Utah Department of Health & Human Services
Licensing & Background Checks

Assisted Living Facility Inspection Checklist

R432-270 Assisted Living Facilities

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

Facility Name:	Petersen Farms Assisted Living and MC	**Facility ID:**	(F23-106885	**Phone Number:**	(801) 479-6000	**Notes / Sticky Notes**
Address:	6980 South 475 East South Weber, UT 84405			**Email Address:**	deutschlv@gmail.com, Srandolphsen	
Provider:	UT000907			**Local Long Term Care Ombudsman Notified Date and Time:**	Called Jen Kay the Long Term Care Ombudsman at 9:42 AM.	

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)**		
☑	**Abuse investigations past 6 months**		☑	**Incident Reports**	
☑	**List of current residents and discharged residents past 6 months**	**Include HH, Hosp, NCW, SR's, Special Diets, Wounds and IDDM**	☑	**QA meetings**	
☑	**List of all current employees and former employees past 6 months**		☑	**Fire and Disaster Drills past 12 months**	
☑	**Significant Change Log**		☑	**Facility Disaster Plan**	
☑	**Inservice Records**		☑	**Policies and Procedure Manual**	
☑	**Designated Administrator in Administrators Absence**		☑	**Maintenance Binder/Information**	

Inspection Information:

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

Legislative updates for 2026 are found at the end of the checklist. Updates will be enforceable starting May 20, 2026.

Inspection Type:	**Unannounced**	**Date:**	**August 12, 2026**	**time started**	**8:00 AM**	**Time Ended:**	**4:30 PM**
Number of rule noncompliances:	**40**	**Name of Individual Informed of this Inspection:**	**Stephanie Randolph**				
Licensor(s) Conducting this Inspection:	**Danielle M. and April C**			**OL Staff Observing Inspection:**			

☑	**The Licensor reviewed compliance.**		

RULES CHECKLIST								
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R432-1-4. Identification Badges		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
4(1)(a)-(b) 4(2)(a)-(b)	(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. (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.	☐	☐	☐		☐	☑	R432-1-4(1)(a). Three employees were not wearing name badges
R380-80-4. Providers' Duty to Help Protect Clients.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R380-80-4(1)	(1) The provider shall protect each client from abuse, neglect, exploitation, and mistreatment.	☑	☐	☐		☐	☐	
R380-80-5. Provider Code of Conduct.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R380-80-5(4)	(4) Each provider shall protect clients from abuse, neglect, harm, exploitation, mistreatment, fraud, and any action that may compromise the health and safety of clients through acts or omissions and shall instruct and encourage others to do the same.	☑	☐	☐		☐	☐	
R432-40-3. Policy, Procedures, and Employee Training.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-40-3(2)	(2) The licensee shall ensure that employees responsible for assessing, documenting, and reporting according to this rule complete an online training regarding Rule R432-40, as well as an overview of reporting requirements upon hire.	☐	☐	☐		☐	☑	R432-40(3)(2) The employee responsible for assessing, documenting, and reporting immunizations didnot complete the online training.
R432-1-11. Medical Cannabis Designated Caregiver.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
1-11(1)	(1) An assisted living facility, nursing care facility or general acute hospital employee may become a designated caregiver for a patient or resident in accordance with Section 26B-4-214.	☐	☐	☑		☐	☐	None of the current residents use medical cannabis.

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1-11(2)(a-c)	(2) If a licensee listed in Subsection R432-1-12(1) designates one or more individuals as a patient or resident designated caregiver, the licensee shall develop and enforce policies and procedures that outline: (a) rules for patient or resident medical cannabis use in the facility; (b) responsibilities of the designated employee regarding receipt, documentation and administration of the medical cannabis; and (c) storage and access to medical cannabis.	☐	☐	☑		☐	☐	None of the current residents use medical cannabis.
1-11(3)	(3) A licensee that employs a designated caregiver shall maintain a current list of the designation assignments to provide to the department upon request.	☐	☐	☑		☐	☐	None of the current residents use medical cannabis.
1-11(4)(a-b)	(4) A licensee shall notify prospective patients or residents and their responsible person regarding the facility's designated caregiver policy for any patient or resident who requests: (a) to possess medical cannabis; (b) to have medical cannabis administered; or (c) for the facility to receive medical cannabis in a shipment	☐	☐	☑		☐	☐	None of the current residents use medical cannabis.
R432-270-4. Licensing		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-4(1)(a-b)	(1) A person or entity who offers or provides care to two or more unrelated individuals in a residential facility shall become licensed as an assisted living facility if: (a) the individuals stay in the facility for more than 24 hours; and (b) the person or entity provides or arranges for assistance with one or more ADLs for the individuals.	☑	☐	☐		☐	☐	
R432-270-4(2)	(2) The person or entity shall ensure an assisted living facility is licensed as a type I facility if the individuals under care are capable of achieving enough mobility to exit the facility without the assistance of another person.	☐	☐	☑		☐	☐	The facility is a type II facility.

