)(a)-(d)	(2) The administrator or designee shall develop a plan, coordinated with state and local emergency or disaster offices, to respond to emergencies or disasters that is: (a) documented in writing and lists the coordinating authorities by name and title; (b) distributed or made available to any hospital staff to ensure prompt and efficient implementation; (c) reviewed and updated as necessary in coordination with local emergency or disaster management authorities; and (d) available for review by the department.	☐	☐	☐		☐			
101-16(3)	(3) The administrator shall take charge of operations during any significant emergency. If not on the premises, the administrator shall make every reasonable effort to get to the hospital to relieve subordinates and take charge of the situation.	☐	☐	☐		☐			
101-16(4)	(4) The licensee shall hold and document the response to disaster drills, in addition to fire drills, on a semi-annual basis for staff.	☐	☐	☐		☐			
101-16(5)(a)-(d)	(5) The licensee shall identify and prominently post: (a) the name of the person in charge; (b) the names and telephone numbers of emergency medical personnel or agencies; (c) emergency transport systems; and (d) appropriate communication with the entities listed in this subsection.	☐	☐	☐		☐			
101-16(6)(a)-(e)	(6) The licensee shall ensure the emergency response procedures addresses the following: (a) evacuation of occupants to a safe place within the hospital or to another location; (b) delivery of essential care and services to hospital occupants by alternate means regardless of setting; (c) delivery of essential care and services when additional persons are housed in the hospital during an emergency; (d) delivery of essential care and services to hospital occupants when staff is reduced by an emergency; and (e) maintenance of safe ambient air temperatures within the hospital in accordance with **Subsection 432-101-16(7)**.	☐	☐	☐		☐			

101-16(7)(a)-(c)	(7)(a) The licensee shall maintain an ambient temperature of 58 degrees Fahrenheit(F) or 14 degrees Celsius(C) within the hospital. (b) A temperature any lower than 58 degrees F or 14 degrees C may constitute a danger to the health and safety of the patients in the hospital and the person in charge shall take immediate and appropriate action when the temperature meets the minimum threshold. (c) The licensee shall ensure the local fire department approves emergency heating.	☐	☐	☐		☐			
101-16(8)(a)-(g)	(8) The licensee shall ensure the emergency plan delineates and includes: (a) the person with decision-making authority for fiscal, medical, and personnel management; (b) on-hand personnel, equipment, and supplies and instructions on how to acquire additional help, supplies, and equipment after an emergency or disaster; (c) assignment of personnel to specific tasks during an emergency; (d) methods of communicating with local emergency agencies, authorities, and other appropriate individuals; (e) the individuals to be notified in an emergency in order of priority; (f) method of transporting and evacuating patients and staff to other locations; and (g) conversion of hospital facilities for emergency use.	☐	☐	☐		☐			
101-16(9)(a)-(c)	(9)(a) The licensee shall schedule and hold at least one fire drill per shift per quarter and document the date and time the drill was held, including a brief description of the event and participants. (b) The evacuation of patients during a drill is optional (c) The licensee shall maintain documentation of fire drills for review by the department.	☐	☐	☐		☐			
101-16(10)(a)-(c)	(10)(a) The licensee shall have an emergency evacuation plan, written in consultation with qualified fire safety personnel. (b) The licensee shall post a physical plant evacuation diagram delineating evacuation routes, location of fire alarm boxes and fire extinguishers, and emergency telephone numbers of the local fire department in exit access ways throughout the hospital. (c) The written plan shall include fire-containment procedures and how to use the hospital alarm systems and signals.	☐	☐	☐		☐			

R432-101-17. Admission and Discharge.		C	NC	NA	Date	CDI		Notes	
101-17(1)	(1) The license shall develop written admission, exclusion, and discharge policies consistent with the plan for patient care services and the utilization review plan. These policies shall be available to the public upon request.	☐	☐	☐		☐			
101-17(2)(a)-(c)	(2) The licensee shall ensure the following are available to the public and each potential patient: (a) the various services provided; (b) methods and therapies used by the hospital; and (c) associated costs of services.	☐	☐	☐		☐			
101-17(3)	(3) The licensee shall ensure admission criteria is clearly stated in writing in hospital policies.	☐	☐	☐		☐			
101-17(4)	(4) The licensee shall assess each potential patient before admission to ensure the facility is the least restrictive to meet the patient's needs.	☐	☐	☐		☐			
101-17(5)	(5) The licensee shall screen and evaluate each potential patient's history of criminal and violent behavior before admission.	☐	☐	☐		☐			

101-17(6)(a)-(f)	(6)(a) The licensee shall admit a patient for treatment and care only if the hospital is properly licensed for the treatment required and has the staff and resources to meet the medical, physical, and emotional needs of the patient. (b) The licensee shall admit a patient and ensure the patient remains under the care of a member of the medical staff. (c) The licensee shall ensure there is a written order for admission and care of the patient at the time of admission. A documented telephone order is acceptable. (d) The licensee shall develop procedures to govern the referral of ineligible patients to alternate sources of treatment where possible. (e) A licensee conducting an involuntary commitment shall ensure it is done in accordance with **Section 26B-6-608**. (f) The licensee shall process and monitor any out of state adjudicated delinquent juveniles admitted to the hospital only in accordance with Title 80, Chapter 6 Interstate Compact for Juveniles.	☐	☐	☐		☐			
101-17(7)(a)-(e)	(7)(a) The licensee shall discharge a patient when the licensee is no longer able to meet the patient's identified needs, when care can be delivered in a less restrictive setting, or when the patient no longer needs care. (b) The licensee shall ensure a member of the medical staff creates an order for patient discharge, except as indicated in Subsection R432-101-17(6)(c). (c) In cases of discharge against medical advice, AMA, the licensee shall ensure the attending physician or qualified designee is contacted and the response documented in the patient record. (d) The licensee shall ensure discharge planning is coordinated with the patient, family, and other parties or agencies who are able to meet the patient's needs. (e) Upon discharge of a patient, the licensee shall surrender any money and valuables of that patient that have been entrusted to the hospital to the parties listed in Subsection R432-101-17(7)(d) in exchange for a signed receipt.	☐	☐	☐		☐			
R432-101-18. Transfer Agreements.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-18(1)	(1) The licensee shall maintain a written transfer agreement with at least one general acute hospital to facilitate the placement of patients and transfer of essential patient information in case of medical emergency.	☐	☐	☐		☐			

101-18(2)	(2) The licensee may not refer a patient to another facility without first contacting that facility.	☐	☐	☐		☐			
R432-101-19. Pets in Hospitals.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-19(1)	(1) If a licensee permits pets in the facility, the licensee shall develop a written policy in accordance with this rule and local ordinances.	☐	☐	☐		☐			
101-19(2)(a)-(e)	(2) Household pets, such as dogs, cats, birds, fish, and hamsters, may be permitted if the licensee ensures the following: (a) pets are clean and disease free; (b) the immediate environment of pets is kept clean; (c) small pets, including birds and hamsters are in appropriate enclosures; (d) pets not confined in enclosures are hand held, under leash control, or under voice control; and (e) pets that live at the hospital or are frequent visitors have current vaccinations, including rabies, as recommended by a licensed veterinarian.	☐	☐	☐		☐			
101-19(3)	(3) The licensee shall develop and follow written policies and procedures for pet care.	☐	☐	☐		☐			
101-19(4)(a)-(b)	(4)(a) The administrator or designee shall determine which pets may be brought into the hospital. (b) A patient's family member may bring the patient's pet to visit if they have approval from the administrator and offer reasonable assurance that the pet is clean, disease free, and vaccinated as appropriate.	☐	☐	☐		☐			
101-19(5)(a)-(b)	(5) If a licensee permits birds, they shall develop and follow procedures that protect patients, staff, and visitors from psittacosis and ensure: (a) procedures outline minimum handling of droppings; and (b) droppings are placed in a plastic bag for disposal.	☐	☐	☐		☐			
101-19(6)	(6) If a licensee permits pets to be kept overnight, they shall develop and follow written policies and procedures for the care, feeding, and housing of pets and for proper storage of pet food and supplies.	☐	☐	☐		☐			

101-19(7)	(7) The licensee may not permit pets in food preparation or storage areas.	☐	☐	☐		☐			
101-19(8)	(8) The licensee may not permit pets in any area where their presence would create a significant health or safety risk to others.	☐	☐	☐		☐			
101-19(9)	(9) The licensee shall ensure that a person caring for any pets does not have patient care or food handling responsibilities.	☐	☐	☐		☐			
R432-101-20. Inpatient Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-20(1)(a)-(f)	(1) Upon admission, a physician or qualified designee shall document the need for admission in accordance with hospital policy to include a brief narrative of the patient's condition that includes: (a) the nurse's admitting notes; (b) temperature; (c) pulse; (d) respiration levels; (e) blood pressure; and (f) weight.	☐	☐	☐		☐			
101-20(2)(a)-(b)	(2)(a) A physician or qualified designee shall assess each patient's physical health and conduct a preliminary psychiatric assessment within 24 hours of admission. (b) The physician or designee's history and physical exam shall include: (i) appropriate laboratory work-up; (ii) a determination of the type and extent of special examinations, tests, or evaluations needed; and (iii) when indicated, a thorough neurological exam.	☐	☐	☐		☐			
101-20(3)	(3) A psychiatrist or psychologist or qualified designee shall assess each patient's mental health within 24 hours of admission and ensure there is a written emotional or behavioral assessment of each patient entered in the patient's record.	☐	☐	☐		☐			
	(4) The licensee shall ensure there is a written assessment of the patient's legal status to include: (a) a history with information about competency, court commitment, criminal convictions, and any pending legal actions; (b) the urgency of the legal situation; and (c) how the individual's legal situation may influence treatment.	☐	☐	☐		☐			

