Department of Health & Human Services	Inspection Checklist R432-750 Hospice	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 during the inspection: (Mark with a check mark if completed and make and necessary notes)			Please review the following items during the inspection: (Mark with a check mark if completed and make and necessary notes)		
☐	Governing Body/Organizational Chart		☐	List of Professional Staff (Physician, DON, Social Worker, Counseling Services, Pastoral)	
☐	Policies and Procedure Manual		☐	Volunteer Services	
☐	Current Patient list and former patients past 6 months		☐	Bereavement Services	
☐	Current Employee Roster and former employees past 6 months		☐	Inpatient Hospice Services?	
☐	Patients Rights		☐		
☐	Quality Assurance Meeting Minutes past 12 months		☐		

Inspection Information:

- All areas that are inaccessible must remain inaccessible for this inspection. During the inspection, the licensor will ask to have locked areas unlocked. All accessible areas must be compliant with all applicable rules during the inspection.

- 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 through your Licensing Portal or at: DLBC.utah.gov

Signature Information

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

RULES CHECKLIST									
Rule # R432-35		**Rule Description** **R = Reviewed UR = Potential noncompliance was identified NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance:**	**Notes**
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.	☐	☐	☐		☐	☐	

RULES CHECKLIST									
Rule # R432-750		**Rule Description** **R = Reviewed UR = Potential noncompliance was identidied NA = Not Assessed during this inspection**	**Reviewed**	**Under Review**	**NA**	**Compliance Required By Date:**	**Corrected During Inspection**	**Technical Assistance**	**Notes**
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**	
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.	☐	☐	☐		☐	☐	
R432-750-4. Governing Body and Administration.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
4(1)		The licensee shall ensure that the hospice agency is organized under a governing body that assumes full legal responsibility for the conduct and operations of the agency.	☐	☐	☐		☐	☐	
4(2)		The licensee shall develop an organization chart that shows the administrative structure of the hospice agency.	☐	☐	☐		☐	☐	

	4(3)(a-j)		(3) The governing body shall: (a) adopt a policy that prohibits discrimination because of race, color, religion, ancestry, disability status, sexual orientation, gender, or national origin; (b) adopt written policies and procedures that describe functions or services of the hospice agency and protect patient rights; (c) appoint by name and in writing, a qualified hospice administrator who shall oversee the hospice agency's overall functions; (d) comply with any laws, rules and regulations; (e) develop and implement bylaws that include: (i) a description of functions and duties of the governing body officers and committees; (ii) a statement of purpose; (iii) an outline of the establishment, selection, and term of office for committee members and officers; (iv) a policy statement relating to any conflict of interest of members of the governing body or employees who influence the hospice agency decisions; (v) a statement of qualifications for membership and methods to select members of the governing board; and (vi) a statement of the authority and responsibility delegated to the hospice administrator; (f) ensure compliance with Rule R380-600 for program changes to include notifying the office in writing 30 days before any proposed change in the hospice administrator, identifying the name of the new hospice administrator, and the effective date of the change; (g) establish a system of financial management and accountability. (h) meet at least annually; (i) provide resources and equipment to provide a safe working	☐	☐	☐		☐	☐		

	4(4)(a-m)		(4) The hospice administrator shall oversee the overall management of the hospice agency and shall: (a) appoint the following, by name and in writing: (i) a physician or registered nurse to provide general supervision, coordination, and direction for professional services of the hospice agency; (ii) a registered nurse to be the director of nursing services; (iii) a person responsible for maintaining a clinical record system on any patients; (iii) the members and their terms of membership in the interdisciplinary quality assurance committee; and (iv) other committees as deemed necessary, describe committee functions and duties, and outline the selection, term of office, and responsibilities of committee members; (b) complete, submit, file, and make available any records, reports, and documentation required by OL; (c) conduct an annual evaluation of the hospice agency's overall function and submit a written report of the findings to the governing body; (d) develop a staff communication system that: (i) coordinates implementation of plans of treatment; (ii) coordinates interdisciplinary team services; (iii) promotes an orderly flow of information within the organization; and (iv) utilizes services or resources to meet patient needs; (e) designate in writing the name and position title of a qualified person, who has enough power, authority, and freedom to act in the best interest of patient safety and well-being, as hospice administrator in the temporary absence of the hospice administrator; (f) employ or contract with competent personnel whose qualifications are commensurate with job responsibilities and authority, who have the appropriate license or certificate of completion; (g) establish, when appropriate, a billing system that itemizes services provided and charges submitted to the payment source; (h) implement a program of budgeting and accounting; (i) implement hospice agency policies and procedures; (j) maintain current written designations or letters of appointment for the hospice agency; (k) organize and coordinate functions of the hospice agency by delegating duties and establishing a formal system of staff accountability; (l) review hospice agency policies and procedures at least annually and recommend necessary changes to the governing body; and (m) secure contracts for services not directly provided by the hospice agency.	☐	☐	☐		☐	☐		

4(5)		(5) The licensee shall ensure the hospice administrator or designee is available during the hours of operation.	☐	☐	☐		☐	☐	
R432-750-5. Personnel.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
5(1)		(1) The hospice administrator shall maintain qualified, competent personnel to perform their respective duties, services, and functions.	☐	☐	☐		☐	☐	
5(2)(a-h)		(2) The licensee shall develop and implement written policies and procedures that address the: (a) contents of personnel files of employed and volunteer staff; (b) criteria for, and frequency of, performance evaluations; (c) frequency and documentation of in-service training; (d) job descriptions, qualifications, and validation of licensure or certificates of completion as appropriate for each position; (e) method and period of staff payment; (f) orientation for direct and contract employees, and volunteers; (g) staff benefits, including sick leave, vacation, and insurance; and (h) staff work schedules.	☐	☐	☐		☐	☐	
5(3)		(3) The licensee shall require that each employee provide proof of registration, certification, or licensure as required by the Utah Department of Commerce within 45 days of hire.	☐	☐	☐		☐	☐	