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R432-270-4(3)	(3) The licensee shall ensure an assisted living facility is licensed as a type II facility if the individuals under care are capable of achieving mobility enough to exit the facility only with the limited assistance of one person.	☑	☐	☐		☐	☐	
R432-270-4(4)	(4) A type I assisted living facility licensee shall provide social care to the individuals under care.	☐	☐	☑		☐	☐	This is a type II facility.
R432-270-4(5)	(5) A type II assisted living facility licensee shall provide care in a home-like setting that provides an array of coordinated supportive personal and health care services that are available 24 hours a day to each resident who needs any of these services.	☑	☐	☐		☐	☐	
R432-270-4(6)(a-c)	(6)(a) Type I and II assisted living facility licensees shall provide each resident with a choice of an individual resident living unit or shared resident living unit unless the resident and responsible person have been informed through the signed admission agreement regarding the facility policy regarding mandatory placement in a shared unit. (b) The licensee shall ensure each resident living unit provides accommodation for each resident to conduct or receive assistance with ADLs privately and in a way that preserves their dignity. (c) The licensee shall ensure each resident in a shared resident living unit has access to a bathroom and additional living space as defined in Rule R432-6.	☑	☐	☐		☐	☐	
R432-270-4(7)(a-c)	(7) A resident may continue to remain in an assisted living facility if: (a) the facility construction meets the resident's needs; (b) the resident's physical and mental needs are appropriate to the assisted living criteria; and (c) the licensee provides enough staff to meet the resident's needs.	☑	☐	☐		☐	☐	