101-20(5)(a)-(h)	(5)(a) The licensee shall ensure a written individual treatment plan is initiated for each patient upon admission and completed no later than 7 working days after admission. (b) The licensee shall ensure the individual treatment plan is based on the information resulting from the assessment of patient needs, as required in Subsection R432-101-20(1). (c) The licensee shall ensure the person responsible for the patient's care signs the individual treatment plan and administers service according to the individual treatment plan. (d) The licensee shall ensure that each individual treatment plan is reviewed on a weekly basis for the first three months, and thereafter at intervals determined by the treatment team, not to exceed every other month. (e) The licensee shall ensure the written individual treatment plan for each patient is based on a comprehensive functional assessment as outlined in Subsection R432-101-22(7). (f) The licensee shall invite the patient and family to participate in the development and review of the individual treatment plan. (g) The licensee shall document patient and family participation, or reasons why it is inappropriate. (h) The licensee shall ensure the individual treatment plan is available to any personnel who provide care for the patient.	☐	☐	☐		☐			
101-20(6)(a)-(b)	(6)(a) The Utah State Hospital is exempt from the time frames required in Subsection R432-101-20(4) and Subsection R432-101-20(4)(d) time frames for initiating and reviewing the individual treatment plan. (b) The Utah State Hospital administrator shall ensure that an individual treatment plan is initiated for each patient admitted within 14 days and the plan is reviewed on a monthly basis.	☐	☐	☐		☐			
R432-101-21. Adolescent or Child Treatment Program.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	

101-21(1)(a)-(d)	(1)(a) A licensee that admits adolescents or children for care and treatment shall ensure it is organized with staff and space to meet the specialized needs of this specific group of patients. (b) The licensee shall consider children between ages 5-12 and adolescents between the ages of 13 - 18. (c) If a child is considered for admission to an adolescent program, the licensee shall assess and document that the child's developmental growth is appropriate for the adolescent program. (d) The licensee may permit an adolescent patient who reaches their eighteenth birthday while residing in the program to complete the treatment program.	☐	☐	☐		☐			
101-21(2)	(2) A mental health professional with training in adolescent or child psychiatry, or adolescent or child psychology, as appropriate, shall be responsible for the treatment program.	☐	☐	☐		☐			
101-21(3)	(3) The licensee shall ensure adolescent or child nursing care is under the direction of a registered nurse qualified by training, experience, and ability to effectively direct the nursing staff.	☐	☐	☐		☐			
101-21(4)	(4) The licensee shall ensure each nursing staff is trained in the special needs of adolescents or children.	☐	☐	☐		☐			
101-21(5)	(5) The licensee shall provide education to any school age patients who are in the hospital for over one month.	☐	☐	☐		☐			
101-21(6)	(6) The licensee may admit an adolescent to an adult unit when specifically ordered by the attending member of the medical staff, but may not permit them to remain there more than three days, unless the clinical director approves an order for the adolescent to remain on the adult unit.	☐	☐	☐		☐			
101-21(7)	(7) The licensee shall ensure specialized programs for adolescents or children are flexible enough to meet the needs of the population being served.	☐	☐	☐		☐			

101-21(8)(a)-(g)	(8) The licensee shall maintain the following in writing: (a) a statement of philosophy, purposes and program orientation including short-term and long-term goals; (b) the types of services provided and the characteristics of the adolescent or child population being served that is available to the public on request; (c) description of the program's overall approach to family involvement in the care of patients; (d) a policy regarding visiting and other forms of patient communication with family, friends and significant others; (e) a plan of basic daily routines that is available to all staff and revised as necessary; (f) a complaint process for adolescents or children in clear and simple language that identifies how to make a complaint without fear of retaliation; and (g) a comprehensive guide of preventive, routine, and emergency medical care for any adolescent or child in the program, including policies and procedures regarding the use and administration of psychotropic and other medication.	☐	☐	☐		☐			
101-21(9)(a)-(j)	(9) The licensee shall maintain a complete health record for each adolescent or child including: (a) immunizations; (b) medications; (c) medical examination; (d) vision and dental examination, if indicated by the medical examination; (e) a complete record of treatment for each specific illness or medical emergency; (f) documents related to the referral of the child to the program; (g) documentation of the adolescent or child's current parental custody status or legal guardianship status; (h) the adolescent or child's court status, if applicable; (i) cumulative health records, where possible; and (j) education records and reports.	☐	☐	☐		☐			
101-21(10)	(10) The licensee shall ensure the use of emergency medication is specifically ordered by a physician or other person licensed to prescribe and is related to a documented medical need.	☐	☐	☐		☐			

101-21(11)(a)-(d)	(11) The licensee shall ensure adolescent or children's programs within a secure, locked treatment facility maintain: (a) a statement in the adolescent or child's record identifying the specific security measures employed and demonstrating that these measures are necessary to provide appropriate services to the adolescent or child; (b) evidence that the staff and the adolescent or child are aware of the hospital's emergency procedures and the location of emergency exits; (c) a method for unlocking the rooms simultaneously from a central point or upon activation of a fire alarm system if adolescents or children are locked in their rooms during sleeping hours; and (d) a recreational program offering a wide variety of activities suited to the interests and abilities of the adolescents or children in care.	☐	☐	☐		☐			
R432-101-22. Residential Treatment Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-22(1)	(1) If offered, the licensee shall organize the residential treatment service as a distinct part of the hospital service as either free-standing or as part of the licensed facility.	☐	☐	☐		☐			
101-22(2)	(2) The licensee shall ensure residential treatment services are under the direction of the medical director or designee.	☐	☐	☐		☐			
101-22(3)(a)-(b)	(3) The hospital administrator shall appoint a program manager responsible for the day-to-day operation and patient supervision. (a) The administrator shall clearly define the program manager's responsibilities in the job description. (b) When the manager is absent, the administrator shall ensure a substitute manager is appointed.	☐	☐	☐		☐			
101-22(4)(a)-(e)	(4) The licensee shall ensure residential treatment staff have specialized training in the area of psychiatric treatment and consist of: (a) a licensed physician; (b) a certified or licensed clinical social worker; (c) a licensed psychologist; (d) a licensed registered nurse; and (e) any unlicensed staff who are trained to work with psychiatric patients and are supervised by a health care practitioner.	☐	☐	☐		☐			

101-22(5)(a)-(d)	(5)(a) The licensee shall ensure that a program that admits adolescents or children continues their education through grade 12. (b) The licensee shall ensure any curricula used are approved by the Utah Office of Education. (c) The licensee shall provide education services that are accredited by the Utah State Board of Education or Board Northwest Association of School and Colleges. (d) The licensee shall ensure teachers are certified by the Utah State Board of Education and additionally certified in special education to supervise or carry out educational curricula.	☐	☐	☐		☐			
101-22(6)(a)-(f)	(6) The licensee shall ensure an individual treatment plan: (a) is developed by an interdisciplinary team that encourages the patient's attendance in the interdisciplinary team meetings; (b) is initiated for each patient upon admission; (c) is completed in writing and is placed in the patient record within seven days; (d) identifies the patient's needs, as described by the comprehensive functional assessment outlined in **Subsection R432-101-22(7)**; (e) includes the licensee's participation of the patient, their responsible party, if available, and facility staff in the planning of treatment; and (f) sets goals and objectives stated in terms of desirable behavior that prescribes an integrated program of activities, therapies, and experiences necessary for the patient to reach their goals and objectives.	☐	☐	☐		☐			

101-22(7)(a)-(h)	(7) The licensee shall ensure the comprehensive functional assessment considers the patient's age and the implications for treatment and identifies: (a) the presenting problems and disabilities and, where possible, their cause; (b) specific individual strengths; (c) special behavioral management needs; (d) physical health status to include: (i) a history and physical exam performed by a physician or nurse practitioner that includes appropriate laboratory work-up; and (ii) a determination of the type and extent of special examinations, tests or evaluations needed. (e) alcohol and drug history; (f) degree of psychological impairment and measures to be taken to relieve treatable diseases; (g) the capacity for social interaction and habilitation and rehabilitation measures to be taken; and (h) the emotional or behavioral status based on an assessment of: (i) a history of previous emotional or behavioral problems and treatment; (ii) the patient's current level of emotional or behavioral functioning; (iii) an evaluation by a psychiatrist, psychologist or qualified designee within 30-days before admission, or within 24 hours after admission; and (iv) if indicated, psychological testing that includes intellectual and personality testing.	☐	☐	☐		☐			
101-22(8)	(8) The licensee shall amend the comprehensive assessment to reflect any changes in the patient's condition.	☐	☐	☐		☐			
101-22(9)(a)-(b)	(9) The licensee shall ensure an individual treatment plan is implemented that provides services: (a) to improve the patient's condition; and (b) in an environment that encompasses physical, interpersonal, cultural, therapeutic, rehabilitative, and habilitative components.	☐	☐	☐		☐			
101-22(10)	(10) The licensee shall encourage the patient to participate in professionally developed and supervised activities, experiences or therapies in accordance with the individualized treatment plan.	☐	☐	☐		☐			
101-22(11)	(11) **Section R432-101-23**, Physical Restraints, Seclusion, and Behavior Management additionally applies to a psychiatric specialty hospital licensee.	☐	☐	☐		☐			

R432-101-23. Physical Restraints, Seclusion, and Behavior Management.		C	NC	NA	Date	CDI		Notes	
101-23(1)	(1) The licensee shall ensure physical restraints, including seclusion are only be used to protect the patient from injury to themself or to others or to assist patients to attain and maintain optimum levels of physical and emotional functioning.	☐	☐	☐		☐			
101-23(2)	(2) The licensee shall ensure restraints are not used for the convenience of staff, for punishment or discipline, or as substitutes for direct patient care, activities, or other services.	☐	☐	☐		☐			
101-23(3)	(3) Each hospital shall develop written policies and procedures that govern the use of physical restraints and seclusion and shall ensure the major focus of these policies is to provide patient safety and ensure civil and patient rights.	☐	☐	☐		☐			
101-23(4)(a)-(b)	(4) The licensee shall ensure policies incorporate and address the following: (a) examples of the types of restraints and safety devices that are acceptable for use and possible patient conditions dictating when the restraint may be used; and (b) guidelines for periodic release and position change or exercise, with instructions for documentation of this action.	☐	☐	☐		☐			
101-23(5)	(5) The licensee may not use bed sheets or other linens as restraints.	☐	☐	☐		☐			
101-23(6)	(6) The licensee shall ensure restraints do not unduly hinder evacuation of the patient in the event of fire or other emergency.	☐	☐	☐		☐			

