

R432. Health, Family Health and Preparedness, Licensing.

R432-270. Assisted Living Facilities.

R432-270-1. Legal Authority.

This rule is adopted pursuant to Title 26, Chapter 21.

R432-270-2. Purpose.

This rule establishes the licensing and operational standards for assisted living facilities Type I and Type II. Assisted living is intended to enable persons experiencing functional impairments to receive 24-hour personal and health-related services in a place of residence with sufficient structure to meet the care needs in a safe manner.

R432-270-3. Definitions.

- (1) The terms used in these rules are defined in Section R432-1-3.
- (2) In addition:
 - (a) "Assessment" means documentation of each resident's ability or current condition in the following areas:
 - (i) memory and daily decision making ability;
 - (ii) ability to communicate effectively with others;
 - (iii) physical functioning and ability to perform activities of daily living;
 - (iv) continence;
 - (v) mood and behavior patterns;
 - (vi) weight loss;
 - (vii) medication use and the ability to self-medicate;
 - (viii) special treatments and procedures;
 - (ix) disease diagnoses that have a relationship to current activities of daily living status, behavior status, medical treatments, or risk of death;
 - (x) leisure patterns and interests;
 - (xi) assistive devices; and
 - (xii) prosthetics.
 - (b) "Activities of daily living (ADL)":
 - (i) means those personal functional activities required for an individual for continued well-being, including:
 - (A) personal grooming, including oral hygiene and denture care;
 - (B) dressing;
 - (C) bathing;
 - (D) toileting and toilet hygiene;
 - (E) eating and nutrition;
 - (F) administration of medication; and
 - (G) transferring, ambulation and mobility.
 - (ii) Are divided into the following levels:
 - (A) "Independent" means the resident can perform the ADL without help.
 - (B) "Assistance" means the resident can perform some part of an ADL, but cannot do it entirely alone.
 - (C) "Dependent" means the resident cannot perform any part of an ADL; it must be done entirely by someone else.
 - (c) Certification in Cardiopulmonary Resuscitation (CPR) refers to certification issued after completion of a course that is consistent with the most current version of the American Heart Association Guidelines for Health Care Provider CPR.
 - (d) "Core competencies" mean:
 - (i) communication;
 - (ii) person centered care principles and practices;
 - (iii) observation;
 - (iv) crisis prevention and intervention;
 - (v) safety;
 - (vi) professionalism and ethics;
 - (vii) empowerment and advocacy;
 - (viii) health and wellness;
 - (ix) community living skills and supports;
 - (x) cultural competency and community inclusion;
 - (xi) dementia care competencies; and
 - (xii) training and self-development.
 - (e) "Home-like" as used in statute and this rule means a place of residence, which creates an atmosphere supportive of the resident's preferred lifestyle. Home-like is also supported by the use of residential building materials and furnishings.
 - (f) "Hospice patient" means an individual who is admitted to a hospice program or agency.
 - (g) "Legal representative" means an individual who is legally authorized to make health care decisions on behalf of another individual.
 - (h) "Monitoring device":
 - (i) means a video surveillance camera or a microphone or other device that captures audio; and
 - (ii) does not include:
 - (A) a device that is specifically intended to intercept wire, electronic, or oral communication without notice to or the consent of a party to the communication; or
 - (B) a device that is connected to the Internet or that is set up to transmit data via an electronic communication.
 - (i) "Licensed health care professional" means a registered nurse, physician assistant, advanced practice registered nurse, or physician licensed by the Utah Department of Commerce who has education and experience to assess and evaluate the health care needs of the resident.
 - (j) "Responsible person" means an individual who:
 - (i) is designated in writing by a resident to receive communication on behalf of the resident; or
 - (ii) a legal representative.

- (k) "Self-direct medication administration" means the resident can:
 - (i) recognize medications offered by color or shape; and
 - (ii) question differences in the usual routine of medications.
- (l) "Service Plan" means a written plan of care for services that meets the requirements of Section R432-270-13.
- (m) "Services" means activities, which help the residents develop skills to increase or maintain their level of psycho-social and physical functioning, or, which assist them in activities of daily living.
- (n) "Significant change" means a major change in a resident's status that is self-limiting or impacts on more than one area of the resident's health status.
- (o) "Significant assistance" means the resident is unable to perform any part of an ADL and is dependent upon staff or others to accomplish the ADL as defined in Subsection R432-270-3(2)(b).
- (p) "Social care" means:
 - (i) providing opportunities for social interaction in the facility or in the community; or
 - (ii) providing services to promote independence or a sense of self-direction.
- (q) "Unit" means an individual living space, including living and sleeping space, bathroom, and optional kitchen area.
- (r) "Vulnerable adult" means an elder adult, or a dependent adult who has a mental or physical impairment that substantially affects the person's ability to:
 - (i) provide personal protection;
 - (ii) provide necessities such as food, shelter, clothing, or mental or other health care;
 - (iii) obtain services necessary for health, safety, or welfare;
 - (iv) carry out the activities of daily living;
 - (v) manage their own financial resources; or
 - (vi) comprehend the nature and consequences of remaining in a situation of abuse, neglect, or exploitation.

R432-270-4. Licensing.

- (1) A person who offers or provides care to two or more unrelated individuals in a residential facility must be minimally licensed as an assisted living facility if:
 - (a) the individuals stay in the facility for more than 24 hours; and
 - (b) the facility provides or arranges for the provision of assistance with one or more activity of daily living for any of the individuals.
- (2) An assisted living facility shall be licensed as a Type I facility if the individuals under care are capable of achieving mobility sufficient to exit the facility without the assistance of another person.
- (3) An assisted living facility shall be licensed as a Type II facility if the individuals under care are capable of achieving mobility sufficient to exit the facility only with the limited assistance of one person.
- (4) A Type I assisted living facility shall provide social care to the individuals under care.
- (5) A Type II assisted living facility shall provide care in a home-like setting that provides an array of coordinated supportive personal and health care services available 24 hours per day to residents who need any of these services as required by department rule.
- (6) Type I and II assisted living facilities shall provide each resident with a separate living unit. Two residents may share a unit upon written request of both residents.
- (7) An individual may continue to remain in an assisted living facility provided:
 - (a) the facility construction can meet the individual's needs;
 - (b) the individual's physical and mental needs are appropriate to the assisted living criteria; and
 - (c) the facility provides adequate staffing to meet the individual's needs.
- (8) Assisted living facilities shall be licensed as large, small or limited capacity facilities.
 - (a) A large assisted living facility houses 17 or more residents.
 - (b) A small assisted living facility houses six to 16 residents.
 - (c) A limited capacity assisted living facility houses two to five residents.

R432-270-5. Licensee.

