

 Utah Department of <b>Health &amp; Human Services</b> Licensing & Background Checks		<b>Personal Care Agency Inspection Checklist</b>				This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection. <i>(Revised 02/2025)</i>
		<b>R432-725 <a href="#">Personal Care Agency Rule</a></b>				
Facility Name:		Facility ID:		Phone Number:		Notes / Sticky Notes
Address:				Email Address:		
Provider:						
<b>Please request the following items prior to the inspection:</b> (Mark with a check mark if completed and make and necessary notes)				<b>Please review the following items during the inspection:</b> (Mark with a check mark if completed and make and necessary notes)		
<input type="checkbox"/>	Current Patient Census and Discharge Census Past 6 months			<input type="checkbox"/>	Current Patient Census and Discharge Census Past 6 months	
<input type="checkbox"/>	Current Employee Roster and past employee roster 6 months			<input type="checkbox"/>	Current Employee Roster and past employee roster 6 months	
<input type="checkbox"/>	Inservice Records (6 hours per year including abuse reporting)			<input type="checkbox"/>	Inservice Records (6 hours per year including abuse reporting)	
<input type="checkbox"/>	Written Client Rights Made Available			<input type="checkbox"/>	Written Client Rights Made Available	
<input type="checkbox"/>	Admission packet			<input type="checkbox"/>		
<b>Inspection Information:</b>						
- I will email you this inspection checklist after the inspection is completed. I will send you an official inspection report once this inspection has been approved by OL management.						
- If the only rule noncompliances are documentation and/or records, please submit them to the Office of Licensing by the correction required date listed. A licensor may conduct a follow-up inspection to verify compliance and ensure compliance maintenance.						
- You may submit feedback on this inspection by visiting the website <a href="http://dlbc.utah.gov">dlbc.utah.gov</a>						
<b>Signature Information</b>						
Inspection Type:		Date:		Time Started:		Time Ended:
Number of rule noncompliances:			Name of Individual Informed of this Inspection:			
Licensor(s) Conducting this Inspection:				OL Staff Observing Inspection:		

<input type="checkbox"/>	The Licensor reviewed compliance.	Please sign/type individual informed name and date of review:	
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RULES CHECKLIST							
Rule #	Rule Description	C	NC	NA	Compliance Required By Date:	Corrected During Inspection	Notes
R432	C = Compliant NC = Not Compliant NA = Not Assessed during this inspection						
<b>R432-1-4. Identification Badges</b>		C	NC	NA	Date		Notes
4(1)(a)-(b) 4(2)(a)-(b)	<p>(1) A licensee shall ensure that the following individuals wear an identification badge: (a) any employee who provides direct care to a patient; and (b) any volunteer.</p> <p>(2) The identification badge shall include the following information: (a) the person's first or last name; and (b) the person's title or position, in terms generally understood by the public.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-80-4. Providers' Duty to Help Protect Clients.</b>		C	NC	NA	Date		Notes
R380-80-4(1)	(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R380-80-5. Provider Code of Conduct.</b>		C	NC	NA	Date		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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-5. Administrator.</b>		C	NC	NA	Date		Notes
R432-725-5(1)	(1) The licensee shall appoint by name and in writing a qualified administrator who is responsible for the agency's overall functions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-5(2)	(2) The administrator shall be at least 21 years of age and have at least one year of managerial or supervisory experience.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R432-725-5(3)	(3) The administrator shall designate in writing a qualified person who is at least 21 years of age and who shall act in his absence. The designee shall have sufficient power, authority, and freedom to act in the best interests of the client safety and well being.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-5(4)	(4) The administrator or designee shall be available during the agency's hours of operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-6. Personnel.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>		<b>Notes</b>
R432-725-6(1)	(1) The agency shall maintain documentation for each employee required to be licensed or certified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-6(2)	(2) Copies shall be maintained for Department review that staff have a current license, certificate, or registration. New employees shall have 45 days to present the original document.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-6(3)	(3) The agency shall ensure each employee maintains a minimum of six hours of in-service per calendar year, prorated for the first year of employment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-6(4)	(4) An annual in-service shall be documented that staff have been trained in the reporting requirements for suspected abuse, neglect and exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-7. Health Surveillance.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
R432-725-7(1)	(1) The agency shall establish and implement a policy and procedure for health screening of all agency health care workers (persons with direct client contact) to identify any situation which would prevent the employee from performing assigned duties in a satisfactory manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-7(2)	(2) Employee health screening and immunization components of personnel health programs shall be developed in accordance with R386-702, Communicable Disease Rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R432-725-7(3)(a)-(b)	(3) 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. (a) The licensee shall ensure that all employees are skin-tested for tuberculosis within two weeks of: (i) initial hiring; (ii) suspected exposure to a person with active tuberculosis; and (iii) development of symptoms of tuberculosis. (b) Skin testing shall be exempted for all employees with known positive reaction to skin tests.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-7(4)	(4) All infections and communicable diseases reportable by law shall be reported by the facility to the local health department in accordance with R386-702-2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-8. Orientation.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
R432-725-8(1)	(1) There shall be documentation that all employees are oriented to the agency and the job for which they are hired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-8(2)(a)-(c)	(2) Orientation shall include but is not limited to: (a) Job descriptions/duties; (b) Ethics, confidentiality, and clients' rights; (c) Reporting requirements for suspected abuse, neglect or exploitation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-9. Admission and Retention.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
R432-725-9(1)	(1) The agency may accept and retain clients for service if the client's needs do not exceed the level of personal care services as determined and documented by a licensed health care professional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-9(2)	(2) If the client's needs exceed the personal care services, the agency shall make a referral to a licensed health care professional or an appropriate alternative service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-10. Service Agreement.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>

