



**Department of Health
& Human Services**

Inspection Checklist

R432-700 Home Health Agency

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection.
(Revised 5/20/2026)

Facility Name:		Facility ID:		Phone Number:		Notes / Sticky Notes
Address:				Email Address:		
Legislative updates for 2026 are found at the end of the checklist. Updates will be enforceable starting May 20, 2026.						
Please review the following items prior to 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)		
☐	Current Census and Discharge Census 6 months		☐	Abuse reports past 6 months		
☐	Current Employee Roster and Former Employees past 6 months		☐	Annual Abuse Training		
☐	Written Contracts and Agreements from other Providers		☐	Client Rights		
☐	Governing Body information		☐	Quality Assurance (annual and quarterly)		
☐	Policies and Procedures		☐			
☐	Administrator Designee in writing		☐			
Inspection Information:						
- The Licensors 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 through your Licensing Portal or at: DLBC.utah.gov						

Signature Information							
Inspection Type:		Date:		Time Started:		Time Ended:	12:45 PM
Number of rule noncompliances:			Name of Individual Informed of this Inspection:				
Licensor(s) Conducting this Inspection:					OL Staff Observing Inspection:		
☐	The Licensor reviewed compliance.						

RULES CHECKLIST									
Rule # R432-35	Rule Description		Reviewed	Under Review	NA	Compliance Required By Date:	Corrected During Inspection	Technical Assistance:	Notes
	Reviewed	UR = Potential noncompliance was identified NA = Not Assessed during this inspection							
R432-35-3. DACS Process for Covered Providers.			R	UR	NA	Date	CDI	TA	Notes
R432-35-3(1)(a-b)	(1) A covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before: (a) The OL issues a provisional license or license renewal; and (b) the provider engages a covered individual.		☐	☐	☐		☐	☐	
R432-35-3(2)(a)-(b)	(2) The covered provider shall ensure an engaged covered individual: (a) signs a criminal background check authorization form that is available for review by the OBP; and (b) submits fingerprints within 15 working days of engagement.		☐	☐	☐		☐	☐	
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 or deny licensure to a covered provider.	☐	☐	☐		☐	☐	
R432-35-3(9)(a)-(d)	(9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including: (a) address; (b) email address; (c) employment status; and (d) name.	☐	☐	☐		☐	☐	
R432-35-3(10)(a-b)	(10)(a) An individual or covered individual seeking licensure as a covered provider shall submit required information to the OBP to initiate and obtain certification for direct patient access before OL issues a provisional license. (b) If the individual is not eligible for direct patient access, the OL may revoke an existing license or deny licensure as a health care facility.	☐	☐	☐		☐	☐	

RULES CHECKLIST								
Rule #	Rule Description	Reviewed	Under Review	NA	Compliance Required By Date:	Corrected During Inspection	Technical Assistance	Notes
R432-700	R = Reviewed Potential noncompliance was identified UR = NA = Not Assessed during this inspection							
R380-80-4. Providers' Duty to Help Protect Clients.		R	UR	NA	Date	CDI	TA	
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	
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.	☐	☐	☐		☐	☐	
R432-700-5. Services Provided by a Home Health Agency.		R	UR	NA	Date	CDI	TA	Notes
5(1)	A licensee shall provide services to a client in their place of residence, or under special circumstances, in their place of employment.	☐	☐	☐		☐	☐	
5(2)	Services shall be directed and supervised by a licensed practitioner.	☐	☐	☐		☐	☐	
5(3)(a-c)	Professional and supportive personnel shall be responsible for any of the following services that they may perform: (a) providing skilled services authorized by a primary care provider; (b) nursing services assessed, provided, or supervised by a registered nurse; or (c) other related health services approved by a licensed practitioner.	☐	☐	☐		☐	☐	
R432-700-6. Licensure Required.		R	UR	NA	Date	CDI	TA	Notes
6(1)	Rule R432-700, Home Health Agency does not apply to a single individual providing professional services under the authority granted by a professional license or registration.	☐	☐	☐		☐	☐	

6(2)		The licensee shall comply with Rule R432-2, General Licensing Provisions.	☐	☐	☐		☐	☐	
R432-700-7. Governing Body and Policies.			R	UR	NA	Date	CDI	TA	Notes
7(1)		The home health agency shall be organized under a governing body that assumes full legal responsibility for the conduct of the home health agency.	☐	☐	☐		☐	☐	
7(2)(a-g)		The governing body shall: (a) develop an organization chart that shows the administrative structure; (b) be responsible for compliance with federal regulation, state rules, and local laws; (c) ensure there is no discrimination on the basis of race, color, sex, religion, ancestry, national origin; (d) adopt policies and procedures that describe functions or services and protect client rights; (e) review and make available to the department, the written annual evaluation report from the administrator and make recommendations as necessary; (f) provide resources and equipment to provide a safe working environment for personnel; and (g) establish a system of financial management and	☐	☐	☐		☐	☐	
7(3)(a-h)		The governing body shall have the authority and responsibility to develop and implement bylaws to include: (a) a statement of purpose; (b) a statement of qualifications for membership and methods to select members of the governing board; (c) a process for the establishment, selection, and term of office for committee members and officers; (d) a description of functions and duties of the governing body, officers, and committees; (e) a statement of the authority and responsibility delegated to the administrator; (f) a statement relating to conflict of interest of members of the governing body or employees who may influence licensee decisions; (g) annually required meetings as stated in bylaws; and (h) appointment by name and in writing of a qualified administrator who is responsible for the agency's overall functions.	☐	☐	☐		☐	☐	
R432-700-8. Administrator Responsibilities.			R	UR	NA	Date	CDI	TA	Notes
8(1)		The administrator shall have at least one year of managerial or supervisory experience.	☐	☐	☐		☐	☐	