- (1) The licensee shall:
 - (a) ensure compliance with all federal, state, and local laws;
 - (b) assume responsibility for the overall organization, management, operation, and control of the facility;
 - (c) establish policies and procedures for the welfare of residents, the protection of their rights, and the general operation of the facility;
 - (d) implement a policy that ensures the facility does not discriminate on the basis of race, color, sex, religion, ancestry, or national origin in accordance with state and federal law;
 - (e) secure and update contracts for required services not provided directly by the facility;
 - (f) respond to requests for reports from the Department; and
 - (g) appoint, in writing, a qualified administrator who shall assume full responsibility for the day-to-day operation and management of the facility.
 The licensee and administrator may be the same person.
- (2) The licensee shall implement a quality assurance program to include a Quality Assurance Committee. The committee shall:
 - (a) consist of at least the facility administrator and a health care professional; and
 - (b) meet at least quarterly to identify and act on quality issues.
- (3) If the licensee is a corporation or an association, it shall maintain an active and functioning governing body to fulfill licensee duties and to ensure accountability.

R432-270-6. Administrator Qualifications.

- (1) The administrator shall have the following qualifications:
 - (a) be 21 years of age or older;
 - (b) have knowledge of applicable laws and rules;
 - (c) have the ability to deliver, or direct the delivery of, appropriate care to residents;
 - (d) successfully complete the criminal background screening process defined in Rule R432-35; and

- (e) for Type II facilities, complete a Department approved national certification program within six months of hire.
- (2) In addition to Subsection R432-270-6(1) the administrator of a Type I facility shall have an associate degree or two years experience in a health care facility.
- (3) In addition to Subsection R432-270-6(1) the administrator of a Type II small or limited-capacity assisted living facility shall have one or more of the following:
 - (a) an associate degree in a health care field;
 - (b) two years or more management experience in a health care field; or
 - (c) one year experience in a health care field as a licensed health care professional.
- (4) In addition to Subsection R432-270-6(1) the administrator of a Type II large assisted living facility shall have one or more of the following:
 - (a) a State of Utah health facility administrator license;
 - (b) a bachelor's degree in a health care field, to include management training or one or more years of management experience;
 - (c) a bachelor's degree in any field, to include management training or one or more years of management experience and one year or more experience in a health care field; or
 - (d) an associate degree and four years or more management experience in a health care field.

R432-270-7. Administrator Duties.

- (1) The administrator shall:
 - (a) be on the premises a sufficient number of hours in the business day, and at other times as necessary, to manage and administer the facility;
 - (b) designate, in writing, a competent employee, 21 years of age or older, to act as administrator when the administrator is unavailable for immediate contact. It is not the intent of this subsection to permit a de facto administrator to replace the designated administrator.
- (2) The administrator is responsible for the following:
 - (a) recruit, employ, and train the number of licensed and unlicensed staff needed to provide services;
 - (b) verify required licenses and permits of staff and consultants at the time of hire or the effective date of contract;
 - (c) maintain facility staffing records for the preceding 12 months;
 - (d) admit and retain only those residents who meet admissions criteria and whose needs can be met by the facility;
 - (e) review at least quarterly every injury, accident, and incident to a resident or employee and document appropriate corrective action;
 - (f) maintain a log indicating any significant change in a resident's condition and the facility's action or response;
 - (g) complete an investigation whenever there is reason to believe a resident has been subject to abuse, neglect, or exploitation;
 - (h) report all suspected abuse, neglect, or exploitation in accordance with Section 62A-3-305, and document appropriate action if the alleged violation is verified;
 - (i) notify the resident's responsible person within 24 hours of significant changes or deterioration of the resident's health, and ensure the resident's transfer to an appropriate health care facility if the resident requires services beyond the scope of the facility's license;
 - (j) conduct and document regular inspections of the facility to ensure it is safe from potential hazards;
 - (k) complete, submit, and file records and reports required by the Department;
 - (l) participate in a quality assurance program; and
 - (m) secure and update contracts for required professional and other services not provided directly by the facility.
- (3) The administrator's responsibilities shall be included in a written and signed job description on file in the facility.

R432-270-8. Personnel.

- (1) Qualified competent direct-care personnel shall be on the premises 24 hours a day to meet residents' needs as determined by the residents' assessment and service plans. Additional staff shall be employed as necessary to perform office work, cooking, housekeeping, laundering and general maintenance.
- (2) The services provided or arranged by the facility shall be provided by qualified persons in accordance with the resident's written service plan.
- (3) Personnel who provide personal care to residents in a Type I and Type II facility shall be at least 18 years of age or be a certified nurse aide and shall have related experience in the job assigned or receive on the job training.
- (4) Personnel shall be licensed, certified, or registered in accordance with applicable state laws.
- (5) The administrator shall maintain written job descriptions for each position, including job title, job responsibilities, qualifications or required skills.
 - (6) Facility policies and procedures shall be available to personnel at all times.
 - (7) Each employee shall receive documented orientation to the facility for their hired position. Orientation shall be completed within 30 days of hire and include the following:
 - (a) job description;
 - (b) ethics, confidentiality, and residents' rights;
 - (c) fire and disaster plan;
 - (d) policy and procedures;
 - (e) reporting responsibility for abuse, neglect and exploitation; and
 - (f) a Department-approved core competency training.
 - (8) In addition to completing facility orientation and demonstration of core competency skills, each direct-care employee shall receive 16 hours of documented one-on-one job training with a direct-care employee, with at least 3 months of experience and who has completed orientation, or with the supervising nurse at the facility.
 - (a) This training is not transferable to another facility and must include:
 - (i) transfer assistance and safety; and
 - (ii) activities of daily living.
 - (b) Direct-care employees hired from a staffing agency must be certified nurse aides and are exempt from the 16 hours of one-on-one training.
 - (c) Employees who are certified nurse aides are exempt from the 16 hours of one-on-one job training.
 - (9) Each employee shall receive documented in-service training. The training shall be tailored to annually include the following subjects that are relevant to the employee's job responsibilities:
 - (a) principles of good nutrition, menu planning, food preparation, and storage;
 - (b) principles of good housekeeping and sanitation;

- (c) principles of providing personal and social care;
- (d) proper procedures in assisting residents with medications;
- (e) recognizing early signs of illness and determining if there is a need for professional help;
- (f) accident prevention, including safe bath and shower water temperatures;
- (g) communication skills, which enhance resident dignity;
- (h) first aid;
- (i) resident's rights;
- (j) abuse and neglect reporting requirements of Section 62A-3-305;
- (k) dementia and Alzheimer's specific training; and
- (l) review of core competency training.

(10) The facility administrator shall annually receive a minimum of 4 hours of core competency training that includes Dementia and Alzheimer's specific training.

