

 Utah Department of Health & Human Services Licensing & Background Checks	Inspection Checklist				This inspection checklist is the tool OL licensors use to ensure consistency for every inspection. <i>(Revised 10/2024)</i>	
	R432-300 Small Health Care Facility Type N					
Facility Name:		Facility ID:		Phone Number:		Notes / Sticky Notes
Address:				Email Address:		
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)			
<input type="checkbox"/>	Ensure the Licensee lives at the facility full time		<input type="checkbox"/>	Cleaning Schedule		
<input type="checkbox"/>	Current census and discharge census past 6 months		<input type="checkbox"/>	Pets?		
<input type="checkbox"/>	Current employee roster and former employees past 6 months		<input type="checkbox"/>	Disaster Plan		
<input type="checkbox"/>	Policies and Procedure Manual		<input type="checkbox"/>			
<input type="checkbox"/>	Ensure Residents have their own Licensed Physician and are assessed to meet care level of Type N		<input type="checkbox"/>			
<input type="checkbox"/>	Nursing Schedule		<input type="checkbox"/>			
Inspection Information:						
<i>- All areas that are inaccessible must remain inaccessible for this inspection. During the inspection, the licensor will ask to have locked areas unlocked. All accessible areas must be compliant with all applicable rules during the inspection.</i>						
- I will email you this inspection checklist after the inspection is completed. I will send you an official inspection report once this inspection has been approved by OL management.						
- If the only rule noncompliances are documentation and/or records, please submit them to Licensing by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and ensure compliance maintenance.						
- You may submit feedback on this inspection through your Licensing Portal or at: DLBC.utah.gov						

Signature Information

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

Inspection Checklist

R432-300 Small Health Care Facility Type N

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection.

Licensors Introductory Items

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

General Notes

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

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

RULES CHECKLIST

Rule #	Rule Description	C	NC	NA	Compliance Required By Date:	Corrected During Inspection	RISK: Low Moderate High Extreme	Notes
<u>R380-80-4. Provider's Duty to Help Protect Clients.</u>								
R380-80-4(1)	(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>		
<u>R380-80-5. Provider Code of Conduct.</u>								
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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	NA	Notes
<u>R432-300-3. Time for Compliance and Responsibility.</u>								
Any facilities governed by this rule shall be in full compliance when licensed. Additionally, the licensee has overarching responsibility to ensure the Type N facility complies with Rule R432-300.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>		Notes
<u>R432-300-6. Criteria for Type N Facility.</u>								
6(1)	Provide care in a residence where the licensee lives full time;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>	CDI	Notes
6(2)	Meet local zoning requirements to allow the facility to be operated at the given address;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
6(3)	Obtain a certificate of fire clearance annually from the local fire marshal having jurisdiction;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
6(4)	Have a physician assessment and approval for each resident's admission;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
6(5)	Provide daily, licensed nursing care; and	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
6(6)	Provide 24-hour direct care staff available on the premises.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<u>R432-300-7. Physical Environment.</u>								
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>	CDI	Notes

7(1)	The licensee shall ensure comfortable living accommodations and privacy are provided for residents who live in the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
7(2)(a-k)	Bedrooms may be private or semi-private. The licensee shall ensure the following: (a) single occupant bedrooms have a minimum of 100 square feet of floor space; (b) multiple occupant bedrooms have a minimum of 80 square feet of floor space per bed and are limited to two beds; (c) beds are separated by three feet; (d) the licensee's family members or staff may not share sleeping quarters with residents; (e) each resident has a separate twin size or larger sized bed; (f) a room ordinarily used for other purposes including a hall, corridor, unfinished attic, garage, storage area, shed or similar detached building may not be used as a sleeping room for a resident; (g) each bedroom and toilet room has a trash container; (h) reading lamps in each resident room according to the individual needs of each resident are made available; (i) each bedroom has: (j) a window with an insect screen that opens easily to the outside; and (k) a closet or space suitable for hanging clothing and personal belongings.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
7(3)(a-b)	The licensee shall ensure that toilets and bathrooms provide privacy, be well-ventilated, and be accessible to and usable by any persons accepted for care. (a) Toilets, tubs, and showers shall have grab bars. (b) If the licensee admits a resident with disabilities, the bath, shower, sink, and toilet shall be equipped for use by persons with disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
7(4)(a-d)	The licensee shall ensure: (a) heating, air conditioning, and ventilating systems provide comfortable temperatures for the resident; (b) heating systems are capable of maintaining temperatures of 80 degrees Fahrenheit (F) in areas occupied by residents; (c) cooling systems are capable of maintaining temperatures of 72 degrees F. in areas occupied by residents; and (d) facilities comply with ventilation and minimum total air change requirements as outlined in Section R432-6-22 Table 2.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
7(5)	The licensee shall ensure residents are housed on the main floor only, unless an outside exit leading to the ground grade level is provided from any upper or lower levels.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