8(2)(a-s)	The administrator shall be responsible to: (a) designate in writing a qualified person who shall act in their absence; (b) ensure that the administrator or designee has enough power, authority, and freedom to act in the best interests of client safety and well-being; (c) ensure that administrator or designee is available during the agency's hours of operation; (d) complete, submit and file records and reports required by the department; (e) review policies and procedures at least annually and revise as necessary and document the date of review; (f) implement policies and procedures; (g) organize and coordinate functions of the agency by delegating duties and establishing a formal means of staff accountability; (h) appoint the following: (i) a primary care provider; (ii) a registered nurse, or healthcare professional to provide general supervision coordination and direction for professional services in the agency; (iii) the members and their terms of membership in the interdisciplinary quality assurance committee; and (iv) other committees as deemed necessary; (i) describe each committee functions and duties; (j) develop processes for selection, term of office and responsibilities of each committee member; (k) designate a person responsible for maintaining a clinical record system on each client; (l) maintain current written designations or letters of appointment in the home health agency; (m) employ or contract with competent personnel whose qualifications are commensurate with job responsibilities and authority, and who have the appropriate license or certificate of completion; (n) develop job descriptions that delineate functional responsibilities and authority; (o) develop a staff communication system that coordinates implementation of plans of treatment, utilizes services or resources to meet client needs and promotes an orderly flow of information within the organization; (p) provide staff orientation as well as continuing education in applicable policies, rules, regulations, and resource materials; (q) secure contracts for services not directly provided by the home health agency;	☐	☐	☐		☐	☐	
R432-700-9. Personnel.		R	UR	NA	Date	CDI	TA	Notes

9(1)	The administrator shall employ qualified personnel who are competent to perform their respective duties, services, and functions.	☐	☐	☐		☐	☐	
9(2)(a-g)	The administrator shall develop written policies and procedures that address the following: (a) job descriptions, qualifications, validation of licensure or certificates of completion for each position held; (b) orientation for direct and contract employees; (c) criteria for, and frequency of, performance evaluations; (d) work schedules, method and period of payment, benefits such as sick leave, vacation, and insurance; (e) frequency and documentation of in-service training; (f) contents of personnel files; and (g) emergency and after-hours care policies and procedures that are made available to the client and family.	☐	☐	☐		☐	☐	
9(3)	Each employee shall be licensed, certified, or registered as required by the Utah Department of Commerce, Division of Professional Licensing.	☐	☐	☐		☐	☐	
9(4)	The licensee shall document that staff have been trained annually in the reporting requirements for suspected abuse, neglect, and exploitation.	☐	☐	☐		☐	☐	
R432-700-10. Health Surveillance.		R	UR	NA	Date	CDI	TA	Notes
10(1)	The licensee shall establish and implement a policy and procedure for employee health screenings to identify any situation which would prevent the employee from performing assigned duties in a satisfactory manner.	☐	☐	☐		☐	☐	
10(2)	Employee health screening and immunization components of personnel health programs shall be developed by the licensee, in accordance with Rule R386-702, Communicable Disease Rules.	☐	☐	☐		☐	☐	

10(3)(a-b)	Employees shall be tested for tuberculosis by the Mantoux Method or other FDA approved in-vitro serologic test in accordance with Rule R388-804, Special Measures for Control of Tuberculosis. (a) The licensee shall ensure that employees are skin-tested for tuberculosis within two weeks of: (i) initial hiring; (ii) suspected exposure to a person with active tuberculosis; or (iii) development of symptoms of tuberculosis. (b) Skin testing shall be exempted for employees with a known positive reaction to skin tests.	☐	☐	☐		☐	☐	
10(4)	Infections and communicable diseases reportable by law shall be reported by the licensee to the local health department in accordance with Section R386-702-3.	☐	☐	☐		☐	☐	
R432-700-11. Orientation.		R	UR	NA	Date	CDI	TA	Notes
11(1)	The licensee shall document in writing that each employee is oriented to the home health agency and the job that they are hired to perform.	☐	☐	☐		☐	☐	
11(2)(a-g)	The licensee shall ensure that orientation includes: (a) the functions of agency employees and the relationships between various positions or services; (b) job descriptions; (c) duties that persons are trained, certified, or licensed to perform; (d) ethics, confidentiality, and client rights training; (e) information about other community agencies including emergency medical services; (f) opportunities for continuing education appropriate to the client population served; and (g) reporting requirements for suspected abuse, neglect, or	☐	☐	☐		☐	☐	
R432-700-12. Contracts.		R	UR	NA	Date	CDI	TA	Notes
12(1)	The administrator shall secure written contracts or agreements from other providers, or independent contractors, who provide client services through the agency and shall arrange for an orientation to ensure that the contractor is prepared to meet the job expectations.	☐	☐	☐		☐	☐	
12(2)	The licensee shall make any contract available for review by the department.	☐	☐	☐		☐	☐	