R432-725-10(1)(a)-(c)	<p>(1) The agency shall obtain a signed and dated service agreement from the client and/or his responsible party. The service agreement shall include the following:</p> <p>(a) A description of services to be performed by the Personal Care Aide;</p> <p>(b) Charges for the services;</p> <p>(c) A statement that a 30-day notice shall be given prior to a change in base charges.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-11. Termination of Services Policies.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
R432-725-11(1)(a)-(e)	<p>(1) The agency may discharge a client under any of the following circumstances:</p> <p>(a) Payment for services cannot be met;</p> <p>(b) The safety of the client or provider cannot be assured;</p> <p>(c) The needs of the client exceed the level of care provided by the agency;</p> <p>(d) The client requests termination of services; or</p> <p>(e) The agency discontinues services.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-12. Clients' Rights.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
R432-725-12(1)	(1) Written clients' rights shall be established and made available to the client, guardian, next of kin, sponsoring agency, representative payee, and the public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-12(2)	(2) Agency policy may determine how clients' rights information is distributed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R432-725-12(3)(a)-(i)	<p>(3) The agency shall insure that each client receiving services has the following rights:</p> <p>(a) To be fully informed of these rights and all rules governing client conduct, as evidenced by documentation in the clinical record;</p> <p>(b) To be fully informed of services and related charges for which the client or a private insurer may be responsible, and to be informed of all changes in charges;</p> <p>(c) To be free of mental abuse, physical abuse and/or exploitation;</p> <p>(d) To be afforded the opportunity to participate in the planning of personal care services, including referral to health care institutions or other agencies, and to refuse to participate in experimental research;</p> <p>(e) To be assured confidential treatment of personal records, and to approve or refuse their release to any individual outside the agency, except in the case of transfer to another agency or health facility, or as required by law or third-party payment contract;</p> <p>(f) To be treated with consideration, respect, and full recognition of dignity and individuality, including privacy in treatment and in care for personal needs;</p> <p>(g) To be assured that personnel who provide care demonstrate competency through education and experience to carry out the services for which they are responsible;</p> <p>(h) To receive proper identification from the individual providing personal care services;</p> <p>(i) To receive information concerning the procedures to follow to voice complaints about services being performed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-13. Personal Care Agency Records.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
R432-725-13(1)	(1) The Personal Care Agency shall maintain accurate and complete records. Records shall be filed, stored safely, and be easily accessible to staff and the Department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-13(2)	(2) Records shall be protected against access by unauthorized individuals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-13(3)	(3) The Personal Care Agency shall maintain a separate record for each Client which shall be retained by the agency for three years following the last date of service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