101-23(7)(a)-(g)	(7)(a) A member of the medical staff shall authorize restraints in writing every 24 hours. (b) A licensee may not use PRN or as-needed orders for a restraint. (c) If a physical restraint is used in behavior management, the licensee shall develop and follow an individualized behavior management program and an ongoing monitoring system to assure effectiveness of the treatment. (d) The licensee shall ensure the use of restraints is reviewed routinely in the interdisciplinary team meeting, as the order is renewed by the member of the medical staff, and on a daily basis as care is delivered. This is an ongoing process that the licensee shall ensure is documented in the patient's record. (e) The licensee may use physical restraints, including simple safety devices, only if a specific hazard or need for restraint is present. (f) The physician order shall indicate the type of physical restraint or safety device that may be used and the length of time it may be used. (g) The licensee shall develop and follow a restraint policy addressing **Subsections R432-101-23(7)(a) through (f)** and included in the patient care plan.	☐	☐	☐		☐			
101-23(8)(a)-(d)	(8) The licensee shall ensure physical restraints are: (a) applied by properly trained staff to ensure a minimum of discomfort, allowing sufficient body movement to ensure that circulation will not be impaired; (b) not used or applied in a manner that causes injury or the potential for injury; (c) are each monitored and assessed by staff: and (d) are released or the patient's position changed at least every two hours, unless written justification is provided for why such restraint release is dangerous to the patient or others.	☐	☐	☐		☐			
101-23(9)(a)-(d)	(9) Physical restraints may be used in an emergency, if there is an obvious threat to life or immediate safety, as follows: (a) verbal orders may be given by the physician to a licensed nurse by telephone; (b) a licensed health care professional, identified by policy, may initiate the use of a restraint, only if verbal or written approval from the physician is obtained within one hour; (c) a physician shall sign any verbal order within 24 hours; and (d) staff members document the circumstances necessitating emergency use of the restraint and the patient's response in the patient record.	☐	☐	☐		☐			

101-23(10)	(10) The licensee shall ensure seclusion is used in accordance with hospital policy and authorized by a member of the medical staff.	☐	☐	☐		☐			
101-23(11)(a)-(c)	(11)(a) If seclusion is used for behavior management, the licensee shall ensure there is an individualized behavior management program and an ongoing monitoring system to assure effectiveness of the treatment. (b) The licensee shall ensure the use of seclusion is reviewed routinely in the interdisciplinary team meeting, as the order is renewed by the member of the medical staff, and on a daily basis as care is delivered. This is an ongoing process that the licensee shall ensure is documented in the patient's record. (c) The licensee shall ensure staff monitors a patient in seclusion for adverse effects and documents the monitoring evaluations in the patient record.	☐	☐	☐		☐			
101-23(12)	(12) The licensee shall ensure time out is used in accordance with hospital policy and may be used without authorization by a member of the medical staff for each use.	☐	☐	☐		☐			
101-23(13)	(13) The licensee shall ensure the use of time out is included in the patient care plan and documented in the patient record.	☐	☐	☐		☐			
101-23(14)(a)-(e)	(14) The licensee shall ensure behavior management policy: (a) establishes criteria for admission and retention of patients who require behavior management programs; (b) specifies the data required and the location of the data in the clinical record; (c) is developed by the interdisciplinary team; (d) provides an opportunity for involvement of the patient, next of kin or designated representative in the interdisciplinary team; and (e) describes the team leader's approval process of a behavior management program for a patient.	☐	☐	☐		☐			

101-23(15)(a)-(d)	(15) The licensee shall ensure the behavior management program: (a) employs the least restrictive methods to produce the desired outcomes and incorporate a process to identify and reinforce desirable behavior; (b) includes consent for use of any behavior management program that employs aversive stimuli from the patient, next of kin, or designated representative; (c) is incorporated into the patient care plan; and (d) is reviewed routinely by an interdisciplinary team, as the order is renewed by the member of the medical staff, and on a daily basis as care is delivered. This is an ongoing process that the licensee shall ensure is documented in the patient's record.	☐	☐	☐		☐			
101-23(16)(a)-(e)	(16) The licensee shall ensure behavior management documentation in the patient's record includes: (a) a behavior baseline profile, including a description of the undesirable behavior, as well as a statement whether there is a known history of previous undesirable behaviors and previous treatment; (b) conditions when the behavior occurs; (c) interventions used and their results; (d) a behavior management program including specific measurable behavioral objectives, time frames, names, titles, and signature of the person responsible for conducting the program and monitoring and evaluation methods; and (e) summaries and dates of the evaluations and reviews by the interdisciplinary team.	☐	☐	☐		☐			
R432-101-24. Involuntary Medication Administration.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-24(1)(a)-(b)	(1) The licensee shall develop and comply with a policy and procedure for patients who refuse a prescribed medication that includes the following requirements: (a) staff document the refusal of medications in the individual care plan; and (b) the interdisciplinary team reviews and assesses the patient's refusal of medication, ensuring that the patient's rights are protected.	☐	☐	☐		☐			
101-24(2)	(2) If a physician, or licensed physician, orders involuntary medication and the interdisciplinary team determines that a patient needs the involuntary medication as part of the behavior management program, emergency management, or clinical treatment, the facility staff may issue the involuntary medication and document the physician's order in the individual treatment plan.	☐	☐	☐		☐			

101-24(3)	(3) If a patient is administered involuntary medications, the facility staff shall review the administration of medications in an interdisciplinary team meeting each time the physician renews the medication order, and on a day-to-day basis as care is delivered.	☐	☐	☐		☐			
101-24(4)	(4) The facility staff shall evaluate and assess the patient for adverse side effects to medications and document the evaluation and assessment in the patient record.	☐	☐	☐		☐			
R432-101-25. Outpatient Emergency Psychiatric Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-25(1)(a)-(c)	(1)(a) If the hospital offers outpatient emergency psychiatric services, the service shall be organized as a service specifically designated for this purpose and under the direction of the medical director or designee. (b) The licensee shall ensure services are available 24 hours a day to individuals presenting themselves for assistance. (c) If the licensee does not offer emergency outpatient psychiatric services, the licensee shall have a written plan for referral of persons making inquiry regarding such services or presenting themselves for assistance.	☐	☐	☐		☐			
101-25(2)	(2) The licensee shall ensure the outpatient service is supported by policies and procedures including admission and treatment procedures, and medical and psychiatric reference materials.	☐	☐	☐		☐			
101-25(3)	(3) The licensee shall ensure involuntary detention of an individual is according to applicable hospital policy and in compliance with **Sections 26B-5- 3 through 26B-5-5**.	☐	☐	☐		☐			
R432-101-26. Emergency Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	

101-26(1)(a)-(c)	(1)(a) Each licensee shall provide physician and registered nurse coverage 24 hours a day and ensure nursing and other allied health professional staff are readily available in the hospital. (b) Staff may have collateral duties elsewhere in the hospital, but shall be able to respond when needed without adversely affecting patient care or treatment elsewhere in the hospital. (c) The licensee shall ensure there are trained staff to triage emergency care for each patient, staff and visitor, to stabilize the presenting condition, and transfer to an appropriately licensed facility.	☐	☐	☐		☐			
101-26(2)(a)-(e)	(2) The licensee shall ensure there is: (a) an emergency area that includes a treatment room; (b) storage for supplies and equipment; (c) provisions for reception and control of patients; (d) a convenient patient toilet room; and (e) communication hookup and access to a poison control center.	☐	☐	☐		☐			
101-26(3)	(3) If the licensee offers additional or expanded emergency services, the licensee shall additionally comply with **Section R432-100-18**.	☐	☐	☐		☐			
101-26(4)	(4) The licensee shall develop protocols for contacting local emergency medical services.	☐	☐	☐		☐			
R432-101-27. Clinical Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-27(1)(a)-(c)	(1) If the licensee provides the following services, the applicable sections of Rule R432-100 shall additionally apply: (a) Surgical Services, **Section R432-100-16**; (b) Critical Care Unit, **Section R432-100-15**; and (c) Hospice Rule **R432-750**.	☐	☐	☐		☐			
101-27(2)	(2) If chemical dependency or substance abuse services are provided, **Rule R432-102** Specialty Hospital - Chemical Dependency/Substance Abuse additionally applies to a psychiatric specialty hospital licensee.	☐	☐	☐		☐			
R432-101-28. Laboratory.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	

101-28(1)	(1) Each psychiatric specialty hospital shall have a Clinical Laboratory Improvement Amendments (CLIA) certificate. If an outside lab is contracted for providing services, the licensee shall ensure the outside lab has a CLIA certificate.	☐	☐	☐		☐			
101-28(2)	(2) If outside laboratory services are secured through contract, the licensee shall maintain an in-house ability to collect, preserve and arrange for delivery to the outside laboratory for testing.	☐	☐	☐		☐			
101-28(3)	(3) The licensee shall comply with the appropriate subsections of Section R432-100-24 for any additional laboratory services provided.	☐	☐	☐		☐			
R432-101-29. Pharmacy.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-29(1)	(1) Each psychiatric specialty hospital shall provide basic services including storage, dispensing, and administration of medication in-house.	☐	☐	☐		☐			
101-29(2)	(2) The licensee shall ensure any pharmacy services comply with the appropriate subsections of **Section R432-100-26**.	☐	☐	☐		☐			
101-29(3)	(3) The licensee shall ensure the board and medical staff approve the policy regarding the use of investigational drugs.	☐	☐	☐		☐			
R432-101-30. Social Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	

101-30(1)(a)-(d)	(1)(a) The licensee shall provide social services to assist staff, patients, and patients' families to understand and cope with a patient's social, emotional, and related health problems. (b) The licensee shall ensure social services are under the direction of a licensed clinical social worker. (c) The social worker shall ensure the role and function of social services is listed in policy documents and meets generally accepted practices of the Mental Health Professional Practice Act. (d) The licensee shall ensure that social services personnel serve as a patient advocate to: (i) provide services to maximize each patient's ability to adjust to the social and emotional aspects of their situation, treatments, and continued stay in the hospital; (ii) participate in ongoing discharge planning to ensure continuity of care for the patient; (iii) initiate referrals to official agencies when the patient needs legal or financial assistance; (iv) act as liaison with the family or other responsible persons concerning the patient's placement and rights; and (v) preserve the dignity and rights of each patient.	☐	☐	☐		☐			
101-30(2)(a)-(c)	(2) Each licensee shall develop social services policies and procedures that include the following: (a) a system to identify, plan, and provide services according to the social and emotional needs of patients; (b) job descriptions, including title and qualifications of any person who provides social services; and (c) a method to refer patients to outside social services agencies when the hospital cannot resolve a patient's problems.	☐	☐	☐		☐			
101-30(3)	(3) The social service director shall participate in any pertinent quality assurance activities of the hospital.	☐	☐	☐		☐			
R432-101-31. Activity Therapy.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	

