Department of Health & Human Services	Nursing Care Facility Inspection Checklist R432-150	This inspection checklist is the tool HFL licensors use to ensure consistency for every inspection. *(Revised 5/20/2026)*

Facility Name:		**Facility ID:**		**Phone Number:**		**Notes / Sticky Notes**
Address:				**Email Address:**		
Provider:				**Local Long Term Care Ombudsman Notified Date and Time:**		

Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)			**Please review the following items during the inspection:** (Mark with a check mark if completed and make and necessary notes)		
☐	**Items on CMS Entrance Conference Worksheet**		☐		
☐	**Policies and Procedures**		☐		
☐	**Current Employee Roster with hire dates, job title and phone number**		☐		
☐	**List of employees terminated in the last 6 months with hire dates, job title and phone number**		☐		
☐			☐		
☐			☐		

Inspection Information:

- **The Licensor will email you this inspection checklist after the inspection is completed, if requested.**
- **These are initial observations and do not constitute a final inspection report.**
- **An official inspection report will be sent to you once this inspection has been approved by OL management.**
- **You may submit feedback on this inspection by visiting the website dlbc.utah.gov**

Legislative updates for 2026 are found at the end of the checklist. Updates will be enforceable starting May 20, 2026.

Signature Information

Inspection Type:		**Date:**		**Date and Time Started:**		**Date and Time Ended:**	

Number of rule noncompliances:			**Name of Individual Informed of this Inspection:**		
Licensor(s) Conducting this Inspection:				**OL Staff Observing Inspection:**	
☐	**The Licensor reviewed compliance.**				

RULES CHECKLIST									
Rule # R432-150		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied** **NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
R432-1-4. Identification Badges			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
4(1)(a)-(b) 4(2)(a)-(b)		(1) A licensee shall ensure that the following individuals wear an identification badge: (a) any employee who provides direct care to a patient; and (b) any volunteer. (2) The identification badge shall include the following information: (a) the person's first or last name; and (b) the person's title or position, in terms generally understood by the public.	☐	☐	☐		☐	☐	
R380-80-4. Providers' Duty to Help Protect Clients.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**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.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**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.	☐	☐	☐		☐	☐	
R432-40-3. Policy, Procedures, and Employee Training.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-40-3(2)		(2) The licensee shall ensure that employees responsible for assessing, documenting, and reporting according to this rule complete an online training regarding Rule R432-40, as well as an overview of reporting requirements upon hire.	☐	☐	☐		☐	☐	Do not cite until after 1/1/2026. Add this employee to the employee sample to verify that the online training has been completed.
R432-1-11. Medical Cannabis Designated Caregiver.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
1-11(1)		(1) An assisted living facility, nursing care facility or general acute hospital employee may become a designated caregiver for a patient or resident in accordance with Section 26B-4-214.	☐	☐	☐		☐	☐	

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1-11(2)(a-c)	(2) If a licensee listed in Subsection R432-1-12(1) designates one or more individuals as a patient or resident designated caregiver, the licensee shall develop and enforce policies and procedures that outline: (a) rules for patient or resident medical cannabis use in the facility; (b) responsibilities of the designated employee regarding receipt, documentation and administration of the medical cannabis; and (c) storage and access to medical cannabis.	☐	☐	☐		☐	☐	
1-11(3)	(3) A licensee that employs a designated caregiver shall maintain a current list of the designation assignments to provide to the department upon request.	☐	☐	☐		☐	☐	
1-11(4)(a-b)	(4) A licensee shall notify prospective patients or residents and their responsible person regarding the facility's designated caregiver policy for any patient or resident who requests: (a) to possess medical cannabis; (b) to have medical cannabis administered; or (c) for the facility to receive medical cannabis in a shipment	☐	☐	☐		☐	☐	
R432-150-4. Scope of Services.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-4(1)(a-e)	(1) For an intermediate care facility, the licensee: (i) dietary services; (ii) medical supervision; (iii) recreational therapy; and (iv) social services.	☐	☐	☐		☐	☐	
150-4(2)(a-f)	(2) The licensee shall provide the following service as required in the resident's care plan: (a) occupational therapy; (b) physical therapy; (c) respiratory therapy; (d) speech therapy; and (e) any other therapy as ordered by the licensed practitioner.	☐	☐	☐		☐	☐	

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150-4(3)(a-g)	(3) For a skilled level of nursing care facility, the licensee shall: (a) designate a registered nurse to serve as the director of nursing on a full-time basis; (b) employ a registered nurse for at least eight consecutive hours a day, seven days a week; (c) ensure a licensed charge nurse is present on each shift; (d) ensure nursing staff are present on the premises 24 hours a day to meet the needs of each resident; (e) not permit a person to concurrently serve as the director of nursing and as a charge nurse; (f) provide 24-hour licensed nursing services; and (g) provide a service to each resident that maintains current capabilities and prevents further deterioration, including: (i) a dental service; (ii) a dietary service; (iii) a pharmacy service; (iv) medical supervision; (v) physical therapy; (vi) recreational therapy; and (vii) social services.	☐	☐	☐		☐	☐	
150-4(4)(a-c)	(4) The licensee shall provide the following services as required by the resident's care plan: (a) occupational therapy; (b) respiratory therapy; and (c) speech therapy.	☐	☐	☐		☐	☐	
150-4(5)(a-e)	(5)(a) The licensee shall ensure that a respite service comply with Subsections R432-150-5(5) through (13). (b) The licensee may provide a respite service at an hourly rate or daily rate but may not exceed 14 days for any single respite stay. (c) A respite stay that exceeds 14 days is considered a nursing facility admission and is subject to the requirements of this rule applicable to a non-respite resident. (d) The licensee shall coordinate the delivery of respite services with the recipient, the case manager, if applicable, and the family member, or primary caretaker. (e) The licensee shall document and coordinate with each provider agency to ensure uninterrupted service delivery.	☐	☐	☐		☐	☐	

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150-4(6)(a-d)		(6) The licensee shall complete: (a) a Level 1 pre-admission screening upon the person's admission for respite services; (b) a record for each person receiving respite services; (c) a service agreement to serve as the care plan, that identifies the prescribed medications, physician treatment orders, need for assistance with activities of daily living, and diet orders; and (d) written respite care policies and procedures that are available to staff.	☐	☐	☐		☐	☐	
150-4(7)(a-h)		(7) The licensee shall ensure respite care policies and procedures address: (a) behavior management interventions; (b) handling personal funds; (c) medication administration; (d) notification of a responsible person in the case of an emergency; (e) philosophy of respite services; (f) post-service summary; (g) service agreement and admission criteria; and (h) training and in-service requirement for employees.	☐	☐	☐		☐	☐	
150-4(8)		(8) The licensee shall ensure the individual receiving respite services receives a copy of the resident rights documents upon initiation of the respite services.	☐	☐	☐		☐	☐	
150-4(9)(a-h)		(9) The licensee shall ensure a respite record contains: (a) a post-service summary; (b) any accident and injury report; (c) an advanced directive, if available; (d) daily staff notes; (e) nursing notes; (f) physician treatment orders; (g) resident demographic information; and (h) the service agreement.	☐	☐	☐		☐	☐	
150-4(10)		(10) The licensee shall ensure retention and storage of a respite record complies with Subsection R432-150-23(3).	☐	☐	☐		☐	☐	

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150-4(11)		(11) The licensee shall ensure confidentiality and release of information complies with Subsection R432-150-23(4).	☐	☐	☐		☐	☐	
150-4(12)		(12) Hospice care may only be arranged and provided by a licensed hospice agency in accordance with Rule R432-750.	☐	☐	☐		☐	☐	
150-4(13)		(13) A nursing care facility may provide terminal care.	☐	☐	☐		☐	☐	
R432-150-5. Adult Day Care Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-5(1)		(1) A nursing care facility licensee may provide adult day care without an additional license from OL.	☐	☐	☐		☐	☐	Not enforceable. Do not cite. This is a permission rule.
150-5(2)		(2) The licensee shall submit policies and procedures for adult day care to the OL for approval.	☐	☐	☐		☐	☐	
150-5(3)		(3) The governing body shall designate a qualified director to be responsible for the day-to-day program operation.	☐	☐	☐		☐	☐	
150-5(4)(a-e)		(4) The director shall maintain the following information on-site for each staff member: (a) a background check consent and release form; (b) an emergency contact with name, address, and telephone number; (c) health history; (d) in-service training requirements; and (e) verification of orientation completion.	☐	☐	☐		☐	☐	

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150-5(5)(a-d)	(5) The director shall maintain the following information on-site for each client: (a) a health record to include: (i) a current health assessment signed by a licensed practitioner; (ii) a level of care assessment; and (iii) a record of medication including dosage and administration; (b) a signed client agreement and care plan; (c) an emergency contact with name, address, and telephone number; and (d) demographic information.	☐	☐	☐		☐	☐	
150-5(6)(a-e)	(6) The licensee shall have a written eligibility, admission, and discharge policy that includes: (a) intake process; (b) notification of responsible person of any upcoming admission or discharge; (c) reason for discharge or dismissal; (d) reasons for admission refusal, including the director's written, signed statement; and	☐	☐	☐		☐	☐	
150-5(7)(a-e)	(7) Before the licensee may admit a client to the facility, the licensee must ensure the following are addressed in writing to determine client eligibility for the program: (a) current health status; (b) immunizations; (c) legal status; (d) medical history; and (e) psychological factors.	☐	☐	☐		☐	☐	

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150-5(8)(a-c)		(8) The licensee shall ensure that the director or designee, the responsible person, and the client if competent develops a written, signed client agreement that includes: (a) arrangements regarding: (i) absenteeism; (ii) gifts; (iii) mail; (iv) telephone calls; (v) vacations; and (vi) visits. (b) rules of the program; and (c) services provided and cost of service, including refund	☐	☐	☐		☐	☐	
150-5(9)(a-c)		(9) The licensee shall ensure the director or designee: (a) develops an individual client care plan that is implemented for the client within three days of admission to the program; (b) ensures the care plan includes the specification of daily activities and services; and (c) reevaluates and changes, if necessary, the client's care plan at least every six months.	☐	☐	☐		☐	☐	
150-5(10)		(10) The licensee shall comply with Rule R380-600 regarding critical incident reporting.	☐	☐	☐		☐	☐	
150-5(11)		(11) The director shall notify and review the incident report with the responsible person no later than when the client is picked up at the end of the day.	☐	☐	☐		☐	☐	
150-5(12)		(12) The licensee shall post and implement a daily activity schedule.	☐	☐	☐		☐	☐	

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150-5(13)(a-i)		(13) The licensee shall: (a) ensure a client is always directly supervised and are encouraged to participate in activities; (b) ensure one staff member provides continuous, direct supervision when eight or fewer clients are present; (c) ensure staff supervision is provided continually when a client is present; (d) if one-half or more of the clients are diagnosed by a physician's assessment with Alzheimer's or other dementia, the ratio is one staff for every six clients, or fraction thereof; (e) maintain any indoor and outdoor areas in a clean, secure, and safe condition; (f) provide at least 50 square feet of indoor floor space, excluding hallways, office, storage, kitchens, and bathrooms, per client designated for adult day care during program operational hours; (g) provide at least one bathroom designated for client use during business hours; (h) provide continuous, direct supervision at a ratio of one staff to every eight clients; and (i) provide at least two designated bathrooms designed for client use if serving more than ten clients.	☐	☐	☐		☐	☐	
R432-150-6. Governing Body.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-6(1)		(1) The licensee shall have a governing body or designated persons functioning as a governing body.	☐	☐	☐		☐	☐	
150-6(2)		(2) The licensee shall ensure that the governing body establishes and implements policies regarding the management and operation of the facility.	☐	☐	☐		☐	☐	
150-6(3)		(3) The governing body shall institute bylaws, policies, and procedures relative to the general operation of any licensee services including the health care of the resident and the protection of resident rights.	☐	☐	☐		☐	☐	