7(6)	The licensee shall ensure at least one building entrance is accessible to persons with physical disabilities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-8. Administration and Organization.		C	NC	NA	Date	CDI		Notes
8(1)	The licensee is responsible for compliance with Utah law and licensing requirements, management, operation, and control of the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
8(2)	The licensee is responsible to establish and implement facility policies and procedures. The licensee shall ensure facility policy and procedures reflect current facility practice and protect the health and safety of personnel and clients.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
8(3)	The licensee shall be a licensed nurse with at least two years of experience working in a health care setting, and shall provide nursing coverage on a daily basis during daytime hours of operation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
8(4)	The licensee shall employ enough staff to meet the needs of the residents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
8(5)(a-d)	The licensee shall ensure: (a) each employee is 18 year of age and successfully complete an orientation program to provide personal care and demonstrate competency; (b) employees are oriented and trained to assist with the residents' daily routine and with activities of daily living; (c) employees are registered, certified, or licensed as required by the Utah Department of Commerce; and (d) registration, licenses, and certificates are current, filed in the personnel files, and presented to the licensee within 45-days of employment.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
8(6)	Each employee shall, upon hire, complete a health evaluation that includes a health history.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
8(7)(a-b)	The licensee shall ensure the employee's health history includes: (a) conditions that predispose the employee to acquiring or transmitting infectious diseases; and (b) conditions that may prevent the employee from performing certain assigned duties satisfactorily.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

8(8)(a-c)	<p>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.</p> <p>(a) The licensee shall ensure that any employees are skin-tested for tuberculosis within two weeks of:</p> <p>(i) initial hiring;</p> <p>(ii) suspected exposure to a person with active tuberculosis; and</p> <p>(iii) development of symptoms of tuberculosis.</p> <p>(b) Any employees with known positive reactions to skin tests are exempted from skin testing.</p> <p>(c) The licensee shall report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-2.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-9. Facility Records.		C	NC	NA	Date	CDI		Notes
9(1)(a-c)	<p>The licensee shall:</p> <p>(a) maintain accurate and complete records that are filed, stored safely, and are easily accessible to staff and the department;</p> <p>(b) ensure records are protected against access by unauthorized individuals;</p> <p>(c) maintain personnel records for each employee that are kept for at least three years after employment termination and include the following content:</p> <p>(i) an employee application;</p> <p>(ii) the date of employment and initial policies and procedures orientation;</p> <p>(iii) the termination date;</p> <p>(iv) the reason for leaving;</p> <p>(v) documentation of CPR, first aid, and emergency procedures training;</p> <p>(vi) a health inventory;</p> <p>(vii) a food handlers permit;</p> <p>(viii) tuberculosis skin test documentation;</p> <p>(ix) documentation of criminal background check; and</p> <p>(x) certifications, registration, and licenses as required.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

