

 Utah Department of Health & Human Services Licensing & Background Checks		Order for Life-Sustaining Treatment Checklist				This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection. <i>(Revised 10/2024)</i>
		R432-31				
Facility Name:		Facility ID:		Phone Number:		Notes / Sticky Notes
Address:				Email Address:		
Provider:						
Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)				Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)		
<input type="checkbox"/>	Policies and Procedures related to OLST			<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>		
<input type="checkbox"/>				<input type="checkbox"/>		
Inspection Information:						
- 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.						
- You may submit feedback on this inspection by visiting the website 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:				

RULES CHECKLIST								
Rule # R432-31		Rule Description	C	NC	NA	Compliance Required By Date:	Corrected During Inspection	Notes
		C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
R432-31-3. Order for Life-Sustaining Treatment Forms.			C	NC	NA	Date		Notes
31-3(1)		(1) An individual who desires to execute an OLST shall use a form or electronic format approved by OL. The form may not be altered in layout or style, including font style and size, without the express written permission of OL.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
31-3(2)		(2) Any person, health care provider, or health care facility licensee may obtain a form from the OL website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
31-3(3)		(3) A health care provider, licensee, or Emergency Medical Services (EMS) provider shall act upon a copy of an OLST as if it were the original.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-31-4. Facility Policies and Procedures.			C	NC	NA	Date		Notes
31-4(1)		(1) A licensee shall establish and implement policies and procedures that comply with Section 75A-3-106.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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R432-31	<p>C = Compliant NC = Not Compliant NA = Not Assessed during this inspection</p> <p>31-4(2)(a-i)</p> <p>(2) A licensee shall ensure policies and procedures address the licensee's responsibility to:</p> <ul style="list-style-type: none"> (a) determine upon admission whether each individual has an OLST; (b) ensure an OLST is done in accordance with Subsection 75A-3-106(3); (c) identify circumstances when an individual with an OLST is offered the opportunity to change the order; (d) identify circumstances when the facility would not follow an OLST; (e) identify any individual who may be offered the opportunity to complete an OLST, including an individual who has: <ul style="list-style-type: none"> (i) a serious illness and is likely to face a life-threatening health crisis; (ii) declining cognitive abilities and lacks a surrogate or guardian to make decisions for them; or (iii) specific preferences for end-of-life treatments; (f) make a referral to the primary health care provider to create, replace, or change an OLST, if the licensee's services do not include the supervision of a physician, APRN, or physician assistant; (g) maintain the OLST in the individual's medical record; (h) only permit a qualified provider to assist with the completion of an OLST; and (i) outline that they are not required to offer each individual the opportunity to complete an OLST. 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-31-5. Training.		C	NC	NA	Date		Notes
	<p>A licensee shall appropriately train relevant health care, quality improvement, and record keeping staff on the requirements of Section 75A-3-106, this rule, and the facility's policies and procedures established in accordance with this rule.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-31-6. Transferability of OLST.		C	NC	NA	Date		Notes

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31-6(1)		(1) An OLST is fully transferable among any licensed health care facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
31-6(2)		(2) Any health care provider assuming an individual's care at the receiving licensed health care facility shall read the individual's OLST.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
31-6(3)		(3) The receiving health care provider shall have policies and procedures to address any circumstance under which the health care provider will not follow the instructions contained in the OLST.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
31-6(4)(a-b)		(4)(a) A licensee that discharges a resident, shall provide a copy of the resident's OLST to the individual upon discharge. (b) If the individual lacks the capacity to make health care decisions, as defined in Section 75A-3-201, the licensee shall also provide a copy to the individual's surrogate or guardian.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
31-6(5)		(5) A licensee that transfers an individual with an OLST to another licensed health care facility shall provide a copy of the OLST to the receiving facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
31-6(6)		(6) A licensee shall allow an individual to complete, amend, or revoke an OLST at any time upon request.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-31-7. Presentation of OLST to EMS Personnel.			C	NC	NA	Date		Notes

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31-7(1)	(1) Except for home health, personal care, and home-based hospice agencies, a licensee in possession of an OLST shall present the individual's OLST to EMS personnel upon arrival to treat or transport the individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
31-7(2)	(2) For an individual who resides at home, if the home health, personal care, or home-based hospice agency personnel are present when EMS personnel arrive at the home, the personnel shall present the individual's OLST to the EMS personnel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-31-8. Home Placement of OLST.		C	NC	NA	Date		Notes	
31-8(1)	(1) If an individual under the care of a home health, personal care, or hospice agency possesses an OLST, the agency shall ensure that a copy of the OLST is left at the individual's place of residence.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
31-8(2)	(2) For an individual adult or emancipated minor who resides at home the licensee shall ensure that a copy of the [P]OLST is posted on the front of the refrigerator or over the individual's bed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
31-8(3)	(3) For a minor who resides at home, it is recommended that a copy of the OLST be placed in a container and placed on the top shelf of the door inside the refrigerator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-31-9. Prior Orders and Out of State Orders.		C	NC	NA	Date		Notes	

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31-9(1)(a-b)	<p>(1)(a) EMS and other health care providers may recognize as valid any prior or out of state OLST forms or medical orders for life-sustaining treatment, including the national OLST form.</p> <p>(b) This may also include a bracelet or necklace, unless superseded by a subsequent OLST.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
31-9(2)(a-b)	<p>(2)(a) A physician shall complete and sign a new OLST for an individual with prior forms who no longer has the capacity to complete a new order and who does not have a surrogate or guardian to authorize the new order.</p> <p>(b) The physician shall state on the new order that the individual's preferences from a prior order is still applicable.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
31-9(3)(a-b)	<p>(3) A form that an individual executed while in another state may be honored as if it were executed in compliance with this rule and Section 75A-3-106 if it:</p> <p>(a) is substantially similar to an OLST or a medical order for life-sustaining treatment; and</p> <p>(b) was executed according to the laws of that state.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
R432-31-10. Signature Requirement.		C	NC	NA	Date	CDI	Notes	
31-10(1)	(1) The patient or surrogate or guardian decision maker and a medical health care provider, including an MD, DO, PA, or APRN, shall sign the OLST for it to be valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
31-10(2)	(2) For pediatric patients, two different medical health care providers shall sign the OLST to make it valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		
31-10(3)	(3) Electronic signatures are acceptable for OLST forms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		

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31-10(4)		(4) In the event the surrogate or guardian decision maker cannot sign in-person or electronically, a verbal signature may be noted if confirmed by two medical professionals caring for the patient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
31-10(5)		(5) Photocopies and faxes of signed OLST forms are legal and valid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-31-11. Compliance.			C	NC	NA	Date	CDI	Notes
		Any person who violates this rule may be subject to the penalties in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
			0	0	0	0	0	0