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150-6(4)	(4) The governing body shall appoint the administrator in writing.	☐	☐	☐		☐	☐	
R432-150-7. Administrator.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-7(1)(a-f)	(1) The licensee shall ensure that the administrator: (a) designates, in writing, the name and job title of the person who has the authority and freedom to act in the best interests of resident safety and well-being to act as administrator in any temporary absence of the administrator; (b) does not supervise more than one nursing care facility; (c) is not superseded by an unlicensed administrator designee; (d) has enough freedom from other responsibilities to permit attention to the management and administration of the facility; (e) holds a current license as a health facility administrator by the Utah Department of Commerce in accordance with Title 58, Chapter 15, Health Facility Administrator Act; and (f) posts the license in a place visible to the public.	☐	☐	☐		☐	☐	

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150-7(2)(a-g)	(2) The licensee shall ensure the administrator's responsibilities are defined in a written job description on file in the facility that includes the following responsibilities: (a) secure and update contracts for required professional services that are not provided directly by the facility that document: (i) a copy of the business or professional license of the contractor; (ii) a description of goods or services provided by the contractor to the facility; (iii) a provision to report findings, observations, and recommendations to the administrator on a regular basis; (iv) a provision to terminate the contract with advance notice; (v) a statement that the contractor shall conform to the standards required by law or rule; (vi) contracts are signed, dated, and maintained for review by OL; (vii) the effective and expiration date of contract; and (viii) the financial terms of the contract; (b) the completion, submission, and filing of any required reports, including a monthly census report to the Department of Health and Human Services, Division of Integrated Healthcare as required by Section R414-401-4, by the end of the succeeding month; (c) to act as a liaison between the licensee, medical and nursing staffs, and other supervisory staff of the facility; (d) to ensure that facility policies and procedures reflect current facility practice, and are revised and updated as needed; (e) to implement policies and procedures governing the operation of any functions of the facility; (f) to respond to recommendations made by the quality assurance committee; and (g) to review any incident, accident report, and document the action taken or reason for no action.	☐	☐	☐		☐	☐	

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150-7(3)(a-g)		(3) The licensee shall ensure the administrator maintains a written transfer agreement with one or more hospitals to facilitate the transfer of a resident and essential resident information that includes: (a) criteria for transfer; (b) method of transfer; (c) proper notification of hospital and responsible person before the transfer; (d) resident confidentiality; (e) security and accountability of personal property of the resident transferred; (f) the facility responsible for resident care during the transfer; and (g) transfer of information needed for proper care and treatment	☐	☐	☐		☐	☐	
R432-150-8. Medical Director.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-8(1)		(1) The licensee shall ensure that the administrator secures, by formal agreement, a licensed physician to serve as medical director or advisory physician according to resident and facility needs.	☐	☐	☐		☐	☐	
150-8(2)(a-e)		(2) The medical director or advisory physician shall: (a) act as consultant to the director of nursing or the health services supervisor in matters relating to resident care policies; (b) develop resident care policies and procedures, including the delineation of responsibilities of attending physicians; (c) review current resident care policies and procedures with the administrator; (d) review incident and accident reports at the request of the administrator to identify health hazards to a resident and employee; and (e) serve as a liaison between resident physicians and the administrator.	☐	☐	☐		☐	☐	
R432-150-9. Staff and Personnel.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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150-9(1)	(1) The administrator shall employ personnel who are able and competent to perform their respective duties, services, and functions.	☐	☐	☐		☐	☐	
150-9(2)(a-f)	(2) The administrator shall ensure the administrator, director of nursing or health services supervisor, and facility supervisors develop job descriptions for each position, including: (a) a job summary; (b) a job title; (c) any required qualifications; (d) any required skills and licenses; (e) responsibilities of the position; and (f) the position's physical requirements.	☐	☐	☐		☐	☐	
150-9(3)	(3) The licensee shall monitor staff to ensure compliance with each applicable rule under Title R432.	☐	☐	☐		☐	☐	
150-9(4)	(4) The licensee shall ensure each employee has access to facility policy and procedure manuals and other information necessary to effectively perform duties and carry out responsibilities.	☐	☐	☐		☐	☐	
150-9(5)	(5) The licensee shall ensure each employee is licensed, certified, or registered as required by the Utah Department of Commerce, and a copy of the license, certification, or registration is maintained for OL review.	☐	☐	☐		☐	☐	

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150-9(6)(a-p)		(6) The licensee shall: (a) complete a health evaluation for each employee upon hire that includes the employee's history of the following: (i) any condition that may prevent the employee from performing certain assigned duties satisfactorily; and (ii) any condition that predisposes the employee to acquiring or transmitting infectious diseases; (b) conduct regular performance reviews and regular in-service education to ensure that individuals used as nurse aides are competent to perform services as nurse aides; (c) develop and ensure adherence to a policy that prohibits employees from deactivating, repositioning, or otherwise interfering with the operation of a monitoring device in a secure memory care patient's room; (d) ensure a health screening and immunization component is included in the employee's personnel health program, outlined in Subsection (j); (e) ensure any infections and communicable diseases reportable by law are reported to the local health department in accordance with Section R386-702-3; (f) ensure any person who provides nursing care, including any nurse aide or orderly, works under the supervision of a registered nurse or licensed practical nurse and demonstrates competency and dependability in resident care; (g) ensure employee skin testing by the Mantoux method or other FDA approved in vitro serologic test and follow up for tuberculosis is done in accordance with Rule R388-804 and each employee is skin-tested for tuberculosis within two weeks of: (i) development of symptoms of tuberculosis; (ii) initial hiring; and (iii) suspected exposure to a person with active tuberculosis; (h) ensure infection control includes staff immunization as necessary to prevent the spread of disease; (i) ensure staff are available on each shift, who are CPR certified, trained in emergency procedures and basic first aid, including the Heimlich maneuver; (j) establish a personnel health program through written personnel health policies and procedures; (k) exempt skin testing for each employee with a known positive reaction to skin tests; (l) maintain staffing records, including employee performance evaluations, for the preceding 12 months; (m) plan and document in-service training for each staff member and address the following topics annually: (i) a basic understanding of the various types of mental illness, including symptoms, expected behaviors and intervention approaches; (ii) accident prevention and safety procedures including instruction in body mechanics for any employees required to lift	☐	☐	☐		☐	☐	

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150-9(7)(a-b)		(7) The licensee may utilize volunteers in the daily activities of the licensee if volunteers are not included in the licensee's staffing plan in lieu of facility employees and the licensee ensures: (a) each volunteer is supervised and familiar with resident rights and the licensee's policies and procedures; and (b) each volunteer who provides personal care to a resident is screened according to facility policy and under the direct supervision of a qualified employee.	☐	☐	☐		☐	☐	
150-9(8)		(8) The licensee shall ensure an employee who reports suspected abuse, neglect, or exploitation is not subject to retaliation, disciplinary action, or termination by the licensee for making the report.	☐	☐	☐		☐	☐	
R432-150-10. Quality Assurance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-10(1)(a-d)		(1) The administrator shall develop and follow a well-defined quality assurance plan designed to improve resident care that: (a) implements a system to assess identified problems, concerns, and opportunities for improvement; (b) implements actions that are designed to eliminate identified problems and improve resident care; (c) includes a system for the collection of data indicators; and (d) includes an incident reporting system in accordance with Rule R380-600 to identify problems, concerns, and opportunities for improvement of resident care.	☐	☐	☐		☐	☐	
150-10(2)a-c)		(2) The licensee shall ensure the quality assurance plan includes a quality assurance committee that functions as follows: (a) conducts quarterly meetings and reports findings, concerns and actions to the administrator and governing body; (b) coordinates input of data indicators from any provided services and other departments as determined by the resident's care plan and facility scope of services; and (c) documents committee meeting minutes including any corrective actions and results.	☐	☐	☐		☐	☐	

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150-10(3)a-c)		(3) The licensee shall ensure incident and accident reports: (a) are available for OL and quality assurance committee review; (b) are numbered and logged in a manner to account for each filed report; and (c) have space for written comments by the administrator or medical director.	☐	☐	☐		☐	☐	
150-10(4)		(4) The licensee shall ensure infection reporting is integrated into the quality assurance plan and is reported to the department in accordance with Rule R386-702.	☐	☐	☐		☐	☐	
R432-150-11. Resident Rights.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-11(1)		(1) The licensee shall establish written resident rights.	☐	☐	☐		☐	☐	
150-11(2)		(2) The licensee shall post resident rights in areas accessible to a resident.	☐	☐	☐		☐	☐	
150-11(3)(a-c)		(3) The licensee shall ensure a copy of the resident rights document is available to: (a) each resident; (b) each residents' guardian or responsible person; and (c) to the public and OL upon request.	☐	☐	☐		☐	☐	

RULES CHECKLIST								
Rule # R432-150	Rule Description R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection	Reviewed	Under Review	NA	Compliance Required By Date:	Corrected During Inspection	Technical Assistance:	Notes
150-11(4)(a-x)	(4) The licensee shall ensure that each resident admitted to the facility has the right to: (a) allow relatives or responsible persons to visit a critically ill resident at any time; (b) associate and communicate privately with persons of the resident's choice, and to send and receive personal mail unopened; (c) be allowed privacy for visits with family, friends, clergy, social workers, or for professional or business purposes; (d) be assured confidential treatment of personal and medical records, including photographs, and to approve or refuse their release to any individual outside the facility, except in the case of transfer to another health facility, or as required by law or third-party payment contract; (e) be encouraged and assisted throughout the period of stay to exercise any rights as a resident and as a citizen; (f) be free from abuse, neglect, and exploitation and from chemical and physical restraints; (g) be given reasonable advance notice to ensure orderly transfer or discharge; (h) be informed, at the time of admission and during the stay, of resident rights and of any rules or laws governing resident conduct; (i) be informed, at the time of admission and during the stay, of services available in the facility and of related charges, including any charges for services not covered by the licensee's basic per diem rate or not covered under Titles XVIII or XIX of the Social Security Act; (j) be informed by a licensed practitioner of current total health status, including current medical condition, unless medically contraindicated, the right to refuse treatment, and the right to formulate an advance directive in accordance with Section 75A-3-301; (k) be transferred or discharged only for: (i) nonpayment for the stay; (ii) personal welfare or welfare of another resident; or (iii) medical reasons; (l) be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs; (m) choose activities, schedules, and health care consistent with individual interests, assessments, and care plan; (n) have access to the state long term care ombudsman program or representatives of the long term care ombudsman program; (o) have confidential access to telephones for both free local calls and for accommodation of long-distance calls according to facility policy; (p) have members of the clergy admitted at the request of the	☐	☐	☐		☐	☐	

RULES CHECKLIST								
Rule # R432-150	**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied** **NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
150-11(5)(a-f)	(5)(a) A resident has the right to organize and participate in resident and family groups in the facility. (b) A resident's family has the right to meet in the facility with the families of other residents in the facility. (c) The licensee shall provide a resident or family group, if one exists, with private space. (d) Staff or visitors may attend meetings at the group's invitation. (e) The licensee shall designate a staff person responsible for assisting and responding to written requests that result from group meetings. (f) If a resident or family group exists, the licensee shall listen to the views and act upon the grievances and recommendations of the resident or family group concerning proposed policy and operational decisions affecting resident care and life in the	☐	☐	☐		☐	☐	
150-11(6)(a-d)	(6) The licensee shall: (a) accommodate resident needs and preferences, except when the health and safety of the individual or another resident may be endangered; (b) ensure a resident is given at least a 24-hour notice before an involuntary room move is made in the facility; (c) ensure that in an emergency when there is actual or threatened harm to others, property, or self, the 24-hour notice requirement for an involuntary room move may be waived if the circumstances requiring the emergency room change are documented for OL review; and (d) make and document efforts to accommodate the resident's adjustment and choices regarding room and roommate changes.	☐	☐	☐		☐	☐	