9(2)(a-l)	<p>The licensee shall maintain in the facility a separate record for each resident that includes the following:</p> <ul style="list-style-type: none"> (a) the resident's name, date of birth, and last address; (b) the name, address, and telephone number for: <ul style="list-style-type: none"> (i) the person who administers and obtains medications, if this is not facility staff; (ii) the individual to be notified in case of accident or death; and (iii) a physician and dentist to be called in an emergency; (c) any known allergies; (d) the admission agreement; (e) a copy of an advanced directive or living will initiated by the resident; (f) a physician's assessment; (g) a resident assessment; (h) a written plan of care; (i) physician orders; (j) daily nursing notes that include: <ul style="list-style-type: none"> (i) temperature; (ii) pulse; (iii) respirations; (iv) blood pressure; (v) height; and (vi) weight notations when indicated or as needed due to a change in the resident's condition; (k) a record of any resident cash, resources, or valuables entrusted to the facility; and (l) incident and accident reports. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
9(3)	The licensee shall retain resident records for at least seven years following discharge.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-10. Acceptance and Retention of Residents.		C	NC	NA	Date	CDI		Notes
10(1)(a-b)	<p>A Type N Small Health Care Facility may accept semi-dependent residents.</p> <ul style="list-style-type: none"> (a) The licensee may accept one dependent resident only if the licensee has equipment and additional staff available to assist the dependent resident in the event of a facility emergency evacuation. (b) The licensee shall establish acceptance criteria that includes: <ul style="list-style-type: none"> (i) the resident's health needs; (ii) the resident's ability to perform activities of daily living; and (iii) the ability of the facility to address the resident's needs. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
10(2)(a-c)	<p>The licensee may not accept or retain a resident for a Type N Small Health Care Facility when the resident:</p> <ul style="list-style-type: none"> (a) has active tuberculosis or serious communicable diseases; (b) requires inpatient hospital care; or (c) has a mental disorder that manifests behavior that is suicidal, assaultive, or harmful to self or others. 	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

10(3)	The licensee shall request that the family or responsible person relocate the resident within seven days if the resident requires care that cannot be provided in the Type N facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-11. Transfer or Discharge Requirements.		C	NC	NA	Date	CDI		Notes
11(1)(a-e)	The licensee may discharge, transfer, or evict a resident if the: (a) facility is no longer able to meet the resident's needs; (b) resident fails to pay for services as required by the admission agreement; (c) resident fails to comply with written policies or rules of the facility; (d) resident wishes to transfer; or (e) facility ceases operation.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
11(2)(a-c)	Before transferring or discharging a resident, the licensee shall ensure: (a) a transfer or discharge notice is served to the resident and the resident's responsible person; (b) the notice is either hand-delivered or sent by certified mail; (c) the notice is made at least 30 days before the day that the licensee plans to transfer or discharge the resident, except that the notice may be made as soon as practicable before transfer or discharge if: (i) the safety or health of persons in the facility is endangered; or (ii) an immediate transfer or discharge is required by the resident's urgent medical needs.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
11(3)(a-g)	The licensee shall ensure the notice of transfer or discharge is: (a) in writing with a copy placed in the resident's file; (b) phrased in a manner and in a language the resident or the resident's responsible person can understand; (c) details the reasons for transfer or discharge; (d) states the effective date of transfer or discharge; (e) states the location that the resident will be transferred or discharged; (f) states that the resident or responsible party may request a conference to discuss the transfer or discharge; and (g) additionally contains the following information, if applicable: (i) for facility residents who are 60 years of age or older, the name, mailing 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 part C of the Developmental Disabilities Assistance and Bill of Rights Act; and (iii) for facility residents with mental disorders, 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

11(4)	The licensee shall provide enough preparation and orientation to a resident to ensure a safe and orderly transfer or discharge from the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
11(5)(a-b)	The resident or the resident's responsible person may contest a transfer or discharge. If the transfer or discharge is contested, the licensee shall provide an informal conference, except where delay might jeopardize the health, safety, or wellbeing 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 licensee, the resident or the resident's responsible person, and any others requested by the resident or the resident's responsible person.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-12. Personal Physician.		C	NC	NA	Date	CDI		Notes
12(1)	The licensee shall ensure each resident has a personal physician. The physician's assessment shall be completed before admission.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
12(2)(a-f)	The licensee shall ensure the physician's signed assessment documents: (a) that the resident is capable of functioning in a Type N facility; (b) that the resident is free of communicable diseases or any condition that would prevent admission to the facility; (c) the resident's list of current medications including dosage, time of administration, route, and assistance required; (d) the resident's type of diet and restrictions or special instructions; (e) any known allergies that the resident has; and (f) any physical or mental limitations, or restrictions on the resident's activity.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-13. Nursing Care.		C	NC	NA	Date	CDI		Notes
13(1)	Each Type N facility licensee shall provide nursing care services to meet the needs of residents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
13(2)	The licensee shall ensure nursing practice is in accordance with the Utah Nurse Practice Act 58-31b.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