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R432-270-4(8)(a-c)	(8) The licensee shall ensure each assisted living facility is licensed as one of the following: (a) a large assisted living facility housing 17 or more residents; (b) a small assisted living facility housing six to 16 residents; or (c) a limited capacity assisted living facility housing two to five residents.	☑	☐	☐		☐	☐	
R432-270-5 Licensee		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-5(1)(a-d)	(1) The licensee shall: (a) assume responsibility for the overall organization, management, operation, and control of the facility; (b) ensure compliance with each federal, state, and local law; (c) establish policies and procedures for resident welfare, protection of resident rights, and the general operation of the facility; and (d) implement and follow a policy that ensures the licensee may not discriminate on the basis of race, color, sex, or religion.	☐	☐	☐		☐	☑	R432-270-5(1)(b). Not in compliance with the Utah Indoor Clean Air Act. A resident was not 25 feet from an entrance or window while smoking outside.
R432-270-5(2)(a-b)	(2)(a) The licensee shall implement a quality assurance program to include a quality assurance committee. (b) The quality assurance committee shall: (i) consist of at least the administrator and a health care professional; and (ii) meet at least quarterly to identify and act on quality issues.	☑	☐	☐		☐	☐	
R432-270-5(3)	(3) If the licensee is a corporation or an association, it shall maintain an active and functioning governing body to fulfill licensee duties and to ensure accountability.	☑	☐	☐		☐	☐	
Section 6. Administrator Qualifications.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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R432-270-6(1)(a-e)	(1) The administrator shall: (a) be 21 years of age or older; (b) complete an OL-approved national certification program within six months of hire for a type II facility; (c) be able to deliver, or direct the delivery of, appropriate care to each resident; (d) know applicable laws and rules; and (e) successfully complete the criminal background screening process in Rule R432-35.	☑	☐	☐		☐	☐	
R432-270-6(2)	(2) The administrator of a type I facility shall have an associate degree or two years experience in a health care facility.	☐	☐	☑		☐	☐	The facility is a type II facility.
R432-270-6(3)(a-c)	(3) The administrator of a type II small or limited capacity assisted living facility shall have any of the following: (a) an associate degree in a health care field; (b) one year of experience in a health care field as a licensed health care professional; or (c) two years or more of management experience in a health care field.	☐	☐	☑		☐	☐	This is a large assisted living facility.
R432-270-6(4)(a-d)	(4) The administrator of a type II large assisted living facility shall have any of the following: (a) an associate degree and four years or more of management experience in a health care field; (b) a bachelor's degree in a health care field that includes management training, or one or more years of management experience; (c) a bachelor's degree in any field that includes management training, or one or more years of management experience and one year or more experience in a health care field; or (d) a health facility administrator license issued in Utah.	☑	☐	☐		☐	☐	
Section 7. Administrator Duties.		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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R432-270-7(1)(a-n)		(1) The administrator shall: (a) admit and only keep a resident who meets admissions criteria and whose needs can be met by the facility; (b) be on-site enough hours in the business day, and at other times as necessary, to manage and oversee the facility; (c) complete, submit, and file records and reports required by OL; (d) conduct and document regular inspections of the facility to ensure it is safe from potential hazards; (e) designate, in-writing, a competent employee, 21 years of age or older, to serve as an acting administrator only for when the administrator is unavailable for immediate contact, and ensure an acting administrator does not replace designated administrator in the day-to-day functioning of the facility; (f) maintain a log indicating any significant change in a resident's condition and the facility's action or response; (g) maintain facility staffing records for the preceding 12 months; (h) notify the resident's responsible person within 24 hours of significant changes or deterioration of the resident's health, and ensure the resident's transfer to an appropriate health care facility if the resident requires services beyond the scope of the facility's license; (i) participate in a quality assurance program; (j) recruit, hire, maintain, and train the number of licensed and unlicensed staff needed to provide services; (k) report any suspected abuse, neglect, or exploitation in accordance with Section 26B-6-205, and document appropriate action if the alleged violation is verified; (l) review, at least quarterly, every injury, accident, and incident to a resident or employee and document appropriate corrective action; (m) secure and update contracts for required professional and other services not provided directly by the facility; (n) verify required licenses and permits of staff and consultants upon hire, or before the effective date of contract;	☐	☐	☐		☐	☑	R432-270-7(1)(l) 12 of 35 incident reports that were reviewed did not include corrective action.
R432-270-7(2)		(2) The licensee shall maintain the administrator's responsibilities in a written and signed job description on file in the facility.	☑	☐	☐		☐	☐	
Section 8. Personnel			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-8(1)		(1) The licensee shall ensure that qualified direct-care personnel are on-site 24 hours a day to meet each resident's needs as determined by the resident's assessment and service plans.	☑	☐	☐		☐	☐	

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R432-270-8(2)(a-e)		(2) The licensee shall hire and keep additional staff as necessary to perform: (a) cooking; (b) general maintenance; (c) housekeeping; (d) laundering; and (e) office work.	☑	☐	☐		☐	☐	
R432-270-8(3)		(3) The licensee shall ensure qualified staff perform services in accordance with the resident's written service plan.	☑	☐	☐		☐	☐	
R432-270-8(4)(a-b)		(4) The licensee shall ensure that any personnel who provide personal care to any resident in a type I and type II assisted living facility: (a) are at least 18 years of age; or (b) is a certified nurse aide in accordance with Section 58-31b-3, with related experience or on-the-job training for the job assigned;	☑	☐	☐		☐	☐	
R432-270-8(5)		(5) The licensee shall ensure that personnel are licensed, certified, or registered in accordance with applicable laws governing their professional licensure in Utah.	☑	☐	☐		☐	☐	
R432-270-8(6)(a-d)		(6) The administrator shall maintain written job descriptions for each position, including each position's: (a) qualifications; (b) required skills; (c) responsibilities; and (d) title.	☑	☐	☐		☐	☐	
R432-270-8(7)		(7) The licensee shall make facility policies and procedures available to personnel.	☑	☐	☐		☐	☐	

