| Department of Health & Human Services | End Stage Renal Disease Inspection Checklist<br>R432-650 End Stage Renal Disease | This inspection checklist is the tool OL licensors use to ensure consistency for every inspection.<br>*(Revised 5/20/2026)* |
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| **Facility Name:** | | **Facility ID:** | | **Phone Number:** | | **Notes / Sticky Notes** |
| **Address:** | | | | **Email Address:** | | |
| **Provider:** | | | | | | |
| **Legislative updates for 2026 are found at the end of the checklist. Updates will be enforceable starting May 20, 2026.** | | | | | | |

| **Please request the following items during the inspection:**<br>(Mark with a check mark if completed and make and necessary notes) | | | **Please review the following items during the inspection:**<br>(Mark with a check mark if completed and make and necessary notes) | | |
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| ☐ | **Current Patient Census and Discharge Census Past 6 months** | | ☐ | | |
| ☐ | **Current Employee Roster and past employee roster 6 months** | | ☐ | | |
| ☐ | **Inservice Records** | | ☐ | | |
| ☐ | **Written Client Rights Made Available** | | ☐ | | |
| ☐ | | | ☐ | | |

**Inspection Information:**

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

## Signature Information

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

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

| *RULES CHECKLIST* | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Rule #**<br>**R432** | **Rule Description**<br>**R = Reviewed** **UR = Potential noncompliance was identidied**<br>**NA = Not Assessed during this inspection** | **Reviewed** | **Under Review** | **NA** | **Compliance Required By Date:** | **Corrected During Inspection** | **Technical Assistance** | **Notes** |
| **R432-1-4. Identification Badges** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 4(1)(a)-(b)<br>4(2)(a)-(b) | (1) A licensee shall ensure that the following individuals wear an identification badge:<br>(a) any employee who provides direct care to a patient; and<br>(b) any volunteer.<br><br>(2) The identification badge shall include the following information:<br>(a) the person's first or last name; and<br>(b) the person's title or position, in terms generally understood by the public. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R380-80-4. Providers' Duty to Help Protect Clients.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| R380-80-4(1) | (1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R380-80-5. Provider Code of Conduct.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| R380-80-5(4) | (4) Each provider shall protect clients from abuse, neglect, harm, exploitation, mistreatment, fraud, and any action that may compromise the health and safety of clients through acts or omissions and shall instruct and encourage others to do the same. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-4. Licensure.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| | License Required. See R432-2. | ☐ | ☐ | ☐ | | ☐ | ☐ | Needs to be updated |
| **R432-650-5. Patient Care Services.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| | Each ESRD facility must comply with the conditions of participation set forth in the Code of Federal Regulations, Title 42, Part 494, which is adopted and incorporated by reference. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-6. Personnel Health.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |

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| 650-6(1)(a-c) | | (1) Each ESRD facility shall establish a written health surveillance and evaluation program for facility personnel commensurate with the services offered. The program must include applicable portions of:<br>(a) The Communicable Disease Rule, R386-702;<br>(b) Tuberculosis Control Rule, R388-804; and<br>(c) OSHA guidelines for Bloodborne Pathogens, 29 CFR 1910.1030. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-6(2) | | (2) All employees shall undergo a health status examination as prescribed in the health surveillance and evaluation program upon hiring and may not be assigned to patient care duties until they are determined to be able to safely discharge their duties. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-6(3) | | (3) Each ESRD facility must test all employees who provide direct patient care for Hepatitis B within the first two weeks of beginning employment. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-4(a-b) | | (4) 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 R388-804, Special Measures for the Control of Tuberculosis.<br>(a) The licensee shall ensure that all employees are skin-tested for tuberculosis within two weeks of:<br>(i) initial hiring;<br>(ii) suspected exposure to a person with active tuberculosis; and<br>(iii) development of symptoms of tuberculosis.<br>(b) Skin testing shall be exempted for all employees with known positive reaction to skin tests. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-7. Required Staffing.** | | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 650-7(1) | | (1) Each patient shall be under the continuing supervision of a physician. A physician shall be available in medical emergency situations through a current telephone call roster readily accessible to the nursing staff. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-7(2) | | (2) Physician assistants and advanced practice registered nurses may provide services in ESRD facilities in association with the supervising or consulting nephrologist, and in accordance with state law. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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| | 650-7(3)(a-d) | | (3) Each ESRD facility shall provide sufficient qualified clinical staff to meet patient care needs. A minimum of two clinical staff personnel, one a registered nurse for supervision of patient clinical care, shall be on duty whenever patients are receiving dialysis services.<br>(a) A registered nurse may not supervise the clinical care of more than 10 patients if arranged in an open setting, or 12 patients if arranged in three pods of four patients.<br>(b) A registered nurse may not supervise patient clinical care, or provide unsupervised patient clinical care until the nurse has completed training and demonstrated competency as determined by facility policy.<br>(c) Dialysis technicians and licensed practical nurses may not be assigned patient clinical care for more than four patients at a time.<br>(d) Dialysis technicians and licensed practical nurses must complete training and demonstrate competency according to facility policy prior to providing patient care. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |
| | 650-7(4)(a-m) | | (4) Each ESRD facility must orient all employees to specific job requirements and facility policies. The facility shall document initial and on-going employee orientation and training. Patient clinical care staff orientation and training shall include at least the following topics:<br>(a) patient rights and responsibilities;<br>(b) kidney disease processes;<br>(c) hemodialysis process;<br>(d) hemodialysis complications;<br>(e) dialysis access and management;<br>(f) psycho-social implications of dialysis on patient care;<br>(g) nutritional requirements;<br>(h) universal precautions;<br>(i) use of the medical emergency kit;<br>(j) use and function of facility equipment;<br>(k) emergency procedures;<br>(l) AAMI water treatment standards; and<br>(m) dialyzer re-use procedures, if offered. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |
| | 650-7(5)(a-c) | | (5) A registered nurse may delegate the following patient care activities to licensed practical nurses or dialysis technicians:<br>(a) cannulation of peripheral vascular access;<br>(b) administration of intradermal lidocaine, intravenous heparin and intravenous normal saline; and<br>(c) initiation, monitoring and discontinuation of the dialysis process. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |

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| 650-7(6) | (6) Each ESRD facility must ensure that all personnel are licensed, certified or registered as required by the Utah Department of Commerce. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-7(7) | (7) Each ESRD facility must ensure that on all shifts, staff are available who are CPR certified, trained in emergency procedures and basic first aid. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-8. Patient Care Plan.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 650-8(1) | (1) Each patient must have a care plan that is developed and implemented by the interdisciplinary team with the patient's consent within one month of beginning treatment. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-8(2) | (2) Each patient who receives treatment for more than 90 days must have a long-term care program that is developed and implemented by the interdisciplinary team with the patient's participation. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-9. Emergency Equipment.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 650-9(1) | (1) Each ESRD facility must have available on-site a medical emergency kit containing medications, equipment and supplies. The medical director shall determine and approve the contents of the kit. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-9(2) | (2) Each ESRD facility must have available on-site an emergency supply of oxygen. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-10. Drug Storage.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 650-10(1)(a-c) | (1) Each ESRD facility shall provide for controlled storage and supervised preparation and use of medications. Medications and food items may be stored in the same refrigerator if safely separated.<br>(a) Medications stored at room temperature shall be maintained within 59-80 degrees F (15-30 degrees C).<br>(b) Refrigerated medications shall be maintained within 36-46 degrees F (2-8 degrees C).<br>(c) Medications must be kept in the original container and may not be transferred to other containers. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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| 650-10(2) | (2) If a medication station is provided, the facility shall provide a work counter and hand washing facilities. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-11. Medical Records.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 650-11(1)(a-b) | (1) Each ESRD facility must store and file medical records to allow for easy staff access.<br>(a) Medical records shall be safeguarded from loss, defacement, tampering, fires, and floods.<br>(b) Medical records shall be protected against access by unauthorized individuals. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-11(2) | (2) The licensee must retain medical records for at least seven years after the last date of patient care. Records of minors shall be retained until the minor reaches the age of majority plus an additional two years. In no case shall the record be retained less than seven years. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-11(3) | (3) All patient records shall be retained within the facility upon change of ownership. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-12. Water Quality.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 650-12(1) | (1) Water used for dialysis purposes shall comply with quality standards established by the Association for the Advancement of Medical Instrumentation (AAMI) as published in "Hemodialysis Systems," second edition, which is adopted and incorporated by reference. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-12(2) | (2) Each ESRD facility that utilizes in-center water systems must have bacteriologic quality analysis performed and documented at least monthly by a laboratory that adheres to AAMI standards. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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| 650-12(3)(a-b) | | (3) For home systems, the ESRD facility must conduct bacteriological quality analysis at least monthly using an approved home testing methodology as identified in the patient care plan.<br>(a) An alternate schedule of testing may be approved by the attending physician.<br>(b) The alternate schedule shall be specified in the patient care plan. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-12(4) | | (4) If reverse osmosis or deionization devices are used for in-center or home systems, the ESRD facility must have chemical quality analysis performed and documented at least once every 12 months by a laboratory that adheres to AAMI standards. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-12(5) | | (5) The ESRD facility must maintain and make available for Department review all water quality test results. In the case of home dialysis, test results shall become part of the patient record maintained by the ESRD facility. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-13. Continuous Quality Improvement Program.** | | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 650-13(1) | | (1) Each ESRD facility must implement a well-defined continuous quality improvement program to monitor and evaluate the quality of patient care services. The program shall be consistent with the scope of services offered and adhere to accepted standards of care associated with the renal dialysis community. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-13(2)(a-c) | | (2) The program shall include a review of patient care records, facility policies and practices to:<br>(a) identify and assess problems and concerns, or opportunities for improvement of patient care;<br>(b) implement actions to reduce or eliminate identified problems and concerns, and improve patient care; and<br>(c) document corrective actions and results. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-13(3) | | (3) The administrator shall establish a committee to implement the continuous quality improvement program. The committee shall include the facility administrator or designee, the medical director, the nursing supervisor, and other individuals as identified in the program. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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| 650-13(4) | (4) The committee must meet at least quarterly and keep minutes and related records, which shall be available for Department review. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-13(5) | (5) The continuous quality improvement program may include more than one facility in scope only when the facilities are organized under the same governing body and the program addresses problems, concerns and issues at the individual ESRD facility level. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-14. Physical Environment.** | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| 650-14(1) | The following standards apply for new construction and remodeling of ESRD facilities:(1) R432-4-1 through R432-4-22 is adopted and incorporated by reference. | ☐ | ☐ | ☐ | | ☐ | ☐ | This will need to be updated |
| 650-14(2) | (2) ESRD Facilities shall comply with NFPA 101 Life Safety Code, Chapter 20 except that an essential electrical system is not required. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(3) | (3) The treatment area may be an open area and shall be separate from the administrative and waiting area. Individual treatment areas must contain at least 80 square feet. Each treatment area shall have the capacity for privacy for each patient for treatment related procedures or personal care. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(4) | (4) The dialysis treatment area must include a nurses station designed to provide visual observation of the patient treatment area. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(5) | (5) There shall be at least one hand washing facility serving no more than eight stations. All hand washing stations shall be convenient to the nurses station and treatment areas. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(6)(a-e) | (6) A separate blood borne infectious isolation patient treatment room shall be provided and shall:<br>(a) be fully enclosed;<br>(b) contain a handwash sink;<br>(c) contain widows to permit observation of the patient from the nurse station and other treatment areas;<br>(d) contain space for clean and soiled gowns and supplies; and<br>(e) be dedicated to patients with blood borne diseases and shall not be used by patients without blood borne diseases. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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| | 650-14(7)-(a) | | (7) If an airborne infectious isolation room is required to control airborne infection, the airborne infectious isolation room shall have a separate hand washing facility and comply with R386-702, Communicable Disease Rule, and other applicable standards determined in the pre-construction plan review process. The room shall be tightly sealed and all air from the room shall be exhausted. Exhaust air shall be a minimum of 125 cubic feet per minute greater than supply air.<br>(a) The airborne infectious isolation rooms may be used for patients without airborne communicable disease when not in use as an isolation room. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |
| | 650-14(8) | | (8) If the ESRD facility provides home dialysis training, a private treatment room of at least 120 square feet is required for patients who are being trained to use dialysis equipment at home. The room shall contain a counter, hand washing facilities, and a separate drain for fluid disposal. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |
| | 650-14(9) | | (9) Each ESRD facility must provide a clean work area that is separate from soiled work areas. If the area is used for preparing patient care items, it must contain a work counter, hand washing facilities, and storage facilities for clean and sterile supplies. If the area is used only for storage and holding as part of a system for distribution of clean and sterile materials, the work counter and hand washing facilities may be omitted. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |
| | 650-14(10) | | (10) Each ESRD facility must provide a soiled work room that contains a hand washing sink, work counter, storage cabinets, waste receptacles and a soiled linen receptacle. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |
| | 650-14(11) | | (11) If dialyzers are reused, a reprocessing room is required that is sized and equipped to perform the functions required and to include one-way flow of materials from soiled to clean with provisions for refrigerated temporary storage of dialyzers, a decontamination and cleaning area, sinks processors, computer processors and label printers, a packaging area, and dialyzer storage cabinets. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |
| | 650-14(12) | | (12) If a nourishment station for dialysis service is provided, the nourishment station must contain a sink, a work counter, a refrigerator, storage cabinets, and equipment for serving nourishments as required. | ☐ | ☐ | ☐ | | ☐ | ☐ | | |