	5(4)(a-h)		(4)(a) The licensee shall establish and implement a policy and procedure for health screening of any hospice agency personnel. (b) The licensee shall ensure that an employee placement health evaluation is completed when an employee is hired. (c) The evaluation shall include at least a health inventory that outlines the employee's history of any: (i) condition that may prevent the employee from performing assigned duties satisfactorily; and (ii) condition that predispose the employee to acquiring or transmitting an infectious disease. (d) The licensee shall develop components of personnel health programs for employee health screening and immunizations in accordance with Rule R386-702. (e) Employee skin testing by the Mantoux Method or other FDA[ ]-approved invitro serologic test and follow-up for tuberculosis shall comply with Rule R388-804. (f) The licensee shall ensure that each employee is skin-tested for tuberculosis within two weeks of: (i) development of symptoms of tuberculosis; (ii) initial hiring; and (iii) suspected exposure to a person with active tuberculosis. (g) Each employee with a known positive reaction to skin tests is exempt from skin testing. (h) The licensee shall report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3.	☐	☐	☐		☐	☐		
	5(5)(a-i)		(5) The licensee shall document that each employee, volunteer, and contract personnel is oriented to the hospice agency and the job that they are hired to perform. Orientation shall include: (a) each duty for an individual who is trained, holds a certificate, or is licensed; (b) ethics, confidentiality, and patient rights training; (c) information about other community agencies, including emergency medical services; (d) job descriptions training; (e) opportunities for continuing education appropriate to the patient population served; (f) the policy related to volunteer documentation, charting, hours, and emergencies; (g) reporting requirements as outlined in Rule R380-600 including reporting when observing or suspecting abuse, neglect, and exploitation pursuant to Section 26B-6-205; (h) the functions of each hospice agency employee and the relationships between various positions or services; and (i) the hospice agency concept and philosophy of care.	☐	☐	☐		☐	☐		

	5(6)(a-d)		(6)(a) The licensee shall provide and document in-service training and continuing education for staff at least annually. (b) Members of the hospice agency interdisciplinary team shall have access to in-service training and continuing education appropriate to their responsibilities and to the maintenance of skills necessary for the care of the patient and family. (c) The training programs shall include the introduction and review of effective physical and psychosocial assessment and symptom management. (d) The licensee shall train personnel in appropriate Centers for Disease Control infectious disease protocols.	☐	☐	☐		☐	☐	
	5(7)(a-d)		(7) The hospice administrator shall appoint a person to coordinate the activities of the interdisciplinary team and to: (a) annually review and make recommendations, where appropriate, of hospice agency policies covering admissions and discharge, medical supervision, care plans, clinical records, and personnel qualifications; (b) assure that ongoing assessments of the patient and family needs and implementation of the interdisciplinary team care plans are accomplished; (c) assure that the team meets regularly to develop and maintain appropriate plans of care and to determine that staff will be assigned to each case; and (d) schedule adequate quality and quantity of any level of hospice care.	☐	☐	☐		☐	☐	
	750-5(8)		(8) The licensee shall provide access to individual or group support for interdisciplinary team members to assist with stress or grief management related to providing hospice care.	☐	☐	☐		☐	☐	
	R432-750-6. Contracts.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	6(1)		(1) The hospice administrator shall secure a legally binding written contract for the provision of arranged patient services.	☐	☐	☐		☐	☐	

6(2)(a-h)		(2) The licensee shall make the contract or agreement available for review by the OL and ensure the contract or agreement includes: (a) a copy of the professional license of any contracted personnel; (b) a description of goods or services provided by the contractor to the hospice agency; (c) a description of the contractor's role in the development of plans of treatment and the process to keep hospice agency staff informed about the patient's needs or condition; (d) a statement that contract personnel shall perform according to hospice agency policies and procedures and shall conform to standards required by laws, rules, and regulations; (e) the effective and expiration dates of the contract; (f) the financial terms of the contract, including methods to determine charges, reimbursement, and the responsibility of contract personnel in the billing procedure; (g) the method of supervision of contract personnel and the manner in which services will be controlled, coordinated, and evaluated by the hospice agency; and (h) the terms of termination of the contract.	☐	☐	☐		☐	☐	
R432-750-7. Acceptance and Termination.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
7(1)		(1) The licensee shall develop written acceptance and termination policies and make these policies available to the public upon request.	☐	☐	☐		☐	☐	
7(2)		(2) The licensee shall make available to the public, upon request, information regarding the various services provided by the hospice agency and the cost of the services.	☐	☐	☐		☐	☐	
7(3)(a-c)		(3) The licensee shall accept a patient for treatment if there is a reasonable expectation that the patient's needs can be met by the hospice agency regardless of the ability to pay for the services. The licensee shall base the acceptance determination on the following: (a) the patient, family or responsible person agrees that hospice care is appropriate and completes a signed informed consent document requesting hospice services, or if no primary care person is available, the licensee shall complete an evaluation to determine the patient's eligibility for service; (b) the patient's attending physician shall order hospice care; and (c) the licensee determines that the patient's place of residence is adaptable and safe for the provision of hospice services.	☐	☐	☐		☐	☐	

	7(4)(a-g)		(4) The licensee may end services to a patient if any of the following circumstances occur: (a) the family situation changes that affects the delivery of services; (b) the licensee can no longer provide quality care in the existing environment due to the safety of staff, patient, or family; (c) the patient is no longer terminal; (d) the patient moves from the geographic area served by the hospice agency; (e) the patient or family is uncooperative in efforts to attain treatment objectives; (f) the patient or family requests that hospice agency services be discontinued; or (g) the physician does not renew orders, or the patient changes their physician, and the licensee cannot obtain orders to continue services from the new physician.	☐	☐	☐		☐	☐	
	7(5)		(5) Upon transfer from a home program to an inpatient facility, or the reverse, the transferring program staff shall forward the plan of care to the receiving program	☐	☐	☐		☐	☐	
	R432-750-8. Patient Rights.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	8(1)(a-b)		(1)(a) The licensee shall establish and make available, written patient rights to the patient before or at admission and to the responsible individual, next of kin, sponsoring agency, representative payee, and the public upon request. (b) The licensee may determine how patient rights information is distributed in the hospice agency policy.	☐	☐	☐		☐	☐	