R432-725-13(4)(a)-(d)	(4) The Client record shall contain the following: (a) Client's name, date of birth and address; (b) Client service agreement; (c) Name, address, and telephone number of the individual to be notified in case of accident, emergency or death; (d) Documentation of date and reason for the termination of services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-13(5)(a)-(h)	(5) The Personal Care Agency shall maintain personnel records for each employee and shall retain such records for at least three years following termination of employment. Personnel records must include the following: (a) employee application; (b) date of employment; (c) termination date; (d) reason for leaving; (e) documentation of first aid training; (f) health inventory; (g) TB skin test documentation; and (h) documentation of criminal background screening authorization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-725-14. Personal Care Aides.</b>		<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
R432-725-14(1)(a)-(c)	(1) Personal care aides shall be at least 18 years of age and must: (a) Have knowledge of agency policy and procedures; (b) Be trained in first aid; (c) Be able to demonstrate competency in all areas of training for personal care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-14(2)(a)-(b)	(2) Personal Care Aides shall be supervised by an individual with the following qualifications: (a) A licensed nurse; or (b) A Certified Nursing Aide with at least two years experience in personal or home care.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-14(3)	(3) The supervisor shall complete an on-site evaluation of the personal care aide and document the quality of the personal care services provided in the client's place of residence every six months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-725-14(4)	(4) Personal Care Aides shall document observations and services in the individual client record.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	



<b>R432-725-15. Penalties.</b>			<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
		Any person who violates any provision of this rule may be subject to the penalties enumerated in 26-21-11 and R432-3-6 and be punished for violation of a class A misdemeanor as provided in 26-21-16.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-31. Provider Order for Life-Sustaining Treatment.</b>			<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Date</b>	<b>CDI</b>	<b>Notes</b>
<b>R432-31-4(1) Facility Policies and Procedures.</b>		A health care facility licensee shall establish and implement policies and procedures that conform to Section 75-2a-106.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>R432-31-4(2)(a-i)</b>		<p>(2) A health care facility licensee shall ensure policies and procedures address the licensee responsibility to:</p> <p>(a) determine upon admission whether each individual has a POLST;</p> <p>(b) the outline that they are not required to offer each individual the opportunity to complete a POLST;</p> <p>(c) identify individuals who may be offered the opportunity to complete a POLST, that may include individuals who:</p> <p>(i) have a serious illness and are likely to face a life-threatening health crisis;</p> <p>(ii) have specific preferences for end-of-life treatments; or</p> <p>(iii) have declining cognitive abilities and lack a surrogate or guardian to make decisions for them;</p> <p>(d) identify circumstances under which an individual with a POLST is offered the opportunity to change the order;</p> <p>(e) maintain the POLST in the individual's medical record;</p> <p>(f) identify circumstances under which the facility would not follow a POLST;</p> <p>(g) only permit a qualified provider to assist with the completion of a POLST;</p> <p>(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</p> <p>(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.</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
<b>RULES CHECKLIST</b>								
<b>Rule #</b>	<b>Rule Description</b>	<b>C</b>	<b>NC</b>	<b>NA</b>	<b>Compliance Required By Date:</b>	<b>Corrected During Inspection</b>	<b>Notes</b>	
<b>R432</b>	<b>C = Compliant NC = Not Compliant NA = Not Assessed during this inspection</b>							

R432-35-3. Covered Provider - DACS Process			C	NC	NA	Date		Notes
R432-35-3(1)		(1) The covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before issuance of a provisional license, license renewal, or engagement as a covered individual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-35-3(2)(a)-(b)		(2) The covered provider shall ensure the 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-35-3(3)		(3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-35-3(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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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 patients or residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
R432-35-3(10)	(10) 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 the issuance of the provisional license. 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	
		0	0	0	0	0	0