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| | 650-14(13) | | (13) Each ESRD facility must have an environmental services closet immediately available to the treatment area. The closet must contain a floor receptor or service sink and storage space for housekeeping supplies and equipment. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(14) | | (14) If an equipment maintenance service area is provided, the service area must contain hand washing facilities, a work counter and a storage cabinet. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(15) | | (15) Each ESRD facility must provide a supply area or supply carts. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(16) | | (16) Storage space out of the direct line of traffic shall be available for wheelchairs and stretchers, if stretchers are provided. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(17) | | (17) Each ESRD facility must provide a clean linen storage area commensurate with the needs of the facility. The storage area may be within the clean work area, a separate closet, or distribution system. If a closed cart distribution system is used for clean linen, the cart must be stored out of the path of normal traffic. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(18) | | (18) Each ESRD facility using central batch delivery system, must provide, either on premises or through written arrangements, individual delivery systems for the treatment of any patient requiring special dialysis solutions. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(19) | | (19) Each ESRD facility must house water treatment equipment in an enclosed room at a sufficient distance from the patient treatment area to prevent machinery and operational noise from disturbing patients. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(20) | | (20) Each ESRD facility must provide a patient toilet with hand washing facilities immediately adjacent to the treatment area. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(21) | | (21) Each ESRD facility must provide lockers, toilets and hand washing facilities for staff. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| | 650-14(22) | | (22) Each ESRD facility must provide a secure storage area for patients' belongings. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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| 650-14(23) | | (23) A waiting area with seating accommodations shall be available or accessible to the dialysis unit. A toilet room with hand washing facilities, a drinking fountain, and a telephone for public use shall be available or accessible for use by persons using the waiting room. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(24) | | (24) Office and clinical work space shall be available for administrative services. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(25) | | (25) All finishes shall be tight fitting, easily maintained and cleanable, resistant to cleaning chemicals, and detailed to minimize the potential for microbial growth. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(26) | | (26) The reprocessing room, water treatment room, supply rooms, clean and soiled work rooms, soiled holding rooms shall be lockable and restricted to authorized personnel only. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(27) | | (27) The reprocessing room, soiled work, holding room, and environmental services closet shall have continuous exhaust ventilation at the rate of not less than 10 air changes per hour and sufficient to generate inward air flow. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 650-14(28) | | (28) Patient and public toilet rooms and exam rooms shall be equipped with an emergency call system. The call system shall require only momentary contact to activate, shall identify the source of the call and shall be cancelable only at the source of the call. The call system in toilet rooms shall be accessible to a collapsed patient lying on the floor. Inclusion of a pull cord will satisfy this requirement. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-650-15. Penalties.** | | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| | | Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-7 and be punished for violation of a class A misdemeanor as provided in 26-21-16. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **R432-31. Provider Order for Life-Sustaining Treatment.** | | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| **R432-31-4(1) Facility Policies and Procedures.** | | A health care facility licensee shall establish and implement policies and procedures that conform to Section 75-2a-106. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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| **R432-31-4(2)(a-i)** | | (2) A health care facility licensee shall ensure policies and procedures address the licensee responsibility to:<br>(a) determine upon admission whether each individual has a POLST;<br>(b) the outline that they are not required to offer each individual the opportunity to complete a POLST;<br>(c) identify individuals who may be offered the opportunity to complete a POLST, that may include individuals who:<br>(i) have a serious illness and are likely to face a life-threatening health crisis;<br>(ii) have specific preferences for end-of-life treatments; or<br>(iii) have declining cognitive abilities and lack a surrogate or guardian to make decisions for them;<br>(d) identify circumstances under which an individual with a POLST is offered the opportunity to change the order;<br>(e) maintain the POLST in the individual's medical record;<br>(f) identify circumstances under which the facility would not follow a POLST;<br>(g) only permit a qualified provider to assist with the completion of a POLST;<br>(h) ensure a POLST is signed personally by the physician or APRN, or only by a physician assistant of the person to whom the POLST relates if done so in accordance with Subsection 75-2a-106(11); and (i) make a referral to the primary care provider to create, replace, or change a POLST, if the licensee's services do not include the supervision of a physician, physician assistant, or advanced practice registered nurse. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