<p>13(3)(a-i)</p>	<p>Licensees are responsible to: (a) direct the implementation of physician's orders; (b) develop and implement an individualized care plan for each resident within seven calendar days of admission, and direct the delivery of nursing care, treatments, procedures, and other services to meet the needs of the residents; (c) review and update the health care needs of each resident in the facility at least every 6 months; (d) develop resident care plans according to the resident's needs and the physician's orders; (e) review each resident's medication regimen as needed and immediately after medication changes to ensure accuracy; (f) ensure that nursing notes describe the care provided including the resident's response; (g) supervise staff to ensure they perform restorative measures in their daily care of residents; (h) teach and coordinate resident care and rehabilitative care to promote and maintain optimal physical and mental functioning of the resident; and (i) plan and conduct documented orientation and in-service programs for staff.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
<p>13(4)(a-c)</p>	<p>The licensee shall: (a) develop and maintain a current health services policy and procedure manual that is to be reviewed and updated at least annually; (b) ensure the manual is accessible to any staff and is available for review by the department; and (c) ensure the health services policies and procedures address the following: (i) bathing; (ii) positioning; (iii) enema administration; (iv) decubitus prevention and care; (v) bed making; (vi) isolation procedures; (vii) blood sugar monitoring procedures; (viii) telephone orders; (ix) charting; (x) rehabilitative nursing; (xi) diets and feeding residents; (xii) oral hygiene and denture care; (xiii) medication administration; (xiv) Alzheimer's or dementia care; (xv) universal precautions and blood-borne pathogens; and (xvi) housekeeping and cleaning procedures.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

13(5)(a-e)	<p>The licensee shall ensure compliance with each of the following regarding bowel and bladder care:</p> <p>(a) each resident's care plan includes measures to prevent and reduce incontinence;</p> <p>(b) each resident is assessed to determine the resident's ability to participate in a bowel and bladder management program;</p> <p>(c) an individualized plan for each incontinent resident begins within two weeks of the initial assessment;</p> <p>(d) the licensed nurse documents a weekly evaluation of the resident's performance in the bowel and bladder management program; and</p> <p>(e) fluid intake and output is recorded for each resident and evaluated at least weekly when ordered by a physician or nurse.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
13(6)(a-c)	<p>The licensee shall ensure:</p> <p>(a) staff are trained in rehabilitative nursing;</p> <p>(b) rehabilitative nursing services for residents who require such services are provided and documented daily;</p> <p>(c) rehabilitative nursing services include the following:</p> <p>(i) turning and positioning of residents as per physician's or nurse's orders;</p> <p>(ii) assisting residents to ambulate;</p> <p>(iii) improving resident's range of motion;</p> <p>(iv) restorative feeding;</p> <p>(v) bowel and bladder retraining;</p> <p>(vi) teaching residents self-care skills;</p> <p>(vii) teaching residents transferring skills; and</p> <p>(viii) taking measures to prevent secondary disabilities such as contractures and decubitus ulcers, which are stiffening joints and skin ulcers.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-14. General Resident Care Policies.		C	NC	NA	Date	CDI		Notes
14(1)	<p>The licensee shall treat each resident as an individual with dignity and respect in accordance with Residents' Rights Section R432-270-9.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