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R432-270-8(8)(a-b)		(8)(a) The licensee shall provide and document each employee's orientation to the facility for their hired position. (b) The licensee shall provide orientation to each employee within 30 days of hire that includes: (i) an explanation of ethics, confidentiality, and resident rights; (ii) an OL-approved core competency training; (iii) each relevant job description; (iv) employee responsibility for reporting abuse, neglect, and exploitation; (v) the facility fire and disaster plan; and (vi) the facility policy and procedures.	☐	☐	☐		☐	☑	R432-270-8(8)(b)(i)(ii)(iv)(v)(vi) 5 employees did not receive all required orientation training.
R432-270-8(9)(a-c)		(9)(a) The licensee shall provide each direct-care employee with: (i) a demonstration of core competency skills; (ii) a facility orientation; (iii) 16 hours of one-on-one training with a direct-care employee who has at least three months experience and has completed the facility orientation. (b) The licensee shall ensure training is not transferred to another facility, and includes: (i) ADLs; and (ii) transfer assistance and safety. (c) The licensee shall ensure: (i) a direct-care employee hired from a staffing agency is a certified nurse aide; and (ii) each certified nurse aide is exempt from the 16 hours of one-on-one job training.	☐	☐	☐		☐	☑	R432-270-8(9)(a)(iii). Two employees did not have documentation of 16 hours of one-on-one training with a direct-care employee.

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R432-270-8(10)(a-b)	(10(a) The licensee shall ensure each employee receives documented in-service training. (b) The licensee shall ensure the in-service and annual trainings include the following subjects relevant to the employee's job responsibilities: (i) abuse and neglect reporting requirements; (ii) accident prevention, including safe bath and shower temperatures; (iii) communication skills that enhance resident dignity; (iv) dementia and Alzheimer's-specific training; (v) first aid; (vi) principles of good housekeeping; (vii) principles of good nutrition, menu planning, food preparation and food storage; (viii) principles of providing personal and social care; (ix) proper procedures in assisting a resident with medication; (x) recognizing early signs of illness and determining when there is a need for professional assistance; (xi) resident rights; and (xii) review of core competency training.	☑	☐	☐		☐	☐	
R432-270-8(11)	(11) The administrator shall annually complete a minimum of four hours of core competency training that includes dementia and Alzheimer's-specific training.	☐	☐	☐		☐	☑	R432-270-8(11). The administrator did not have 4 hours of core competency training that included dementia and Alzheimer's specific training.
R432-270-8(12)(a-c)	(12) In addition to core competency training, the administrator shall: (a) complete a minimum of six hours of approved continuing professional education (CPE) annually that include a minimum of: (i) five hours in-person; (ii) one additional hour either in-person or online; and (iii) calculate 50 minutes of CPE as one hour; (b) ensure CPE courses under this subsection are approved by: (i) Utah Assisted Living Association; (ii) Utah Health Care Association; (iii) Beehive Homes; or (c) an entity listed in this subsection if the course is offered by another entity or organization.	☐	☐	☐		☐	☑	R432-270-8(12)(a). The administrator did have documentation of 6 hours of CPE hours.

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R432-270-8(13)	(13) The licensee shall ensure employees who report suspected abuse, neglect, or exploitation are not subject to retaliation, disciplinary action, or termination by the licensee for that reason alone.	☑	☐	☐		☐	☐	
R432-270-8(14)	(14) The licensee shall ensure a personnel health program is established through written personnel health policies and procedures that protect the health and safety of personnel, residents, and the public.	☑	☐	☐		☐	☐	
R432-270-8(15)(a-g)	(15) The licensee shall: (a) ensure an employee health inventory is completed when an employee is hired; (b) use an OL-approved form for the health inventory evaluation or their own form if it includes at least the employee's history of: (i) conditions that may predispose the employee to acquiring or transmitting infectious diseases; and (ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily; (c) develop an employee health screening and immunization components of for its personnel health program; (d) ensure employee skin testing: (i) uses the Mantoux Method or other Food and Drug Administration, (FDA) approved in vitro serologic test; and (ii) perform follow-up procedures for tuberculosis in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis; (e) ensure 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; (f) report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3; and (g) allow employees with known positive reactions to skin tests to be exempt from skin testing.	☐	☐	☐		☐	☑	R432-270-8(15)(a)(e)(i). The licensee did not ensure that 4 employees completed a health inventory upon hire and did not ensure 5 employees were skin-tested for tuberculosis within 2 weeks of initial hiring.