12(3)(a-c)	Each contract shall include: (a) the effective and expiration dates; (b) a description of goods or services to be provided; and (c) a copy of the contractor's professional license.	☐	☐	☐		☐	☐	
R432-700-13. Acceptable Criteria.		R	UR	NA	Date	CDI	TA	Notes
13(1)	The licensee shall develop written acceptance criteria and shall make criteria policy information available to the public upon request.	☐	☐	☐		☐	☐	
13(2)(a-f)	The licensee shall accept a client for treatment if the client's needs can be met by the agency in the client's place of residence. The licensee shall base the acceptance determination on an assessment that the client needs skilled nursing services and meets the following criteria: (a) the complexity of prescribed services can be safely or effectively performed only by, or under the close supervision of, technical or professional personnel; (b) care is needed to prevent, to the extent possible, deterioration of the condition or to sustain current capacities of a client, such as one with terminal cancer; (c) special medical complications require service performance or close supervision by technical or professional persons, such as the care of a diabetic client with impaired circulation, fragile skin, or a fractured leg in a cast; (d) the client needs therapy services or support services as outlined in this rule; (e) the client, responsible family members, guardians, or legal representatives request care at home; or (f) the physical facilities in the client's place of residence can be adapted to provide a safe environment for care.	☐	☐	☐		☐	☐	
R432-700-14. Termination of Services Policies.		R	UR	NA	Date	CDI	TA	Notes

14(1)(a-o)	The licensee may discharge a client under any of the following circumstances: (a) a licensed practitioner signs a discharge statement for termination of services; (b) treatment objectives are met; (c) the client's status changes, that makes treatment objectives unattainable and new treatment objectives are not an alternative; (d) the family situation changes and affects the delivery of services; (e) the client or family is uncooperative in efforts to attain treatment objectives; (f) the client moves from the geographic area served by the agency; (g) the primary care provider fails to renew orders as required by the rules for skilled nursing or therapy services; (h) the client changes primary care providers and the licensee cannot obtain orders for continuation of services from the new primary care provider; (i) the client's payment sources become exhausted and the licensee is fiscally unable to provide free or reduced care; (j) the licensee discontinues a particular service or terminates services; (k) the licensee can no longer provide quality care in the place of residence; (l) the client or family requests agency services to be discontinued; (m) the client dies; (n) the client or family cannot or is unwilling to provide an environment that ensures safety for the both the client and provider of service; or (o) the client's payer excludes the licensee from participating as a covered provider or refuses to authorize services the licensee	☐	☐	☐		☐	☐	
14(2)	The person who is assigned to supervise and coordinate care for a particular client shall complete a discharge summary when services to the client are terminated.	☐	☐	☐		☐	☐	
R432-700-15. Client Rights.		R	UR	NA	Date	CDI	TA	Notes
15(1)	Written client's rights shall be established by the licensee and made available to the client, guardian, next of kin, sponsoring agency, representative payee, and the public.	☐	☐	☐		☐	☐	
15(2)	The licensee shall determine in policy how client's rights information is distributed.	☐	☐	☐		☐	☐	

15(3)(a-k)		The licensee shall ensure that each client receiving care has the following rights: (a) to be fully informed of these rights and rules governing client conduct, as evidenced by documentation in the clinical record; (b) to be fully informed of services and related charges that the client or a private insurer may be responsible, and to be informed of changes in charges; (c) to be fully informed of the client's health condition, unless medically contraindicated and documented in the clinical record; (d) to be given the opportunity to participate in the planning of home health services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research; (e) to refuse treatment to the extent permitted by law and to be informed of the medical consequences if treatment is refused; (f) to be assured confidential treatment of personal and medical records, and to approve or refuse their release to any individual outside the home health agency, except when transferring to another home health agency or health facility, or as required by law or third-party payment contract; (g) to be treated with consideration, respect and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs; (h) to be assured the client, family members or other individuals providing care to the client will be taught about required services, so the client can develop or regain self-care skills and the family members or other individuals providing care to the client can understand and help the client; (i) to be assured that personnel who provide care demonstrate competency through education and experience to carry out the services that they are responsible; (j) to receive proper identification from the individual providing home health services; and (k) to receive information concerning the procedures to follow to submit complaints about services being performed.	☐	☐	☐		☐	☐	
R432-700-16. Primary Care Provider Orders.			R	UR	NA	Date	CDI	TA	Notes
16		The licensee shall incorporate primary care provider orders into the plan of care when skilled care is being provided that may include:	☐	☐	☐		☐	☐	
16(1)		Diet and nutritional requirements;	☐	☐	☐		☐	☐	
16(2)		Medications:	☐	☐	☐		☐	☐	

16(3)	Frequency and type of service;	☐	☐	☐		☐	☐	
16(4)	Treatments:	☐	☐	☐		☐	☐	
16(5)	Medical equipment and supplies; and	☐	☐	☐		☐	☐	
16(6)	Prognosis	☐	☐	☐		☐	☐	
R432-700-17. Client Records.		R	UR	NA	Date	CDI	TA	Notes
17(1)	The licensee shall develop and implement record-keeping policies and procedures that address use of client records by authorized staff, content, confidentiality, retention, and storage.	☐	☐	☐		☐	☐	
17(2)	Records shall be maintained in an organized format.	☐	☐	☐		☐	☐	
17(3)	The agency shall maintain a client record identification system to facilitate locating each client's current or closed record.	☐	☐	☐		☐	☐	
17(4)(a-c)	An accurate, up-to-date record shall be maintained by the licensee, for each client receiving service through the agency. (a) Each person who has client contact or provides a service in the client's place of residence shall enter a clinical note of that contact or service in the client's record. (b) The licensee shall ensure that client record entries are dated and authenticated with the signature, or identifiable initials of the person making the entry. (c) The licensee shall document each service provided by the licensee and outcomes of these services in the individual client record.	☐	☐	☐		☐	☐	