14(2)a-n)	<p>The licensee shall ensure:</p> <p>(a) resident care policies are developed and implemented;</p> <p>(b) upon admission each resident is oriented to the facility, services, and staff;</p> <p>(c) care is provided to ensure good personal hygiene, including bathing, oral hygiene, shampoo and hair care, shaving or beard trimming, fingernail, and toenail care;</p> <p>(d) linens and other items in contact with the resident are changed weekly or as the item is soiled; and</p> <p>(e) each resident is encouraged and assisted to achieve and maintain the highest level of functioning and independence including:</p> <p>(i) teaching the resident self-care;</p> <p>(ii) assisting residents to adjust to their disabilities and prosthetic devices;</p> <p>(iii) directing residents in prescribed therapy exercises; and</p> <p>(iv) redirecting resident's interests as necessary;</p> <p>(f) care and treatment is provided to ensure the prevention of decubitus ulcers, contractures, and deformities;</p> <p>(g) nutritious and adequate fluids for hydration are provided;</p> <p>(h) immediate access to water and drinking glasses is provided;</p> <p>(i) residents who are unable to feed themselves are assisted;</p> <p>(j) adaptive equipment for residents who require assistance with eating or drinking is provided;</p> <p>(k) the resident's right to visual privacy during treatments and personal care is upheld, visual privacy may be provided by privacy curtains or portable screens;</p> <p>(l) call lights or monitoring devices are answered promptly;</p> <p>(m) the resident's responsible person and physician are notified 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 Type N facility license, this notification is documented in the resident's record; and</p> <p>(n) residents are assisted in making arrangements for medical and dental care including transportation to and from the medical or dental facility.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
14(3)	<p>The licensee shall ensure that every accident or incident causing injury to a resident or employee is documented with appropriate corrective action and made available for department review.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
14(4)	<p>The licensee shall ensure a quality improvement process is documented and implemented on a quarterly basis that identifies problems, implements corrective actions, and evaluates the effectiveness of the corrective actions.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-15. Medications.		C	NC	NA	Date	CDI		Notes

15(1)	A licensed healthcare professional shall assess each resident upon admission and at least every six months thereafter to determine what level and type of assistance is required for medication administration. The licensee shall ensure level and type of assistance provided is documented on a department approved form in each resident's service plan.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
15(2)(a-d)	The licensee shall ensure each resident's medication program is administered in one of the following methods: (a) if the resident is assessed to be able to self-administer medications: (i) the resident may keep prescription medications in their rooms; and (ii) if more than one resident resides in a unit, the licensee shall ensure each resident is assessed for the ability to safely have medications in the unit, if safety is a factor, the licensee shall ensure medications are kept in a locked container in the unit; (b) if the resident is assessed to require assistance in medication self-administration, facility staff shall assist residents by: (i) reminding the resident to take the medication; (ii) opening medication containers; (iii) reading the instructions on container labels; (iv) checking the dosage against the label of the container; (v) reassuring the resident that the dosage is correct; (vi) observing that the resident takes the medication; (vii) reminding the resident or the resident's responsible person when the prescription needs to be refilled; and (viii) documenting any staff assistance with medication administration including the type of medication and when it was taken by the resident; (c) if the resident's family or designated person is responsible for resident self-medication, they may set up medications in a package that identifies the medication and time to administer; (d) the licensee shall ensure the family or designated person assisting with a resident's medication signs a waiver indicating that they agree to assume the following responsibilities: (i) filling prescriptions; (ii) administering medications; and (iii) documenting the following: (A) type of medication; (B) the time administered; and (C) the amount taken by the resident.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
15(3)(a-g)	The licensee shall ensure that medication records include the following information: (a) the resident's name; (b) the name of the prescribing practitioner; (c) the name of the medication, including prescribed dosage; (d) the times and dates administered; (e) the method of administration; (f) signatures of staff or responsible persons administering the medication; and (g) the review date.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