RULES CHECKLIST								
Rule # R432-150	**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
150-11(7)(a-k)	(7) If a licensee is entrusted with a residents funds or valuables, the licensee or staff may not use resident funds or valuables or mingle them with their own and shall: (a) deposit any money over $100 in an interest-bearing account; (b) deposit each resident's funds not kept in the facility within five days of receipt of the funds in an interest-bearing, insured account in a local bank or savings and loan association authorized to do business in Utah; (c) ensure each resident's account is kept current with columns for debits, credits, and balance; (d) ensure each residents funds and valuables are separate, intact, and free from any liability that the licensee incurs in the use of their own or the institution's funds and valuables; (e) ensure records of each resident's funds and other valuables entrusted to the licensee for safekeeping include a copy of the receipt furnished to the resident or to the person responsible for the resident; (f) ensure records of each resident's funds that are maintained as a drawing account include a control account for any receipts and expenditures, an account for each resident, and supporting vouchers filed in chronological order; (g) maintain a separate account for each facility, when a licensee is licensed to operate more than one health facility, and may not commingle resident funds from one facility with another; (h) maintain adequate safeguards and accurate records of each resident's monies and valuables entrusted to the licensee's care; (i) provide evidence of the purchase of a surety bond or other equivalent assurance to secure any resident funds, upon license renewal; (j) surrender any money and valuables kept within the facility upon demand and make available any money kept in an interest-bearing account within three working days; and (k) surrender upon discharge any resident money and valuables that have been entrusted to the licensee in exchange for a signed receipt.	☐	☐	☐		☐	☐	

RULES CHECKLIST									
Rule # R432-150		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
150-11(8)(a-b)		(8)(a) Within 30 days following the death of a resident, except in a case under investigation by the medical examiner, the licensee shall surrender any money and valuables of the resident that have been entrusted to the licensee to the person responsible for the resident or to the executor or the administrator of the estate in exchange for a signed receipt. (b) If a resident dies without a representative or known heirs, the licensee shall immediately notify the local probate court and OL in writing.	☐	☐	☐		☐	☐	
R432-150-12. Resident Assessment.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-12(1)		(1) The licensee shall, upon resident admission, obtain physician orders for the resident's immediate care.	☐	☐	☐		☐	☐	

RULES CHECKLIST								
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150-12(2)(a-e)	(2) The licensee shall: (a) complete a comprehensive assessment of each resident's needs including a description of the resident's capability to perform daily life functions and significant impairments in functional capacity that includes: (i) activities potential; (ii) cognitive status; (iii) dental condition; (iv) discharge potential; (v) drug therapy; (vi) medical status measurement; (vii) medically defined conditions and prior medical history; (viii) mental and psychosocial status; (ix) nutritional status and requirements; (x) physical and mental functional status; (xi) rehabilitation potential; (xii) sensory and physical impairments; and (xiii) special treatments or procedures; (b) complete three quarterly reviews and one full assessment in each 12-month period; (c) ensure that a resident care conference is conducted when there is any significant change in a resident's physical or mental health and the team may require a new assessment within 14 days of the condition change; (d) ensure the initial assessment is completed within 14 calendar days of admission and any revisions to the initial assessment are completed within 21 calendar days of admission; and (e) use the results of the assessment to develop, review, and revise the resident's comprehensive care plan.	☐	☐	☐		☐	☐	
150-12(3)	(3) The licensee shall ensure each individual who completes a portion of the assessment signs and certifies the accuracy of that portion of the assessment.	☐	☐	☐		☐	☐	
150-12(4)	(4) The licensee shall develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs as identified in the comprehensive assessment.	☐	☐	☐		☐	☐	

RULES CHECKLIST									
Rule # R432-150		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied** **NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
150-12(5)(a-c)		(5) The licensee shall ensure the comprehensive care plan is: (a) developed within seven days after completion of the comprehensive assessment; (b) periodically reviewed and revised by a team of qualified individuals at least after each assessment and as the resident's condition changes; and (c) prepared with input from the client, the resident's responsible person to the extent practicable, and a resident care conference that includes: (i) the attending physician; (ii) the registered nurse responsible for the resident; and (iii) other appropriate staff in disciplines determined by the resident's needs.	☐	☐	☐		☐	☐	
150-12(6)		(6) The licensee shall ensure the services provided or arranged meet professional standards of quality and be provided by qualified persons in accordance with the resident's written care plan.	☐	☐	☐		☐	☐	
150-12(7)(a-c)		(7)(a) The licensee shall ensure a final summary of the resident's status, to include items in Subsection R432-150-13(2)(a), is prepared at the time of discharge and is available for release to authorized persons and agencies, with the consent of the resident or responsible person. (b) The licensee shall ensure the final summary includes a post-discharge care plan developed with the participation of the resident and resident's family or guardian. (c) If the licensee discharges a resident because they cannot meet the resident's needs, the licensee shall include a detailed explanation of why the resident's needs could not be met in the final summary.	☐	☐	☐		☐	☐	
R432-150-13. Restraint Policy.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-13(1)		(1) Each resident has the right to be free from physical and chemical restraints imposed for purposes of discipline or convenience, or not required to treat the resident's medical symptoms.	☐	☐	☐		☐	☐	

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150-13(2)(a-e)	(2)(a) The licensee shall have written policies and procedures regarding the proper use of restraints. (b) The licensee shall ensure physical and chemical restraints are only used to assist a resident to attain and maintain optimum levels of physical and emotional functioning. (c) The licensee shall ensure physical and chemical restraints are not used as substitutes for direct resident care, activities, or other services. (d) The licensee shall ensure restraints do not hinder evacuation of the resident in the event of fire or other emergency. (e) If use of a physical or a chemical restraint is implemented, the licensee shall ensure the resident and responsible person are informed of the reasons for the restraint, the circumstances that allow the restraint to be discontinued, and the hazards of the restraint, including potential physical side effects.	☐	☐	☐		☐	☐	
150-13(3)(a-f)	(3) The licensee shall develop and implement policies and procedures that govern the use of physical and chemical restraints, promote optimal resident function, minimize adverse consequences of restraint use and incorporate and address: (a) examples of the types of restraints and safety devices that are acceptable for the specified use and possible resident conditions when the restraint may be used; (b) govern the use of physical and chemical restraints; (c) incorporate and address: (i) resident assessment criteria that includes: (A) appropriateness of use; (B) behavior management and modification protocols including possible alterations to the physical environment; (C) less restrictive alternatives before the use of more restrictive measures; (D) procedures for use; and (E) purpose and nature of the restraint; (d) minimize adverse consequences of restraint use; (e) physical restraint guidelines for periodic release and position change or exercise, with instructions for documentation of this action; and (f) safely and therapeutically promote optimal resident function.	☐	☐	☐		☐	☐	

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Rule # R432-150		Rule Description R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection	Reviewed	Under Review	NA	Compliance Required By Date:	Corrected During Inspection	Technical Assistance:	Notes
150-13(4)(a-d)		(4) The licensee shall ensure emergency use of physical and chemical restraints comply with: (a) a physician, a licensed health practitioner, the director of nursing, or the health services supervisor authorizes the emergency use of restraints; (b) the attending physician is notified as soon as possible, but at least within 24 hours of the application of the restraints; (c) the circumstances necessitating emergency use of the restraint and the client's response is documented in the resident's record; and (d) the director of nursing or health services supervisor is notified no later than the beginning of the next day shift of the application of the restraints	☐	☐	☐		☐	☐	

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150-13(5(a-j)		(5) The licensee shall ensure: (a) any medication given to a resident is administered according to the requirements of professional and ethical practice and according to the policies and procedures of the facility; (b) chemical restraints are authorized in writing by a licensed practitioner and incorporated in the resident's care plan in conjunction with an individualized behavior management program; (c) each resident receiving chemical restraints is monitored for adverse effects that significantly hinder verbal, emotional, or physical abilities; (d) leather restraints, straight jackets, or locked restraints are prohibited; (e) physical restraints are authorized in writing by a licensed practitioner and incorporated in the resident's care plan; (f) staff application of physical restraints do not cause injury or allow a potential for injury; (g) staff application of physical restraints ensures minimal discomfort to the resident and allow sufficient body movement for proper circulation; (h) the resident care conference team reviews and documents the use of chemical restraints during each resident care conference and upon receipt of renewal orders from the licensed practitioner; (i) the resident care conference team reviews and documents the use of physical restraints, including simple safety devices, during each resident care conference, and upon receipt of renewal orders from the licensed practitioner; and (j) the resident's care plan includes: (i) the frequency of release; (ii) the length of time to be used; (iii) the type of exercise or ambulation provided; and (iv) the type of physical restraint or safety device.	☐	☐	☐		☐	☐	
150-13(6)		(6) The licensee shall initiate gradual drug dosage reductions as outlined in Subsection R432-150-15(13)(c).	☐	☐	☐		☐	☐	
150-13(7)		(7) The licensee shall include criteria for admission and retention of a resident who requires behavior management program in the facility policy.	☐	☐	☐		☐	☐	
R432-150-14. Quality of Care.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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Rule # R432-150		Rule Description R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection	Reviewed	Under Review	NA	Compliance Required By Date:	Corrected During Inspection	Technical Assistance:	Notes
150-14(1)(a-c)		(1)(a) The licensee shall ensure each resident is provided the necessary care and services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and care plan. (b) Necessary care and services under Subsection (1)(a) include the resident's ability to: (i) bathe, dress, and groom; (ii) eat; (iii) transfer and ambulate; (iv) use speech, language, or other functional communication systems; and (v) use the toilet. (c) Based on the resident's comprehensive assessment, the licensee shall ensure that: (i) a resident who cannot carry out these functions receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; (ii) each resident is given the treatment and services to maintain or improve their abilities; and (iii) each resident's abilities in activities of daily living do not diminish unless circumstances of the individual's clinical condition demonstrates that diminution was unavoidable.	☐	☐	☐		☐	☐	
150-14(2)		(2) The licensee shall assist each resident in scheduling appointments and arranging transportation for vision, dental, and hearing care as needed.	☐	☐	☐		☐	☐	
150-14(3)(a-b)		(3) The licensee's comprehensive assessment of a resident shall include an assessment of pressure sores. The licensee shall additionally ensure: (a) a resident having pressure sores receives the necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing; and (b) a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable.	☐	☐	☐		☐	☐	

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150-14(4)(a-b)	(4)(a) The licensee's comprehensive assessment of the resident shall include an assessment of incontinence. (b) The licensee shall additionally ensure that: (i) a licensed nurse completes a written assessment to determine the resident's ability to participate in a bowel and bladder management program; (ii) a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization is necessary; (iii) a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections; and (iv) a resident who is incontinent of bowel or bladder receives the treatment and services to restore as much normal functioning as possible.	☐	☐	☐		☐	☐	
150-14(5)(a-b)	(5) The licensee shall assess each resident to ensure that: (a) a resident who enters the facility without a limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and (b) a resident with a limited range of motion receives treatment and services to increase range of motion or to prevent further decrease in range of motion.	☐	☐	☐		☐	☐	
150-14(6)(a-b)	(6) The licensee shall ensure that the psychosocial function of the resident remains at or above the level at the time of admission, unless the individual's clinical condition demonstrates that a reduction in psychosocial function was unavoidable and psychosocial practices adhere to: (a) a resident who displays psychosocial adjustment difficulty receives treatment and services to achieve as much re-motivation and reorientation as possible; and (b) a resident whose assessment does not reveal a psychosocial adjustment difficulty does not display a pattern of decreased social interaction, increased withdrawn anger, or depressive behaviors, unless the resident's clinical condition demonstrates that such a pattern is unavoidable.	☐	☐	☐		☐	☐	