(11) An employee who reports suspected abuse, neglect, or exploitation may not be subject to retaliation, disciplinary action, or termination by the facility for that reason alone.

(12) The facility shall establish a personnel health program through written personnel health policies and procedures that protect the health and safety of personnel, residents and the public.

(13) The facility shall complete an employee placement health evaluation to include at least a health inventory when an employee is hired. Facilities may use their own evaluation or a Department approved form.

(a) A health inventory shall include at least the employee's history of the following:

- (i) conditions that may predispose the employee to acquiring or transmitting infectious diseases; and
- (ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily.

(b) The facility shall develop employee health screening and immunization components of the personnel health program.

(c) Employee skin testing by the Mantoux Method or other FDA approved in-vitro serologic test and follow up for tuberculosis shall be done in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis.

(i) The licensee shall ensure employees are skin-tested for tuberculosis within two weeks of:

- (A) initial hiring;
- (B) suspected exposure to a person with active tuberculosis; and
- (C) development of symptoms of tuberculosis.

(ii) Skin testing shall be exempted for employees with known positive reaction to skin tests.

(d) Infections and communicable diseases reportable by law shall be reported to the local health department in accordance with Section R386-702-

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(14) The facility shall develop and implement policies and procedures governing an infection control program to protect residents, family and personnel; that includes appropriate task related employee infection control procedures and practices.

(15) The facility shall comply with the Occupational Safety and Health Administration's Blood-borne Pathogen Standard.

R432-270-9. Residents' Rights.

(1) Assisted living facilities shall develop a written resident's rights statement based on this section.

(2) The administrator or designee shall give the resident a written description of the resident's legal rights upon admission, including the following:

(a) a description of the manner of protecting personal funds, in accordance with Section R432-270-20; and

(b) a statement that the resident may file a complaint with the state long term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility.

(3) The administrator or designee shall notify the resident or the resident's responsible person at the time of admission, in writing and in a language and manner that the resident or the resident's responsible person understands, of the resident's rights and rules governing resident conduct and responsibilities during the stay in the facility.

(4) The administrator or designee shall promptly notify in writing the resident or the resident's responsible person when there is a change in resident rights under state law.

(5) Resident rights include the following:

(a) the right to be treated with respect, consideration, fairness, and full recognition of personal dignity and individuality;

(b) the right to be transferred, discharged, or evicted by the facility only in accordance with the terms of the signed admission agreement;

(c) the right to be free of mental and physical abuse, and chemical and physical restraints;

(d) the right to refuse to perform work for the facility;

(e) the right to perform work for the facility if the facility consents and if:

(i) the facility has documented the resident's need or desire for work in the service plan;

(ii) the resident agrees to the work arrangement described in the service plan;

(iii) the service plan specifies the nature of the work performed and whether the services are voluntary or paid; and

(iv) compensation for paid services is at or above the prevailing rate for similar work in the surrounding community;

(f) the right to privacy during visits with family, friends, clergy, social workers, ombudsmen, resident groups, and advocacy representatives;

(g) the right to share a unit with a spouse if both spouses consent, and if both spouses are facility residents;

(h) the right to privacy when receiving personal care or services;

(i) the right to keep personal possessions and clothing as space permits;

(j) the right to participate in religious and social activities of the resident's choice;

(k) the right to interact with members of the community both inside and outside the facility;

(l) the right to send and receive mail unopened;

(m) the right to have access to telephones to make and receive private calls;

(n) the right to arrange for medical and personal care;

(o) the right to have a family member or responsible person informed by the facility of significant changes in the resident's cognitive, medical, physical, or social condition or needs;

(p) the right to leave the facility at any time and not be locked into any room, building, or on the facility premises during the day or night:

- (i) assisted living Type II residents who have been assessed to require a secure environment may be housed in a secure unit, provided the secure unit is approved by the fire authority having jurisdiction; and
- (ii) this right does not prohibit the locking of facility entrance doors if egress is maintained;
- (q) the right to be informed of complaint or grievance procedures and to voice grievances and recommend changes in policies and services to facility staff or outside representatives without restraint, discrimination, or reprisal;
- (r) the right to be encouraged and assisted throughout the period of a stay to exercise these rights as a resident and as a citizen;
- (s) the right to manage and control personal funds, or to be given an accounting of personal funds entrusted to the facility, as provided in Section R432-270-20 concerning management of resident funds;
- (t) the right, upon oral or written request, to access within 24 hours records pertaining to the resident, including clinical records;
- (u) the right, two working days after the day of the resident's oral or written request, to purchase at a cost not to exceed the community standard photocopies of the resident's records or any portion thereof;
- (v) the right to personal privacy and confidentiality of personal and clinical records;
- (w) the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being; and
- (x) the right to be fully informed in a language and in a manner the resident understands of the resident's health status and health rights, including the following:
 - (i) medical condition;
 - (ii) the right to refuse treatment;
 - (iii) the right to formulate an advance directive in accordance with Title 75, Chapter 2a, Advance Health Care Directive Act; and
 - (iv) the right to refuse to participate in experimental research.
- (6) The following items must be posted in a public area of the facility that is easily accessible and visible by residents and the public:
 - (a) the long term care ombudsmen's notification poster;
 - (b) information on Utah protection and advocacy systems; and
 - (c) a copy of the resident's rights.
- (7) The facility shall have available in a public area of the facility the results of the current survey of the facility and any plans of correction.
- (8) A resident may organize and participate in resident groups in the facility, and a resident's family may meet in the facility with the families of other residents.
 - (a) The facility shall provide private space for resident groups or family groups.
 - (b) Facility personnel or visitors may attend resident group or family group meetings only at the group's invitation.
 - (c) The administrator shall designate an employee to provide assistance and to respond to written requests that result from group meetings.

R432-270-10. Admissions.