8(2)(a-m)		(2) The licensee shall ensure that each patient receiving care has the right to: (a) be informed of personal health conditions, unless medically contraindicated and documented in the clinical record; (b) be treated with consideration, respect, and full recognition, of dignity and individuality, including privacy in treatment and in care for personal needs; (c) confidential treatment of personal and medical records and to approve or refuse the release of records to any individual outside the hospice agency, except in the case of transfer to another agency or health facility, or as required by law or third-party payment contract; (d) discontinue hospice care at any time they choose; (e) participate in the planning of the hospice services, including referral to health care institutions or other agencies; (f) receive information about advanced directives; (g) receive information regarding patient rights and responsibilities; (h) receive information regarding services that the patient or a third-party payer may be responsible for and receive information on any change in charges; (i) receive information regarding the hospice services required to assist in the course of treatment; (j) receive proper identification by the individual providing hospice services; (k) refuse to participate in experimental research; (l) refuse treatment to the extent permitted by law and to be informed of the medical consequences if refused; and (m) treatment by personnel who provide care and are qualified through education and experience to carry out the services that they are responsible for providing.	☐	☐	☐		☐	☐	
R432-750-9. Patient Records.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
9(1)(a-g)		(1)(a) The hospice administrator shall develop and implement record-keeping policies and procedures that address the use of patient records by authorized staff, content, confidentiality, retention, and storage. (b) The licensee shall ensure that records are organized in a uniform medical record format. (c) The licensee shall maintain an identification system to facilitate the location of each patient's current or closed record. (d) The licensee shall maintain an accurate, current record for each patient receiving service. (e) Each licensee who has a patient contact or provides a service shall ensure that a clinical note entry of that contact or service is made in the patient's record. (f) Any person making the entry shall date and authenticate the entry with the person's signature and job title. (g) The licensee shall document each service provided and the outcome of each service in the individual patient record.	☐	☐	☐		☐	☐	

	9(2)(a-b)		(2)(a) The licensee shall ensure that signed and dated physician's orders are incorporated into the plan of care and renewed at least every 90 days. (b) A copy of the order is acceptable as long as the original order is available on request.	☐	☐	☐		☐	☐	
	9(3)(a-i)		(3) The licensee shall ensure that each patient record contains the following information: (a) a signed, dated patient assessment that includes the following: (i) a description of the patient's functional limitations; (ii) a physical assessment noting chronic or acute pain and other physical symptoms and their management; (iii) a psychosocial assessment of the patient and family; (iv) a spiritual assessment; and (v) a written summary report of hospice services provided that is additionally sent to the patient's attending physician at least every 90 days; (b) a written and signed informed consent to receive hospice services; (c) a written plan of care; (d) contact information of: (i) the name and address of the nearest relative or responsible person; (ii) the name and telephone number of the person or family member who, in addition to hospice agency staff, provides care in the place of residence; and (iii) the name and telephone number of the physician with primary responsibility for patient care; (e) demographic information that includes the patient's age, name, address, patient date of birth; (f) diagnosis; (g) medications and treatments as applicable; (h) pertinent medical and surgical history if available; and (i) orders by the attending physician for hospice services.	☐	☐	☐		☐	☐	
	9(4)(a-b)		(4)(a) The person assigned to supervise or coordinate care for a patient shall complete a discharge summary when services to the patient are terminated. (b) The discharge summary shall include the reason for discharge and the name of the facility or agency if the patient is referred or transferred.	☐	☐	☐		☐	☐	

9(5)(a-d)		(5) The licensee shall: (a) ensure that written consent is required for the release of patient information and photographing recorded information; (b) ensure that written procedures govern the use and removal of records and conditions for the release of patient information; (c) safeguard clinical record information against loss, destruction, and unauthorized use; and (d) send a copy of the record to the new facility or agency when a patient is transferred.	☐	☐	☐		☐	☐	
9(6)(a-c)		(6)(a) The licensee shall provide an accessible area for filing and safe storage of medical records. (b) The licensee shall ensure that each patient record is retained for at least seven years after the last date of patient care. (c) The licensee shall transfer any patient records to a new owner upon a change of hospice agency ownership.	☐	☐	☐		☐	☐	
R432-750-10. Quality Assurance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
10(1)		(1) The governing body shall evaluate the quality, appropriateness, and scope of services provided by the licensee at least annually to determine if the licensee has met its objectives.	☐	☐	☐		☐	☐	
10(2)(a-b)		(2) An interdisciplinary quality assurance committee shall: (a) evaluate patient services at least quarterly and maintain a written report of findings; and (b) submit written recommendations to the hospice administrator.	☐	☐	☐		☐	☐	
10(3)		(3) The hospice administrator shall appoint the members of the quality assurance committee for a given term of membership.	☐	☐	☐		☐	☐	
10(4)		(4) The quality assurance committee shall include a minimum of three individuals who represent three different healthcare services.	☐	☐	☐		☐	☐	
R432-750-11. Hospice Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

	11(1)(a-b)		(1)(a) The licensee shall ensure that a unit of care includes the patient and the patient's family. (b) The licensee shall ensure that the patient, family, or other primary care individual participates in the development and implementation of the interdisciplinary care plan according to their ability.	☐	☐	☐		☐	☐	
	11(2)(a-g)		(2) The licensee shall ensure that written policies and procedures include: (a) a clearly defined and integrated administrative structure between in-home care and inpatient services; (b) a procedure for accepting referrals; (c) a procedure for completing an initial assessment and developing the interdisciplinary care plan; (d) a procedure for coordination of the care plan between in-home hospice and inpatient hospice care; (e) a procedure for providing for and documenting that the interdisciplinary team meets regularly to evaluate care and includes inpatient and in-home care staff; (f) a procedure for the appropriate transfer of care from hospice in-home care to hospice inpatient care and vice-versa where available; and (g) a requirement that the care plan is available to each team	☐	☐	☐		☐	☐	
	11(3)(a-c)		(3) The licensee: (a) may include ancillary staff when appropriate; (b) shall meet at least twice a month to develop and maintain an appropriate plan of care; and (c) shall provide hospice care.	☐	☐	☐		☐	☐	
	11(4)(a-f)		(4) The attending physician shall sign each patient's care plan and ensure it includes: (a) a description of each service provided, at what interval, and by whom; (b) any pertinent diagnosis; (c) each objective, intervention, and goal of treatment, based upon needs identified in a comprehensive patient assessment; (d) the date the plan was initiated; (e) the dates of subsequent reviews; and (f) the name of patient.	☐	☐	☐		☐	☐	