***RULES CHECKLIST***

| **Rule #**<br>**R432** | | **Rule Description**<br>**C = Compliant**<br>**NC = Not Compliant**<br>**NA = Not Assessed during this inspection** | **R** | **UR** | **NA** | **Compliance Required By Date:** | **Corrected During Inspection** | **Technical Assistance** | **Notes** |
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| **R432-35-3. DACS Process for Covered Providers.** | | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| R432-35-3(1)(a-b) | | (1) A covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before:<br>(a) The OL issues a provisional license or license renewal; and<br>(b) the provider engages a covered individual. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| R432-35-3(2)(a)-(b) | | (2) The covered provider shall ensure an engaged covered individual:<br>(a) signs a criminal background check authorization form that is available for review by the OBP; and<br>(b) submits fingerprints within 15 working days of engagement. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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

| Legislative Updates 2026 | | | R | UR | NA | Date | CDI | TA | Notes |
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| R380-600-3(2) | | Each applicant and provider shall comply with any applicable rule, statute, zoning, fire, safety, sanitation, building and licensing law, regulation, ordinance, and code of the city and county where facility or agency will be or is located. | ☐ | ☐ | ☐ | | ☐ | ☐ | This is the rule that will be cited for noncompliance with any of the legislative updates.<br><br>"The provider is out of compliance with this rule by not complying with [statute citation]" |
| HB 417 Patient Interfacility Transportation Requirements | | | R | UR | NA | Date | CDI | TA | Notes |
| 26B-2-244. Non-medical transport -- Receiving health care facility requirements. | | | R | UR | NA | Date | CDI | TA | Notes |
| 26B-2-244(1)(a-g) | | (1) As used in this section:<br>(a) "Adequate time" means:<br>(i) for an originating facility located in a county of the fourth, fifth, or sixth class as classified under Section 17-60-104, four hours of being discharged by the<br>originating facility; or<br>(ii) for an originating facility not described in Subsection (1)(a)(i), two hours of being discharged by the originating facility.<br>(b) "Ambulance transportation" means transportation provided by a person licensed under Title 53, Chapter 2d, Emergency Medical Services Act.<br>(c) "Health care provider" means:<br>(i) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act;<br>(ii) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act; or<br>(iii) an advanced practice registered nurse licensed under Subsection 58-31b-301(2)(e).<br>(d) "Interfacility transfer" means the transferring of a patient between an originating facility and a receiving facility.<br>(e)(i) "Non-medical transportation" means transportation that does not:<br>(A) provide medical services during transport; or<br>(B) employ or provide trained medical personnel for transporting an individual.<br>(ii) "Non-medical transportation" includes transportation provided by a family member or public transit.<br>(f) "Originating facility" means a health care facility where a patient is currently admitted or being treated.<br>(g) "Receiving facility" means a health care facility that will receive a patient from an originating facility. | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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| 26B-2-244(2)(a-c) | | (2) A health care facility shall allow a patient to use non-medical transportation for an interfacility transfer if:<br>(a) the patient is not subject to:<br>(i) temporary commitment described in Section 26B-5-331; or<br>(ii) involuntary commitment described in Section 26B-5-332;<br>(b) the patient's health care provider at the originating facility determines that:<br>(i) the patient is not in a condition described in Section 53-2d-405; and<br>(ii) the patient's current medical and mental condition does not require ambulance transportation to the receiving facility; and<br>(c) the transfer would not violate the federal Emergency Medical Treatment and Labor Act described in 42 U.S.C. Sec. 1395dd. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 26B-2-244(3) | | (3) A patient may request that a health care facility or health care provider determine whether the patient is eligible to use non-medical transportation under Subsection (2). | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 26B-2-244(4)(a-d) | | (4) For a patient eligible to use non-medical transportation for an interfacility transfer, the health care facility shall provide a written notice to the patient that states:<br>(a) the patient's medical and mental condition does not meet medical necessity for ambulance transportation;<br>(b) insurance may elect not to cover the charges for ambulance transportation;<br>(c) the patient may be responsible for the cost of ambulance transportation; and<br>(d) the current transportation rate and mileage rate established under Section 53-2d-503. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 26B-2-244(5)(a-b) | | (5) If a patient uses non-medical transportation as described in this section and arrives at the receiving facility within adequate time, the receiving facility may not:<br>(a) charge the patient or the patient's insurance or other health benefit plan for admission or readmission services unless medical staff have reason to believe the patient's medical condition has changed from when the originating facility discharged the patient to the time of the patient's arrival at the receiving facility; or<br>(b) assign the available bed that the patient was offered upon discharge from the originating facility to an individual that is not the patient. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 26B-2-244(6) | | (6) An originating facility or health care provider is immune from civil action for acts or omissions made when allowing a patient to use non-medical transportation if the patient's medical or mental condition at the time the originating facility discharges the patient did not require ambulance transportation to the receiving facility. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| 26B-2-244(7) | | (7) Nothing in this section restricts a patient's ability to refuse health care services, including any form of transportation. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **S.B. 174 Exercise of Religious Beliefs and Conscience Amendments** | | | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |

| H.B. 472 Division of Licensing and Background Checks Amendments | R | UR | NA | Date | CDI | TA | Notes |
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| H.B. 472 makes technical and conforming changes, renumbers 26B-2-103, 26B-2-104, and clarifies the definition of an individual that is associated with a licensee. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| Additionally, H.B. 472 requires critical incident reporting across Human Services, Health Facilities and Child Care programs, even though some specifics differ. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| **H.B. 259 Parental Access to Children's Medical Records Amendments** | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| **26B-2-244. Medical record access for children.** | **R** | **UR** | **NA** | **Date** | **CDI** | **TA** | **Notes** |
| (1) As used in this section:<br>(a) "Child" means an individual under the age of 18 years old.<br>(b) "Electronic medical record system" means an electronic system for maintaining medical records in a clinical setting.<br>(c) "EMRS vendor" means the vendor of an electronic medical record management system.<br>(d) "Health care system" means an entity that owns two or more health care facilities.<br>(e) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended.<br>(f) "Parent" means an individual who has a parent-child relationship, as defined in Section 81-5-102, with the child. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| (2) A parent has the right to obtain and access the medical records that pertain to the parent's child unless:<br>(a) the parent's parental rights have been terminated;<br>(b) the child is emancipated or legally married;<br>(c) required by a court order; or<br>(d) the medical record relates to sexual assault counseling in accordance with Section 77-38-204. | ☐ | ☐ | ☐ | | ☐ | ☐ | |
| (3)(a) Subject to Subsection (3)(b), a health care facility may not restrict a parent's access to the electronic medical record of the parent's child.<br>(b)A health care facility may:<br>(i)restrict a parent's access to an electronic medical record of the parent's child for a reason described in Subsection (2); and<br>(ii)only restrict access to the portion of the electronic medical record that would be restricted under Subsection (2). | ☐ | ☐ | ☐ | | ☐ | ☐ | |

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

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