- (1) The facility shall have written admission, retention, and transfer policies that are available to the public upon request.
- (2) Before accepting a resident, the facility shall obtain sufficient information about the person's ability to function in the facility through the following:
 - (a) an interview with the resident and the resident's responsible person; and
 - (b) the completion of the resident assessment.
- (3) If the Department determines during inspection or interview that the facility knowingly and willfully admits or retains residents who do not meet license criteria, then the Department may, for a time period specified, require that resident assessments be conducted by an individual who is independent from the facility.
- (4) A Type I facility:
 - (a) shall accept and retain residents who meet the following criteria:
 - (i) are ambulatory or mobile and are capable of taking life saving action in an emergency without the assistance of another person;
 - (ii) have stable health;
 - (iii) require no assistance or only limited assistance in the activities of daily living (ADL); and
 - (iv) do not require total assistance from staff or others with more than three ADLs.
 - (b) may accept and retain residents who meet the following criteria:
 - (i) are cognitively impaired or physically disabled but able to evacuate from the facility without the assistance of another person; and
 - (ii) require and receive intermittent care or treatment in the facility from a licensed health care professional either through contract or by the facility, if permitted by facility policy.
- (5) A Type II facility may accept and retain residents who meet the following criteria:
 - (a) require total assistance from staff or others in more than three ADLs, provided that:
 - (i) the staffing level and coordinated supportive health and social services meet the needs of the resident; and
 - (ii) the resident is capable of evacuating the facility with the limited assistance of one person.
 - (b) are physically disabled but able to direct their own care; or
 - (c) are cognitively impaired or physically disabled but able to evacuate from the facility with the limited assistance of one person.
- (6) Type I and Type II assisted living facilities may not admit or retain a person who:
 - (a) manifests behavior that is suicidal, sexually or socially inappropriate, assaultive, or poses a danger to self or others;
 - (b) has active tuberculosis or other chronic communicable diseases that cannot be treated in the facility or on an outpatient basis; or may be transmitted to other residents or guests through the normal course of activities; or
 - (c) requires inpatient hospital, long-term nursing care or 24-hour continual nursing care that will last longer than 15 calendar days after the day that the nursing care begins.
- (7) Type I and Type II assisted living facilities may not deny an individual admission to the facility 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 Title 26, Chapter 21, Part 304, Monitoring Device -- Facility admission, patient discharge, and posted notice.
- (8) The prospective resident or the prospective resident's responsible person shall sign a written admission agreement prior to admission. The admission agreement shall be kept on file by the facility and shall specify at least the following:
 - (a) room and board charges and charges for basic and optional services;
 - (b) provision for a 30-day notice prior to any change in established charges;

- (c) admission, retention, transfer, discharge, and eviction policies;
- (d) conditions when the agreement may be terminated;
- (e) the name of the responsible party;
- (f) notice that the Department has the authority to examine resident records to determine compliance with licensing requirements; and
- (g) refund provisions that address the following:
 - (i) thirty-day notices for transfer or discharge given by the facility or by the resident,
 - (ii) emergency transfers or discharges;
 - (iii) transfers or discharges without notice; and
 - (iv) the death of a resident.
- (9) A type I assisted living facility may accept and retain residents who have been admitted to a hospice program, under the following conditions:
 - (a) the facility keeps a copy of the physician's diagnosis and orders for care;
 - (b) the facility makes the hospice services part of the resident's service plan that shall explain who is responsible to meet the resident's needs; and
 - (c) a facility may retain hospice patient residents who are not capable of exiting the facility without assistance with the following conditions:
 - (i) the facility shall assure that a worker or an individual is assigned solely to each specific hospice patient and is on-site to assist the resident in emergency evacuation 24 hours a day, seven days a week;
 - (ii) the facility shall train the assigned worker or individual to specifically assist in the emergency evacuation of the assigned hospice patient resident;
 - (iii) the worker or individual shall be physically capable of providing emergency evacuation assistance to the particular hospice patient resident; and
 - (iv) hospice residents who are not capable of exiting the facility without assistance comprise no more than 25 % of the facility's resident census.
- (10) A type II assisted living facility may accept and retain hospice patient residents under the following conditions:
 - (a) the facility keeps a copy of the physician's diagnosis and orders for care;
 - (b) the facility makes the hospice services part of the resident's service plan that shall explain who is responsible to meet the resident's needs; and
 - (c) if the hospice patient resident cannot evacuate the facility without significant assistance, the facility shall:
 - (i) develop an emergency plan to evacuate the hospice resident in the event of an emergency; and
 - (ii) integrate the emergency plan into the resident's service plan.

R432-270-11. Transfer or Discharge Requirements.

- (1) A resident may be discharged, transferred, or evicted for one or more of the following reasons:
 - (a) the facility is no longer able to meet the resident's needs because the resident poses a threat to health or safety to self or others, or the facility is not able to provide required medical treatment;
 - (b) the resident fails to pay for services as required by the admission agreement;
 - (c) the resident fails to comply with written policies or rules of the facility;
 - (d) the resident wishes to transfer; or
 - (e) the facility ceases to operate.
- (2) Prior to the facility initiating a transfer or discharge of a resident, the facility shall serve a transfer or discharge notice upon the resident and the resident's responsible person.
 - (a) The notice shall be either hand-delivered or sent by certified mail.
 - (b) The notice shall be made at least 30 days before the day that the facility plans to transfer or discharge the resident, unless; notice for a shorter period of time is necessary to protect:
 - (i) the safety of individuals in the facility from endangerment due to the medical or behavioral status of the resident;
 - (ii) the health of the individuals in the facility from endangerment due to the resident's continued residency;
 - (iii) an immediate transfer or discharge is required by the resident's urgent medical needs; or
 - (iv) the resident has not resided in the facility for at least 30 days.
- (3) The notice of transfer or discharge shall:
 - (a) be in writing with a copy placed in the resident file;
 - (b) be phrased in a manner and in a language that is most likely to be understood by the resident and the resident's responsible person;
 - (c) detail the reasons for transfer or discharge;
 - (d) state the effective date of transfer or discharge;
 - (e) state the location where the resident will be transferred or discharged, if known;
 - (f) state that the resident may request a conference to discuss the transfer or discharge; and
 - (g) contain the following information:
 - (i) the name, mailing address, email address and telephone number of the State Long Term Care Ombudsman;
 - (ii) for facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under the Developmental Disabilities Assistance and Bill of Rights Act, Part C; and
 - (iii) for facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.
- (4) The facility shall:
 - (i) update the transfer or discharge notice as soon as practicable before the transfer or discharge if information in the notice changes before the transfer or discharge;
 - (ii) orally explain to the resident, the services available through the ombudsman and the contact information for the ombudsman;
 - (iii) send a copy, in English, of the notice described in Subsection (2) to the State Long Term Care Ombudsman;
 - (A) on the same day that the facility delivers the notice described in Subsection (2) to the resident and the resident's responsible person; and
 - (B) provide the notice described in Subsection (2) at least 30 days before the day that the resident is transferred or discharged, unless notice for a shorter period of time is necessary to protect the safety of individuals in the facility from endangerment due to the medical or behavioral status of the resident.
- (5) The facility shall provide and document the provisions of preparation and orientation, in a language and manner the resident is most likely to understand, for a resident to ensure a safe and orderly transfer or discharge from the facility.
- (6) The resident or the resident's responsible person may contest a transfer or discharge. If the transfer or discharge is contested, the facility shall provide an informal conference, except where undue delay might jeopardize the health, safety, or well-being of the resident or others.

(a) The resident or the resident's responsible person shall request the conference within five calendar days of the day of receipt of notice of discharge to determine if a satisfactory resolution can be reached.