101-31(1)(a)-(e)	(1)(a) The licensee shall provide activity therapy services to meet the physical, social, cultural, recreational, health maintenance and rehabilitation needs of patients as outlined in the patient care plan. (b) The licensee shall ensure the activity therapy service has policies that describe the organization of the service and provision for services to the patient population that ensure: (i) program goals and objectives are stated in writing; (ii) appropriate activities are provided to patients during the day, in the evening, and on the weekend; (iii) patient participation in planning is sought, when possible; and (iv) activity schedules are posted in places accessible to patients and staff; (c) activity therapy is incorporated into the patient care plan; (d) patients are permitted leisure time and encouraged to use it in a way that fulfills their cultural and recreational interests and their feelings of human dignity; and (e) the activity therapy service is supervised.	☐	☐	☐		☐			
101-31(2)	(2) The licensee shall provide enough space, equipment, and facilities, that are compliant with any applicable federal, state and local requirements for safety, fire prevention, health and sanitation, to meet the needs of the patients.	☐	☐	☐		☐			
R432-101-32. Other Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-32(1)(a)-(d)	(1) If the licensee provides the following services, the applicable sections of Rule R432-100 shall additionally apply: (a) Anesthesia Services, **R432-100-16**; (b) Rehabilitation Therapy Services, **R432-100-21**; (c) Radiology, **R432-100-22**; and (d) Respiratory Care Services, **R432-100-20**.	☐	☐	☐		☐			
101-32(2)(a)-(e)	(2) If the licensee provides the following ancillary services, the applicable sections of Rule R432-100 shall additionally apply: (a) Central Supply, **R432-100-36**; (b) Dietary, **R432-100-33**; (c) Laundry, **R432-100-37**; (d) Maintenance Services, **R432-100-39**; and (e) Housekeeping, **R432-100-38**.	☐	☐	☐		☐			
R432-101-33. Medical Records.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	

101-33(1)	(1) The licensee shall ensure medical records additionally comply with **Section R432-100-34**.	☐	☐	☐		☐			
101-33(2)(a)-(r)	(2) The license shall ensure that patient records contain: (a) a description of physical, social, and mental health status at the time of admission; (b) a description of services provided; (c) a description of progress reports; (d) status at the time of discharge; and (e) data on standardized forms that includes: (i) patient name; (ii) home address; (iii) date of birth; (iv) gender; (v) next of kin; (vi) marital status; and (vii) date of admission; (f) involuntary commitment status, including relevant legal documents; (g) date the information was gathered, and names and signatures of the staff members gathering the information; (h) signed orders by physicians and other authorized practitioners for medications and treatments; (i) relevant physical examination, medical history, and physical and mental diagnoses using a recognized diagnostic coding system; (j) information on any unusual occurrences, such as treatment complications, accidents, or injuries to or inflicted by the patient, and procedures that place the patient at risk; (k) documentation of patient and family involvement in the treatment program; (l) progress notes written by the psychiatrist, psychologist, social worker, nurse, and others significantly involved in active treatment; (m) temperature, pulse, respirations, blood pressure, height, and weight notations, when indicated; (n) reports of laboratory, radiologic, or other diagnostic procedures, and reports of medical or surgical procedures when performed; (o) correspondence with signed and dated notations of telephone calls concerning the patient's treatment; (p) a written plan for discharge including an assessment of patient needs; (q) documentation of any instance when the patient was absent from the hospital without permission; and (r) the patient care plan.	☐	☐	☐		☐			

101-33(3)	(3) The licensee shall ensure there is a discharge summary signed by the attending member of the medical staff and entered into the patient record within 30 calendar days from the date of discharge. In the event a patient dies, the licensee shall ensure the discharge statement includes a summary of events leading to the death.	☐	☐	☐		☐			
101-33(4)	(4) The licensee shall ensure the patient record contains evidence of informed consent or the reason it is unattainable.	☐	☐	☐		☐			
101-33(5)	(5) The licensee shall ensure the patient record contains consent for release of information, the date the information was released, and the signature of the staff member who released the information and evidence the patient was informed of the release of information as soon as possible.	☐	☐	☐		☐			
101-33(6)(a)-(c)	(6) The licensee may release pertinent information to personnel responsible for the individual's care without the patient's consent under the following circumstances: (a) in a life-threatening situation; (b) when an individual's condition or situation precludes obtaining written consent for release of information; (c) when obtaining written consent for release of information would cause an excessive delay in delivering essential treatment to the individual.	☐	☐	☐		☐			
R432-101-34. Partial Hospitalization Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**	
101-34(1)(a)-(b)	(1) If the licensee offers a partial hospitalization program, the following services may be included: (a) crisis stabilization or the provision of intensive, short-term, daily programming, that averts psychiatric hospitalization or offers transitional treatment back into community life to shorten an episode of acute inpatient care; and (b) intermediate term treatment that provides more extended, daily, goal directed clinical services for a population at high risk for hospitalization or readmission due to the serious or persistent nature of their psychiatric, emotional behavioral, or addictive disorder.	☐	☐	☐		☐			

101-34(2)(a)-(f)	(2) If the licensee offers partial hospitalization services, the licensee shall establish policies and procedures to address the following: (a) criteria for admission indicating a DSM V Mental disorder; (b) assessment; (c) treatment planning; (d) active treatment; (e) coordination of care; and (f) discharge criteria.	☐	☐	☐		☐		
R432-101-35. Penalties.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
Any person in noncompliance with any part of this rule may be subject to the penalties enumerated in Sections 26B-2-208, 26B-2-216 and R432-3-8.		☐	☐	☐		☐		

RULES CHECKLIST								
Rule # R432-100	**Rule Description** **C = Compliant** **NC = Not Compliant** **NA = Not Assessed during this inspection**	**C**	**NC**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**RISK: Low Moderate High Extreme**	**Notes**
R380-80-4. Providers' Duty to Help Protect Clients.		**C**	**NC**	**NA**		**NA**	**Date**	**Notes**
R380-80-4(1)	(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.	☐	☐	☐		☐		
R380-80-5. Provider Code of Conduct.		**C**	**NC**	**NA**		**NA**	**Date**	**Notes**
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.	☐	☐	☐		☐		
R432-100-6. Governing Body.		**C**	**NC**	**NA**	**Date**			**Notes**
100-6(1)	Each licensee shall have a governing body hereinafter called the board.	☐	☐	☐		☐		
100-6(2)	The board members are legally responsible for the conduct of the hospital staff. The board members are also responsible for the appointment of the medical staff and an administrator assigned to carry out the requirements of Section R432-100-7.	☐	☐	☐		☐		

	100-6(3)(a-l)	(3) The licensee shall ensure that the board is organized in accordance with the articles of incorporation or bylaws that specify: (a) the duties and responsibilities of the board members; (b) the method for election or appointment to the board; (c) the size of the board; (d) the terms of office of the board; (e) the methods for removal of board members and officers; (f) the duties and responsibilities of the officers and any standing committees; (g) the numbers or percentages of members that constitute a quorum for board meetings; (h) the board's functional organization, including any standing committees; (i) to whom responsibility for operation and maintenance of the hospital, including evaluation of hospital practices, may be delegated;	☐	☐	☐		☐		
	100-6(4)	The board members shall meet not less than quarterly, and shall keep written minutes of meetings and actions, and distribute copies to members of the board.	☐	☐	☐		☐		
	100-6(5)	The board members shall employ a competent executive officer or administrator and vest this person with authority and responsibility for carrying out board policies. The board shall define the executive officer or administrator's qualifications, responsibilities, authority, and accountability in writing.	☐	☐	☐		☐		
	100-6(6)(a-d)	The board, through its officers, committees, medical and other staff, shall: (a) develop and implement a long-range plan; (b) appoint members of the medical staff and delineate their clinical privileges; (c) approve organization, bylaws, and rules of medical staff and hospital departments; and (d) maintain a list of the scope and nature of any contracted services.	☐	☐	☐		☐		
R432-100-7 Administrator.			**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
	100-7(1)	The administrator shall establish and maintain an organizational structure for the hospital indicating the authority and responsibility of various positions, departments, and services within the hospital.	☐	☐	☐		☐		

100-7(2)(a)-(j)	The administrator shall: (a) designate, in writing, a person to act in the administrator's absence; (b) be the direct representative of the board in the management of the hospital; (c) function as liaison between the board, the medical staff, the nursing staff, and departments of the hospital; (d) advise the board in the formulation of hospital policies and procedures; (e) review and revise policies and procedures to reflect current hospital practice; (f) ensure that policies and procedures are implemented and followed; (g) maintain a written record of all business transactions and patient services provided in the hospital and submit reports as requested to the board; (h) ensure that each applicant for medical and professional staff membership is oriented to agency or hospital bylaws and shall agree in writing to abide by each condition; (i) ensure that patient billing practices comply with the requirements of Section 26B-2-219; and (j) appoint a member of the staff to oversee compliance with the requirements of the Utah Anatomical Gift Act.	☐	☐	☐		☐		
R432-100-8. Medical and Professional Staff.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-8(1)	Each licensee shall have an organized medical and professional staff that operates under bylaws approved by the board.	☐	☐	☐		☐		
100-8(2)	The medical and professional staff shall advise and be accountable to the board for the quality of medical care provided to patients.	☐	☐	☐		☐		
100-8(3)(a-f)	The medical and professional staff shall adopt bylaws, and policies and procedures to establish and maintain a qualified medical and professional staff including current licensure, relevant training and experience, and competency to perform the privileges requested. The bylaws shall address: (a) the appointment and re-appointment process; (b) the necessary qualifications for membership; (c) the delineation of privileges; (d) the participation and documentation of continuing education; (e) temporary credentialing and privileging of staff in emergency or disaster situations; and (f) a fair hearing and appeals process.	☐	☐	☐		☐		

100-8(4)	A fully qualified physician who is licensed by the Department of Commerce shall supervise and direct the medical care of each person admitted to the hospital. During an emergency or disaster situation, a member of the credentialed and privileged staff shall supervise temporary credentialed practitioners.	☐	☐	☐		☐		
100-8(5)	The licensee may not deny an applicant that is a podiatrist or psychologist solely on the grounds that they are not licensed to practice medicine under Chapter 58-67, Utah Medical Practice Act or Chapter 58-68, the Utah Osteopathic Medical Licensing Act.	☐	☐	☐		☐		
100-8(6)	Membership and privileges may not be denied on any ground that is otherwise prohibited by law.	☐	☐	☐		☐		
100-8(7)	The licensee shall orient each applicant for medical and professional staff membership to the bylaws and ensure they agree, in writing, to abide by each condition.	☐	☐	☐		☐		
100-8(8)	The medical and professional staff shall review each applicant and grant privileges based on the scope of their license and abilities.	☐	☐	☐		☐		
100-8(9)	The medical and professional staff shall review appointments and re-appointments to the medical and professional staff at least every two years.	☐	☐	☐		☐		
100-8(10)	During an emergency or disaster situation, the licensee shall ensure that each temporary practitioner is oriented to their assigned area.	☐	☐	☐		☐		
R432-100-9. Personnel Management Service.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**