17(5)(a-i)	The licensee shall ensure that each client record contains the following information: (a) identification data including client name, address, age, and date of birth; (b) name and address of nearest relative or responsible individual; (c) name and telephone number of the primary care provider with responsibility for client care; (d) name and telephone number of any person or family member who provides care in the place of residence; (e) a written plan of care; (f) a signed and dated client assessment that identifies pertinent information required to carry out the plan of care; (g) reasons for referral to the home health agency; (h) statement of the suitability of the client's place of residence for the provision of health care services; (i) documentation of telephone consultation or case conferences with other individuals providing services; (j) signed and dated clinical notes for each client contact or home visit including services provided; and (k) a written termination of services summary that describes: (i) the care or services provided; (ii) the course of care and services; (iii) the reason for discharge; (iv) the status of the client at time of discharge; and (v) the name of the agency or facility if the client was referred or	☐	☐	☐		☐	☐	
17(6)(a-f)	For a client who receives skilled services, the licensee shall additionally include the following items in the client record: (a) diagnosis; (b) pertinent medical and surgical history; (c) a list of medications and treatments; (d) allergies or reactions to drugs or other substances; (e) any clinical summaries or other documents obtained when necessary for promoting continuity of care, especially when a client receives care elsewhere, to include: (i) a hospital; (ii) an ambulatory surgical center; (iii) a nursing home; (iv) a primary care providers or consultant's office; or (v) other home health agency; and (f) clinical notes to include a description of the client condition and significant changes such as: (i) objective signs of illness, disorders, and body malfunction; (ii) subjective information from the client and family; (iii) general physical condition; (iv) general emotional condition; (v) positive or negative physical and emotional responses to treatments and services; (vi) general behavior; and (vii) general appearance.	☐	☐	☐		☐	☐	

R432-700-18. Confidentiality and Release of Information.			R	UR	NA	Date	CDI	TA	Notes
18(1)(a-e)		The licensee shall: (a) develop and implement policies and procedures to safeguard client records against loss, destruction, or unauthorized use; (b) have written procedures for the use, release, and removal of medical records, including photographs, that require the written consent of the client; (c) keep client records confidential and only disclose client information to authorized persons; (d) allow authorized representatives of the Department to review records to determine compliance with licensure rules and standards; and (e) provide for filing, safe storage, and easy access to medical records.	☐	☐	☐		☐	☐	
18(2)		When a client is referred to another agency or facility, the licensee may release information only with the written consent of the client.	☐	☐	☐		☐	☐	
R432-700-19. Quality Assurance.			R	UR	NA	Date	CDI	TA	Notes
19(1)		The quality, appropriateness, and scope of services provided shall be reviewed and evaluated annually by the governing body to determine overall effectiveness in meeting agency objectives.	☐	☐	☐		☐	☐	
19(2)		The administrator shall conduct an annual evaluation of the licensee's overall program and submit a written report of the findings to the governing body.	☐	☐	☐		☐	☐	
19(3)(a-d)		The licensee shall demonstrate concern for cost of care by evaluating: (a) relevance of health care services; (b) appropriateness of treatment frequency; (c) use of less expensive, but effective resources when possible; and (d) use of ancillary services consistent with client needs.	☐	☐	☐		☐	☐	

19(4)(a-b)	An interdisciplinary quality assurance committee shall evaluate client services on a quarterly basis. A written report of findings from each meeting shall be submitted to the administrator and shall be available in the home health agency. (a) Each member of the interdisciplinary quality assurance committee shall be appointed by the administrator for a given term of membership. (b) The interdisciplinary quality assurance committee shall have a minimum of three members who represent three different licensed or certified health care professions.	☐	☐	☐		☐	☐	
19(5)(a-c)	The methodology for evaluation by the interdisciplinary quality assurance committee shall include: (a) review and evaluation of active and closed client records to ensure that established policies and procedures are being followed. The licensee shall ensure that the policy and procedure determines the methods for selecting and reviewing a representative sample of records; (b) review and evaluation of coordination of services through documentation of written reports, telephone consultation, or case conferences; and (c) review and evaluation of plans of treatment for content, frequency of updates and whether clinical notes correspond to goals written in the plan of care.	☐	☐	☐		☐	☐	
R432-700-20. Nursing Services.		R	UR	NA	Date	CDI	TA	Notes
20(1)	Nursing services provided through a home health agency shall be conducted under the supervision of a director of nursing services.	☐	☐	☐		☐	☐	
20(2)	Nursing services shall be provided by or under the supervision of a registered nurse and according to the plan of care.	☐	☐	☐		☐	☐	
20(3)	When a licensee provides or contracts for services, the service shall be provided according to the plan of care and supervised by designated, qualified personnel.	☐	☐	☐		☐	☐	
20(4)	The nursing staff of the home health agency shall observe, report and record written clinical notes.	☐	☐	☐		☐	☐	