(b) Participants in the conference shall include the facility representatives, the resident or the resident's responsible person, and any others requested by the resident or the resident's responsible person.

(7) In the event of a facility closure, provide written notification of the closure to the State Long Term Care Ombudsman, each resident of the facility, and each resident's responsible person.

(8) The facility may not discharge a resident 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 room in accordance with Chapter 26, Title 21, Part 304 Monitoring Device -- Facility admission, patient discharge, and posted notice.

R432-270-12. Resident Assessment.

(1) A signed and dated resident assessment shall be completed on each resident prior to admission and at least every six months thereafter.

(2) In Type I and Type II facilities, the initial and six-month resident assessment shall be completed and signed by a licensed health care professional.

(3) The resident assessment must accurately reflect the resident's status at the time of assessment.

(4) The resident assessment must include a statement signed by the licensed health care professional completing the resident assessment that the resident meets the admission and level of assistance criteria for the facility.

(5) The facility shall use a resident assessment form that is approved and reviewed by the Department to document the resident assessments.

(6) The facility shall revise and update each resident's assessment when there is a significant change in the resident's cognitive, medical, physical, or social condition and update the resident's service plan to reflect the change in condition.

R432-270-13. Service Plan.

(1) Each resident shall have an individualized service plan that is consistent with the resident's unique cognitive, medical, physical, and social needs, and is developed within seven calendar days of the day the facility admits the resident. The facility shall periodically revise the service plan as needed.

(2) The facility shall use the resident assessment to develop, review, and revise the service plan for each resident.

(3) The service plan shall include a written description of the following:

(a) what services are provided;

(b) who will provide the services, including the resident's significant others who may participate in the delivery of services;

(c) how the services are provided;

(d) the frequency of services; and

(e) changes in services and reasons for those changes.

R432-270-14. Nursing Services.

(1) The facility shall develop written policies and procedures defining the level of nursing services provided by the facility.

(2) A Type I assisted living facility shall employ or contract with a registered nurse to provide or delegate medication administration for any resident who is unable to self-medicate or self-direct medication management.

(3) A Type II assisted living facility shall employ or contract with a registered nurse to provide or supervise nursing services to include:

(a) a nursing assessment on each resident;

(b) general health monitoring on each resident; and

(c) routine nursing tasks, including those that may be delegated to unlicensed assistive personnel in accordance with Section R156-31B-701.

(4) A Type I assisted living facility may provide nursing care according to facility policy. If a Type I assisted living facility chooses to provide nursing services, the nursing services shall be provided in accordance with Subsections (3)(a) through (c).

(5) Type I and Type II assisted living facilities may not provide skilled nursing care, but shall assist the resident in obtaining required services. To determine whether a nursing service is skilled, the following criteria shall apply:

(a) the complexity or specialized nature of the prescribed services can be safely or effectively performed only by, or under the close supervision of licensed health care professional personnel; or

(b) care is needed to prevent, to the extent possible, deterioration of a condition or to sustain current capacities of a resident.

(6) At least one certified nurse aide must be on duty in a Type II facility 24 hours per day.

R432-270-15. Secure Units.

(1) A Type II assisted living facility with approved secure units may admit residents with a diagnosis of Alzheimer's or dementia if the resident is able to exit the facility with limited assistance from one person.

(2) Each resident admitted to a secure unit must have an admission agreement that indicates placement in the secure unit.

(a) The secure unit admission agreement must document that a wander risk management agreement has been negotiated with the resident or resident's responsible person.

(b) The secure unit admission agreement must identify discharge criteria that would initiate a transfer of the resident to a higher level of care than the assisted living facility is able to provide.

(3) In addition to completing the facility orientation and demonstration of core competency skills, each direct-care employee in the secure unit shall receive a minimum of four hours of the 16 required hours of documented one-on-one job training in the secure unit.

(4) There shall be at least one direct-care staff in the secure unit at all times.

(5) Each secure unit shall have an emergency evacuation plan that addresses the ability of the secure unit staff to evacuate the residents in case of emergency.

R432-270-16. Arrangements for Medical or Dental Care.

(1) The facility shall assist residents in arranging access for ancillary services for medically related care including physician, dentist, pharmacist, therapy, podiatry, hospice, home health, and other services necessary to support the resident.

(2) The facility shall arrange for care through one or more of the following methods:

(a) notifying the resident's responsible person;

(b) arranging for transportation to and from the practitioner's office; or

- (c) arrange for a home visit by a health care professional.
- (3) The facility shall notify a physician or other health care professional when the resident requires immediate medical attention.

R432-270-17. Activity Program.

- (1) Residents shall be encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreational programs.
- (2) The facility shall provide opportunities for the following:
 - (a) socialization activities;
 - (b) independent living activities to foster and maintain independent functioning;
 - (c) physical activities; and
 - (d) community activities to promote resident participation in activities away from the facility.
- (3) The administrator shall designate an activity coordinator to direct the facility's activity program. The activity coordinator's duties include the following:
 - (a) coordinate recreational activities, including volunteer and auxiliary activities;
 - (b) plan, organize, and conduct the residents' activity program with resident participation; and
 - (c) develop and post monthly activity calendars, including information on community activities, based on residents' needs and interests.
- (4) The facility shall provide sufficient equipment, supplies, and indoor and outdoor space to meet the recreational needs and interests of residents.
- (5) The facility shall provide storage for recreational equipment and supplies. Locked storage shall be provided for potentially dangerous items such as scissors, knives, and toxic materials.

R432-270-18. Medication Administration.