100-9(1)	The licensee shall organize the personnel management system to ensure: personnel are competent to perform their respective duties, services, and functions.	☐	☐	☐		☐		
100-9(2)(a-g)	The licensee shall ensure that there are written policies, procedures, and performance standards that include: (a) job descriptions for each position or employee; (b) periodic employee performance evaluations; (c) employee health screening, including Tuberculosis testing; (i) Employee skin testing by the Mantoux method or other Food and Drug Administration (FDA) approved in-vitro serologic test and follow-up for tuberculosis is done in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis; (ii) each employee is skin-tested for tuberculosis within two weeks of: (A) initial hiring; (B) suspected exposure to a person with active tuberculosis; and (C) development of symptoms of tuberculosis. (iii) Skin testing is exempted for any employee with known positive reaction to skin tests. (d) each employee receives unit-specific training; (e) direct care staff receive continued competency training in current patient care practices; (f) direct care staff have current cardiopulmonary resuscitation certification. Completion of an in-person course, to include skills testing and evaluation on-site with a licensed instructor is required for CPR certification; and (g) Occupational Safety and Health Administration regulations regarding blood borne pathogens are implemented and followed.	☐	☐	☐		☐		
100-9(3)	The licensee shall ensure that medical and professional personnel are registered, certified, or licensed as required by the Utah Department of Commerce within 45 days of employment.	☐	☐	☐		☐		
100-9(4)	The licensee shall maintain a copy of each current certificate, license, or registration available for department review.	☐	☐	☐		☐		

100-9(5)	The licensee shall provide annual documented in-service training for direct care and housekeeping staff that addresses the requirements for reporting abuse, neglect, or exploitation of children or adults.	☐	☐	☐		☐		
100-9(6)(a-b)	The licensee may utilize a volunteer in the daily activities of the hospital but a volunteer may not be included in the hospital staffing plan in lieu of hospital employees. (a) the licensee shall screen and supervise a volunteer according to hospital policy. (b) the licensee shall ensure that a volunteer is familiar with hospital volunteer policies, including patient rights and hospital emergency procedures.	☐	☐	☐		☐		
100-9(7)	If the licensee participates in a professional graduate education program, the licensee shall ensure that there are policies and procedures specifying the patient care responsibilities and supervision of the graduate education program participants.	☐	☐	☐		☐		
R432-100-10. Quality Improvement Plan.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-10(1)	The board members shall ensure that there is a well-defined quality improvement plan designed to improve patient care.	☐	☐	☐		☐		
100-10(2)(a)-(f)	The plan shall: (a) be consistent with the delivery of patient care; (b) be implemented and include a system for the collection of indicator data; (c) include an incident reporting system to identify problems, concerns, and opportunities for improvement of patient care; (d) ensure that incident reports are available for department review; (e) include a system for assessing identified problems, concerns, and opportunities for improvement; and (f) implement actions that are designed to eliminate identified problems and improve patient care.	☐	☐	☐		☐		
100-10(3)	The licensee shall maintain a quality improvement committee. The quality improvement committee shall maintain written minutes documenting corrective actions and results and make these minutes available for department review.	☐	☐	☐		☐		

100-10(4)	The quality improvement committee shall report findings and concerns, at least quarterly, to the board, the medical staff, and the administrator.	☐	☐	☐		☐		
100-10(5)	The licensee shall ensure that infection reporting is integrated into the quality improvement plan and is reported to the department in accordance with Rule R386-702 Communicable Diseases.	☐	☐	☐		☐		
R432-100-14. Nursing Care Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-14(1)(a-d)	The licensee shall ensure that there is an organized nursing department that is integrated with other departments and services. (a) The license shall ensure the chief nursing officer of the nursing department is a registered nurse with demonstrated ability in nursing practice and administration. (b) The chief nursing officer shall approve the nursing policies and procedures, nursing standards of patient care, and standards of nursing practice. (c) The licensee shall ensure a registered nurse is designated and authorized to act in the chief nursing officer's absence. (d) Nursing tasks may be delegated pursuant to Section R156-31-701, Delegation of Nursing Tasks.	☐	☐	☐		☐		
100-14(2)	The licensee shall ensure qualified registered nurses are on duty 24 hours per day to give patients nursing care that requires the judgment and special skills of a registered nurse.	☐	☐	☐		☐		
100-14(3)	The nursing department shall develop and maintain a system for determining staffing requirements for nursing care on the basis of demonstrated patient need, intervention priority for care, patient load, and acuity levels.	☐	☐	☐		☐		

100-14(4)(a-c)	Nursing staff shall document nursing care for each patient from the time of admission through discharge. (a) A registered nurse shall document each patient's nursing care and coordinate interdisciplinary care. (b) The licensee shall ensure that nursing care documentation includes: (i) the assessments of patient's needs; (ii) clinical diagnoses; (iii) intervention identified to meet the patient's needs; (iv) nursing care provided and the patient's response; (v) the outcome of the care provided; and (vi) the ability of the patient, family, or designated caregiver in managing the continued care after discharge. (c) Before discharge, each patient shall receive written instructions for any follow-up care or treatment.	☐	☐	☐		☐		
R432-100-15. Critical Care Unit.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
101-15(1)	A licensee that provides a critical care unit shall comply with the requirements of Section R432-100-15. The scope of services as delineated in hospital policy and board approval shall dictate the medical direction for the unit.	☐	☐	☐		☐		
100-15(2)(a)-(c)	A designated, qualified, registered nurse manager with relevant education, training and experience in critical care shall provide critical care unit nursing direction. The nurse manager shall: (a) coordinate the care provided by any nursing service personnel in the critical care unit; (b) have administrative responsibility for the critical care unit; and (c) assure that a registered nurse who has advanced life support certification is on duty and present in the unit 24 hours per day.	☐	☐	☐		☐		
100-15(3)	The licensee shall ensure that each critical care unit is designed and equipped to facilitate the safe and effective care of the patient population served and make equipment and supplies available to the unit as determined by hospital policy in accordance with the needs of the patients.	☐	☐	☐		☐		

100-15(4)	The licensee shall ensure that an emergency cart is readily available to the unit and contains appropriate drugs and equipment according to hospital policy. The nursing manager shall check the cart, or the cart locking mechanism, every shift and after each use to assure that any items required for immediate patient care are in place in the cart and in usable condition.	☐	☐	☐		☐		
100-15(5)(a-c)	The licensee shall ensure that the following support services are immediately available to the critical care unit on a 24-hour basis: (a) blood bank or supply; (b) clinical laboratory; and (c) radiology services.	☐	☐	☐		☐		
100-15(6)(a-b)	If the licensee provides dialysis services, the dialysis services shall comply with the following sections of Rule R432-650 End Stage Renal Disease Facility Rules: (a) Required Staffing; and (b) Water Quality.	☐	☐	☐		☐		
R432-100-16. Surgical Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**

100-16(1)(a-h)	The licensee shall integrate surgical services provided by the hospital with other departments or services of the hospital and specify in writing the relationship, objective, and scope of each surgical service. (a) A person appointed and authorized by the administrator shall provide administrative direction of surgical services. (b) A member of the medical staff shall provide medical direction of surgical services. (c) A qualified registered nurse shall supervise the provision of surgical nursing care. (d) A qualified registered nurse shall direct and supervise the operating room suites. The supervisor shall have authority and responsibility for: (i) assuring that the planned procedure is within the scope of privileges granted to the physician; (ii) maintaining the operating room register; and (iii) other administrative functions, including serving on patient care committees. (e) The licensee shall establish a policy governing the use of obstetrical delivery and operating rooms to ensure that any patient with parturition imminent, or with an obstetrical emergency requiring immediate medical intervention to preserve the health and life of the mother or her infant, is given priority over other obstetrical and non-emergent surgical procedures. (f) A qualified surgical assistant shall assist as needed in operations in accordance with hospital bylaws. (g) A surgical technician or licensed practical nurse may serve as a scrub nurse under the direct supervision of a registered nurse, but may not function as a circulation nurse in the operating rooms, unless the scrub nurse is a registered nurse. (h) An outpatient surgical patient may not be routinely admitted to the hospital as an inpatient. The licensee shall complete a systematic review process to evaluate patients who require hospitalization after outpatient surgery.	☐	☐	☐		☐		

100-16(2)(a-d)	The licensee shall establish, control and consistently monitor a safe operating room environment that complies with: (a) surgical equipment including suction facilities and instruments is provided and maintained in good condition to assure safe and aseptic treatment of any surgical cases; (b) traffic in and out of the operating room is controlled and there is no through traffic; (c) there is a scavenging system for evacuation of anesthetic waste gasses; and (d) the following equipment shall be available to the operating suite: (i) a call-in system; (ii) a cardiac monitor; (iii) a ventilation support system; (iv) a defibrillator; (v) an aspirator; and (vi) equipment for cardiopulmonary resuscitation.	☐	☐	☐		☐		
100-16(3)	The administration of anesthetics shall conform to the requirements of the Anesthesia Services of Rule R432-100.	☐	☐	☐		☐		
100-16(4)	Removal of surgical specimens shall conform with the requirements of Laboratory and Pathology Services, Section R432-100-24.	☐	☐	☐		☐		
R432-100-17. Anesthesia Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-17(1)	The licensee shall provide facilities and equipment for the administration of anesthesia commensurate with the clinical and surgical procedures planned for the institution on a 24-hour basis.	☐	☐	☐		☐		
100-17(2)	The hospital administrator shall appoint and authorize an individual to provide administrative direction of anesthesia services.	☐	☐	☐		☐		
100-17(3)	A member of the medical staff shall provide the medical direction of anesthesia services.	☐	☐	☐		☐		
100-17(4)	A member of the medical staff, including an anesthesiologist, other qualified physician, dentist, oral surgeon, or certified registered nurse anesthetist shall provide anesthesia care within the scope of their practice and license.	☐	☐	☐		☐		