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150-14(7)(a-b)		(7) The licensee shall assess alternative feeding methods to ensure that: (a) a resident who has been able to eat enough alone or with assistance is not fed by naso-gastric tube unless the resident's clinical condition demonstrates that use of a naso-gastric tube is unavoidable; and (b) a resident who is fed by a naso-gastric or gastrostomy tube receives the treatment and services to prevent aspiration pneumonia, diarrhea, vomiting, dehydration, metabolic abnormalities, and nasal-pharyngeal ulcers and to restore, if possible, normal feeding function.	☐	☐	☐		☐	☐	
150-14(8)		(8) The licensee shall maintain the resident's environment and is free of accident hazards.	☐	☐	☐		☐	☐	
150-14(9)		(9) The licensee shall provide each resident with supervision and assistive devices to prevent accidents.	☐	☐	☐		☐	☐	
150-14(10)(a-b)		(10) The licensee shall ensure that each resident's comprehensive assessment includes an assessment of nutritional status and nutritional practices to ensure that each resident: (a) maintains acceptable nutritional status parameters, including body weight and protein levels, unless the resident's clinical condition demonstrates that this is not possible; and (b) receives a therapeutic diet when there is a nutritional problem.	☐	☐	☐		☐	☐	
150-14(11)		(11) The licensee shall provide each resident with sufficient fluid intake to maintain proper hydration and health.	☐	☐	☐		☐	☐	
150-14(12)(a-h)		(12) The licensee shall ensure that each resident receives proper treatment and care for the following special services: (a) colostomy, ureterostomy, or ileostomy care; (b) foot care; (c) injections; (d) parenteral and enteral fluids; (e) prostheses care; (f) respiratory care; (g) tracheal suctioning; and (h) tracheostomy care.	☐	☐	☐		☐	☐	

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150-14(13)(a-c)		(13) The licensee shall ensure: (a) a resident who has not used antipsychotic drugs is not given these drugs unless antipsychotic drug therapy is necessary to treat a specific condition as diagnosed and documented in the clinical record; (b) a resident who uses antipsychotic drugs receives a gradual dose reduction and behavioral intervention to discontinue the drugs, unless clinically contraindicated; and (c) each resident's drug regimen is free from unnecessary drugs.	☐	☐	☐		☐	☐	
150-14(14)(a-b)		(14) The licensee shall ensure the quality assurance committee monitors medication errors to ensure that: (a) the licensee does not have medication error rates of 5% or greater; and (b) each resident is free of any significant medication errors.	☐	☐	☐		☐	☐	
R432-150-15. Physician Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-15(1)(a-c)		(1)(a) The licensee shall ensure a physician approves, in writing, a recommendation that an individual be admitted to the nursing care facility. (b) Each resident shall remain under the care of a physician licensed in Utah to deliver the scope of services required by the resident. (c) Nurse practitioners or physician assistants, working under the direction of a licensed physician may initiate admission to a nursing care facility pending personal review by the physician.	☐	☐	☐		☐	☐	
150-15(2)		(2) The licensee shall provide supervision to ensure that the medical care of each resident is supervised by a physician. When a resident's attending physician is unavailable, another qualified physician shall supervise the medical care of the resident.	☐	☐	☐		☐	☐	
150-15(3)(a-d)		(3) The physician that supervises the resident's care shall: (a) review the resident's total program of care, including medications and treatments, at each visit; (b) sign each order; (c) state, in writing, direction and supervision of health care provided to the resident by a nurse practitioner or physician assistant; and (d) write, sign, and date progress notes at each visit.	☐	☐	☐		☐	☐	

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150-15(4)(a-d)	(4) The licensee shall ensure that physician visits comply with the following: (a) a physician sees each resident at least once every 30 days for the first 90 days after admission, and at least every 60 days thereafter; (b) at the option of the physician, required visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant or nurse practitioner; (c) except as permitted in Subsection R432-150-16(4)(e), the physician makes each required visit; and (d) physician visits are completed within ten days of the date the visit is required.	☐	☐	☐		☐	☐	
150-15(5)	(5) The licensee shall provide or arrange for physician services 24 hours a day if there is an emergency.	☐	☐	☐		☐	☐	
R432-150-16. Laboratory Services.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-16(1)	(1) The licensee shall provide laboratory services in accordance with the size and needs of the facility.	☐	☐	☐		☐	☐	
150-16(2)	(2) The licensee shall comply with and maintain the Clinical Laboratory Improvement Amendments of 1988 (CLIA) inspection reports for OL review.	☐	☐	☐		☐	☐	
R432-150-17. Pharmacy Services.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-17(1)	(1) The licensee shall provide, or obtain by contract, routine and emergency drugs, biologicals, and pharmaceutical services to meet each resident's physician's orders for medications.	☐	☐	☐		☐	☐	
150-17(2)(a-c)	(2) The licensee shall employ or obtain the services of a licensed pharmacist who: (a) determines that drug records are in order and that an account of controlled substances is maintained and reconciled monthly; (b) establishes a system of records of receipt and disposition of any controlled substances that documents an accurate reconciliation; and (c) provides consultation on the pharmacy services in the facility.	☐	☐	☐		☐	☐	

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150-17(3)(a-c)	(3)(a) A licensed pharmacist shall review the drug regimen of each resident at least monthly. (b) The pharmacist shall provide reports of any drug regimen irregularities to the attending physician and the director of nursing or health services supervisors. (c) The physician and director of nursing or health services supervisor shall document acceptance or rejection of the pharmacist's irregularity report and document any action taken.	☐	☐	☐		☐	☐	
150-17(4)	(4) Pharmacy personnel shall ensure that labels on drugs and biologicals are in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date.	☐	☐	☐		☐	☐	
150-17(5)(a-d)	(5)(a) The licensee shall store any drugs and biologicals in locked compartments under proper temperature controls in accordance with Subsections R432-150-18(5)(c)(iii) and (iv), and permit only authorized personnel to have access to the keys. (b) The licensee shall provide separately locked, permanently affixed compartments for storage of controlled substances and other drugs subject to abuse, except when the licensee uses single unit dose package drug distribution systems where the quantity stored is minimal and a missing dose can be readily detected. (c) The licensee may not store non-medication materials that are poisonous or caustic with medications. (d) The licensee shall ensure: (i) containers are clearly labeled; (ii) medication intended for internal use is stored separately from medication intended for external use; (iii) medications stored at room temperature are maintained within 59 and 80 degrees F; and (iv) refrigerated medications are maintained within 36 and 46 degrees F.	☐	☐	☐		☐	☐	

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	150-17(6)(a-e)		(6) The licensee shall maintain an emergency drug supply and ensure emergency drug practices adhere to the following: (a) contents of the emergency drug supply are listed on the outside of the container and the use of contents is documented by the nursing staff; (b) emergency drug containers are sealed to prevent unauthorized use; (c) the emergency drug supply is stored and located for access by the nursing staff; (d) the pharmacist inventories the emergency drug supply monthly; and (e) used or outdated items are replaced within 72 hours by the pharmacist.	☐	☐	☐		☐	☐	
	150-17(7)		(7) The licensee shall ensure that the pharmacy dispenses drugs and biologicals on a timely basis.	☐	☐	☐		☐	☐	
	150-17(8)		(8) The licensee shall limit the duration of a drug order in the absence of the prescriber's specific instructions.	☐	☐	☐		☐	☐	
	150-17(9)		(9) The licensee shall ensure drug references are available for any drugs used in the facility and references include generic and brand names, available strength and dosage forms, indications and side effects, and other pharmacological data.	☐	☐	☐		☐	☐	
	150-17(10)		(10) The licensee may send drugs with the resident upon discharge, if ordered by the discharging physician provided that a record of the drugs sent with the resident is documented in the resident's health record.	☐	☐	☐		☐	☐	
	150-17(11)		(11) The licensee shall ensure disposal of controlled substances are in accordance with Title 58, Chapter 17b, Pharmacy Practice Act.	☐	☐	☐		☐	☐	
	R432-150-18. Recreation Therapy.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	150-18(1)		(1) The licensee shall provide an ongoing program of individual and group activities and therapeutic interventions designed to meet the interests, and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident in accordance with the comprehensive assessment.	☐	☐	☐		☐	☐	

RULES CHECKLIST									
Rule # R432-150		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
150-18(2)(a-b)		(2) Additionally, the licensee shall ensure: (a) recreation therapy is provided in accordance with Title 58, Chapter 40, Recreational Therapy Practice Act; and (b) the recreation therapy staff develops and conspicuously posts monthly resident activity calendars for each resident, staff, and visitor to reference.	☐	☐	☐		☐	☐	
150-18(3)		(3) Each licensee shall ensure sufficient space and a variety of supplies and resource equipment are provided to meet the recreational needs and interests of each resident.	☐	☐	☐		☐	☐	
150-18(4)		(4) The licensee shall ensure storage is provided for recreational equipment and supplies.	☐	☐	☐		☐	☐	
150-18(5)		(5) The licensee shall ensure locked storage is provided for potentially dangerous items including scissors, knives, and toxic materials.	☐	☐	☐		☐	☐	
Section 20. Management of Resident Funds			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-20(1)		(1) Residents have the right to manage and control their financial affairs. The licensee may not require a resident to deposit their personal funds or valuables with the facility.	☐	☐	☐		☐	☐	
R432-270-20(2)		(2) The licensee is not required to handle a resident's cash resources or valuables. However, upon written authorization by the resident or the resident's responsible person, the facility may hold, safeguard, manage, and account for the resident's personal funds or valuables deposited with the facility, in accordance with this section.	☐	☐	☐		☐	☐	

RULES CHECKLIST								
Rule # R432-150	**Rule Description** **R =** **Reviewed** **UR =** **Potential noncompliance was identidied** **NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
R432-270-20(3)(a-f)	(3) The licensee shall establish and maintain, on the resident's behalf, a system that ensures a full, complete, and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. The system shall: (a) preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident, and preclude facility personnel from using a resident's funds or valuables as their own; (b) separate a resident's funds and valuables intact and free from any liability that the licensee incurs in the use of its own or the facility's funds and valuables; (c) maintains a separate account for resident funds for each facility and does not commingle such funds with resident funds from another facility; (d) for records of a resident's funds that are maintained as a drawing account, include a control account for receipts and expenditures and an account for each resident and supporting receipts filed in chronological order; (e) keep each account with columns for debits, credits, and balance; and (f) include a copy of the receipt that it furnished to the resident for funds received and other valuables entrusted to the licensee for safekeeping.	☐	☐	☐		☐	☐	
R432-270-20(4)	(4) The licensee shall ensure individual financial records are made available on request through quarterly statements to the resident or the resident's legal representative.	☐	☐	☐		☐	☐	
R432-270-20(5)	(5) The licensee shall purchase a surety bond or otherwise provide assurance satisfactory to the department that resident personal funds deposited with the facility are secure.	☐	☐	☐		☐	☐	