- (1) A licensed health care professional shall assess each resident to determine what level and type of assistance is required for medication administration. The level and type of assistance provided shall be documented on each resident's assessment.
- (2) Each resident's medication program shall be administered by means of one of the methods described in Subsections (2)(a) through (f):
 - (a) The resident is able to self-administer medications.
 - (i) Residents who have been assessed to be able to self-administer medications may keep prescription medications in their rooms.
 - (ii) If more than one resident resides in a unit, the facility shall assess each person's ability to safely have medications in the unit. If safety is a factor, a resident shall keep his medication in a locked container in the unit.
 - (b) The resident is able to self-direct medication administration. Facility staff may assist residents who self-direct medication administration by:
 - (i) reminding the resident to take the medication;
 - (ii) opening medication containers; and
 - (iii) reminding the resident or the resident's responsible person when the prescription needs to be refilled.
 - (c) Family members or a designated responsible person may administer medications. If a family member or designated responsible person assists with medication administration, they shall sign a waiver indicating that they agree to assume the responsibility to fill prescriptions, administer medication, and document that the medication has been administered. Facility staff may not serve as the designated responsible person.
 - (d) For residents who are unable to self-administer or self-direct medications, facility staff may administer medications only after delegation by a licensed health care professional under the scope of their practice.
 - (i) If a licensed health care professional delegates the task of medication administration to unlicensed assistive personnel, the delegation shall be in accordance with Title 58, Chapter 31b, Nurse Practice Act and Section R156-31B-701.
 - (ii) The medications must be administered according to the prescribing order.
 - (iii) The delegating authority shall provide and document supervision, evaluation, and training of unlicensed assistive personnel assisting with medication administration.
 - (iv) The delegating authority or another registered nurse shall be readily available either in person or by telecommunication.
 - (e) Residents may independently administer their own personal injections if they have been assessed to be independent in that process. This may be done in conjunction with the administration of medication in methods Subsections (2)(a) through (d).
 - (f) home health or hospice agency staff may provide medication administration to facility residents exclusively, or in conjunction with Subsections (2)(a) through (e).
- (3) The facility shall have a licensed health care professional or licensed pharmacist review resident medications at least every six months.
- (4) Medication records shall include the following:
 - (a) the resident's name;
 - (b) the name of the prescribing practitioner;
 - (c) medication name including prescribed dosage;
 - (d) the time, dose and dates administered;
 - (e) the method of administration;
 - (f) signatures of personnel administering the medication; and
 - (g) the review date.
- (5) The licensed health care professional or licensed pharmacist shall document any change in the dosage or schedule of medication in the medication record. When changes in the medication are documented by the facility staff the licensed health care professional shall co-sign within 72 hours. The licensed health care professional shall notify unlicensed assistive personnel who administer medications of the medication change.
- (6) The facility shall have access to a reference for possible reactions and precautions for prescribed medications in the facility.
- (7) The facility shall notify the licensed health care professional when medication errors occur.
- (8) Medication error incident reports shall be completed if a medication error occurs or is identified.
- (9) Medication errors must be incorporated into the facility quality improvement process.
- (10) Medications stored in a central storage area shall be:
 - (a) locked to prevent unauthorized access; and
 - (b) available for the resident to have timely access to the medication.
- (11) Medications that require refrigeration shall be stored separately from food items and at temperatures between 36 - 46 degrees Fahrenheit.
- (12) The facility shall develop and implement policies governing the following;

(a) security and disposal of controlled substances by the licensee or facility staff that are consistent with the provisions of Code of Federal Regulations, Title 21, Chapter II, Part 1307; and

(b) destruction and disposal of unused, outdated, or recalled medications.

(13) The facility shall document the return of resident's medication to the resident or to the resident's responsible person upon discharge.

R432-270-19. Management of Resident Funds.

(1) Residents have the right to manage and control their financial affairs. The facility may not require residents to deposit their personal funds or valuables with the facility.

(2) The facility is not required to handle residents' 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 the following:

(a) The licensee shall establish and maintain on the residents' behalf a system that assures 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:

(i) 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 residents' monies or valuables as their own;

(ii) separate residents' monies 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;

(iii) maintain a separate account for resident funds for each facility and not commingle such funds with resident funds from another facility;

(iv) for records of residents' monies 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;

(v) keep each account with columns for debits, credits, and balance; and

(vi) include a copy of the receipt that it furnished to the residents for funds received and other valuables entrusted to the licensee for safekeeping.

(b) The facility shall make individual financial records available on request through quarterly statements to the resident or the resident's legal representative.

(c) The facility shall purchase a surety bond or otherwise provide assurance satisfactory to the Department that resident personal funds deposited with the facility are secure.

(d) The facility shall deposit, within five days of receipt, resident monies that are in excess of \$150 in an interest-bearing bank account, that is separate from any of the facility's operating accounts, in a local financial institution.

(i) Interest earned on a resident's bank account shall be credited to the resident's account.

(ii) In pooled accounts, there shall be a separate accounting for each resident's share, including interest.

(e) The facility shall maintain a resident's personal funds that do not exceed \$150 in a non-interest-bearing account, interest-bearing account, or petty cash fund.

(f) Upon discharge of a resident with funds or valuables deposited with the facility, the facility shall that day convey the resident's funds, and a final accounting of those funds, to the resident or the resident's legal representative. Funds and valuables kept in an interest-bearing account shall be accounted for and made available within three working days.

(g) Within 30 days following the death of a resident, except in a medical examiner case, the facility shall convey the resident's valuables and funds entrusted to the facility, and a final accounting of those funds, to the individual administering the resident's estate.

R432-270-20. Facility Records.

(1) The facility shall maintain accurate and complete records. Records shall be filed, stored safely, and be easily accessible to staff and the Department.

(2) Records shall be protected against access by unauthorized individuals.

(3) The facility shall maintain personnel records for each employee and shall retain such records for at least three years following termination of employment. Personnel records must include the following:

(a) employee application;

(b) date of employment;

(c) termination date;

(d) reason for leaving;

(e) documentation of CPR and first aid training;

(f) health inventory;

(g) food handlers permits;

(h) TB skin test documentation;

(i) documentation of criminal background screening; and

(j) documentation of core competency initial and annual training.

(4) The facility shall maintain in the facility a separate record for each resident that includes the following:

(a) the resident's name, date of birth, and last address;

(b) the name, address, and telephone number of the person who administers and obtains medications, if this person is not facility staff;

(c) the name, address, and telephone number of the individual to be notified in case of accident or death;

(d) the name, address, and telephone number of a physician and dentist to be called in an emergency;

(e) the admission agreement;

(f) the resident assessment; and

(g) the resident service plan.

(5) Resident records must be retained for at least three years following discharge.

(6) There shall be written incident and injury reports to document consumer death, injuries, elopement, fights or physical confrontations, situations that require the use of passive physical restraint, suspected abuse or neglect, and other situations or circumstances affecting the health, safety or well-being of residents. The reports shall be kept on file for at least three years.

R432-270-21. Food Services.

(1) Facilities shall have the capability to provide three meals a day, seven days a week, to residents, plus snacks.

(a) The facility shall maintain onsite a one-week supply of nonperishable food and a three day supply of perishable food as required to prepare the planned menus.

(b) There shall be no more than a 14 hour interval between the evening meal and breakfast, unless a nutritious snack is available in the evening.

(c) The facility food service shall comply with the following:

(i) Food shall be of good quality and shall be prepared by methods that conserve nutritive value, flavor, and appearance.

(ii) The facility shall ensure food is palatable, attractively served, and delivered to the resident at the appropriate temperature.

(iii) Powdered milk may only be used as a beverage, upon the resident's request, but may be used in cooking and baking.

(2) The facility shall provide adaptive eating equipment and utensils for residents as needed.

(3) A different menu shall be planned and followed for each day of the week.

(a) Menus must be approved and signed by a certified dietitian.