20(5)	The licensee shall recognize and use opportunities to teach health concepts to the client and family.	☐	☐	☐		☐	☐	
20(6)	A registered nurse or licensed practical nurse employed by or contracted with the licensee shall have a valid license from the Utah Department of Commerce.	☐	☐	☐		☐	☐	
20(7)(a-g)	Responsibilities of a licensed nurse employed or contracted by the home health agency shall include the following: (a) administer prescribed medications and treatments lawfully and as permitted within the scope of the individual's license; (b) perform nursing care according to the needs of the client and as indicated in the written plan of care; (c) inform the primary care provider and other personnel of changes in the client's condition and needs; (d) document clinical notes in the individual client record for each visit or contact; (e) teach self-care techniques to the client or family; (f) develop plans of care; and (g) participate in in-service programs.	☐	☐	☐		☐	☐	
20(8)(a-g)	The director of nursing services shall: (a) designate a registered nurse to act as director of nursing services during their absence; (b) assume responsibility for the quality of nursing services provided; (c) develop nursing service policies and procedures that shall be reviewed annually and revised as necessary; (d) establish work schedules for nursing personnel according to client needs; (e) assist in development of job descriptions for nursing personnel; (f) complete performance evaluations for nursing personnel	☐	☐	☐		☐	☐	

20(9)(a-l)	The registered nurse shall: (a) make the initial nursing evaluation visit; (b) re-evaluate nursing needs based on the client's status and condition; (c) initiate the plan of care and make necessary revisions; (d) provide services that require specialized nursing skills; (e) initiate appropriate preventive and rehabilitative nursing procedures; (f) supervise staff assignments based on specific client needs, family capabilities, staff training and experience, and degree of supervision needed; (g) assist in coordinating services provided; (h) prepare termination of services statements; (i) supervise and consult with licensed practical nurses as necessary; (j) provide written instructions for a certified nursing aide to ensure provision of required services written in the plan of care; (k) supervise any certified nursing aide in the client's home as necessary, and be readily available for consultation by telephone; and (l) make supervisory visits with or without certified nursing aide's presence as follows: (i) for initial assessment; (ii) every two weeks to clients who receive skilled services; (iii) every three months to clients who require long-term maintenance services; and (iv) any time there is a question of change in the client's	☐	☐	☐		☐	☐	
20(10)(a-d)	The licensed practical nurse shall: (a) work under the supervision of a registered nurse; (b) observe, record, and report to the immediate supervisor the general physical or mental condition of the client; (c) assist the registered nurse in performing specialized procedures; and (d) assist in development of the plan of care.	☐	☐	☐		☐	☐	
R432-700-21. Certified Nursing Aide.		R	UR	NA	Date	CDI	TA	Notes

21(1)(a-m)	A Certified Nursing Aide may have the following responsibilities: (a) provide only those services written in the plan of care and received as written instructions from the registered nurse supervisor, if the service is an extension of therapy, the instructions shall be written by the licensed therapist; (b) perform normal household services essential to health care at home; (c) make occupied or unoccupied beds; (d) supervise the client's self-administration of medication; (e) observe, record, and report basic client status; (f) perform activities of daily living as written in the plan of care; (g) give nail care as described in the plan of care; (h) observe and record food and fluid intake when ordered; (i) change dry dressings according to written instructions from the supervisor; (j) administer emergency first aid; (k) provide escort and transportation to appointments for client care services; (l) provide social interaction and reassurance to the client and family in accordance with the plan of care; and (m) write clinical notes in individual client records.	☐	☐	☐		☐	☐	
21(2)(a-c)	A Certified Nursing Aide shall: (a) be at least 18 years old; (b) have a certificate of completion for the employment position within six months of the date of hire; and (c) be certified in CPR and emergency procedures.	☐	☐	☐		☐	☐	
R432-700-22. Personal Care Aides.		R	UR	NA	Date	CDI	TA	Notes
22(1)	A Personal Care Aide (PCA) shall be 18 years old.	☐	☐	☐		☐	☐	
22(2)(a-g)	The licensee shall ensure that PCAs: (a) receive written instructions from the supervisor; (b) perform only the tasks and duties outlined in the service agreement; (c) know of home health agency policy and procedures; (d) receive first aid training; (e) receive orientation and training in aspects of care; (f) demonstrate competency in areas of training for personal care; and (g) receive a minimum of six hours in-service training per	☐	☐	☐		☐	☐	

22(3)(a-k)	A PCA may assist clients with the following activities: (a) self-administration of medications by: (i) reminding the client to take medications; and (ii) opening containers for the client; (b) housekeeping; (c) personal grooming and dressing; (d) eating and meal preparation; (e) oral hygiene and denture care; (f) toileting and toilet hygiene; (g) arranging for medical and dental care including transportation to and from appointments; (h) taking and recording temperatures; (i) administering emergency first aid;	☐	☐	☐		☐	☐	
22(4)	A PCA shall document observations and services in the individual client record.	☐	☐	☐		☐	☐	
R432-700-23. Plan of Care.		R	UR	NA	Date	CDI	TA	Notes
23(1)(a-c)	For each client, the licensee shall: (a) establish a plan of care for any care, services, or treatment provided by the licensee or any contractor; (b) describe the plan of care in the client's record; and (c) document the activities of the licensee or contractor to implement the plan of care in the client's record.	☐	☐	☐		☐	☐	
23(2)	The plan of care shall be developed and signed by a licensed health care professional in consultation with other agency staff or contract personnel.	☐	☐	☐		☐	☐	
23(3)	Modifications or additions to the initial plan of care shall be made by a licensed health care professional as necessary.	☐	☐	☐		☐	☐	
23(4)	Each plan of care shall be reviewed and approved by the licensed health care professional as the client's condition warrants, at intervals not to exceed 60 days in accordance with the Code of Federal Regulations, Title 42, Part 60, Section c, 2023 edition.	☐	☐	☐		☐	☐	
23(5)	Each written plan of care for skilled services shall be approved by a primary care provider at intervals not to exceed 60 days in accordance with the Code of Federal Regulations, Title 42, Part 60, Section c, 2023 edition.	☐	☐	☐		☐	☐	