100-17(5)(a-c)	A qualified physician, dentist or oral surgeon shall have documented training that includes the equivalent of 40 days preceptorship with an anesthesiologist and be able to perform at least the following: (a) any procedure commonly used to make the patient insensate to pain during the performance of surgical, obstetrical, and other pain-producing clinical procedures; (b) life support functions during the administration of anesthesia, including induction and intubation procedures; and (c) provide pre-anesthesia and post-anesthesia management of the patient.	☐	☐	☐		☐		
100-17(6)	The medical staff shall clearly define the responsibilities and privileges of the person administering anesthesia.	☐	☐	☐		☐		
100-17(7)	The medical staff shall inform both the patient and the operating surgeon before surgery of who will be administering anesthesia.	☐	☐	☐		☐		
100-17(8)	A Medicaid certified hospital licensee shall comply with the requirements of the Code of Federal Regulations, Title 42 Part 482.52 Section (a), Anesthesia Services.	☐	☐	☐		☐		
100-17(9)	The licensee shall prohibit the use of flammable anesthetic agents for anesthesia or for the pre-operative preparation of the surgical field.	☐	☐	☐		☐		
100-17(10)	The licensee shall ensure that anesthetic equipment is inspected and tested by the person administering anesthesia before use in accordance with hospital policy.	☐	☐	☐		☐		
R432-10-18. Emergency Care Service.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**

100-18(1)(a-c)	Each licensee shall evaluate and classify itself to indicate its capability in providing emergency care. Type I, II, or III represents acute care hospitals and critical access hospitals and Type IV category represents specialty hospitals. (a) A Type I Acute or Critical Access Hospital licensee shall provide in-hospital support by members of the medical staff for: (i) medical; (ii) surgical; (iii) orthopedic; (iv) obstetric; (v) pediatric; and (vi) anesthesia services; (b) The licensee shall ensure specialty consultation is available within 30 minutes, or two-way voice communication is available for the initial consultation. (c) A Type III licensee shall ensure that specialty consultation is available by request of the attending medical staff member by transfer to a type I or type II hospital where care can be provided.	☐	☐	☐		☐		

100-18(2)(a)-(h)	The licensee shall organize and staff the emergency service with qualified individuals based on the defined capability of the hospital. (a) An individual appointed and authorized by the hospital administrator shall direct the emergency services. (b) One or more members of the medical staff shall define in writing and provide medical direction of emergency services. The medical staff shall provide back-up and on-call coverage for emergency services and as needed for emergency specialty services. (c) A licensed practitioner is responsible for the evaluation and treatment of a patient who presents themself or is brought to the emergency care area including: (i) an appropriate medical screening examination; (ii) stabilizing treatment; and (iii) if necessary for definitive treatment, an appropriate transfer to another medical facility that has agreed to accept the patient for care. (d) The priority by which persons seeking emergency care are seen by a physician may be determined by trained personnel using guidelines established by the emergency room director and approved by the medical staff. (e) The licensee shall post rosters designating medical staff members on duty or on call for primary coverage and specialty consultation in the emergency care area. (f) A designated registered nurse who is qualified by relevant training, experience, and current competence in emergency care shall supervise the care provided by any nursing service personnel in the department. (i) The emergency nurse supervisor shall ensure that there is enough nursing service personnel for the types and volume of patients served. (ii) Type I and II emergency department licensees shall have at least one registered nurse with advanced cardiac life support certification, and enough other nursing staff assigned and on duty within the emergency care area. (iii) The emergency nurse supervisor shall participate in internal committee activities concerned with the emergency service. (g) The licensee shall ensure that the emergency service is integrated with other departments in the hospital. (i) The licensee shall provide clinical laboratory services with the capability of performing any routine studies and standard analyses of blood, urine, and other body fluids. The licensee shall ensure that a supply of blood is available 24 hours per day. (ii) The licensee shall ensure that diagnostic radiology is available 24 hours per day. (h) The licensee shall define, in writing, the duties and responsibilities of any personnel, including physicians and nurses, providing care within the emergency service area.	☐	☐	☐		☐		

100-18(3)(a)-(f)	Each licensee shall define its scope of emergency services in writing and implement a plan for emergency care, based on community needs and on the capabilities of the hospital. (a) Each licensee shall comply with federal anti-dumping regulations as defined in the Code of Federal Regulations Title 351.101. (b) The licensee shall define the role of the emergency service in the hospital's disaster plans. (c) Each licensee shall have a communication system that permits instant contact with law enforcement agencies, rescue squads, ambulance services, and other emergency services within the community. (d) The licensee's emergency department policies and protocols shall address: (i) the care, security, and control of prisoners or people to be detained for police or protective custody; (ii) providing care to an unemancipated minor not accompanied by parent or guardian, or to an unaccompanied unconscious patient; (iii) handling of hazardous materials and contaminated patients; (iv) reporting of persons dead-on-arrival to the proper authorities including the legal requirements for the collection and preservation of evidence; and (v) the evaluation and handling of alleged or suspected child or adult abuse cases. (e) The licensee shall develop criteria to alert emergency department and service personnel to possible child or adult abuse. The criteria shall address: (i) suspected physical assault; (ii) suspected rape or sexual molestation; (iii) suspected domestic abuse of elders, spouses, partners, and children; (iv) the collection, retention, and safeguarding of specimens, photographs, and other evidentiary materials; and (v) visual and auditory privacy during examination and consultation of patients. (f) The licensee shall make a list available in the emergency department that outlines private and public community agencies and resources that provide, arrange, evaluate, and care for the victims of abuse.	☐	☐	☐		☐		
100-18(4)	The licensee shall make reasonable and timely efforts to contact the guardian, parents, or next of kin of any unaccompanied minor, or any unaccompanied unconscious patient admitted to the emergency department.	☐	☐	☐		☐		
R432-100-20. Pediatric Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**

100-20(1)(a-d)	If the licensee provides pediatric services, the services shall be under the direction of a member of the medical staff who is experienced in pediatrics and whose functions and scope of responsibility are defined by the medical staff. (a) A pediatrics qualified registered nurse shall supervise nursing care and shall supervise the documentation of the implementation of pediatric patient care on an interdisciplinary plan of care. (b) If the licensee provides a pediatric unit, the licensee shall ensure there is an interdisciplinary committee responsible for policy development and review of practice within the unit. The committee shall include representatives from administration, the medical and nursing staff, and rehabilitative support staff. (c) A licensee that admits pediatric patients shall have written policies and procedures specifying the criteria for admission to the hospital and conditions requiring transfer when indicated. These policies and procedures shall consider and address the resources available at the hospital, specifically, in terms of personnel, space, equipment, and supplies. (d) The licensee shall: (i) assess each pediatric patient for maturity and development. Information obtained from the maturity and development assessment must be incorporated into the plan of care; (ii) establish and implement security protocols for pediatric patients; and (iii) provide a safe area for diversional play activities.	☐	☐	☐		☐		
100-20(2)	A licensee that admits pediatric patients shall have equipment and supplies in accordance with the hospital's scope of pediatric services.	☐	☐	☐		☐		
100-20(3)(a-d)	The licensee shall have written guidelines for the placement or room assignment of pediatric patients according to patient acuity under usual, specific, or unusual conditions within the hospital that shall address the use of: (a) cribs; (b) bassinets; (c) beds; and (d) proper use of restraints, bed rails, and other safety devices.	☐	☐	☐		☐		
100-20(4)	The licensee shall place infant patients in beds where frequent observation is possible.	☐	☐	☐		☐		

100-20(5)	The licensee shall ensure that pediatric patients other than infants are placed in beds to allow frequent observation according to each patient's assessed care needs.	☐	☐	☐		☐		
100-20(6)	Personnel working with pediatric patients shall have specific training and experience relating to the care of pediatric patients.	☐	☐	☐		☐		
100-20(7)(a)-(h)	Orientation and in-service training provided by the licensee for pediatric care staff shall include pediatric-specific training on: (a) drugs; (b) toxicology; (c) intravenous therapy; (d) pediatric emergency procedures; (e) infant and child nutrition; (f) the emotional needs and behavioral management of hospitalized children; (g) child abuse and neglect; and (h) other topics according to the needs of the pediatric patients.	☐	☐	☐		☐		
R432-100-21. Respiratory Care Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-21(1)	A person authorized by the hospital administrator shall provide administrative direction of respiratory care services.	☐	☐	☐		☐		
100-21(2)(a)-(b)	A member of the medical staff who has the responsibility and authority for the overall direction of respiratory care services shall direct the respiratory care service. (a) When the scope of services warrants, a technical director who is registered or certified by the National Board For Respiratory Therapy Incorporated, or has the equivalent education, training, and experience shall supervise the respiratory care services. (b) The technical director shall inform physicians about the use and potential hazards in the use of any respiratory care equipment.	☐	☐	☐		☐		

100-21(3)(a-b)	The responsible licensed practitioner shall provide respiratory care services to patients in accordance with a written prescription that specifies the type, frequency, and duration of the treatment; and when appropriate, the type and dose of medication, the type of diluent, and the oxygen concentration. (a) The licensee shall have equipment to perform any pulmonary function study or blood-gas analysis. (b) The licensee shall ensure availability of resuscitation, ventilatory, and oxygenation support equipment in accordance with the needs of the patient population served.	☐	☐	☐		☐		
R432-100-22. Rehabilitation Therapy Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-22(1)(a-c)	If rehabilitation therapy services are provided by the licensee, the services may include physical therapy, speech therapy, and occupational therapy. (a) A qualified, licensed provider who has clinical responsibility for the specific therapy service shall direct rehabilitation therapy services. (b) Support personnel shall perform patient services that are commensurate with each person's documented training and experience. (c) Rehabilitation therapy services may be initiated by a member of the medical staff or by a licensed rehabilitation therapist. (i) A physician's written request for services shall include reference to the diagnosis or condition for the treatment that is planned, and any contraindications. (ii) The patient's physician shall retain responsibility for the specific medical problem or condition for that necessitated the referral.	☐	☐	☐		☐		
100-22(2)	Rehabilitation therapy services provided to the patient shall include evaluation of the patient, establishment of goals, development of a plan of treatment, regular and frequent assessment, maintenance of treatment and progress records, and periodic assessment of the quality and appropriateness of the care provided.	☐	☐	☐		☐		
R432-100-24. Laboratory and Pathology Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**