11(5)(a-g)		(5)(a) A hospice nurse may not give any medication or treatment requiring an order except when ordered by an individual legally authorized to issue the order. (b) The hospice nurse shall ensure an initial order and subsequent changes in the order for the administration of medication is signed by the person lawfully authorized to give the order and incorporated in the patient's record. (c) The licensee shall ensure that only licensed personnel may receive a telephone order and each telephone order is: (i) countersigned by the initiator within 15 days of the date of issue; and (ii) recorded immediately in the patient's medical record. (d) The licensee shall ensure an order for therapy services includes the specific procedures to be used and the frequency and duration of the services. (e) The attending physician shall review, sign, and date orders at least every 90 days. (f) Only licensed hospice agency employees may administer medications to patients. (g) A hospice agency employee shall administer medications and treatments as prescribed and recorded in the patient's record.	☐	☐	☐		☐	☐	
R432-750-12. Physician Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
12(1)(a-e)		(1) The licensee shall ensure each patient admitted for hospice services, is under the care of a licensed physician, who provides the: (a) admitting diagnosis and prognosis; (b) approval for hospice care; (c) current medical findings; (d) pertinent orders regarding the patient's terminal condition; and	☐	☐	☐		☐	☐	
12(2)(a-d)		(2) The hospice administrator shall appoint in writing a medical director who shall: (a) act as a liaison with physicians in the community; (b) act as a medical resource to the interdisciplinary team; (c) coordinate services with each attending physician to ensure continuity in the services provided if the attending physician cannot maintain responsibility for patient care; and (d) demonstrate understanding of hospice's psychosocial and medical aspects based on training and experience.	☐	☐	☐		☐	☐	
R432-750-13. Nursing Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
13(1)		(1) A registered nurse shall provide or direct nursing services.	☐	☐	☐		☐	☐	

13(2)(a-i)		(2) Registered nursing personnel shall: (a) assign, supervise, and teach other nursing personnel and primary care individuals; (b) coordinate any services provided to members of the interdisciplinary team; (c) inform the physician and other personnel of changes in the patient's condition and needs; (d) initiate the plan of care and necessary revisions; (e) make the initial nursing evaluation visit; (f) participate in in-service training programs; (g) prepare clinical progress notes; (h) provide directly, or by contract, skilled nursing care; and (i) re-evaluate the patient's nursing needs as required.	☐	☐	☐		☐	☐	
R432-750-14. Medical Social Work Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
14(1)		(1) The licensee shall provide social work services by a social worker who has received a degree from an accredited school of social work and is licensed under Title 58, Chapter 60, the Mental Health Professional Practice Act.	☐	☐	☐		☐	☐	
14(2)		(2) The social worker shall participate in in-service training to meet the care needs of the patient and family.	☐	☐	☐		☐	☐	
R432-750-15. Professional Counseling Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
15(1)		(1) The licensee shall provide social work services by a social worker who has received a degree from an accredited school of social work and is licensed under Title 58, Chapter 60, the Mental Health Professional Practice Act.	☐	☐	☐		☐	☐	
15(2)		(2) The licensee shall ensure that individuals who provide counseling services, whether employed or contracted by the licensee, are licensed, certified, registered, or qualified through education, training, or experience according to law.	☐	☐	☐		☐	☐	
R432-750-16. Pastoral Care Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
16(1)		(1) The licensee shall provide pastoral services through a qualified staff person who has a working relationship with local clergy or spiritual counselors.	☐	☐	☐		☐	☐	
16(2)(a-c)		(2) The licensee shall ensure that pastoral services include: (a) communication with and support of clergy or spiritual counselors in the community as appropriate; (b) consultation and education to patients and families and interdisciplinary team members as requested; and (c) spiritual counseling consistent with patient and family belief systems.	☐	☐	☐		☐	☐	

R432-750-17. Volunteer Services.			R	UR	NA	Date	CDI	TA	Notes
17(1)		(1) Hospice agency volunteers may provide a variety of services as defined by the policies of each program and under the supervision of a designated and qualified hospice agency staff member.	☐	☐	☐		☐	☐	
17(2)(a-m)		(2) The licensee shall ensure that each volunteer receives a minimum of 12 hours of documented orientation and training that includes: (a) care and comfort measures; (b) communication skills; (c) concepts of death and dying; (d) confidentiality; (e) family dynamics, coping mechanisms, psychosocial and spiritual issues surrounding the terminal disease, death, and bereavement; (f) infection control and safety; (g) patient's and family's rights; (h) procedures to follow in an emergency; (i) procedures to follow when a patient dies; (j) the hospice agency services, goals, and philosophy of care; (k) the physiological aspects of terminal disease; (l) the volunteer's role and documentation requirements; and (m) stress management.	☐	☐	☐		☐	☐	
17(3)		(3) The licensee shall maintain records of hours of services and activities provided by each volunteer.	☐	☐	☐		☐	☐	
17(4)		(4) The licensee shall have on file a copy of the certification, registration, or license of each volunteer providing professional services.	☐	☐	☐		☐	☐	
R432-750-18. Bereavement Services.			R	UR	NA	Date	CDI	TA	Notes
18(1)(a-c)		(1) The licensee shall ensure that bereavement services address the family needs following the death of the patient include: (a) assurance that each volunteer and staff member who provides bereavement services receives bereavement training; (b) making bereavement services available, as needed, to supervisors for at least one year; and (c) supervised bereavement services, an individual possessing a degree or documented training in a field that addresses psychological needs, counseling, and bereavement services.	☐	☐	☐		☐	☐	

18(2)(a-c)		(2) The licensee shall ensure that bereavement services include the following: (a) a process for the assessment of possible pathological grief reactions and, as appropriate, referral for intervention; (b) an interchange of information between the team members regarding bereavement activities; and (c) survivor contact, as needed and documented, following a patient's death.	☐	☐	☐		☐	☐	
R432-750-19. Other Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
19(1)(a-d)		(1) Other services offered by the licensee may include: (a) a certified nursing aide; (b) occupational therapy; (c) physical therapy; and (d) speech therapy.	☐	☐	☐		☐	☐	
19(2)		(2) A physician shall order each service provided directly by the licensee or through contract and the licensee shall ensure each service is documented in the clinical record.	☐	☐	☐		☐	☐	
R432-750-20. Freestanding Hospice Inpatient Facilities.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		A freestanding hospice inpatient facility licensee shall additionally meet the Construction and Physical Environment requirements of Rules R432-4, R432-5, and R432-12, depending on facility size and type of patient admitted.	☐	☐	☐		☐	☐	
R432-750-21. Hospice Inpatient Facilities.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		A hospice inpatient facility licensee shall additionally meet the requirements of Sections R432-750-23 through R432-750-37.	☐	☐	☐		☐	☐	
R432-750-22. Hospice Inpatient Facility Staffing Requirements.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
22(1)		(1) A hospice inpatient facility licensee shall provide competent hospice-trained nursing staff 24 hours a day to meet the needs of a patient in accordance with the patient's plan of care.	☐	☐	☐		☐	☐	
22(2)		(2) The licensee shall ensure a hospice-trained registered nurse is on duty 24 hours a day to provide direct patient care and supervision of any nursing services.	☐	☐	☐		☐	☐	