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R432-270-20(6)(a-d)	(6) The licensee shall ensure: (a) resident funds over $150 are deposited within five days of receipt in an interest-bearing bank account at a local financial institution separate from any of the facility's operating accounts; (b) interest earned on a resident's bank account is credited to the resident's account; (c) each resident's share, including interest, has separate accounting in pooled accounts; and (d) resident personal funds that do not exceed $150 are kept in either a non-interest-bearing account, an interestbearing account, or a petty cash fund.	☐	☐	☐		☐	☐	
R432-270-20(7)	(7) Upon discharge of a resident with funds or valuables deposited with the facility, the licensee shall ensure the resident's funds are conveyed the same day, and a final accounting of those funds provided to the resident or the resident's legal representative.	☐	☐	☐		☐	☐	
R432-270-20(8)	(8) Upon discharge of a resident with funds or valuables kept in an interest-bearing account, the licensee shall ensure the funds or valuables are accounted for and made available to the resident or resident's legal representative within three working days.	☐	☐	☐		☐	☐	
R432-270-20(9)	(9) Within 30 days following the death of a resident, except in a medical examiner case, the licensee shall ensure the resident's valuables and funds entrusted to the facility are conveyed, and a final accounting of those funds, to the individual administering the resident's estate.	☐	☐	☐		☐	☐	
R432-150-19. Pet Policy.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-19(1)	(1) The licensee shall develop a written policy regarding pets in accordance with local ordinances.	☐	☐	☐		☐	☐	

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150-19(2)(a-c)		(2) The licensee shall ensure that the administrator or designee determines which pets may be brought into the facility and ensures that pet policy and practices adhere to the following: (a) family members may bring pets to visit provided they have approval from the administrator and offer assurance that the pets are clean, disease free, and vaccinated; (b) pets are not permitted in any area where their presence would create a health or safety risk; and (c) pets are not permitted in food preparation or storage areas.	☐	☐	☐		☐	☐	
R432-150-20. Admission, Transfer and Discharge.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-20(1)		(1) Each licensee shall develop written admission, transfer, and discharge policies and make these policies available to the public upon request.	☐	☐	☐		☐	☐	
150-20(2)(a-e)		(2) The licensee shall permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless: (a) the health or safety of an individual in the facility is endangered; (b) the licensee ceases to operate the facility; (c) the resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility; (d) the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility; or (e) the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility.	☐	☐	☐		☐	☐	
150-20(3)		(3) The licensee may not deny an individual admission to a secure memory care unit for the sole reason that the individual or the individual's legal representative requests to install or operate a monitoring device in the individual's room in accordance with Section 26B-2-236.	☐	☐	☐		☐	☐	
150-20(4)		(4) The licensee may not discharge an individual for the sole reason that the resident or the resident's legal representative requests to install or operate a monitoring device in the individual's secure memory care unit room in accordance with Section 26B-2-236.	☐	☐	☐		☐	☐	

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150-20(5)(a-b)	(5)(a) The licensee shall ensure resident transfers or discharges are documented under any of the circumstances specified in Subsection R432-150-22(1), in the resident's medical record. (b) The licensee shall ensure the transfer or discharge documentation is made by: (i) a physician if transfer or discharge is necessary under Subsection R432-150-22(1)(c); or (ii) the resident's physician if transfer or discharge is necessary under Subsections R432-150-22(1)(a) and (b).	☐	☐	☐		☐	☐	
150-20(6)(a-c)	(6) Before the transfer or discharge of a resident, the licensee must ensure: (a) a written notification of the transfer or discharge and the reasons for the transfer or discharge to the resident is provided in a language and manner the resident understands, and, if known, to a family member or legal representative of the resident; (b) the notice includes: (i) the effective date of transfer or discharge; (ii) the location where the resident is transferred or discharged; (iii) the name, address, and telephone number of the state and local long term care ombudsman programs; and (iv) the reason for transfer or discharge; and (c) the reasons are recorded in the resident's clinical record.	☐	☐	☐		☐	☐	

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150-20(7)(a-d)	(7)(a) Except when specified in Subsection R432-150-21(6)(a), the licensee must ensure the notice of transfer or discharge required under Subsection R432-150-(21)(4), is made by the licensee at least 30 days before the resident is transferred or discharged. (b) The licensee may issue the notice of transfer or discharge as soon as practicable before transfer or discharge if: (i) a resident has not resided in the facility for 30 days; (ii) an immediate transfer or discharge is required by the resident's urgent medical needs; (iii) the resident's health improves sufficiently to allow a more immediate transfer or discharge; and (iv) the safety or health of individuals in the facility would be endangered if the resident is not transferred or discharged sooner. (c) The licensee shall ensure that the notice for a resident with developmental disabilities contains the mailing address and telephone number of the Disability Law Center that is responsible for the protection and advocacy of developmentally disabled individuals. (d) The licensee shall ensure that the notice for a resident who is mentally ill contains the mailing address and telephone number of the Disability Law Center who is responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.	☐	☐	☐		☐	☐	
150-20(8)	(8) The licensee shall provide discharge planning to prepare and orient a resident to ensure safe and orderly transfer or discharge from the facility.	☐	☐	☐		☐	☐	

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150-20(9)(a-d)		(9) Before a licensee transfers a resident to a hospital or allows a resident to go on therapeutic leave, the licensee must ensure: (a) a written policy is established and followed for when a resident whose hospitalization or therapeutic leave exceeds the bed-hold period may be readmitted to the facility; (b) notification is provided as soon as possible following a transfer necessitated by a medical emergency; (c) written notice is provided to the resident and a family member or responsible person, that specifies the duration of the bed-hold policy at the time of transfer of a resident to a hospital or for therapeutic leave; and (d) written notification and information is provided to the resident and a family member or legal representative that specifies: (i) the duration of the bed-hold policy, if any, and the resident is permitted to return and resume residence in the facility; and (ii) the policies regarding bed-hold periods permitting a resident to return.	☐	☐	☐		☐	☐	
150-20(10)		(10) The licensee shall establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services for each individual regardless of pay source.	☐	☐	☐		☐	☐	
150-20(11)(a-c)		(11) The licensee shall have a written transfer agreement in effect with one or more hospitals to ensure that: (a) medical and other information needed for care and treatment of the resident is exchanged between facilities including documentation of reasons for a less expensive setting; (b) security and accountability of personal property of the individual transferred is maintained; and (c) the resident is transferred from the facility to the hospital and ensured of timely admission to the hospital when transfer is medically necessary as determined by the attending physician.	☐	☐	☐		☐	☐	
R432-150-21. Ancillary Health Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-21(1)		(1) A licensee that provides its own radiology services shall comply with Section R432-100-23.	☐	☐	☐		☐	☐	
150-21(2)		(2) A licensee may provide specialized rehabilitative services directly or through agreements with outside agencies or qualified therapists.	☐	☐	☐		☐	☐	

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150-21(3)(a-i)	(3) A licensee that directly provides specialized rehabilitative services shall ensure: (a) an attending physician initiates the care plan of treatment; (b) delivery of any specialized rehabilitative services are documented in the resident record; (c) each speech pathologist has a certificate of clinical compliance issued by the American Speech and Hearing Association; (d) each therapy assistant always works under the direct supervision of the licensed therapist; (e) specialized rehabilitative services are only provided by therapists licensed in Utah; (f) specialized rehabilitative services are only provided upon order of the attending physician; (g) the physician and therapist review the care plan at least monthly unless the physician recommends an alternate schedule in writing; (h) the therapist, in consultation with the nursing staff develops and implements the care plan and provides an initial progress report to the attending physician within two weeks of the start of treatment, or as specified by the attending physician; and (i) there is space and equipment provided to meet the prescribed needs of the resident.	☐	☐	☐		☐	☐	
150-21(4)(a-d)	(4) The licensee shall provide or arrange for regular and emergency dental care for each resident through dental care practices that include: (a) arrangement for transportation to and from the dentist's office; (b) development of oral hygiene policies and procedures with input from dentists; (c) development of referral service for any resident who does not have a personal dentist; and (d) presentation of oral hygiene in-service programs to staff by knowledgeable persons.	☐	☐	☐		☐	☐	
150-21(5)(a-b)	(5)(a) The licensee shall ensure that medical social services are sufficient to meet the needs of the resident and provided or arranged by the nursing care facility. (b) The licensee shall ensure that social services are under the direction of a therapist licensed in accordance with Title 58 Chapter 60, Mental Health Professional Practice Act.	☐	☐	☐		☐	☐	

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	R432-150-22. Food Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	150-22(1)		(1) The licensee shall provide each resident with a safe, palatable, well-balanced diet that meets the daily nutritional and special dietary needs of each resident.	☐	☐	☐		☐	☐	
	150-22(2)		(2) The licensee shall employ enough staff to assist residents to meet their dietary needs.	☐	☐	☐		☐	☐	
	150-22(3)(a-e)		(3) For food services and practices, the licensee shall ensure: (a) there is a dietitian employed either full-time, part-time, or on a consultant basis to perform the duties outlined in this section; (b) the dietitian is certified in accordance with Title 58, Chapter 49, Dietitian Certification Act; (c) if a dietitian is not employed full-time, the administrator designates a full-time person to serve as the dietetic supervisor; (d) if the dietetic supervisor is not a certified dietitian, the dietetic supervisor consults a certified dietitian at least monthly, according to the needs of each resident and documents the consultations; and (e) the dietetic supervisor is available when the consulting dietitian visits the facility.	☐	☐	☐		☐	☐	
	150-22(4)(a-f)		(4) The licensee shall develop menus that meet the nutritional needs of each resident to the extent medically possible and ensure the menus are: (a) approved and signed by a certified dietitian; (b) cycled no less that every three weeks; (c) different each day; (d) followed; (e) posted each day of the week; and (f) prepared in advance.	☐	☐	☐		☐	☐	
	150-22(5)		(5) The licensee shall keep documentation for at least three months for any served substitutions to the menu.	☐	☐	☐		☐	☐	
	150-22(6)		(6) The licensee shall ensure any food sanitation inspection reports of state or local health department inspections are available for OL review.	☐	☐	☐		☐	☐	
	150-22(7)		(7) The licensee shall ensure the attending physician or qualified registered dietitian in consultation with the physician, orders each therapeutic diet in writing, if allowed by facility policy.	☐	☐	☐		☐	☐	
	150-22(8)		(8) The licensee shall ensure there is no more than a 14-hour interval between the evening meal and breakfast, unless a substantial snack is served in the evening.	☐	☐	☐		☐	☐	

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150-22(9)	(9) The licensee shall provide special eating equipment and assistive devices for each resident who needs them.	☐	☐	☐		☐	☐	
150-22(10)	(10) The licensee shall ensure the facility's food service complies with Rule R392-100.	☐	☐	☐		☐	☐	
150-22(11)	(11) The licensee shall ensure a one-week supply of nonperishable staple foods and a three-day supply of perishable foods are maintained to complete the established menu for three meals a day, per resident.	☐	☐	☐		☐	☐	
150-22(12)(a-b)	(12) A nursing care licensee may use trained dining assistants to aid a resident in eating and drinking if: (a) a licensed practical nurse-geriatric care manager, registered nurse, advance practice registered nurse, speech pathologist, occupational therapist, or dietitian has assessed that the resident does not have complicated feeding problems, including recurrent lung aspirations, behaviors that interfere with eating, difficulty swallowing, or tube or parenteral feeding; and (b) the service plan or plan of care documents that the resident needs assistance with eating and drinking and defines who is qualified to offer the assistance.	☐	☐	☐		☐	☐	
150-22(13)(a-c)	(13) If the nursing care facility uses a dining assistant, the licensee shall ensure that the dining assistant: (a) has completed a background screening pursuant to Rule R432-35; (b) has completed a training course from an OL-approved training program; and (c) performs duties only for a resident who does not have complicated feeding problems.	☐	☐	☐		☐	☐	
150-22(14)(a-b)	(14) A long term care licensee shall submit the following to OL to become an approved training program: (a) a copy of the curriculum to be implemented that meets the requirements of Subsection (13); and (b) the names and credentials of the trainers.	☐	☐	☐		☐	☐	