15(4)	A resident's licensed practitioner shall order any change in the dosage or schedule of medication administration and document it in the medication record. The licensee shall ensure that any facility staff or persons assisting with medication administration are notified of the medication change.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
15(5)	The licensee shall ensure a current pharmacological reference book is available in the facility that contains information on possible reactions and precautions to any medications taken by a resident.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
15(6)(a-g)	The licensee shall ensure the following: (a) the resident's family and licensed practitioner are notified if medication errors occur; and (b) medications are stored in a locked central storage area to prevent unauthorized access, this includes; (i) If medication is stored in a central location, residents have timely access to the medication, and medications are administered according to the prescribed order; (ii) Medications that require refrigeration are stored separately from food items and at temperatures between 36 - 46 degrees F; (c) the administration, storage, and handling of oxygen comply with the requirements of the plans review as outlined in Section R432-4-12; (d) facility policies address the disposal of unused, outdated, or recalled medications; (e) the resident's medication is returned to the resident or to the resident's responsible person upon discharge; (f) the return of medication to the resident or the resident's responsible person is documented by a healthcare professional; and (g) disposal of controlled substances complies with Section 26B-2-229.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-16. First Aid.		C	NC	NA	Date	CDI		Notes
16(1)(a-d)	The licensee shall ensure that at least one on-duty staff person has: (a) basic first training; (b) Heimlich maneuver training; (c) CPR training; and (d) is trained in emergency procedures to ensure that each resident receives prompt first aid as needed.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
16(2)(a-b)	The licensee shall ensure: (a) a first aid kit is available at a specified location in the facility; and (b) 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 is available at a specified location in the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

16(3)	The licensee shall ensure each facility has an OSHA Administration approved clean-up kit for blood-borne pathogens.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-17. Activity Program.		C	NC	NA	Date	CDI		Notes
17(1)	The licensee shall ensure activities for the residents are provided to encourage independent functioning.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
17(2)	The licensee shall ensure a resident interest survey is completed and, with the resident's involvement, develop a monthly activity calendar.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
17(3)(a-c)	The licensee shall ensure the activity program includes the residents' needs and interests to include: (a) socialization activities; (b) independent activities of daily living; and (c) physical activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
17(4)	A resident may participate in community activities away from the facility.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-18. Food Service.		C	NC	NA	Date	CDI		Notes
18(1)(a-d)	The licensee shall ensure: (a) three meals a day plus snacks are provided, seven days a week, to each resident; (b) there is a one-week supply of nonperishable food and a three-day supply of perishable food onsite as required to prepare the planned menus; (c) meals are served with no more than a 14-hour interval between the evening meal and breakfast, unless a nutritious snack is available in the evening; and (d) the facility food service complies with the following: (i) any food is of good quality and be prepared by methods that conserve nutritive value, flavor, and appearance; (ii) any food served to residents is palatable, attractively served, and delivered to the resident at the appropriate temperature; and (iii) powdered milk may be used as a beverage only upon the resident's request, but may be used in cooking and baking at any time.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

18(2)(a-e)	The licensee shall ensure: (a) a different menu is planned and followed for each day of the week; (b) each menu is approved and signed by a certified dietitian; (c) cycle menus cover a minimum of three weeks; (d) the current week's menu is posted for residents' viewing; and (e) substitutions to the menu that are served to the residents are recorded and retained for three months for review by the department.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
18(3)	The licensee shall ensure meals are served in a designated dining area suitable for that purpose or in resident rooms upon request by the resident.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
18(4)	The licensee shall ensure residents are encouraged to eat their meals in the dining room with other residents.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
18(5)	The licensee shall make available for review inspection reports by the local health department.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
18(6)	If residents requiring therapeutic or special diets are admitted, the licensee shall ensure an approved dietary manual is available for reference when preparing meals. The licensee shall ensure dietitian consultation is provided at least quarterly and documented for residents requiring therapeutic diets.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
18(7)	The licensee shall ensure the cook and other kitchen staff are not assigned concurrent duties outside the food service area while on duty in food service.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
18(8)	The licensee shall ensure any personnel who prepare or serve food have a current Food Handler's Permit.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
18(9)	The licensee shall ensure food service complies with the Utah Department of Health and Human Services Food Service Sanitation Regulations, Rule R392-100.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-19. Housekeeping and Maintenance Services.		C	NC	NA	Date	CDI		Notes