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R432-270-8(16)	(16) The licensee shall develop and implement policies and procedures governing an infection control program that include task-related employee infection control procedures and practices that protect residents, family members, and personnel from infection.	☑	☐	☐		☐	☐	
R432-270-8(17)	(17) The licensee shall ensure compliance with 29 CFR 1910.1030 (2001), the Occupational Safety and Health Administration's Bloodborne Pathogen Standard.	☑	☐	☐		☐	☐	
Section 9. Residents' Rights		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-9(1)	(1) Assisted living facility licensees shall develop a written resident rights statement based on this section.	☑	☐	☐		☐	☐	
R432-270-9(2)(a)-(b)	(2) The licensee shall ensure the administrator or designee gives each resident a written description of the resident's legal rights upon admission, that includes: (a) a description of the manner of protecting personal funds; and (b) a statement that the resident may file a complaint with the long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility.	☐	☐	☐		☐	☑	R432-270-9(2)(b). Five residents did not receive a statement that they could file a complaint with the long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility.
R432-270-9(3)	(3) The licensee shall ensure the administrator or designee notifies the resident or the resident's responsible person in a language and manner the resident or resident's responsible person can understand, in-writing, upon admission, of the resident's rights and rules governing resident conduct and responsibilities during the stay in the facility.	☑	☐	☐		☐	☐	
R432-270-9(4)	(4) The licensee shall ensure the administrator or designee promptly notifies in-writing the resident or the resident's responsible person when there is a change in resident rights under state law.	☑	☐	☐		☐	☐	

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R432-270-9(5)(a-x)	(5) The licensee shall ensure resident rights include the right to: (a) be treated with respect, consideration, fairness, and full recognition of personal dignity and individuality; (b) be transferred, discharged, or evicted by the facility only in accordance with the terms of the signed admission agreement; (c) be free of mental and physical abuse, and chemical and physical restraints; (d) refuse to perform work for the facility; (e) perform work for the facility if the facility consents and if: (i) the facility has documented the resident's need or desire for work in the service plan; (ii) the resident agrees to the work arrangement described in the service plan; (iii) the service plan specifies the nature of the work performed and whether the services are voluntary or paid; and (iv) compensation for paid services is at or above the prevailing rate for similar work in the surrounding community; (f) privacy during visits with family, friends, clergy, social workers, ombudsmen, resident groups, and advocacy representatives; (g) share a resident living unit with a spouse if: (i) both spouses consent; (ii) both spouses are facility residents; and (iii) the unit meets the construction requirements of Rule R432-6 for a shared or semi-private resident living unit; (h) privacy when receiving personal care or services; (i) keep personal possessions and clothing as space permits; (j) participate in religious and social activities of the resident's choice; (k) interact with members of the community both inside and outside the facility; (l) send and receive mail unopened; (m) have access to telephones to make and receive private calls; (n) arrange for medical and personal care; (o) have a family member or responsible person informed by the facility of significant changes in the resident's cognitive, medical, physical, or social condition or needs; (p) leave the facility at any time and not be locked into any room, building, or on-site at the facility during the day or night, except: (i) a type II assisted living resident is assessed to require a secure environment may be housed in a secure unit, if the secure unit is approved by the fire authority having jurisdiction; and (ii) the right does not prohibit the locking of facility entrance doors if egress is maintained; (q) be informed of complaint or grievance procedures	☑	☐	☐		☐	☐	