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150-22(15)(a-l)		(15) The long term care licensee shall ensure a dietitian training program is approved by OL if it includes: (a) appropriate response to resident behaviors; (b) assistance with eating and drinking; (c) communication and interpersonal skills; (d) documentation of type and amount of food and hydration intake; (e) eight hours of instruction for the dining assistant and one hour of observation by the trainer to ensure competency; (f) feeding techniques; (g) infection control; (h) recognizing resident changes inconsistent with their normal behavior and the importance in reporting those changes to the supervisory nurse; (i) resident rights; (j) safety and emergency procedures including the Heimlich maneuver; (k) special diets; and (l) use of adaptive equipment.	☐	☐	☐		☐	☐	
150-22(16)(a-c)		(16) The licensee shall issue a training certificate of completion and maintain a list of the dining assistants that identifies: (a) each dining assistant's name and address; (b) the telephone number where the licensee may verify the training; and (c) the training program provider.	☐	☐	☐		☐	☐	
150-22(17)(a-d)		(17) To provide dining assistant training in an OL-approved training program, the licensee shall ensure a trainer holds a current valid license to practice as: (a) a registered dietitian, pursuant to Title 58, Chapter 49, Dietitian Certification Act; (b) a registered nurse, advanced practice registered nurse, or licensed practical nurse-geriatric care manager pursuant to Title 58, Chapter 31b, Nurse Practice Act; (c) a speech-language pathologist, pursuant to Title 58, Chapter 41, Speech-Language Pathology and Audiology Licensing Act; or (d) an occupational therapist, pursuant to Title 58, Chapter 42a, Occupational Therapy Practice Act.	☐	☐	☐		☐	☐	
150-22(18)		(18) The licensee may suspend a training program if the program's courses do not meet the requirements of this rule.	☐	☐	☐		☐	☐	

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150-22(19)(a-d)		(19) The licensee may suspend a training program operated by a nursing care facility if: (a) a federal or state survey reveals failure to comply with regulations or rules regarding feeding or dining assistant programs; (b) OL determines that the licensee is in continuous or chronic noncompliance under rule or that the licensee has provided sub-standard quality of care under regulation; (c) OL sanctions the facility for any reason; or (d) the licensee fails to provide sufficient, competent staff to respond to emergencies.	☐	☐	☐		☐	☐	
R432-150-23. Medical Records.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-23(1)		(1) The licensee shall implement a medical records system to ensure complete and accurate retrieval and compilation of information.	☐	☐	☐		☐	☐	
150-23(2)(a-c)		(2)(a) The administrator shall designate an employee to be responsible and accountable for the processing of medical records. (b) The administrator shall ensure that a registered record administrator (RRA) or accredited record technician (ART) directs the medical records department. (c) If an RRA or ART is not employed at least part-time, the administrator shall consult with an RRA or ART according to the needs of the facility, and no less than semi-annually.	☐	☐	☐		☐	☐	
150-23(3)(a-c)		(3) The licensee shall ensure resident medical records are: (a) kept 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; (b) kept, stored, and safeguarded from loss, defacement, tampering, and damage from fires and floods; and (c) protected against access by unauthorized individuals.	☐	☐	☐		☐	☐	

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150-23(4)(a-r)		(4) The licensee shall maintain an individual medical record for each resident that contains written documentation of: (a) a copy of an advanced directive, if a resident has one; (b) a discharge summary for the resident to include a note of condition, instructions given, and referral as appropriate; (c) a history and physical examination up-to-date at the time of the resident's admission; (d) a pre-admission screening; (e) a record of assessments, including the comprehensive resident assessment, care plan, and services provided; (f) a record of medications and treatments administered; (g) a service agreement if respite services are provided; (h) an admission record with demographic information and resident identification data; (i) orders by clinical staff members; (j) information pertaining to incidents, accidents, and injuries; (k) informative progress notes by staff to record changes in the resident's condition and response to care and treatment in accordance with the care plan; (l) laboratory and radiology reports; (m) monthly nursing summaries; (n) nursing notes; (o) physician treatment orders; (p) quarterly resident assessments; (q) records made by staff regarding daily care of the resident; and (r) written and signed informed consent.	☐	☐	☐		☐	☐	
150-23(5)		(5) The licensee shall ensure any entries into the medical record are authenticated including date, name or identifier initials, and job title of the person making the entries.	☐	☐	☐		☐	☐	
150-23(6)		(6) The licensee shall ensure resident respite records are maintained within the facility.	☐	☐	☐		☐	☐	
R432-150-24. Housekeeping Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-24(1)		(1) The licensee shall provide a safe, clean, comfortable environment, allowing the resident to use personal belongings to create a homelike environment.	☐	☐	☐		☐	☐	
150-24(2)		(2) The licensee shall ensure cleaning agents, bleaches, insecticides, poisonous, dangerous, or flammable materials are stored in a locked area to prevent unauthorized access.	☐	☐	☐		☐	☐	

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150-24(3)(a-c)		(3) The licensee shall: (a) develop and implement employee hygiene and infection control measures to maintain a safe, sanitary environment if housekeeping personnel also work in food services or direct patient care services; (b) ensure personnel engaged in housekeeping or laundry services are not engaged concurrently in food service or resident care; and (c) provide enough housekeeping services and personnel to maintain a clean and sanitary environment.	☐	☐	☐		☐	☐	
R432-150-25. Laundry Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-25(1)(a-e)		(1) The administrator shall designate a person to direct the facility's laundry service that has experience, training, or knowledge of: (a) facility policies and procedures; (b) federal, state, and local rules and regulations; (c) proper laundry procedures; (d) proper use of chemicals in the laundry; and (e) proper use of laundry equipment.	☐	☐	☐		☐	☐	
150-25(2)		(2) The licensee shall provide clean linens, towels, and washcloths for resident use.	☐	☐	☐		☐	☐	
150-25(3)		(3) If the licensee contracts for laundry services, there is a signed, dated agreement that details any services provided.	☐	☐	☐		☐	☐	
150-25(4)		(4) The licensee shall inform the resident and family of facility laundry policy for personal clothing.	☐	☐	☐		☐	☐	
150-25(5)(a-g)		(5) The licensee shall ensure: (a) clean linen is handled and stored in a manner to minimize contamination from surface contact or airborne deposition; (b) each resident's personal laundry is marked for identification; (c) soiled linen is handled, stored, and processed in a manner to prevent contamination and the spread of infections; (d) soiled linen is sorted in a separate room by methods affording protection from contamination; (e) the laundry area is separate from any room where food is stored, prepared, or served; (f) there are enough clean linen, towels, and washcloths for at least three complete changes of the facility's licensed bed capacity; and (g) there is a bedspread for each resident bed.	☐	☐	☐		☐	☐	

RULES CHECKLIST									
Rule # R432-150		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
R432-150-26. Maintenance Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-26(1)		(1) The licensee shall ensure that buildings, equipment, and grounds are maintained in a clean and sanitary condition and in good repair for the safety and well-being of each resident, staff, and visitor.	☐	☐	☐		☐	☐	

RULES CHECKLIST								
Rule # R432-150	Rule Description R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection	Reviewed	Under Review	NA	Compliance Required By Date:	Corrected During Inspection	Technical Assistance:	Notes
150-26(2)(a-r)	(2) For facility maintenance services the licensee shall ensure: (a) any facility equipment is tested, calibrated, and maintained in accordance with manufacturer specifications; (b) any spaces within buildings that house people, machinery, equipment, approaches to buildings, and parking lots have lighting; (c) back-flow prevention devices are maintained in operating condition and tested according to manufacturer specifications; (d) disposable and single use items are properly disposed of after use; (e) documentation of testing or calibration conducted by an outside agency is available for OL review; (f) emergency lighting and heat are provided to meet the needs of each resident in a facility that provides care for a resident who cannot be relocated in an emergency; (g) entrances, exits, steps, ramps, and outside walkways are maintained in a safe condition with regard to snow, ice, and other hazards; (h) functional flashlights are available for emergency use by staff; (i) heating, air conditioning, and ventilating systems are maintained to provide comfortable temperatures; (j) hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by a resident and hot water is delivered to public and resident care areas at temperatures between 105-115 degrees F; (k) if the licensee contracts for maintenance services, there is a signed and dated agreement that details each service provided and the contracted maintenance service meets each requirement of this section; (j) nursing equipment and supplies are available as determined by facility policy in accordance with the needs of each resident; (l) testing frequency and calibration documentation is available for OL review; (m) the administrator employs a person, qualified by experience and training, to be in charge of facility maintenance; (n) the licensee develops and implements a written maintenance program, that includes preventive maintenance, to ensure the continued operation of the facility and sanitary practices throughout the facility; (o) the premises are free from vermin and rodents; (p) there is at least one first aid kit available at a specified location in the facility accompanied by a current edition of a first aid manual approved by the American Red Cross or the American Medical Association; (q) there is at least one Occupational Safety and Health Administration (OSHA) approved spill or clean-up kit for blood-borne pathogens; and (r) vehicles used to transport a resident is:	☐	☐	☐		☐	☐	

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R432-150-27. Emergency Response and Preparedness Plan.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-27(1)(a-b)		(1)(a) The licensee shall ensure the safety and well-being of each resident and provide for a safe environment in the event of an emergency or disaster. (b) An emergency or disaster may include utility interruption, explosion, fire, earthquake, bomb threat, flood, windstorm, epidemic, and injury.	☐	☐	☐		☐	☐	
150-27(2)(a-e)		(2)(a) The licensee shall develop an emergency and disaster plan that is approved by the governing body. (b) The emergency and disaster plan shall delineate: (i) assignment of personnel to specific tasks during an emergency; (ii) individuals to be notified in an emergency in order of priority; (iii) methods of communicating with local emergency agencies, authorities, and other appropriate individuals; (iv) methods of transporting and evacuating each resident and staff to other locations; (v) on-hand personnel, equipment, and supplies and how to acquire additional help, supplies, and equipment after an emergency or disaster; and (vi) the person with decision-making authority for fiscal, medical, and personnel management. (c) The licensee shall have emergency phone numbers at each nursing station with responsible staff listed in the order of priority contact. (d) The licensee shall document resident emergencies and responses, emergency events and responses, and the location of each resident and staff evacuated from the facility during an emergency. (e) The licensee shall conduct and document simulated disaster drills semi-annually.	☐	☐	☐		☐	☐	

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150-27(3)(a-d)		(3) The administrator shall develop a written fire emergency and evacuation plan in consultation with qualified fire safety personnel that: (a) delineates evacuation routes, location of fire alarm boxes, fire extinguishers, and emergency telephone numbers of the local fire department; (b) ensures fire drills and fire drill documentation are completed in accordance with Rule R710-4; (c) ensures the evacuation plan is posted in prominent locations in exit access ways throughout the building; and (d) includes fire containment procedures and how to use the facility alarm systems and signals.	☐	☐	☐		☐	☐	
R432-150-28. Alternative Sanctions for Nursing Facilities.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-28(1)		(1) This section applies in addition to the requirements of Rule R380-600 for certified nursing facility licensees participating in the Centers for Medicare and Medicaid (CMS) program and establishes criteria for the imposition of sanctions authorized by statute.	☐	☐	☐		☐	☐	
150-28(2)(a-b)		(2)(a) As the sole agency of the state authorized to act as the health care facilities certification agency under Section 26B-2-217, OL shall conduct on-site inspections of nursing facilities to determine compliance with federal nursing home requirements found in 42 CFR 488 (2023). (b) When OL finds that a nursing facility licensee is out of compliance with requirements of participation in the CMS program, OL may recommend to CMS the imposition of sanctions, including federal civil money penalties (CMP).	☐	☐	☐		☐	☐	
150-28(3)(a-b)		(3)(a) For a CMS certified nursing facility licensee, OL has authority to apply the sanctions defined in the federal Omnibus Budget Reconciliation Act (OBRA) of 1987, [(]Pub. L. No. 100[-]203[)] and Sections 1819(h) and 1919(h) of the Social Security Act. (b) OL may recommend termination from the Medicare or Medicaid program if a nursing facility licensee is found in chronic noncompliance with CMS participation requirements.	☐	☐	☐		☐	☐	