19(1)(a-e)	The licensee shall: (a) provide housekeeping and maintenance services to maintain a safe, clean, sanitary, and healthful environment; (b) implement a cleaning schedule to ensure that furniture, bedding, linens, and equipment are cleaned periodically and before use by another resident; (c) control odors by maintaining cleanliness and proper ventilation, but deodorizers may not be used to cover odors caused by poor housekeeping or unsanitary conditions; (d) provide laundry services to meet the needs of the residents; and (e) ensure that any cleaning agents, bleaches, pesticides, or other poisonous, dangerous, or flammable materials are stored in a locked area to prevent unauthorized access.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
19(2)	The licensee shall ensure entrances, exits, steps, and outside walkways are maintained and kept free of ice, snow, and other hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-20. Pets.		C	NC	NA	Date	CDI		Notes
20(1)	The licensee may allow residents to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinance and by facility policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
20(2)(a-c)	The licensee shall ensure: (a) pets are kept clean and disease-free; (b) the pets' environment is kept clean; and (c) small pets such as birds and hamsters are kept in appropriate enclosures;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
20(3)	Pets that display aggressive behavior are not permitted in the facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
20(4)(a-b)	The licensee shall ensure: (a) pets that are kept at the facility or are frequent visitors have current vaccinations; and (b) facilities with birds have procedures that prevent the transmission of psittacosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
20(5)	Upon approval of the administrator, family members may bring residents' pets to visit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

20(6)	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-21. Disaster and Emergency Preparedness.		C	NC	NA	Date	CDI		Notes
21(1)	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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
21(2)(a-b)	The licensee is responsible: (a) for the safety and well-being of residents in the event of an emergency or disaster; and (b) to develop and coordinate plans with state and local emergency disaster authorities to respond to potential emergencies and disasters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
21(3)(a-c)	The licensee shall ensure the emergency and disaster plan: (a) outlines the protection or evacuation of each resident, and includes arrangement for staff response or additional staff to ensure the safety of any resident with physical or mental limitations; (b) is in writing and distributed or made available to any facility staff and residents to ensure prompt and efficient implementation; (c) is reviewed and updated as necessary to conform with local emergency plans and is made available for department review.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

21(4)(a-j)	<p>The licensee shall ensure the emergency and disaster response plan addresses the following:</p> <p>(a) the name of the person in charge and persons with decision-making authority;</p> <p>(b) the names of persons to be notified in an emergency in order of priority;</p> <p>(c) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies;</p> <p>(d) instructions on how to contain a fire and how to use the facility fire extinguishing equipment;</p> <p>(e) assignment of personnel to specific tasks during an emergency;</p> <p>(f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations including specialized training to assist a dependent resident;</p> <p>(g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster;</p> <p>(h) delivery of essential care and services to facility occupants by alternate means;</p> <p>(i) delivery of essential care and services when additional persons are housed in the facility during an emergency; and</p> <p>(j) delivery of essential care and services to facility occupants when personnel are reduced by an emergency.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
21(5)(a-d)	<p>The licensee shall:</p> <p>(a) ensure safe ambient temperatures are maintained within the facility;</p> <p>(b) ensure emergency heating has the approval of the local fire department;</p> <p>(c) ensure the person in charge takes immediate action in the best interests of the residents should the ambient air temperature fall below 58 degrees F. as this may constitute an imminent danger to the health and safety of the residents in the facility; and</p> <p>(d) develop, and be capable of implementing, contingency plans regarding excessively high ambient air temperatures within the facility that may exacerbate the medical condition of residents.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
21(6)(a-e)	<p>The licensee shall:</p> <p>(a) ensure that staff and residents receive instruction and training in accordance with the plans to respond appropriately in an emergency;</p> <p>(b) annually review the procedures with existing staff and residents and conduct unannounced drills using those procedures;</p> <p>(c) hold simulated disaster drills semi-annually;</p> <p>(d) hold simulated fire drills quarterly on each shift for staff and residents in accordance with Rule R710-3; and</p> <p>(e) document any drills, including date, participants, problems encountered, and the ability of each resident to evacuate.</p>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

21(7)	The licensee shall be in charge during an emergency. If not on the premises, the licensee shall make every effort to report to the facility, relieve subordinates, and take charge.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
21(8)	The licensee 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.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
21(9)(a-b)	The licensee shall post the following information 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 including the location of exits and fire extinguishers.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-300-22. Penalties.		C	NC	NA	Date	CDI		Notes
	Any person who violates this rule may be subject to the penalties enumerated in Sections 26B-2-208 and R432-3-7 and be charged with a class A misdemeanor as provided in Section 26B-2-216.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		