22(3)		(3) Nursing services shall include treatments, medications, and diet as prescribed.	☐	☐	☐		☐	☐	
R432-750-23. Infection Control.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
23(1)		(1) The licensee shall develop and implement an infection control program to protect patients, family, and hospice personnel from community-associated infections.	☐	☐	☐		☐	☐	
23(2)		(2) The hospice administrator and medical director shall develop written policies and procedures governing the infection control program.	☐	☐	☐		☐	☐	
23(3)		(3) The licensee shall ensure that each employee wears clean garments or protective clothing and practices good personal hygiene and cleanliness.	☐	☐	☐		☐	☐	
23(4)		(4) The licensee shall develop and implement a system to investigate, report, evaluate, and maintain records of infections among patients and personnel.	☐	☐	☐		☐	☐	
23(5)		(5) The licensee shall comply with Occupational Safety and Health Administration, 29 CFR 1910.1030 (2001).	☐	☐	☐		☐	☐	
R432-750-24. Pharmaceutical Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
24(1)		(1) The licensee shall establish and implement written policies and procedures to govern the procurement, storage, administration, and disposal of any drugs and biologicals in accordance with federal and state laws.	☐	☐	☐		☐	☐	For in-home or inpatient

24(2)(a-d)		(2)(a) A licensed pharmacist shall supervise pharmaceutical services. (b) The licensee shall ensure the pharmacist advises the hospice and hospice interdisciplinary team regarding: (i) counseling staff on appropriate and new drugs; (ii) interactions of drugs; and (iii) procurement, storage, administration, disposal, and record-keeping of drugs and biologicals. (c) The licensee shall ensure the pharmacist conducts patient drug regimen reviews at least monthly, or more often if necessary, and make recommendations to physicians and hospice staff. (d) The licensee shall ensure the pharmacist inspects each drug	☐	☐	☐		☐	☐	
24(3)(a-c)		(3) The licensee shall: (a) establish and implement written policies and procedures for drug control and accountability; (b) maintain receipts and disposition of each controlled drug for accurate reconciliation; and (c) keep these records for accurate reconciliation.	☐	☐	☐		☐	☐	
24(4)		(4) The licensee shall ensure that pharmaceutical service drugs and biologicals are labeled based on currently accepted professional principles and include the appropriate accessory and cautionary instructions and the expiration date when applicable.	☐	☐	☐		☐	☐	
24(5)		(5) The licensee shall provide secure storage for medications and ensure medications that require refrigeration are maintained between 36 and 46 degrees Fahrenheit.	☐	☐	☐		☐	☐	
24(6)(a-b)		(6)(a) The licensee shall provide separately locked compartments for the storage of controlled drugs as well as other drugs subject to abuse. (b) Per state and federal laws, only authorized personnel shall have access to the locked medication compartments.	☐	☐	☐		☐	☐	
24(7)(a-b)		(7)(a) The pharmacist and a registered nurse shall dispose of any controlled drugs no longer needed by the patient. (b) The licensee shall maintain written documentation of the disposal.	☐	☐	☐		☐	☐	
24(8)(a-b)		(8)(a) A hospice inpatient facility licensee shall maintain an emergency drug kit appropriate to the needs of the facility, assembled in consultation with the pharmacist, and readily available for use. (b) The pharmacist shall check and restock the emergency drug kit at least monthly.	☐	☐	☐		☐	☐	
R432-750-25. Hospice Inpatient Facility Patient's Rights.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

25(1)(a-o)		(1) In addition to Section R432-750-9, the licensee shall honor each patient's right to: (a) be free of chemical and physical restraints for discipline or staff convenience; (b) be free of mental and physical abuse; (c) exercise their rights as a patient of the facility and as a citizen or resident of the United States; (d) have family members remain with the patient through the night; (e) have the family or the responsible person. informed by the hospice inpatient facility licensee of significant changes in the patient's condition or needs; (f) keep personal possessions and clothing as space permits; (g) leave the facility at any time and not be locked into any room, building, or on the facility premises during the day or night, except that the hospice inpatient facility licensee may lock doors at night for the protection of patients; (h) manage and control personal cash resources; (i) participate in religious and social activities of the patient's choice; (j) privacy during visits with family, friends, clergy, social workers, and advocacy representatives; (k) privacy for the family following a patient's death; (l) receive palliative treatment rather than treatment aimed at intervention for cure or prolongation of life; (m) receive visitors, including small children, at any hour; (n) refuse nutrition, fluids, medications, and treatments; and (o) send and receive mail unopened and have access to telephones to make and receive confidential calls.	☐	☐	☐		☐	☐	
25(2)		(2) The licensee shall post patient rights in a public area of the facility.	☐	☐	☐		☐	☐	
25(3)		(3) The licensee shall ensure restraints ordered to treat a medical condition comply with the requirements of Rule R432-150.	☐	☐	☐		☐	☐	
R432-750-26. Report of Death.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

26(1)(a-e)		(1) The licensee shall have a written plan to follow when a patient dies that includes: (a) an authorization and release of the body to the funeral home; (b) documentation of the death; (c) the notification of the attending physician responsible for signing the death certificate; (d) the notification of the next of kin or legal guardian; and (e) the recording the time of death.	☐	☐	☐		☐	☐	
26(2)		(2) The licensee shall notify the OL of any death resulting from injury, accident, or other possible unnatural cause.	☐	☐	☐		☐	☐	
R432-750-27. First Aid.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
27(1)		(1) The licensee shall ensure that at least one staff person is on duty 24 hours a day who is certified in cardiopulmonary resuscitation and has training in basic first aid, the Heimlich maneuver, and emergency procedures.	☐	☐	☐		☐	☐	
27(2)		(2) The licensee, except those attached to a medical unit, shall ensure that a first aid kit is available at a designated location in the facility.	☐	☐	☐		☐	☐	
27(3)		(3) The licensee shall have a basic first aid manual approved by the American Red Cross, the American Medical Association, or a state, or federal health agency.	☐	☐	☐		☐	☐	
R432-750-28. Safeguards for Patients Funds and Valuables.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
28(1)		(1) The licensee shall safeguard patient cash resources, personal property, and valuables that have been entrusted to the licensee or hospice staff.	☐	☐	☐		☐	☐	