(b) Cycle menus shall cover a minimum of three weeks.

(c) The current week's menu shall be posted for residents' viewing.

(d) Substitutions to the menu that are actually served to the residents shall be recorded and retained for three months for review by the Department.

(4) Meals shall be served in a designated dining area suitable for that purpose or in resident rooms upon request by the resident.

(5) Residents shall be encouraged to eat their meals in the dining room with other residents.

(6) Inspection reports by the local health department shall be maintained at the facility for review by the Department.

(7) If the facility admits residents requiring therapeutic or special diets, the facility shall have an approved dietary manual for reference when preparing meals. Dietitian consultation shall be provided at least quarterly and documented for residents requiring therapeutic diets.

(8) The facility shall employ food service personnel to meet the needs of residents.

(a) While on duty in food service, the cook and other kitchen staff may not be assigned concurrent duties outside the food service area.

(b) Personnel who prepare or serve food shall have a current Food Handler's Permit.

(9) Food service shall comply with the Rule R392-100, Food Service Sanitation.

(10) If food service personnel also work in housekeeping or provide direct resident care, the facility shall develop and implement employee hygiene and infection control measures to maintain a safe, sanitary food service.

R432-270-22. Housekeeping Services.

(1) The facility shall employ housekeeping staff to maintain both the exterior and interior of the facility.

(2) The facility shall designate a person to direct housekeeping services. This person shall:

(a) post routine laundry, maintenance, and cleaning schedules for housekeeping staff; and

(b) ensure furniture, bedding, linens, and equipment are clean before use by another resident.

(3) The facility shall control odors by maintaining cleanliness.

(4) There shall be a trash container in every occupied room.

(5) Cleaning agents, bleaches, insecticides, or poisonous, dangerous, or flammable materials shall be stored in a locked area to prevent unauthorized access.

(6) Housekeeping personnel shall be trained in preparing and using cleaning solutions, cleaning procedures, proper use of equipment, proper handling of clean and soiled linen, and procedures for disposal of solid waste.

(7) Bathtubs, shower stalls, or lavatories may not be used as storage places.

(8) Throw or scatter rugs that present a tripping hazard to residents are not permitted.

R432-270-23. Laundry Services.

(1) The facility shall provide laundry services to meet the needs of the residents, including a sufficient supply of linens.

(2) The facility shall inform the resident or the resident's responsible person in writing of the facility's laundry policy for residents' personal clothing.

(3) Food may not be stored, prepared, or served in any laundry area.

(4) The facility shall make available for resident use at least one washing machine and one clothes dryer.

R432-270-24. Maintenance Services.

(1) The facility shall conduct maintenance, including preventive maintenance, according to a written schedule to ensure that the facility equipment, buildings, fixtures, spaces, and grounds are safe, clean, operable, in good repair and in compliance with Rule R432-6.

(a) Fire rated construction and assemblies must be maintained in accordance with Rule R710-3, Fire Marshal.

(b) Entrances, exits, steps, and outside walkways shall be maintained in a safe condition, free of ice, snow, and other hazards.

(c) Electrical systems, including appliances, cords, equipment call lights, and switches shall be maintained to guarantee safe functioning.

(d) Air filters installed in heating, ventilation and air conditioning systems must be inspected, cleaned or replaced in accordance with manufacturer specifications.

(2) A pest control program shall be conducted in the facility buildings and on the grounds by a licensed pest control contractor or a qualified employee, certified by this state, to ensure the absence of vermin and rodents. Documentation of the pest control program shall be maintained for Department review.

(3) The facility shall document maintenance work performed.

(4) Hot water temperature controls shall automatically regulate temperatures of hot water delivered to plumbing fixtures used by residents. The facility shall maintain hot water delivered to public and resident care areas at temperatures between 105 - 120 degrees Fahrenheit.

R432-270-25. Disaster and Emergency Preparedness.

(1) The facility is responsible for the safety and well-being of residents in the event of an emergency or disaster.

(2) The licensee and the administrator are responsible to develop and coordinate plans with state and local emergency disaster authorities to respond to potential emergencies and disasters. The plan shall outline:

(a) the protection or evacuation of residents;

(b) arrangements for staff response or provisions for additional staff to ensure the safety of any resident with physical or mental limitations; and

(c) when to notify the Silver Alert program and the resident's emergency contacts.

(3) Emergencies and disasters include fire, severe weather, missing residents, death of a resident, interruption of public utilities, explosion, bomb threat, earthquake, flood, windstorm, epidemic, or mass casualty.

(4) The emergency and disaster response plan shall be in writing and distributed or made available to facility staff and residents to assure prompt and efficient implementation.

(5) The licensee and the administrator shall review and update the plan as necessary to conform with local emergency plans. The plan shall be available for review by the Department.

(6) The facility's emergency and disaster response plan must address the following:

(a) the names of the person in charge and persons with decision-making authority;

(b) the names of persons who shall be notified in an emergency in order of priority;

(c) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies;

(d) instructions on how to contain a fire and how to use the facility alarm systems;

(e) assignment of personnel to specific tasks during an emergency;

(f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations;

(g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster;

(h) delivery of essential care and services to facility occupants by alternate means;

(i) delivery of essential care and services if additional persons are housed in the facility during an emergency; and

(j) delivery of essential care and services to facility occupants if personnel are reduced by an emergency.

(7) The facility shall maintain safe ambient air temperatures within the facility.

(a) Emergency heating must have the approval of the local fire department.

(b) Ambient air temperatures of 58 degrees Fahrenheit or below may constitute an imminent danger to the health and safety of the residents in the facility. The person in charge shall take immediate action in the best interests of the residents.

(c) The facility shall have, and be capable of implementing, contingency plans regarding excessively high ambient air temperatures within the facility that may exacerbate the medical condition of residents.

(8) Personnel and residents shall receive instruction and training in accordance with the plans to respond appropriately in an emergency. The facility shall:

(a) annually review the procedures with existing staff and residents and carry out unannounced drills using those procedures;

(b) hold simulated disaster drills semi-annually;

(c) hold simulated fire drills quarterly on each shift for staff and residents in accordance with Rule R710-3; and

(d) document drills, including date, participants, problems encountered, and the ability of each resident to evacuate.

(9) The administrator shall be in charge during an emergency. If not on the premises, the administrator shall make every effort to report to the facility, relieve subordinates and take charge.

(10) The facility shall provide in-house equipment and supplies required in an emergency including emergency lighting, heating equipment, food, potable water, extra blankets, first aid kit, and radio.

(11) The following information shall be posted in prominent locations throughout the facility:

(a) The name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems; and

(b) evacuation routes, location of fire alarm boxes, and fire extinguishers.