23(6)	The person who is assigned to supervise and coordinate care for a client shall have the primary responsibility to notify the attending primary care provider and other staff of any significant changes in the client's status. Any notifications shall be made part of the client's record.	☐	☐	☐		☐	☐	
23(7)(a-k)	The plan of care, developed in accordance with the referring primary care provider's orders, shall include: (a) name of the client; (b) diagnoses; (c) treatment goals stated in measurable terms; (d) services to be provided, at what intervals, and by whom; (e) needed medical equipment and supplies; (f) medications to be administered by designated, licensed personnel; (g) supervision of self-administered medication; (h) diet or nutritional requirements; (i) necessary safety measures; (j) instructions to client and family; and (k) date the plan was initiated and dates of subsequent review.	☐	☐	☐		☐	☐	
R432-700-24. Medication and Treatment.		R	UR	NA	Date	CDI	TA	Notes
24(1)	Skilled treatment shall be administered only by licensed personnel to comply with a signed order from a person lawfully authorized to give the order.	☐	☐	☐		☐	☐	
24(2)	Medication shall be administered according to signed orders from a person lawfully authorized to give the order.	☐	☐	☐		☐	☐	
24(3)(a-c)	An order that is remotely given shall be: (a) subsequently signed by the person giving the order within 31 days; (b) received and verified only by licensed personnel lawfully authorized to accept the order; and (c) recorded in the client's record.	☐	☐	☐		☐	☐	
24(4)	If medication is administered by agency personnel, the orders and subsequent changes in orders shall be signed by the primary care provider and included in the client's record.	☐	☐	☐		☐	☐	

24(5)(a-d)	Unlicensed staff may administer medication only after delegation by a licensed health care professional under the professional scope of practice with the following requirements: (a) the delegation shall be in accordance with Section R156-31B-701; (b) the medication shall be administered according to the prescribing order; (c) the delegating authority shall provide and document supervision, evaluation and training of unlicensed assistive personnel assisting with medication administration; and (d) the delegating authority or another registered nurse shall be readily available either in person or by telephone.	☐	☐	☐		☐	☐	
24(6)	An order for therapy services shall include the procedures to be used, the frequency of therapy and the duration of therapy.	☐	☐	☐		☐	☐	
24(7)	An order for skilled services shall be reviewed or renewed by the attending primary care provider at intervals not to exceed 60 days. Primary care provider's signature and date shall be evidence of this review or renewal.	☐	☐	☐		☐	☐	
24(8)	Primary care provider orders may be transmitted by facsimile machine. The home health agency shall obtain the original signature, upon request, if verification of the signature is requested.	☐	☐	☐		☐	☐	
R432-700-25. Therapy Services.		R	UR	NA	Date	CDI	TA	Notes
25(1)	Therapy services offered by the licensee, as either direct or contract services, shall be provided by, or under the supervision of, a licensed or certified therapist in accordance with the plan of care.	☐	☐	☐		☐	☐	

25(2)(a-h)	The qualified therapist shall have the following general responsibilities: (a) provide treatment as ordered and approved by the attending primary care provider; (b) evaluate the home environment and make recommendations; (c) develop the plan of care for therapy; (d) observe and report findings about the client's condition to the attending primary care provider and other staff and document information in the client's record; (e) advise, consult, and instruct other personnel and family about the client's therapy program; (f) provide written instructions for the CNA to promote extension of therapy services; (g) supervise other personnel when appropriate; and (h) participate in in-service programs.	☐	☐	☐		☐	☐	
25(3)(a-c)	A physical, speech, or occupational therapist may additionally perform the following: (a) provide written instructions for personal care aides and certified nursing aides to ensure provision of required services written in the plan of care; (b) supervise aides in the client's home as necessary, and be readily available for consultation by phone; and (c) make supervisory visits with or without the aide's presence, as required.	☐	☐	☐		☐	☐	
R432-700-26. Medical Supplies and Equipment.		R	UR	NA	Date	CDI	TA	Notes
	The licensee shall develop and follow written medical supply policies and procedures that describe:	☐	☐	☐		☐	☐	
26(1)	supply of or use of durable medical equipment and disposable medical supplies;	☐	☐	☐		☐	☐	
26(2)	categories of medical supplies and equipment available through the agency;	☐	☐	☐		☐	☐	
26(3)	charges and reimbursement for medical supplies and equipment; and	☐	☐	☐		☐	☐	