28(2)(a-b)		(2)(a) The licensee may handle the patient's cash resources or valuables. (b) If the licensee accepts a patient's cash resources or valuables, the licensee shall safeguard the patient's cash resources in accordance with the following: (i) any money entrusted with the facility in a patient account over $150 is deposited in an interest-bearing account in a local financial institution within five days of receipt; (ii) each account is current with columns for debits, credits, and balance; (iii) each record of patient funds, and other valuables entrusted to the licensee for safekeeping, shall include a copy of the receipt furnished for funds received; (iv) each record of patient funds that is maintained as a drawing account shall include a control account for each receipt and expenditure, an account for each patient, and supporting receipts filed in chronological order; (v) the licensee or staff member may not use patient funds or valuables as their own or mingle them with own; (vi) the licensee shall ensure patient funds and valuables are separate, intact, and free from any liability that the licensee incurs in the use of the patient's funds or the institution's funds and valuables; and (vii) the licensee shall maintain accurate records of patient funds and valuables entrusted to the licensee.	☐	☐	☐		☐	☐	
28(3)		(3) The licensee shall maintain a separate account for patient funds specific to that hospice inpatient facility and may not commingle with patient funds from another hospice inpatient facility.	☐	☐	☐		☐	☐	
28(4)(a-b)		(4)(a) The licensee shall return any money and valuables entrusted to the license on the day of discharge. (b) The licensee shall make any money and valuables maintained in an interest-bearing account available to the patient within three working days.	☐	☐	☐		☐	☐	
28(5)		(5) The licensee shall surrender the patient's money and valuables entrusted to the licensee to the responsible individuals or the hospice administrator of the estate within 30 days following the death of a patient, except in a case under investigation by the medical examiner.	☐	☐	☐		☐	☐	
R432-750-29. Emergency and Disaster.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
29(1)		(1) The licensee is responsible for the safety and well-being of patients in the event of an emergency or disaster.	☐	☐	☐		☐	☐	

	29(2)(a-f)		(2)(a) The licensee and the hospice administrator shall develop plans coordinated with the state and local emergency disaster authorities to respond to potential emergencies and disasters. (b) The plan shall outline the protection or evacuation of any patients and include arrangements for staff response, or provisions of additional staff to ensure the safety of any patient with physical or mental limitations. (c) Emergencies and disasters as referred to in this section include fire, severe weather, missing patients, interruption of public utilities, explosion, bomb threat, earthquake, flood, windstorm, epidemic, or mass casualty. (d) To assure prompt and efficient implementation, the licensee shall distribute and make available, the emergency and disaster response plan to any facility staff and patients. (e) The licensee and the hospice administrator shall review and update the plan as necessary to conform with local emergency plans. (f) The licensee shall make the plan available for review by the OL.	☐	☐	☐		☐	☐		

	29(3)(a-k)		(3) The licensee's emergency and disaster response plans shall address the following: (a) the assignment of personnel to specific tasks during an emergency; (b) delivery of essential care and services to facility occupants by alternate means; (c) delivery of essential care and services to facility occupants when additional individuals are housed in the hospice during an emergency; (d) delivery of essential care and services to facility occupants when personnel are reduced by an emergency; (e) instructions on how to contain a fire and how to use the facility alarm systems; (f) instructions on how to recruit additional help, supplies, and equipment to meet patient needs after an emergency or disaster; (g) maintenance of safe ambient air temperatures within the facility including: (i) the emergency heating is approved by the local fire department; (ii) the individual in charge shall take immediate action in the best interest of patients when the ambient air temperatures reach 58 degrees Fahrenheit or below, as it may constitute an imminent danger to the health and safety of the patients in the hospice; and (iii) the licensee shall have and implement a contingency plan regarding excessively high ambient air temperatures within the hospice that may exacerbate the medical condition of patients; (h) the name and telephone number of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies; (i) the name of any individual to notify in an emergency in order of priority; (j) the name of the individual in charge and any individual with decision-making authority; and (k) the procedure to evacuate and transport patients and staff to a safe place within the hospice or to other prearranged locations.	☐	☐	☐		☐	☐		
	29(4)(a-c)		(4) The licensee shall ensure personnel and patients receive instruction and training in accordance with the plans to respond appropriately in an emergency and the licensee shall: (a) annually review the procedures with existing staff and patients; (b) document any drills, including the date, participants, problems encountered, and the ability of each patient to evacuate; and (c) hold simulated disaster drills semi-annually.	☐	☐	☐		☐	☐		
	29(5)(a-b)		(5)(a) The licensee shall ensure the hospice administrator is in charge during an emergency. (b) If not on the premises, the hospice administrator shall make every effort to report to the hospice, relieve subordinates, and take charge.	☐	☐	☐		☐	☐		

29(6)		(6) Each hospice inpatient facility licensee shall provide in-house any equipment and supplies required in an emergency including emergency lighting, heating equipment, food, potable water, extra blankets, a first aid kit, and a radio.	☐	☐	☐		☐	☐	
29(7)(a-c)		(7) The licensee shall post the following information in appropriate locations throughout the facility to include: (a) evacuation routes, location of fire alarm boxes, and fire extinguishers; (b) the name of the individual in charge; and (c) the names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems.	☐	☐	☐		☐	☐	
29(8)		(8) The licensee shall post emergency telephone numbers at each nursing station.	☐	☐	☐		☐	☐	
29(9)		(9) Fire drills and fire drill documentation shall comply with Rule R710-4.	☐	☐	☐		☐	☐	
R432-750-30. Food Service.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
30(1)		(1) The licensee may provide dietary services directly, or through a written agreement with a food service provider.	☐	☐	☐		☐	☐	
30(2)		(2) The licensee's food service shall comply with Rule R392-100.	☐	☐	☐		☐	☐	
30(3)		(3) The licensee shall maintain, for OL review, any inspection reports by the local health department.	☐	☐	☐		☐	☐	
30(4)		(4) If the licensee accepts patients requiring therapeutic or special diets, the hospice shall have an approved dietary manual for reference when preparing meals.	☐	☐	☐		☐	☐	