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150-28(4)(a-h)		(4) In accordance with 42 CFR 488 (2023), OL may recommend any of the following sanctions: (a) closure of the facility and transfer of a resident; (b) CMPs for: (i) each instance that a facility is not in substantial compliance in accordance with 42 CFR 488 (2023[].]); or (ii) the number of days a facility is out of compliance with one or more participation requirements; (c) denial of payment for new admissions; (d) directed in-service training; (e) directed plan of correction; (f) state monitoring; (g) temporary management; and (h) transfer of a resident.	☐	☐	☐		☐	☐	
150-28(5)(a-b)		(5)(a) OL shall assess interest on the unpaid balance of any CMP issued and collected by OL on behalf of CMS, beginning on the due date. (b) The interest rate charged is the average of the bond equivalent of the federal standard as outlined in 42 CFR 488 (2023) during the period when interest is charged.	☐	☐	☐		☐	☐	
150-28(6)		(6) OL shall apply CMPs collected under this section in accordance with Sections 1819 and 1919 of the Social Security Act to the protection of the health and property of each resident.	☐	☐	☐		☐	☐	
R432-150-29. Annual Reporting Requirements.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-29(1)		(1) A nursing care facility licensee approved for a health facility license under Subsection 26B-2-222(2)(c) shall submit an annual financial report within 90 days of the end of each calendar year.	☐	☐	☐		☐	☐	
150-29(2)(a-d)		(2) The annual financial report shall contain: (a) percentage of Medicare inpatient revenue including Medicare Advantage revenue in relation to the total of any revenue received within the calendar year; (b) total of any Medicare Advantage revenue received within the calendar year; (c) total of any Medicare inpatient revenue received within the calendar year; and (d) total of any revenue received within the calendar year.	☐	☐	☐		☐	☐	

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150-29(3)(a-c)	(3)(a) OL shall review the submitted reports for compliance with Subsection 26B-2-222(7)(a). (b) OL may perform financial audits as part of a review. (c) If OL determines a facility is not in compliance with Subsection 26B-2-222(7)(a), a CMP of $50,000 will be issued for the facility's failure to comply.	☐	☐	☐		☐	☐	
R432-150-30. Penalties.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
150-30	Any provider found in noncompliance with any part of this rule may be subject to the penalties enumerated in this rule, Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.	☐	☐	☐		☐	☐	
R432-40-4. Vaccination Offer and Exemptions.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
40-4(1)(a-c)	(1)(a) Each licensee shall offer influenza vaccination to each employee during the current influenza season and COVID-19 vaccination according to ACIP recommendations within three months of becoming eligible. (b) The licensee shall be deemed to have offered influenza and COVID-19 vaccination if the licensee documents that each employee on staff had the opportunity to receive an influenza and COVID-19 vaccination under their existing health plan coverage. (c) If the employee does not have health plan coverage for influenza and COVID-19 vaccination, then the licensee shall be deemed to have offered influenza and COVID-19 vaccination if the licensee documents that each employee on staff had the opportunity to receive influenza and COVID-19 vaccination at a cost to the employee that is at or below that charged by their local health department.	☐	☐	☐		☐	☐	
40-4(2)(a-c)	(2) Each licensee shall offer to each resident: (a) influenza vaccination during the current influenza season; (b) pneumococcal vaccination for those who do not have a record of having received prior pneumococcal vaccination, or are eligible for a subsequent pneumococcal vaccination as recommended by the ACIP within three months of becoming eligible; and (c) COVID-19 vaccination at the interval recommended by the manufacturer within three months of becoming eligible according to ACIP recommendations.	☐	☐	☐		☐	☐	

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40-4(3)		(3) Each licensee shall document circumstances beyond its control that prevent it from offering vaccinations, including the lack of availability of the vaccine. If the licensee cannot obtain the necessary vaccines, they shall provide documentation and request an alternative plan from the local health department or Utah Department of Health and Human Services (DHHS).	☐	☐	☐		☐	☐	
40-4(4)(a-c)		(4) The following are exempt from the influenza, COVID-19, and pneumococcal vaccinations: (a) a resident, or the resident's responsible person if the resident cannot act for themselves, who has refused the vaccine after having been offered the opportunity to be vaccinated; (b) an employee who has refused the vaccine after having been offered the opportunity to be vaccinated; or (c) a resident or employee who has a condition contraindicated for vaccination according to ACIP recommendations for influenza vaccine, COVID-19 vaccine, or pneumococcal vaccine.	☐	☐	☐		☐	☐	
40-4(5)(a-c)		(5) For each resident and employee who is not immunized, the licensee shall document in the resident's and employee's file the reason for not becoming immunized. (a) The licensee shall offer influenza, COVID-19, and pneumococcal vaccinations annually to each resident who has claimed an exemption. (b) The licensee shall offer influenza and COVID-19 vaccinations annually to each employee who has claimed an exemption. (c) The licensee shall document the following: (i) each refusal to receive influenza, COVID-19, and pneumococcal vaccination; and (ii) each medical contraindication to influenza, COVID-19, and pneumococcal vaccine.	☐	☐	☐		☐	☐	
R432-35-3. DACS Process for Covered Providers.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-35-3(1)(a-b)		(1) A covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before: (a) The OL issues a provisional license or license renewal; and (b) the provider engages a covered individual.	☐	☐	☐		☐	☐	
R432-35-3(2)(a)-(b)		(2) The covered provider shall ensure an engaged covered individual: (a) signs a criminal background check authorization form that is available for review by the OBP; and (b) submits fingerprints within 15 working days of engagement.	☐	☐	☐		☐	☐	

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R432-35-3(3)		(3) The covered provider shall ensure DACS reflects the current status of a covered individual within five working days of the engagement or termination.	☐	☐	☐		☐	☐	
R432-35-3(4)		(4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239.	☐	☐	☐		☐	☐	
R432-35-3(5)		(5) If the OBP determines an individual is not eligible for direct patient access, based on information obtained through DACS and the sources listed in Section R432-35-8, the OBP shall send a notice of agency action, as outlined in Section R497-100-5, to the covered provider and the individual.	☐	☐	☐		☐	☐	
R432-35-3(6)		(6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access.	☐	☐	☐		☐	☐	
R432-35-3(7)		(7) The OBP may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the OBP, the work arrangement does not pose a threat to the safety and health of any patient or resident.	☐	☐	☐		☐	☐	
R432-35-3(8)		(8) The covered provider that provides services in a residential setting shall enter required information into DACS to initiate and obtain certification for direct patient access for each individual 12 years of age and older, who is not a resident and resides in the residential setting. If the individual is not eligible for direct patient access and continues to reside in the setting, the OL may revoke an existing license of or deny licensure to a covered provider.	☐	☐	☐		☐	☐	
R432-35-3(9)(a)-(d)		(9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including: (a) address; (b) email address; (c) employment status; and (d) name.	☐	☐	☐		☐	☐	
R432-35-3(10)(a-b)		(10)(a) An individual or covered individual seeking licensure as a covered provider shall submit required information to the OBP to initiate and obtain certification for direct patient access before OL issues a provisional license. (b) If the individual is not eligible for direct patient access, the OL may revoke an existing license or deny licensure as a health care facility.	☐	☐	☐		☐	☐	

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R432-31. Orders for Life-Sustaining Treatment.									**Notes**
R432-31-3. Order for Life-Sustaining Treatment Forms.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-3(1)		(1) An individual who desires to execute an OLST shall use a form or electronic format approved by OL. The form may not be altered in layout or style, including font style and size, without the express written permission of OL.	☐	☐	☐		☐	☐	
31-3(2)		(2) Any person, health care provider, or health care facility licensee may obtain a form from the OL website.	☐	☐	☐		☐	☐	
31-3(3)		(3) A health care provider, licensee, or Emergency Medical Services (EMS) provider shall act upon a copy of an OLST as if it were the original.	☐	☐	☐		☐	☐	
R432-31-4. Facility Policies and Procedures.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-4(1)		(1) A licensee shall establish and implement policies and procedures that comply with Section 75A-3-106.	☐	☐	☐		☐	☐	

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31-4(2)(a-i)		(2) A licensee shall ensure policies and procedures address the licensee's responsibility to: (a) determine upon admission whether each individual has an OLST; (b) ensure an OLST is done in accordance with Subsection 75A-3-106(3); (c) identify circumstances when an individual with an OLST is offered the opportunity to change the order; (d) identify circumstances when the facility would not follow an OLST; (e) identify any individual who may be offered the opportunity to complete an OLST, including an individual who has: (i) a serious illness and is likely to face a life-threatening health crisis; (ii) declining cognitive abilities and lacks a surrogate or guardian to make decisions for them; or (iii) specific preferences for end-of-life treatments; (f) make a referral to the primary health care provider to create, replace, or change an OLST, if the licensee's services do not include the supervision of a physician, APRN, or physician assistant; (g) maintain the OLST in the individual's medical record; (h) only permit a qualified provider to assist with the completion of an OLST; and (i) outline that they are not required to offer each individual the opportunity to complete an OLST.	☐	☐	☐		☐	☐	
R432-31-5. Training.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		A licensee shall appropriately train relevant health care, quality improvement, and record keeping staff on the requirements of Section 75A-3-106, this rule, and the facility's policies and procedures established in accordance with this rule.	☐	☐	☐		☐	☐	
R432-31-6. Transferability of OLST.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-6(1)		(1) An OLST is fully transferable among any licensed health care facility.	☐	☐	☐		☐	☐	

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31-6(2)		(2) Any health care provider assuming an individual's care at the receiving licensed health care facility shall read the individual's OLST.	☐	☐	☐		☐	☐	
31-6(3)		(3) The receiving health care provider shall have policies and procedures to address any circumstance under which the health care provider will not follow the instructions contained in the OLST.	☐	☐	☐		☐	☐	
31-6(4)(a-b)		(4)(a) A licensee that discharges a resident, shall provide a copy of the resident's OLST to the individual upon discharge. (b) If the individual lacks the capacity to make health care decisions, as defined in Section 75A-3-201, the licensee shall also provide a copy to the individual's surrogate or guardian.	☐	☐	☐		☐	☐	
31-6(5)		(5) A licensee that transfers an individual with an OLST to another licensed health care facility shall provide a copy of the OLST to the receiving facility.	☐	☐	☐		☐	☐	
31-6(6)		(6) A licensee shall allow an individual to complete, amend, or revoke an OLST at any time upon request.	☐	☐	☐		☐	☐	
R432-31-7. Presentation of OLST to EMS Personnel.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-7(1)		(1) Except for home health, personal care, and home-based hospice agencies, a licensee in possession of an OLST shall present the individual's OLST to EMS personnel upon arrival to treat or transport the individual.	☐	☐	☐		☐	☐	
31-7(2)		(2) For an individual who resides at home, if the home health, personal care, or home-based hospice agency personnel are present when EMS personnel arrive at the home, the personnel shall present the individual's OLST to the EMS personnel.	☐	☐	☐		☐	☐	
R432-31-8. Home Placement of OLST.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-8(1)		(1) If an individual under the care of a home health, personal care, or hospice agency possesses an OLST, the agency shall ensure that a copy of the OLST is left at the individual's place of residence.	☐	☐	☐		☐	☐	
31-8(2)		(2) For an individual adult or emancipated minor who resides at home the licensee shall ensure that a copy of the [P]OLST is posted on the front of the refrigerator or over the individual's bed.	☐	☐	☐		☐	☐	