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R432-270-9(6)(a)-(c)	(6) The licensee shall ensure the following items are posted in a public area of the facility that is easily accessible and visible by each resident and the public: (a) the long-term care ombudsmen's notification poster; (b) information on Utah protection and advocacy systems; and (c) a copy of the resident rights.	☑	☐	☐		☐	☐	
R432-270-9(7)	(7) The licensee shall post the link to the facility search section of the OL website at https://dlbc.utah.gov/find-health-providers/ in a public area of the facility with an explanation that they may find compliance history and inspection results by searching for the facility's name on that link.	☐	☐	☐		☐	☑	R432-270-9(7). There was no link to the facility search section of the OL website posted.
R432-270-9(8)(a)-(d)	(8)(a) A resident may organize and participate in resident groups in the facility, and a resident's family may meet in the facility with the families of other residents. (b) The licensee shall provide private space for resident groups or family groups. (c) Facility personnel or visitors may attend resident group or family group meetings only at the group's invitation. (d) The administrator shall designate an employee to assist with and respond to written requests that result from group meetings.	☑	☐	☐		☐	☐	
Section 10. Admissions		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-10(1)	(1) The licensee shall have written admission, retention, and transfer policies that are available to the public upon request.	☐	☐	☐		☐	☑	R432-270-10(1). There were no admission, retention, or transfer policies available to review.
R432-270-10(2)(a)-(b)	(2) Before accepting a resident, the licensee must ensure enough information is obtained about the person's ability to function in the facility through the following: (a) an interview with the resident and the resident's responsible person; and (b) the completion of the resident assessment.	☑	☐	☐		☐	☐	

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R432-270-10(3)	(3) If the OL determines during inspection or interview that the facility knowingly and willfully admits or keeps a resident who does not meet admission criteria, OL may, for a time period specified, require that resident assessments be conducted by an individual who is independent from the facility.	☑	☐	☐		☐	☐	
R432-270-10(4)(a-f)	(4) A type I assisted living licensee may accept and keep a resident who: (a) does not require total assistance from another person with more than three ADLs; (b) has stable health; (c) is ambulatory or mobile and can take life-saving action in an emergency without the assistance of another person; (d) is cognitively impaired or physically disabled, but can evacuate from the facility without the assistance of another person; (e) requires and received intermittent care of treatment in the facility from a licensed health care professional, either through contract or by the licensee, if permitted in policy; or (f) requires no assistance, or only limited assistance with ADLs.	☐	☐	☑		☐	☐	The facility is a type II
R432-270-10(5)(a-c)	(5) A type II assisted living facility licensee may accept and keep a resident who: (a) is cognitively impaired or physically disabled, but can evacuate from the facility with the limited assistance of one person; (b) is physically disabled, but can direct their own care; or (c) requires total assistance from another person in more than three ADLs if; (i) the resident can evacuate the facility with the limited assistance of one person; and (ii) the staffing level and coordinate supportive health and social services meet the needs of the resident.	☑	☐	☐		☐	☐	

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	R432-270-10(6)(a)-(c)		(6) A type I and type II assisted living licensee may not admit or keep a person who: (a) has active tuberculosis or other chronic communicable diseases that cannot be treated in the facility or on an outpatient basis, or may be transmitted to other residents or guests through the normal course of activities; (b) manifests behavior that is: (i) assaultive; (ii) poses a danger to self or others; (iii) sexually or socially inappropriate; or (iv) suicidal; and (c) requires inpatient hospital, long-term nursing care or 24-hour continual nursing care that will last longer than 15 calendar days after the day that the nursing care begins.	☑	☐	☐		☐	☐	
	R432-270-10(7)(a-b)		(7) In accordance with Section 26B-2-236, a type I or type II assisted living licensee may not: (a) deny an individual admission to the facility for the sole reason that the individual or the individual's legal representative requests to install or operate a monitoring device in the individual's room; and (b) permit any employee, as outlined in the policy, to deactivate, reposition, or otherwise interfere with the operation of a monitoring device in a resident's room.	☑	☐	☐		☐	☐	