30(5)		(5) The licensee shall ensure dietary staff receive a minimum of four hours of documented in-service training each year.	☐	☐	☐		☐	☐	
30(6)		(6) The licensee shall employ or contract with a certified dietitian to provide documented quarterly consultation if serving patients requiring therapeutic diets.	☐	☐	☐		☐	☐	
30(7)		(7) The licensee shall ensure that enough food service personnel are on duty to meet the needs of patients.	☐	☐	☐		☐	☐	
30(8)		(8) The cook and other kitchen staff may not perform concurrent duties outside the food service area while performing food service duties.	☐	☐	☐		☐	☐	
30(9)		(9) The licensee shall ensure any person that prepares or serves food has a current food handler's permit.	☐	☐	☐		☐	☐	
R432-750-31. Nutrition and Menu Planning.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31(1)		(1) The licensee shall provide at least three meals daily.	☐	☐	☐		☐	☐	
31(2)		(2) The licensee shall ensure meals are served with no more than a 14-hour interval between the evening meal and breakfast unless a substantial snack is available in the evening.	☐	☐	☐		☐	☐	
31(3)		(3) The licensee shall make between-meal snacks of nourishing quality available on a 24-hour basis.	☐	☐	☐		☐	☐	
31(4)		(4) The licensee shall provide and plan a different menu each day of the week.	☐	☐	☐		☐	☐	

31(5)		(5) The licensee shall ensure that patients' favorite foods are included in their diets when possible.	☐	☐	☐		☐	☐	
31(6)		(6) The licensee shall maintain at least a one-week supply of non-perishable food and a three-day supply of perishable food.	☐	☐	☐		☐	☐	
31(7)		(7) The licensee shall ensure that any food is nutritious, of good quality, and appealing to the patient.	☐	☐	☐		☐	☐	
R432-750-32. Pets in the Facility.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
32(1)		(1) The licensee may allow patients to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinances.	☐	☐	☐		☐	☐	
32(2)(a-e)		(2) The licensee shall ensure that: (a) each pet is clean and disease-free; (b) each pet that is not confined is under leash control or voice control; (c) each pet that resides at the facility has documented current vaccinations; (d) the pet environment is clean; and	☐	☐	☐		☐	☐	
32(3)(a-b)		(3)(a) Upon approval of the hospice administrator, a family member may bring a patient's pets to visit. (b) The hospice administrator shall ensure that the visiting pets have current vaccinations.	☐	☐	☐		☐	☐	
32(4)(a-b)		(4)(a) A licensee that allows birds shall have procedures that prevent the transmission of psittacosis. (b) Procedures shall ensure minimal handling of droppings and placing of droppings into a closed plastic bag for disposal.	☐	☐	☐		☐	☐	
32(5)		(5) Pets may not be permitted in food preparation, storage, or central dining areas, or in any area where their presence would create a significant health or safety risk to others.	☐	☐	☐		☐	☐	
R432-750-33. Laundry Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

33(1)		(1) The licensee shall provide laundry services to meet the needs of the patients.	☐	☐	☐		☐	☐	
33(2)		(2) If the licensee contracts for laundry services, the licensee shall obtain a signed, dated agreement detailing any services provided.	☐	☐	☐		☐	☐	
33(3)(a-f)		(3) Each licensee that provides in-house laundry services shall ensure: (a) clean bed linens are changed as often as necessary, but no less than twice each week; (b) laundry equipment is in good repair; (c) a supply of clean linen is maintained to meet the needs of the patients; (d) personnel handle, store, process, and transport linens in a manner to minimize contamination by air-borne particles and to prevent the spread of infection; (e) soiled linen and clothing are stored separate from clean linen and not allowed to accumulate in the facility; and (f) the laundry area is separate and apart from any room where food is stored, prepared, or served.	☐	☐	☐		☐	☐	
R432-750-34. Maintenance Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
34(1)		(1) The licensee shall provide maintenance services to ensure that equipment, buildings, furnishings, fixtures, spaces, and grounds are safe, clean, operable, and in good repair.	☐	☐	☐		☐	☐	
34(2)(a-b)		(2)(a) The licensee shall conduct a pest control program through a licensed pest control contractor or a qualified employee to ensure the absence of rodents. (b) The licensee shall maintain, for OL review, documentation of the pest control program.	☐	☐	☐		☐	☐	
34(3)		(3) The licensee shall maintain entrances, exits, steps, and outside walkways in a safe condition with regard to ice, snow, and other hazards.	☐	☐	☐		☐	☐	
R432-750-35. Waste Storage and Disposal.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		The licensee shall provide facilities and equipment for the sanitary storage and treatment or disposal of any categories of waste, including hazardous and infectious wastes, if applicable, using techniques acceptable to the Department of Environmental Quality and the local health authority.	☐	☐	☐		☐	☐	

R432-750-36. Water Supply.			R	UR	NA	Date	CDI	TA	Notes
36(1)		(1) The licensee shall ensure that hot water provided to patient tubs, showers, whirlpools, and hand washing facilities is regulated for safe use within a temperature range of 105 to 120 degrees Fahrenheit.	☐	☐	☐		☐	☐	
36(2)		(2) Thermostatically controlled automatic mixing valves may be used to maintain hot water at the required temperatures.	☐	☐	☐		☐	☐	
R432-750-37. Housekeeping Services.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
37(1)		(1) The licensee shall provide housekeeping services to maintain a clean, sanitary, and healthful environment.	☐	☐	☐		☐	☐	
37(2)		(2) If the licensee contracts for housekeeping services with an outside entity, the licensee shall obtain a signed and dated agreement that details the services provided.	☐	☐	☐		☐	☐	
37(3)(a-b)		(3)(a) The licensee shall provide safe and secure storage of cleaners and chemicals. (b) The licensee shall lock chemicals in a secure area to prevent unauthorized access or potential access by children or disoriented patients.	☐	☐	☐		☐	☐	
37(4)		(4) Personnel engaged in housekeeping or laundry services may not be concurrently engaged in food service or patient care.	☐	☐	☐		☐	☐	
37(5)		(5) The licensee shall establish and implement policies and procedures to govern the transition of housekeeping personnel to food service or direct patient care duties.	☐	☐	☐		☐	☐	
R432-750-38. Penalties.									**Notes**
Any person who violates this rule may be subject to the penalties in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.									**Notes**
R432-31-3. Order for Life-Sustaining Treatment Forms.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