R432-270-26. First Aid.

(1) There shall be one staff person on duty at all times who has training in basic first aid, the Heimlich maneuver, certification in cardiopulmonary resuscitation and emergency procedures to ensure each resident receives prompt first aid as needed.

(2) First aid training refers to any basic first aid course.

(3) The facility shall have a first aid kit available at a specified location in the facility.

(4) The facility shall have a current edition of a basic first aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency.

(5) The facility shall have a clean-up kit for blood borne pathogens.

R432-270-27. Pets.

(1) The facility may allow residents to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinance and by facility policy.

(2) The facility shall ensure pets are kept clean and disease-free.

(3) The pets' environment shall be kept clean.

(4) Small pets such as birds and hamsters shall be kept in appropriate enclosures.

(5) Pets that display aggressive behavior are not permitted in the facility.

(6) Pets that are kept at the facility or are frequent visitors must have current vaccinations.

(7) Upon approval of the administrator, family members may bring residents' pets to visit.

(8) Each facility with birds shall have procedures that prevent the transmission of psittacosis. Procedures shall ensure the minimum handling and placing of droppings into a closed plastic bag for disposal.

(9) Pets are not permitted in central food preparation, storage, or dining areas or in any area where their presence would create a significant health or safety risk to others.

R432-270-28. Respite Services.

(1) Assisted Living facilities may offer respite services and are not required to obtain a respite license from the Utah Department of Health.

(2) The purpose of respite is to provide intermittent, time limited care to give primary caretakers relief from the demands of caring for a person. Respite services may also be provided for emergency shelter placement of vulnerable adults requiring protection by Adult Protective Services.

(3) Respite services may be provided at an hourly rate or daily rate, but may not exceed 14-days for any single respite stay. Stays that exceed 14 days shall be considered a non-respite assisted living facility admission, subject to the requirements of Rule R432-270.

(4) The facility shall coordinate the delivery of respite services with the recipient of services, case manager, if one exists, and the family member or primary caretaker.

(5) The facility shall document the person's response to the respite placement and coordinate with all provider agencies to ensure an uninterrupted service delivery program.

(6) The facility shall complete a service agreement to serve as the plan of care. The service agreement shall identify the prescribed medications, physician treatment orders, need for assistance for activities of daily living and diet orders.

(7) The facility shall have written policies and procedures approved by the Department prior to providing respite care. Policies and procedures shall be available to staff regarding the respite care clients that include:

- (a) medication administration;
 - (b) notification of a responsible party in the case of an emergency;
 - (c) service agreement and admission criteria;
 - (d) behavior management interventions;
 - (e) philosophy of respite services;
 - (f) post-service summary;
 - (g) training and in-service requirement for employees; and
 - (h) handling personal funds.
- (8) Persons receiving respite services shall be provided a copy of the Resident Rights documents upon admission.
- (9) The facility shall maintain a record for each person receiving respite services that includes:
- (a) a service agreement;
 - (b) demographic information and resident identification data;
 - (c) nursing notes;
 - (d) physician treatment orders;
 - (e) records made by staff regarding daily care of the person in service;
 - (f) accident and injury reports; and
 - (g) a post-service summary.
- (10) Retention and storage of respite records shall comply with Subsections R432-270-20(1), (2), and (5).
- (11) If a person has an advanced directive, a copy shall be filed in the respite record and staff shall be informed of the advanced directive.

R432-270-29. Adult Day Care Services.

(1) Assisted Living Facilities Type I and II may offer adult day care services and are not required to obtain a license from Utah Department of Human Services. If facilities provide adult day care services, they shall submit policies and procedures for Department approval.

(2) "Adult Day Care" means the care and support to three or more functionally impaired adults through a comprehensive program that provides a variety of social, recreational and related support services in a licensed health care setting.

(3) A qualified Director shall be designated by the governing board to be responsible for the day to day program operation.

(4) The Director shall have written records on-site for each consumer and staff person, to include the following:

- (a) demographic information;
- (b) an emergency contact with name, address and telephone number;
- (c) consumer health records, including the following:
 - (i) record of medication including dosage and administration;
 - (ii) a current health assessment, signed by a licensed practitioner; and
 - (iii) level of care assessment;
- (d) signed consumer agreement and service plan;
- (e) Employment file for each staff person that includes:
 - (i) health history;
 - (ii) background clearance consent and release form;
 - (iii) orientation completion, and
 - (iv) in-service requirements.

(5) The program shall have a written eligibility, admission and discharge policy to include the following:

- (a) intake process;
- (b) notification of responsible party;
- (c) reasons for admission refusal that includes a written, signed statement;
- (d) resident rights notification; and
- (e) reason for discharge or dismissal.

(6) Before a program admits a consumer, a written assessment shall be completed to evaluate current health and medical history, immunizations, legal status, and social psychological factors.

(7) A written consumer agreement, developed with the consumer, the responsible party and the Director or designee, shall be completed, signed by all parties and include the following:

- (a) rules of the program;
- (b) services to be provided and cost of service, including refund policy; and
- (c) arrangements regarding absenteeism, visits, vacations, mail, gifts and telephone calls.

(8) The Director, or designee, shall develop, implement and review the individual consumer service plan. The plan shall include the specification of daily activities and services. The service plan shall be developed within three working days of admission and evaluated semi-annually.

(9) There shall be written incident and injury reports to document consumer death, injuries, elopement, fights or physical confrontations, situations that require the use of passive physical restraint, suspected abuse or neglect, and other situations or circumstances affecting the health, safety or well-being of a consumer while in care. Each report will be reviewed by the Director and responsible party. The reports shall be kept on file.

(10) There shall be a daily activity schedule posted and implemented as designed.

(11) Consumers shall receive direct supervision at all times and be encouraged to participate in activities.

(12) There shall be a minimum of 50 square feet of indoor floor space per consumer designated for adult day care during program operational hours.

- (a) Hallways, office, storage, kitchens, and bathrooms may not be included in the calculation.
- (b) Indoor and outdoor areas shall be maintained in a clean, secure and safe condition.

(c) There shall be at least one bathroom designated for consumers use during business hours. For facilities serving more than 10 consumers, there shall be separate male and female bathrooms designated for consumer use.

(13) Staff supervision shall be provided continually when consumers are present.

(a) Staff ratios shall be maintained at one staff for every eight consumers.

(c) In programs where one-half or more of the consumers are diagnosed by a physician's assessment with Alzheimer's, or related dementia, the ratio shall be one staff for every six consumers.

R432-270-30. Penalties.

Any person who violates any provision of this rule may be subject to the penalties enumerated in Section 26-21-11 and Section R432-3-6 and be punished for violation of a class A misdemeanor as provided in Section 26-21-16.

KEY: health care facilities

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