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31-8(3)		(3) For a minor who resides at home, it is recommended that a copy of the OLST be placed in a container and placed on the top shelf of the door inside the refrigerator.	☐	☐	☐		☐	☐	
R432-31-9. Prior Orders and Out of State Orders.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-9(1)(a-b)		(1)(a) EMS and other health care providers may recognize as valid any prior or out of state OLST forms or medical orders for life-sustaining treatment, including the national OLST form. (b) This may also include a bracelet or necklace, unless superseded by a subsequent OLST.	☐	☐	☐		☐	☐	
31-9(2)(a-b)		(2)(a) A physician shall complete and sign a new OLST for an individual with prior forms who no longer has the capacity to complete a new order and who does not have a surrogate or guardian to authorize the new order. (b) The physician shall state on the new order that the individual's preferences from a prior order is still applicable.	☐	☐	☐		☐	☐	
31-9(3)(a-b)		(3) A form that an individual executed while in another state may be honored as if it were executed in compliance with this rule and Section 75A-3-106 if it: (a) is substantially similar to an OLST or a medical order for life-sustaining treatment; and (b) was executed according to the laws of that state.	☐	☐	☐		☐	☐	
R432-31-10. Signature Requirement.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-10(1)		(1) The patient or surrogate or guardian decision maker and a medical health care provider, including an MD, DO, PA, or APRN, shall sign the OLST for it to be valid.	☐	☐	☐		☐	☐	
31-10(2)		(2) For pediatric patients, two different medical health care providers shall sign the OLST to make it valid.	☐	☐	☐		☐	☐	
31-10(3)		(3) Electronic signatures are acceptable for OLST forms.	☐	☐	☐		☐	☐	
31-10(4)		(4) In the event the surrogate or guardian decision maker cannot sign in-person or electronically, a verbal signature may be noted if confirmed by two medical professionals caring for the patient.	☐	☐	☐		☐	☐	
31-10(5)		(5) Photocopies and faxes of signed OLST forms are legal and valid.	☐	☐	☐		☐	☐	
R432-31-11. Compliance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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	Any person who violates this rule may be subject to the penalties in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.	☐	☐	☐		☐	☐	
Legislative Updates 2026		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R380-600-3(2)	Each applicant and provider shall comply with any applicable rule, statute, zoning, fire, safety, sanitation, building and licensing law, regulation, ordinance, and code of the city and county where facility or agency will be or is located.	☐	☐	☐		☐	☐	This is the rule that will be cited for noncompliance with any of the legislative updates. "The provider is out of compliance with this rule by not complying with [statute citation]"
HB 417 Patient Interfacility Transportation Requirements		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
26B-2-244. Non-medical transport -- Receiving health care facility requirements.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

RULES CHECKLIST								
Rule # R432-150	Rule Description R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection	Reviewed	Under Review	NA	Compliance Required By Date:	Corrected During Inspection	Technical Assistance:	Notes
26B-2-244(1)(a-g)	(1) As used in this section: (a) "Adequate time" means: (i) for an originating facility located in a county of the fourth, fifth, or sixth class as classified under Section 17-60-104, four hours of being discharged by the originating facility; or (ii) for an originating facility not described in Subsection (1)(a)(i), two hours of being discharged by the originating facility. (b) "Ambulance transportation" means transportation provided by a person licensed under Title 53, Chapter 2d, Emergency Medical Services Act. (c) "Health care provider" means: (i) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; (ii) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act; or (iii) an advanced practice registered nurse licensed under Subsection 58-31b-301(2)(e). (d) "Interfacility transfer" means the transferring of a patient between an originating facility and a receiving facility. (e)(i) "Non-medical transportation" means transportation that does not: (A) provide medical services during transport; or (B) employ or provide trained medical personnel for transporting an individual. (ii) "Non-medical transportation" includes transportation provided by a family member or public transit. (f) "Originating facility" means a health care facility where a patient is currently admitted or being treated. (g) "Receiving facility" means a health care facility that will receive a patient from an originating facility.	☐	☐	☐		☐	☐	

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26B-2-244(2)(a-c)		(2) A health care facility shall allow a patient to use non-medical transportation for an interfacility transfer if: (a) the patient is not subject to: (i) temporary commitment described in Section 26B-5-331; or (ii) involuntary commitment described in Section 26B-5-332; (b) the patient's health care provider at the originating facility determines that: (i) the patient is not in a condition described in Section 53-2d-405; and (ii) the patient's current medical and mental condition does not require ambulance transportation to the receiving facility; and (c) the transfer would not violate the federal Emergency Medical Treatment and Labor Act described in 42 U.S.C. Sec. 1395dd.	☐	☐	☐		☐	☐	
26B-2-244(3)		(3) A patient may request that a health care facility or health care provider determine whether the patient is eligible to use non-medical transportation under Subsection (2).	☐	☐	☐		☐	☐	
26B-2-244(4)(a-d)		(4) For a patient eligible to use non-medical transportation for an interfacility transfer, the health care facility shall provide a written notice to the patient that states: (a) the patient's medical and mental condition does not meet medical necessity for ambulance transportation; (b) insurance may elect not to cover the charges for ambulance transportation; (c) the patient may be responsible for the cost of ambulance transportation; and (d) the current transportation rate and mileage rate established under Section 53-2d-503.	☐	☐	☐		☐	☐	
26B-2-244(5)(a-b)		(5) If a patient uses non-medical transportation as described in this section and arrives at the receiving facility within adequate time, the receiving facility may not: (a) charge the patient or the patient's insurance or other health benefit plan for admission or readmission services unless medical staff have reason to believe the patient's medical condition has changed from when the originating facility discharged the patient to the time of the patient's arrival at the receiving facility; or (b) assign the available bed that the patient was offered upon discharge from the originating facility to an individual that is not the patient.	☐	☐	☐		☐	☐	

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26B-2-244(6)	(6)An originating facility or health care provider is immune from civil action for acts or omissions made when allowing a patient to use non-medical transportation if the patient's medical or mental condition at the time the originating facility discharges the patient did not require ambulance transportation to the receiving facility.	☐	☐	☐		☐	☐	
26B-2-244(7)	(7)Nothing in this section restricts a patient's ability to refuse health care services, including any form of transportation.	☐	☐	☐		☐	☐	
S.B. 174 Exercise of Religious Beliefs and Conscience Amendments		R	UR	NA	Date	CDI	TA	Notes
H.B. 472 Division of Licensing and Background Checks Amendments		R	UR	NA	Date	CDI	TA	Notes
	H.B. 472 makes technical and conforming changes, renumbers 26B-2-103, 26B-2-104, and clarifies the definition of an individual that is associated with a licensee.	☐	☐	☐		☐	☐	
	Additionally, H.B. 472 requires critical incident reporting across Human Services, Health Facilities and Child Care programs, even though some specifics differ.	☐	☐	☐		☐	☐	
HB 343 Nursing Care Facility Program Amendments		R	UR	NA	Date	CDI	TA	Notes

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	(3)(a) The division may issue a Medicaid certification to a nursing care facility program that was previously a certified program but now resides in a new or renovated physical facility if the nursing care facility program meets all of the following: (a)(i) the nursing care facility program met all applicable requirements for Medicaid certification at the time of closure; (b)(ii) the new or renovated physical facility is in the same county or within a five-mile radius of the original physical facility; (c)(iii) the time between which the certified program ceased to operate in the original facility and will begin to operate in the new physical facility is not more than three years, unless: (i)(A) an emergency is declared by the president of the United States or the governor, affecting the building or renovation of the physical facility; (ii)(B) the director approves an exception to the three-year requirement for any nursing care facility program within the three-year requirement; (iii)(C) the provider submits documentation supporting a request for an extension to the director that demonstrates a need for an extension; and (iv)(D) the exception does not extend for more than twofour years beyond the three-year requirement; (d)(iv) if Subsection (3)(c)(3)(a)(iii) applies, the certified program notifies the department within 90 days after ceasing operations in its original facility, of its intent to retain its Medicaid certification; (e)(v) the provider gives written assurance to the director in accordance with Subsection (4) that no third party has a legitimate claim to operate a certified program at the previous physical facility; and (f)(vi) the bed capacity in the physical facility has not been expanded unless the director has approved additional beds in accordance with Subsection (5). (b) If the director approved an exception described in Subsection (3)(a)(iii) for two years beyond the three-year requirement before May 6, 2026, the director may extend the exception to four years beyond the three-year requirement, including after the original exception has expired, if the nursing care facility program for which the original exception was approved requests the extension within four years beyond the three-year requirement.	☐	☐	☐		☐	☐	
H.B. 259 Parental Access to Children's Medical Records Amendments		R	UR	NA	Date	CDI	TA	Notes

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26B-2-244. Medical record access for children.			R	UR	NA	Date	CDI	TA	Notes
		(1) As used in this section: (a) "Child" means an individual under the age of 18 years old. (b) "Electronic medical record system" means an electronic system for maintaining medical records in a clinical setting. (c) "EMRS vendor" means the vendor of an electronic medical record management system. (d) "Health care system" means an entity that owns two or more health care facilities. (e) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended. (f) "Parent" means an individual who has a parent-child relationship, as defined in Section 81-5-102, with the child.	☐	☐	☐		☐	☐	
		(2) A parent has the right to obtain and access the medical records that pertain to the parent's child unless: (a) the parent's parental rights have been terminated; (b) the child is emancipated or legally married; (c) required by a court order; or (d) the medical record relates to sexual assault counseling in accordance with Section 77-38-204.	☐	☐	☐		☐	☐	
		(3)(a) Subject to Subsection (3)(b), a health care facility may not restrict a parent's access to the electronic medical record of the parent's child. (b)A health care facility may: (i)restrict a parent's access to an electronic medical record of the parent's child for a reason described in Subsection (2); and (ii)only restrict access to the portion of the electronic medical record that would be restricted under Subsection (2).	☐	☐	☐		☐	☐	
		(4) An EMRS vendor providing an electronic medical record system for a health care facility shall ensure the electronic medical record system provided to the health care facility is capable of being modified by the health care facility to comply with Subsection (3).	☐	☐	☐		☐	☐	

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		(5)(a) Subject to Subsection (5)(f), a health care facility in violation of Subsection (3) is subject to a $1,000 civil fine for each day the health care facility does not comply with Subsection (3) after December 31, 2027. (b) An EMRS vendor in violation of Subsection (4) is subject to a $1,000 civil fine for each day the EMRS vendor's electronic medical record system does not comply with Subsection (4) after December 31, 2027. (c) The attorney general may bring a civil action against a health care facility or EMRS vendor to enforce this section. (d) In enforcing this section, the attorney general may issue subpoenas in investigating a potential violation. (e) A court shall award attorney fees to the attorney general if the attorney general is successful in an enforcement action described in this section. (f) If two or more health care facilities are owned by a health care system and not in compliance with Subsection (3), the civil fine described in Subsection (5)(a) shall be assessed against the health care system for each day of noncompliance as if the health care facilities were a single health care facility.	☐	☐	☐		☐	☐	

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		(6)(a) A health care facility shall: (i) provide a notice to any parent that is unable to access a part of an electronic medical record if: (A) the electronic medical record system is unable to provide the parent access; and (B) the parent is not otherwise precluded from access to the records under HIPAA or Subsection (2); and (ii) upon request, provide the parent medical records. (b) A health care facility shall provide records under Subsection (6)(a): (i) without charge; and (ii) within five business days of the day on which the health care facility receives the request. (c) A health care facility that fails to provide records in accordance with this Subsection (6) is subject to a $1,000 civil fine per record. (d) The notice described in Subsection (6)(a)(i) shall state the following "If your child's medical records are not visible, click here to request them. They must be provided within five business days or a $1,000 fine applies per Utah Code Section 26B-2-244."	☐	☐	☐		☐	☐	
		(7) A fine collected under this section shall be deposited into the fund described in Section 26B-1-335.	☐	☐	☐		☐	☐	
		(8) Subsections (3) through (7) do not apply to the Utah State Hospital.	☐	☐	☐		☐	☐	