31-3(1)		(1) An individual who desires to execute an OLST shall use a form or electronic format approved by OL. The form may not be altered in layout or style, including font style and size, without the express written permission of OL.	☐	☐	☐		☐	☐	
31-3(2)		(2) Any person, health care provider, or health care facility licensee may obtain a form from the OL website.	☐	☐	☐		☐	☐	
31-3(3)		(3) A health care provider, licensee, or Emergency Medical Services (EMS) provider shall act upon a copy of an OLST as if it were the original.	☐	☐	☐		☐	☐	
R432-31-4. Facility Policies and Procedures.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-4(1)		(1) A licensee shall establish and implement policies and procedures that comply with Section 75A-3-106.	☐	☐	☐		☐	☐	
31-4(2)(a-i)		(2) A licensee shall ensure policies and procedures address the licensee's responsibility to: (a) determine upon admission whether each individual has an OLST; (b) ensure an OLST is done in accordance with Subsection 75A-3-106(3); (c) identify circumstances when an individual with an OLST is offered the opportunity to change the order; (d) identify circumstances when the facility would not follow an OLST; (e) identify any individual who may be offered the opportunity to complete an OLST, including an individual who has: (i) a serious illness and is likely to face a life-threatening health crisis; (ii) declining cognitive abilities and lacks a surrogate or guardian to make decisions for them; or (iii) specific preferences for end-of-life treatments; (f) make a referral to the primary health care provider to create, replace, or change an OLST, if the licensee's services do not include the supervision of a physician, APRN, or physician assistant; (g) maintain the OLST in the individual's medical record; (h) only permit a qualified provider to assist with the completion of an OLST; and (i) outline that they are not required to offer each individual the opportunity to complete an OLST.	☐	☐	☐		☐	☐	
R432-31-5. Training.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		A licensee shall appropriately train relevant health care, quality improvement, and record keeping staff on the requirements of Section 75A-3-106, this rule, and the facility's policies and procedures established in accordance with this rule.	☐	☐	☐		☐	☐	
R432-31-6. Transferability of OLST.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-6(1)		(1) An OLST is fully transferable among any licensed health care facility.	☐	☐	☐		☐	☐	

31-6(2)		(2) Any health care provider assuming an individual's care at the receiving licensed health care facility shall read the individual's OLST.	☐	☐	☐		☐	☐	
31-6(3)		(3) The receiving health care provider shall have policies and procedures to address any circumstance under which the health care provider will not follow the instructions contained in the OLST.	☐	☐	☐		☐	☐	
31-6(4)(a-b)		(4)(a) A licensee that discharges a resident, shall provide a copy of the resident's OLST to the individual upon discharge. (b) If the individual lacks the capacity to make health care decisions, as defined in Section 75A-3-201, the licensee shall also provide a copy to the individual's surrogate or guardian.	☐	☐	☐		☐	☐	
31-6(5)		(5) A licensee that transfers an individual with an OLST to another licensed health care facility shall provide a copy of the OLST to the receiving facility.	☐	☐	☐		☐	☐	
31-6(6)		(6) A licensee shall allow an individual to complete, amend, or revoke an OLST at any time upon request.	☐	☐	☐		☐	☐	
R432-31-7. Presentation of OLST to EMS Personnel.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-7(1)		(1) Except for home health, personal care, and home-based hospice agencies, a licensee in possession of an OLST shall present the individual's OLST to EMS personnel upon arrival to treat or transport the individual.	☐	☐	☐		☐	☐	
31-7(2)		(2) For an individual who resides at home, if the home health, personal care, or home-based hospice agency personnel are present when EMS personnel arrive at the home, the personnel shall present the individual's OLST to the EMS personnel.	☐	☐	☐		☐	☐	
R432-31-8. Home Placement of OLST.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-8(1)		(1) If an individual under the care of a home health, personal care, or hospice agency possesses an OLST, the agency shall ensure that a copy of the OLST is left at the individual's place of residence.	☐	☐	☐		☐	☐	
31-8(2)		(2) For an individual adult or emancipated minor who resides at home the licensee shall ensure that a copy of the [P]OLST is posted on the front of the refrigerator or over the individual's bed.	☐	☐	☐		☐	☐	
31-8(3)		(3) For a minor who resides at home, it is recommended that a copy of the OLST be placed in a container and placed on the top shelf of the door inside the refrigerator.	☐	☐	☐		☐	☐	
R432-31-9. Prior Orders and Out of State Orders.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-9(1)(a-b)		(1)(a) EMS and other health care providers may recognize as valid any prior or out of state OLST forms or medical orders for life-sustaining treatment, including the national OLST form. (b) This may also include a bracelet or necklace, unless superseded by a subsequent OLST.	☐	☐	☐		☐	☐	

31-9(2)(a-b)		(2)(a) A physician shall complete and sign a new OLST for an individual with prior forms who no longer has the capacity to complete a new order and who does not have a surrogate or guardian to authorize the new order. (b) The physician shall state on the new order that the individual's preferences from a prior order is still applicable.	☐	☐	☐		☐	☐	
31-9(3)(a-b)		(3) A form that an individual executed while in another state may be honored as if it were executed in compliance with this rule and Section 75A-3-106 if it: (a) is substantially similar to an OLST or a medical order for life-sustaining treatment; and (b) was executed according to the laws of that state.	☐	☐	☐		☐	☐	
R432-31-10. Signature Requirement.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
31-10(1)		(1) The patient or surrogate or guardian decision maker and a medical health care provider, including an MD, DO, PA, or APRN, shall sign the OLST for it to be valid.	☐	☐	☐		☐	☐	
31-10(2)		(2) For pediatric patients, two different medical health care providers shall sign the OLST to make it valid.	☐	☐	☐		☐	☐	
31-10(3)		(3) Electronic signatures are acceptable for OLST forms.	☐	☐	☐		☐	☐	
31-10(4)		(4) In the event the surrogate or guardian decision maker cannot sign in-person or electronically, a verbal signature may be noted if confirmed by two medical professionals caring for the patient.	☐	☐	☐		☐	☐	
31-10(5)		(5) Photocopies and faxes of signed OLST forms are legal and valid.	☐	☐	☐		☐	☐	
R432-31-11. Compliance.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		Any person who violates this rule may be subject to the penalties in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.	☐	☐	☐		☐	☐	
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.	☐	☐	☐		☐	☐		
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