26(4)		processes for billing medical supplies and equipment to the client, insurance carrier, or another payment source.	☐	☐	☐		☐	☐	
R432-700-27. Social Services.			R	UR	NA	Date	CDI	TA	Notes
27(1)		When medical social services are provided by the licensee, the services shall be provided by a certified social worker or by a social service worker supervised by a certified social worker, in accordance with the plan of care.	☐	☐	☐		☐	☐	
27(2)(a-e)		The social worker shall be responsible to: (a) assist team members in understanding significant social and emotional factors related to health problems; (b) participate in the development of the plan of care; (c) prepare clinical notes according to rules and policy; (d) utilize community resources; and (e) participate in in-service programs.	☐	☐	☐		☐	☐	
R432-700-28. Penalties.									Notes
Any person who violates this rule may be subject to the penalties enumerated in Section 26B-2-208 and Rule R432-3			R	UR	NA	Date	CDI	TA	Notes
		Rule Description							
Rule # R432-35		C = Compliant NC = Not Compliant NA = Not Assessed during this inspection	C	NC	NA	Compliance Required By Date:	Corrected During Inspection		
R432-35-3. DACS Process for Covered Providers.			R	UR	NA	Date	CDI	TA	Notes
R432-35-3(1)(a-b)		(1) A covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before: (a) The OL issues a provisional license or license renewal; and (b) the provider engages a covered individual.	☐	☐	☐		☐	☐	
R432-35-3(2)(a)-(b)		(2) The covered provider shall ensure an engaged covered individual: (a) signs a criminal background check authorization form that is available for review by the OBP; and (b) submits fingerprints within 15 working days of engagement.	☐	☐	☐		☐	☐	
R432-35-3(3)		(3) The covered provider shall ensure DACS reflects the current status of a covered individual within five working days of the engagement or termination.	☐	☐	☐		☐	☐	

R432-35-3(4)	(4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239.	☐	☐	☐		☐	☐	
R432-35-3(5)	(5) If the OBP determines an individual is not eligible for direct patient access, based on information obtained through DACS and the sources listed in Section R432-35-8, the OBP shall send a notice of agency action, as outlined in Section R497-100-5, to the covered provider and the individual.	☐	☐	☐		☐	☐	
R432-35-3(6)	(6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access.	☐	☐	☐		☐	☐	
R432-35-3(7)	(7) The OBP may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the OBP, the work arrangement does not pose a threat to the safety and health of any patient or resident.	☐	☐	☐		☐	☐	
R432-35-3(8)	(8) The covered provider that provides services in a residential setting shall enter required information into DACS to initiate and obtain certification for direct patient access for each individual 12 years of age and older, who is not a resident and resides in the residential setting. If the individual is not eligible for direct patient access and continues to reside in the setting, the OL may revoke an existing license of or deny licensure to a covered provider.	☐	☐	☐		☐	☐	
R432-35-3(9)(a)-(d)	(9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including: (a) address; (b) email address; (c) employment status; and (d) name.	☐	☐	☐		☐	☐	
R432-35-3(10)(a-b)	(10)(a) An individual or covered individual seeking licensure as a covered provider shall submit required information to the OBP to initiate and obtain certification for direct patient access before OL issues a provisional license. (b) If the individual is not eligible for direct patient access, the OL may revoke an existing license or deny licensure as a health care facility.	☐	☐	☐		☐	☐	
Legislative Updates 2026		R	UR	NA	Date	CDI	TA	Notes
R380-600-3(2)	Each applicant and provider shall comply with any applicable rule, statute, zoning, fire, safety, sanitation, building and licensing law, regulation, ordinance, and code of the city and county where facility or agency will be or is located.	☐	☐	☐		☐	☐	This is the rule that will be cited for noncompliance with any of the legislative updates. "The provider is out of compliance with this rule by not complying with [statute citation]"
HB 417 Patient Interfacility Transportation Requirements		R	UR	NA	Date	CDI	TA	Notes

26B-2-244. Non-medical transport -- Receiving health care facility requirements.			R	UR	NA	Date	CDI	TA	Notes
26B-2-244(1)(a-g)		(1) As used in this section: (a) "Adequate time" means: (i) for an originating facility located in a county of the fourth, fifth, or sixth class as classified under Section 17-60-104, four hours of being discharged by the originating facility; or (ii) for an originating facility not described in Subsection (1)(a)(i), two hours of being discharged by the originating facility. (b) "Ambulance transportation" means transportation provided by a person licensed under Title 53, Chapter 2d, Emergency Medical Services Act. (c) "Health care provider" means: (i) a physician licensed under Title 58, Chapter 67, Utah Medical Practice Act, or Title 58, Chapter 68, Utah Osteopathic Medical Practice Act; (ii) a physician assistant licensed under Title 58, Chapter 70a, Utah Physician Assistant Act; or (iii) an advanced practice registered nurse licensed under Subsection 58-31b-301(2)(e). (d) "Interfacility transfer" means the transferring of a patient between an originating facility and a receiving facility. (e)(i) "Non-medical transportation" means transportation that does not: (A) provide medical services during transport; or (B) employ or provide trained medical personnel for transporting an individual. (ii) "Non-medical transportation" includes transportation provided by a family member or public transit. (f) "Originating facility" means a health care facility where a patient is currently admitted or being treated. (g) "Receiving facility" means a health care facility that will receive a patient from an originating facility.	☐	☐	☐		☐	☐	
26B-2-244(2)(a-c)		(2) A health care facility shall allow a patient to use non-medical transportation for an interfacility transfer if: (a) the patient is not subject to: (i) temporary commitment described in Section 26B-5-331; or (ii) involuntary commitment described in Section 26B-5-332; (b) the patient's health care provider at the originating facility determines that: (i) the patient is not in a condition described in Section 53-2d-405; and (ii) the patient's current medical and mental condition does not require ambulance transportation to the receiving facility; and (c) the transfer would not violate the federal Emergency Medical Treatment and Labor Act described in 42 U.S.C. Sec. 1395dd.	☐	☐	☐		☐	☐	
26B-2-244(3)		(3) A patient may request that a health care facility or health care provider determine whether the patient is eligible to use non-medical transportation under Subsection (2).	☐	☐	☐		☐	☐	