100-24(1)(a-b)	The licensee shall provide laboratory and pathology services that are in accordance with the needs and size of the institution. (a) A person appointed and authorized by the hospital administrator shall provide administrative direction of laboratory and pathology services. (b) A member of the medical staff shall provide medical direction of laboratory and pathology services.	☐	☐	☐		☐		
100-24(2)	Laboratory and pathology services shall make Clinical Laboratory Inspection Amendments inspection reports, as required for plans review in Section R432-4-12 available for department review.	☐	☐	☐		☐		
100-24(3)	Laboratories certified by a Health Care Financing Administration approved accrediting agency are in compliance with this section and the licensee shall ensure any accrediting agency inspection reports are available for department review.	☐	☐	☐		☐		
R432-100-26. Pharmacy Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-26(1)	The pharmacy of a licensee currently accredited and conforming to the standards of Joint Commission on Accreditation of Healthcare Organizations (JCAHO) is determined to be in compliance with this section. If a licensee is not accredited by JCAHO, then the licensee's pharmacy services shall comply with rules in this section.	☐	☐	☐		☐		
100-26(2)	A licensed pharmacist shall direct the pharmacy department and service.	☐	☐	☐		☐		
100-26(3)	The licensee shall employ personnel in keeping with the size and activity of the department and service.	☐	☐	☐		☐		
100-26(4)	If the licensee uses only a drug room and the size of the hospital does not warrant a full-time pharmacist, a consultant pharmacist may be employed.	☐	☐	☐		☐		
100-26(5)	The pharmacist is responsible for developing, supervising, and coordinating any of the activities of the pharmacy.	☐	☐	☐		☐		
100-26(6)	The licensee shall provide access to emergency pharmaceutical services.	☐	☐	☐		☐		

100-26(7)	The licensee shall ensure the pharmacist is trained in the specific functions and scope of the hospital pharmacy.	☐	☐	☐		☐		
100-26(8)(a-e)	The licensee shall provide facilities for the safe storage, preparation, safeguarding, and dispensing of drugs and ensure the following: (a) any floor-stocks are kept in secure areas in the patient care units; (b) double-locked storage is provided for controlled substances and electronically controlled storage of narcotics is permitted if automated dispensing technology is utilized by the hospital; (c) medications stored at room temperatures are maintained between 59 and 80 degrees Fahrenheit (F); (d) refrigerated medications are maintained between 36 and 46 degrees F.; and (e) a current toxicology reference, and other references as needed for effective pharmacy operation and professional information are available.	☐	☐	☐		☐		
100-26(9)	The licensee shall maintain records of the transactions of the pharmacy and medication storage unit and coordinated with other hospital records.	☐	☐	☐		☐		
100-26(10)(a-b)	The licensee shall maintain a recorded and signed floor-stock controlled substance count once per shift or the facility that shall use automated dispensing technology in accordance with Section R156-17b-605. (a) A licensee that utilizes automated dispensing technology shall implement a system for accounting of controlled substances dispensed by the automated dispensing system. (b) The record shall list the name of the patient receiving the controlled substance, the date, type of substance, dosage, and signature of the person administering the substance.	☐	☐	☐		☐		

100-26(11)(a-f)	The director of the pharmaceutical department or service shall develop written policies and procedures, in coordination with the medical staff, that pertain to the intra-hospital drug distribution system and the safe administration of drugs. (a) Medical staff shall administer drugs that are provided to floor units in accordance with hospital policies and procedures. (b) The medical staff, in coordination with the pharmacist, shall establish standard stop orders for any medications not specifically prescribed in regard to time or number of doses. (c) The pharmacist shall have full responsibility for dispensing of any drugs. (d) The licensee shall ensure there is a policy stating who may have access to the pharmacy or drug room when the pharmacist is not available. (e) The licensee shall ensure there is a documentation system for the accounting and replacement of drugs, including narcotics, to the emergency department. (f) The licensee shall ensure medication errors and adverse drug reactions are reported immediately in accordance with written procedures including notification of the practitioner who ordered the drug.	☐	☐	☐		☐		
R432-100-33. Dietary Service.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-33(1)(a)-(c)	The licensee shall ensure that there is an organized dietary department under the supervision of a certified dietitian or a qualified individual who, by education or specialized training and experience, is knowledgeable in food service management. If the latter is head of the department, they shall retain a registered dietitian on a full-time, regular part-time, or consulting basis. (a) A person whose qualifications, authority, responsibilities, and duties are approved by the administrator shall provide direction of the dietary service. The director shall have the administrative responsibility for the dietary service. (b) If the services of a certified dietitian are used on less than a full-time basis, the time commitment shall permit performance of any necessary functions to meet the dietary needs of the patients. (c) The licensee shall ensure there are food service personnel to perform any necessary functions.	☐	☐	☐		☐		

100-33(2)	If dietetic services are provided by an outside provider, the outside provider shall comply with the standards of this section.	☐	☐	☐		☐		
100-33(3)(a-e)	The dietary department personnel shall provide a current diet manual, approved by the dietary department and the medical staff, to be available to dietary, medical, and nursing personnel. (a) The dietary department personnel shall meet the food and nutritional needs of patients, including therapeutic diets, in accordance with the orders of the physician responsible for the care of the patient, or if delegated by the physician, the orders of a qualified registered dietitian in consultation with the physician, as authorized by the medical staff and in accordance with facility policy. (b) Dietary department personnel shall write regular menus and modifications for basic therapeutic diets at least one week in advance and posted in the kitchen. (c) The menus shall provide for a variety of foods served in adequate amounts at each meal. (d) The dietary department shall serve at least three meals daily with not more than a 14-hour span between the evening meal and breakfast. If a substantial evening snack is offered, a 16-hour time span is permitted. (e) The dietary department shall provide a source of non-neutral exchanged water for use in preparation of no sodium meals, snacks, and beverages.	☐	☐	☐		☐		
100-33(4)(a-b)	The dietary department personnel shall comply with the Utah Department of Health and Human Services Food Service Sanitation Rule R392-100.	☐	☐	☐		☐		
100-33(5)	The licensee shall maintain written reports of inspections by state or local health departments on file at the hospital and available for department review.	☐	☐	☐		☐		
100-33(6)	The dietitian or authorized designee is responsible for documenting nutritional information in the patient's medical record.	☐	☐	☐		☐		
100-33(7)	The licensee shall ensure that any dietary orders are transmitted in writing to the dietary department.	☐	☐	☐		☐		
R432-100-34. Telehealth Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**

100-34(1)	If a licensee participates in telehealth, it shall develop and implement policies governing the practice of telehealth in accordance with the scope and practice of the hospital and in accordance with Section 26B-4-704.	☐	☐	☐		☐		
100-34(2)	The licensee's telehealth policies shall address security, access, and retention of telemetric data.	☐	☐	☐		☐		
100-34(3)	The licensee's telehealth policies shall define the privileging of physicians and allied health professionals who participate in telehealth.	☐	☐	☐		☐		
R432-100-35. Medical Records.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-35(1)(a-b)	The licensee shall establish a medical records department or service that is responsible for the administration, custody, and maintenance of medical records. (a) The hospital administrator shall establish administrative direction of the medical records department and in accordance with the organizational structure and policies of the hospital. (b) The licensee shall retain the technical services of either a registered health information administrator or a registered health information technician through employment or consultation. If retained by consultation, the individual shall visit at least quarterly and document visits through written reports to the hospital administrator.	☐	☐	☐		☐		

100-35(2)(a-f)	The licensee shall provide secure storage, controlled access, prompt retrieval, and equipment and facilities to review medical records. (a) The license shall ensure medical records are available for use or review by: (i) members of the medical and professional staff; (ii) authorized hospital personnel and agents; (iii) people authorized by the patient through a consent form; and (iv) department representatives to determine compliance with licensing rules. (b) Medical records may be stored in multiple locations if the record can be retrieved or accessed in a reasonable time period. (c) If computer terminals are utilized for patient charting, the licensee shall have policies governing access and identification codes, security, and information retention. (d) The licensee shall index a hospital medical record according to diagnosis, procedure, demographic information, and physician or licensed health practitioner and ensure the index is current within six months following discharge of the patient. (e) Original medical records are the property of the licensee and shall not be removed from the control of the licensee or the licensee's agent as defined by policy, except by court order or subpoena. (f) The licensee shall manage medical records for individuals who have received or requested admission to an alcohol or drug program in accordance with the Code of Federal Regulations, Title 42, Part 2, Confidentiality of Substance Use Disorder Patient Records.	☐	☐	☐		☐		

100-35(3)(a-d)	The licensee shall ensure that any medical record entries are legible, complete, authenticated, and dated by the person responsible for ordering the service, providing, or evaluating the service, or making the entry. The author shall review prepared transcriptions of dictated reports, evaluations, and consultations before authentication. (a) The authentication may include written signatures, computer key, or other methods approved by the governing body and medical staff to identify the name and discipline of the person making the entry. (b) Use of computer key or other methods to identify the author of a medical record entry may not be assignable or delegated to another person. (c) The licensee shall maintain a current list of individuals approved to use the methods of authentication. Hospital policy shall identify sanctions for the unauthorized or improper use of computer codes. (d) Qualified personnel shall accept and transcribe verbal orders for the care and treatment of the patient and authenticate them within 30 days of the patient's discharge.	☐	☐	☐		☐		

100-35(4)(a-g)	The licensee shall ensure medical records are organized according to hospital policy and the following: (a) medical records are reviewed at least quarterly for completeness, accuracy, and adherence to hospital policy; (b) records of discharged patients are collected, assembled, reviewed for completeness, and authenticated within 30 days of the patient's discharge; (c) medical records are retained for at least seven years and medical records of minors are kept until the age of 18 plus four years, but in no case less than seven years. (d) the licensee may destroy medical records after retaining them for the minimum period of time, and before destroying medical records, the licensee shall notify the public by publishing a notice in a newspaper of statewide distribution a minimum of once per week for three consecutive weeks to allow a former patient to access their records; (e) the licensee shall permanently retain a master patient or person index that shall include: (i) the patient name; (ii) the medical record number; (iii) the date of birth; (iv) the admission and discharge dates; and (v) the name of each attending physician. (f) if a licensee ceases operation, the licensee shall provide secure, safe storage and prompt retrieval of any medical records, patient indexes, and discharges for the period specified in Subsection R432-100-34(4)(c); and (g) the licensee may arrange for storage of medical records with another hospital, or an approved medical record storage facility, or may return patient medical records to the attending physician if the physician is still in the community.	☐	☐	☐		☐		
100-35(5)	The licensee shall establish and maintain a complete medical record for each patient admitted, or who receives hospital services. Emergency and outpatient medical records shall contain documentation of the service provided and other pertinent information in accordance with hospital policy.	☐	☐	☐		☐		