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	R432-270-10(8)(a-c)		(8)(a) The licensee shall ensure the prospective resident or the prospective resident's responsible person signs a written admission agreement before admission. (b) The licensee shall maintain the admission agreement on file. (c) The licensee shall ensure the admission agreement specifies: (i) a notification that OL has the authority to examine resident records to determine compliance with licensing requirements; (ii) an outline of each condition that may end the agreement; (iii) any reason for mandatory placement in a shared resident living unit; (iv) any refund procedures for: (A) a thirty-day notice provided by the licensee to the resident for a transfer or discharge; (B) a transfer or discharge without notice; (C) an emergency transfer or discharge; and (D) the death of a resident; (v) any room and board charge including any charge for any basic and optional service; (vi) the facility's admission, retention, transfer, discharge, and eviction policies; and (vii) the provision for a 30-day notice before any change in any established charge.	☑	☐	☐		☐	☐	

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R432-270-10(9)(a-b)	(9)(a) A type I assisted living licensee may accept and retain resident who is admitted to a hospice program if: (i) the licensee keeps a copy of the physician's diagnosis and orders for care; and (ii) the licensee makes the hospice services part of the resident's service plan that explains who is responsible to meet the resident's needs. (b) A type I assisted living licensee may keep a hospice patient resident who cannot exit the facility without assistance if: (i) a worker or individual is assigned to each specific hospice patient resident and is on-site to assist the resident in emergency evacuation 24 hours a day, seven days a week; (ii) the assigned worker or individual is physically able to provide emergency evacuation assistance to the particular hospice patient resident; (iii) the assigned worker or individual is trained to specifically assist in the emergency evacuation of the assigned hospice patient resident; and (iv) the hospice patient residents who cannot evacuate without assistance does not comprise more than 25% of the facility resident census.	☐	☐	☑		☐	☐	The facility is a type II facility.
R432-270-10(10)(a)-(c)	(10) A type II assisted living licensee may accept and keep a hospice patient resident under the following conditions: (a) if the hospice patient resident cannot evacuate the facility without significant assistance, the licensee shall: (i) develop an emergency plan to evacuate the hospice patient resident in the event of an emergency; and (ii) integrate the emergency plan into the hospice patient resident's service plan; (b) the licensee keeps a copy of the physician's diagnosis and orders for care; and (c) the licensee makes the hospice services part of the hospice patient resident's service plan that explains who is responsible to meet the hospice	☐	☐	☐		☐	☑	R432-270-10(10)(b). No hospice plan of care for a hospice patient resident.
Section 11. Transfer of Discharge Requirements		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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R432-270-11(1)(a)-(e)	(1) The licensee may discharge, transfer, or evict a resident for any of the following reasons: (a) the facility ceases to operate; (b) the resident fails to comply with written policies or rules of the facility; (c) the resident fails to pay for services as required by the admission agreement; (d) the resident wishes to transfer; or (e) the resident's needs cannot be met because the resident poses a threat to the health or safety of self or others, or the resident's required medical treatment cannot be provided.	☑	☐	☐		☐	☐	
R432-270-11(2)	(2) Before a resident transfer or discharge is initiated, the licensee shall ensure a transfer or discharge notice is served to the resident and the resident's responsible person.	☐	☐	☑		☐	☐	No facility initiated discharges.
R432-270-11(3)(a-b)	(3) Before a resident transfer or discharge is initiated, the licensee shall: (a) ensure the notice is delivered either by hand or by certified mail; and (b) ensure the notice is served at least 30 days before the day of planned resident transfer or discharge, unless notice for a shorter period is necessary: (i) if the resident's urgent medical needs require an immediate transfer or discharge; (ii) if the resident has not resided in the facility for at least 30 days; (iii) to protect the health of the individuals in the facility from endangerment due to the medical or behavioral status of the resident; or (iv) to protect the safety of the individuals in the facility from endangerment due to the resident's continued residency.	☐	☐	☑	```	☐	☐	No facility initiated discharges.