26B-2-244(4)(a-d)	(4) For a patient eligible to use non-medical transportation for an interfacility transfer, the health care facility shall provide a written notice to the patient that states: (a) the patient's medical and mental condition does not meet medical necessity for ambulance transportation; (b) insurance may elect not to cover the charges for ambulance transportation; (c) the patient may be responsible for the cost of ambulance transportation; and (d) the current transportation rate and mileage rate established under Section 53-2d-503.	☐	☐	☐		☐	☐	
26B-2-244(5)(a-b)	(5) If a patient uses non-medical transportation as described in this section and arrives at the receiving facility within adequate time, the receiving facility may not: (a) charge the patient or the patient's insurance or other health benefit plan for admission or readmission services unless medical staff have reason to believe the patient's medical condition has changed from when the originating facility discharged the patient to the time of the patient's arrival at the receiving facility; or (b) assign the available bed that the patient was offered upon discharge from the originating facility to an individual that is not the patient.	☐	☐	☐		☐	☐	
26B-2-244(6)	(6) An originating facility or health care provider is immune from civil action for acts or omissions made when allowing a patient to use non-medical transportation if the patient's medical or mental condition at the time the originating facility discharges the patient did not require ambulance transportation to the receiving facility.	☐	☐	☐		☐	☐	
26B-2-244(7)	(7) Nothing in this section restricts a patient's ability to refuse health care services, including any form of transportation.	☐	☐	☐		☐	☐	
S.B. 174 Exercise of Religious Beliefs and Conscience Amendments		R	UR	NA	Date	CDI	TA	Notes
H.B. 472 Division of Licensing and Background Checks Amendments		R	UR	NA	Date	CDI	TA	Notes
	H.B. 472 makes technical and conforming changes, renumbers 26B-2-103, 26B-2-104, and clarifies the definition of an individual that is associated with a licensee.	☐	☐	☐		☐	☐	
	Additionally, H.B. 472 requires critical incident reporting across Human Services, Health Facilities and Child Care programs, even though some specifics differ.	☐	☐	☐		☐	☐	
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: (a) "Child" means an individual under the age of 18 years old. (b) "Electronic medical record system" means an electronic system for maintaining medical records in a clinical setting. (c) "EMRS vendor" means the vendor of an electronic medical record management system. (d) "Health care system" means an entity that owns two or more health care facilities. (e) "HIPAA" means the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, 110 Stat. 1936, as amended. (f) "Parent" means an individual who has a parent-child relationship, as defined in Section 81-5-102, with the child.	☐	☐	☐		☐	☐	
		(2) A parent has the right to obtain and access the medical records that pertain to the parent's child unless: (a) the parent's parental rights have been terminated; (b) the child is emancipated or legally married; (c) required by a court order; or (d) the medical record relates to sexual assault counseling in accordance with Section 77-38-204.	☐	☐	☐		☐	☐	
		(3)(a) Subject to Subsection (3)(b), a health care facility may not restrict a parent's access to the electronic medical record of the parent's child. (b) A health care facility may: (i) restrict a parent's access to an electronic medical record of the parent's child for a reason described in Subsection (2); and (ii) only restrict access to the portion of the electronic medical record that would be restricted under Subsection (2).	☐	☐	☐		☐	☐	
		(4) An EMRS vendor providing an electronic medical record system for a health care facility shall ensure the electronic medical record system provided to the health care facility is capable of being modified by the health care facility to comply with Subsection (3).	☐	☐	☐		☐	☐	

	(5)(a) Subject to Subsection (5)(f), a health care facility in violation of Subsection (3) is subject to a \$1,000 civil fine for each day the health care facility does not comply with Subsection (3) after December 31, 2027. (b) An EMRS vendor in violation of Subsection (4) is subject to a \$1,000 civil fine for each day the EMRS vendor's electronic medical record system does not comply with Subsection (4) after December 31, 2027. (c) The attorney general may bring a civil action against a health care facility or EMRS vendor to enforce this section. (d) In enforcing this section, the attorney general may issue subpoenas in investigating a potential violation. (e) A court shall award attorney fees to the attorney general if the attorney general is successful in an enforcement action described in this section. (f) If two or more health care facilities are owned by a health care system and not in compliance with Subsection (3), the civil fine described in Subsection (5)(a) shall be assessed against the health care system for each day of noncompliance as if the health care facilities were a single health care facility.	☐	☐	☐		☐	☐	
	(6)(a) A health care facility shall: (i) provide a notice to any parent that is unable to access a part of an electronic medical record if: (A) the electronic medical record system is unable to provide the parent access; and (B) the parent is not otherwise precluded from access to the records under HIPAA or Subsection (2); and (ii) upon request, provide the parent medical records. (b) A health care facility shall provide records under Subsection (6)(a): (i) without charge; and (ii) within five business days of the day on which the health care facility receives the request. (c) A health care facility that fails to provide records in accordance with this Subsection (6) is subject to a \$1,000 civil fine per record. (d) The notice described in Subsection (6)(a)(i) shall state the following "If your child's medical records are not visible, click here to request them. They must be provided within five business days or a \$1,000 fine applies per Utah Code Section 26B-2-244."	☐	☐	☐		☐	☐	
	(7) A fine collected under this section shall be deposited into the fund described in Section 26B-1-335.	☐	☐	☐		☐	☐	
	(8) Subsections (3) through (7) do not apply to the Utah State Hospital.	☐	☐	☐		☐	☐	