100-35(6)(a-i)	The licensee shall ensure that each medical record contains: (a) patient identification and demographic information to include at least the patient's name, address, date of birth, sex, and emergency contact information; (b) initial or admitting medical history, physical and other examinations or evaluations. Recent histories and examinations may be substituted if updated to include changes that reflect the patient's current status; (c) admitting, secondary, and primary diagnoses; (d) results of consultative evaluations and findings by individuals involved in the care of the patient; (e) documentation of complications, hospital acquired infections, and unfavorable reactions to medications, treatments, and anesthesia; (f) properly executed informed consent documents for any procedures and treatments ordered for, and received by, the patient; (g) documentation that the facility requested of each admitted person whether the person has initiated an advanced directive as defined in the Title 75, Chapter 2a, Advance Health Care Directive Act; (h) practitioner orders, nursing notes, reports of treatment, medication records, laboratory and radiological reports, vital signs, and other information that documents the patient condition and status; and (i) a discharge summary including outcome of hospitalization, disposition of case with an autopsy report when indicated, or provisions for follow-up.	☐	☐	☐		☐		
100-35(7)	A medical record of a deceased patient shall contain a completed Inquiry of Anatomical Gift form or a modified hospital death form that has been approved by the department, as required by Title 26, Chapter 28, Revised Uniform Anatomical Gift Act.	☐	☐	☐		☐		
100-35(8)(a-i)	A medical record of a surgical patient shall contain: (a) a pre-operative history and physical examination; (b) surgeon's diagnosis; (c) an operative report describing a description of findings; (d) an anesthesia report including dosage and duration of any anesthetic and pertinent events during the induction, maintenance, and emergence from anesthesia; (e) the technical procedures used; (f) the specimen removed; (g) the post-operative diagnosis; (h) the name of the primary surgeon; and (i) assistants written or dictated by the surgeon within 24 hours after the operation.	☐	☐	☐		☐		

100-35(9)(a-g)	A medical record of an obstetrical patient shall contain: (a) a relevant family history; (b) a pre-natal examination; (c) the length of labor and type of delivery with related notes; (d) the anesthesia or analgesia record; (e) the Rh status and immune globulin administration when indicated; (f) a serological test for syphilis; and (g) a discharge summary for complicated deliveries or final progress note for uncomplicated deliveries.	☐	☐	☐		☐		
100-35(10)(a-l)	A Medical record of a newborn infant shall contain the following documentation in addition to the requirements for obstetrical medical records: (a) a copy of the mother's delivery room record. In adoption cases where the identity of the mother is confidential, the licensee shall include and access the mother's according to hospital policy; (b) the date and hour of birth; (c) period of gestation; (d) gender; (e) reactions after birth; (f) delivery room care; (g) temperature and weight; (h) time of first urination; and (i) number, character, and consistency of stools; (j) a record of the physical examination completed at birth and discharge, record of ophthalmic prophylaxis, and the identification number of the newborn screening kit, referred to in Rule R398-1; (k) the authorization by the parents, state agency, or court authority if the infant is discharged to any person other than the infant's parents; and (l) the record and results of the newborn hearing screening according to Sections 26B-1-432 and R398-2-6.	☐	☐	☐		☐		
100-35(11)(a-g)	The licensee shall integrate an emergency department patient medical record into the hospital medical record, that includes; (a) time and means of arrival; (b) emergency care given to the patient before arrival; (c) history and physical findings; (d) lab and x-ray reports; (e) diagnosis; (f) record of treatment; and (g) disposition and discharge instructions.	☐	☐	☐		☐		

100-35(12)(a-e)	A medical-social services patient record shall include: (a) a medical-social or psychosocial study of a referred inpatient and outpatient; (b) the financial status of the patient; (c) social therapy and rehabilitation of the patient; (d) an environmental investigation for an attending physician; and (e) any cooperative activities with community agencies.	☐	☐	☐		☐		
100-35(13)(a-c)	A medical record of a patient receiving rehabilitation therapy shall include: (a) a written plan of care appropriate to the diagnosis and condition; (b) a problem list; and (c) short and long term goals.	☐	☐	☐		☐		
100-35(14)	The medical records department shall maintain records, reports and documentation of admissions, discharges, and the number of autopsies performed.	☐	☐	☐		☐		
100-35(15)	The medical records department shall maintain vital statistic registries for births, deaths, and the number of operations performed. The medical records department shall report vital statistics data in accordance with the Title 26B, Chapter 8, Vital Statistics Act.	☐	☐	☐		☐		
R432-100-36. Central Supply Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-36(1)	The licensee shall qualify a central supply service supervisor for the position by their education, training, and experience.	☐	☐	☐		☐		

100-36(2)	The licensee shall provide space and equipment for the cleaning, disinfecting, packaging, sterilizing, storing, and distributing of medical and surgical patient care supplies. (a) The licensee shall ensure that the hospital central service area provides for the following: (i) a decontamination area that is separated by a barrier or divider to allow the receiving, cleaning, and disinfection functions to be performed separately from any other central service functions; (ii) a linen assembly or pack-making area that has ventilation to control lint and the linen assembly or pack-making area is separated from the general sterilization and processing area; and (iii) the sterilization area contains hospital sterilizers with approved controls and safety features; (A) the accuracy of the sterilizers' performance is checked by a method that includes a permanent record of each run; (B) the sterilizers are tested by biological monitors at least weekly; and (C) if gas sterilizers are used, they are inspected, maintained, and operated in accordance with the manufacturer's recommendations.	☐	☐	☐		☐		
100-36(3)(a-c)	The licensee shall separate the storage area into sterile and non-sterile areas and ensure the following: (a) the storage area has temperature and humidity controls; (b) the storage area is free of excessive moisture and dust; and (c) outside shipping cartons are not stored in this area.	☐	☐	☐		☐		
100-36(4)	Staff shall wipe countertops and tables with a broad spectrum disinfectant during each shift that the central service area is staffed.	☐	☐	☐		☐		
100-36(5)	Staff shall issue and launder any apparel worn in central supply according to hospital policy.	☐	☐	☐		☐		
R432-100-37. Laundry Service.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-37(1)	A person whose qualifications, authority, responsibilities, and duties are approved by the administrator shall direct the laundry service.	☐	☐	☐		☐		

100-37(2)(a-b)	A licensee using a commercial linen service shall require written assurance from the commercial service that standards in this subsection are maintained. (a) Clean linen shall remain completely packaged and protected from contamination until received by the licensee. (b) The use of a commercial linen service does not relieve the licensee from its quality improvement responsibilities.	☐	☐	☐		☐		
100-37(3)(a-b)	A licensee that maintains an in-house laundry service shall provide equipment, supplies, and staff to meet the needs of the patients and shall ensure: (a) soiled linen is collected in a manner to minimize cross-contamination and containers are properly closed as filled and before further transport; (i) soiled linen is sorted only in a sorting area; (ii) handwashing is required after handling soiled linen and before handling clean items; (iii) employees handling soiled linen wear protective clothing that is removed before leaving the soiled work area; (iv) soiled linen is transported separately from clean linen; (b) The licensee shall maintain a supply of clean linen; (i) clean linen is handled and stored in a manner to minimize contamination from surface contact or airborne deposition; (ii) clean linen is stored in enclosed closet areas or carts; and (iii) clean linen is covered during transport.	☐	☐	☐		☐		
100-37(4)(a-b)	The licensee shall launder employee scrubs that are worn in the following areas: (a) surgical areas; and (b) other areas as required by the Occupational Health and Safety Act in the Code of Federal Regulations, Title 29, Part 1910.264.	☐	☐	☐		☐		
100-37(5)	If hospital employee scrubs are designated as uniforms that may be worn to and from work, the licensee shall develop and implement policies and procedures defining the scope and usage of scrubs as uniforms including hospital storage of employee scrubs, and hospital-provided scrubs in the event of contamination.	☐	☐	☐		☐		
R432-100-38. Housekeeping Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**

100-38(1)	The licensee shall provide housekeeping services to maintain a clean, safe, sanitary, and healthful environment in the hospital.	☐	☐	☐		☐		
100-38(2)	If the licensee contracts for housekeeping services with an outside service, the licensee shall secure a signed and dated agreement that details the services provided.	☐	☐	☐		☐		
100-38(3)	The licensee shall provide safe and secure storage of cleaners and chemicals and keep cleaners and chemicals stored in areas that may be accessible to patients secure in accordance with hospital policy.	☐	☐	☐		☐		
100-38(4)	The licensee shall ensure that storage and supplies in each area of the hospital are stored at least four inches off the floor, and at least 18 inches below the lowest portion of the sprinkler system.	☐	☐	☐		☐		
100-38(5)	Personnel engaged in housekeeping or laundry services shall not be engaged simultaneously in food service or patient care.	☐	☐	☐		☐		
100-38(6)	If personnel work in food or direct patient care services, the licensee shall establish and follow a hospital policy to govern the transition from housekeeping services to patient care.	☐	☐	☐		☐		
R432-100-39. Maintenance Services.		**C**	**NC**	**NA**	**Date**	**CDI**		**Notes**
100-39(1)(a-d)	The licensee shall provide maintenance services to ensure that hospital equipment and grounds are maintained in a clean and sanitary condition and in a state of good repair for the safety and well-being of patients, staff, and visitors. (a) The administrator shall employ a person qualified by experience and training to oversee hospital maintenance. (b) If the licensee contracts for maintenance services, the licensee shall secure a signed and dated agreement that details the services provided. (c) The licensee shall ensure a pest-control program is conducted to ensure the hospital is free from vermin and rodents. (d) The licensee shall maintain entrances, exits, steps, ramps, and outside walkways in a safe condition regarding snow, ice, and other hazards.	☐	☐	☐		☐		

100-39(2)	The licensee shall test, calibrate and maintain any patient care equipment in accordance with the specifications from the manufacturer and make testing frequency and calibration documentation, whether conducted internally or by an outside agency, available for department review.	☐	☐	☐		☐		
100-39(3)	The licensee shall ensure hot water at public and patient faucets is delivered between 105 to 120 degrees F.	☐	☐	☐		☐		