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R432-270-11(4)(a-i)	(4) The licensee shall ensure that the notice of transfer or discharge: (a) contains the name, mailing address, email address, and telephone number of Utah's long-term care ombudsman; (b) contains, for a developmentally disabled resident, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under Developmental Disabilities Assistance and Bill of Rights Act of 2000, Pub. L. No. 106-402; (c) contains, for a mentally ill resident, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under Protection and Advocacy for Mentally Ill Individuals Act of 1986, Pub. L. No. 99-319; (d) is in writing with a copy placed in the resident file; (e) is phrased in a manner and language that can be understood by the resident and the resident's responsible person; (f) states the effective date of transfer or discharge; (g) states the location where the resident will be transferred or discharged to if known; (h) states the reasons for transfer or discharge; and (i) states that the resident may request a conference within five calendar days of receipt of the notice to discuss the transfer or discharge.	☐	☐	☑		☐	☐	No facility initiated discharges.
R432-270-11(5)(a-d)	(5) The licensee shall: (a) provide the notice described in this section to the resident and the resident's responsible person at least 30-days before the day that the resident is transferred or discharged, unless notice of a shorter period is necessary to protect the health or safety of individuals in the facility due to the medical or behavioral status of the resident; (b) send a copy of the notice described in this section to Utah's long-term care ombudsman on the same day that the licensee delivers the notice to the resident and resident's responsible person; (c) update the transfer or discharge notice as soon as practicable before the transfer or discharge, if information in the notice changes before the transfer or discharge; and (d) verbally explain to the resident, the services available through the ombudsman and the contact information for the ombudsman.	☐	☐	☑		☐	☐	No facility initiated discharges.

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R432-11(6)	(6) The licensee shall ensure the transfer or discharge notice is prepared, discussed, provided, and documented to ensure a safe and orderly transfer or discharge from the facility.	☐	☐	☑		☐	☐	No facility initiated discharges.
R432-270-11(7)(a-d)	(7)(a) The resident or the resident's responsible person may contest a transfer or discharge. (b) If the transfer or discharge is contested, the licensee shall provide an informal conference, except where undue delay might jeopardize the health, safety, or well-being of the resident or others. (c) The resident, or the resident's responsible person, shall request the conference within five calendar days of the day of receipt of notice of discharge to determine if a satisfactory resolution can be reached. (d) Participants in the conference shall include: (i) the facility representatives; (ii) the resident, or the resident's responsible person; and (iii) any others requested by the resident, or the resident's responsible person.	☐	☐	☑		☐	☐	No facility initiated discharges.
R432-270-11(8)	(8) If the facility closes, the licensee shall provide written notification of the closure to: (i) Utah's long-term care ombudsman; (ii) each resident of the facility; and (iii) each resident's responsible person.	☐	☐	☑		☐	☐	The facility is not closing
R432-270-11(9)	(9) The licensee may not discharge a resident for the sole reason that the resident or the resident's legal representative requests to install or operate a monitoring device in the resident's room in accordance with Section 26B-2-236.	☑	☐	☐		☐	☐	
Section 12. Resident Assessment		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-12(1)	(1) The licensee shall ensure a signed and dated resident assessment is completed for each resident before admission and at least every six months thereafter.	☑	☐	☐		☐	☐	

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R432-270-12(2)	(2) In each type I and type II assisted living facility, a licensed health care professional shall complete and sign the initial and six-month resident assessment.	☑	☐	☐		☐	☐	
R432-270-12(3)(a-b)	(3) The licensee shall ensure that the resident assessment: (a) accurately reflects the resident's status when assessed; and (b) includes a statement signed by the licensed health care professional completing the resident assessment that the resident meets the admission and level of assistance criteria for the facility.	☑	☐	☐		☐	☐	
R432-270-12(4)	(4) The licensee shall ensure the resident assessment form is approved by the OL for documenting resident assessments.	☑	☐	☐		☐	☐	
R432-270-12(5)(a-b)	(5)(a) The licensee shall ensure each resident's assessment is revised and updated when there is a significant change in the resident's: (i) cognitive condition; (ii) medical condition; (iii) physical condition; or (iv) social condition. (b) The licensee shall update the resident's service plan to reflect any change in condition.	☑	☐	☐		☐	☐	
Section 13. Service Plan		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-13(1)(a-c)	(1)(a) The licensee shall ensure that each resident has an individualized service plan that is consistent with the resident's unique cognitive, medical, physical, and social needs. (b) The licensee shall ensure the service plan is developed within seven calendar days of the day the facility admits the resident. (c) The licensee shall ensure the service plan is periodically revised as needed.	☑	☐	☐		☐	☐	
R432-270-13(2)	(2) The licensee shall ensure the resident assessment is used to develop, review, and revise the service plan for each resident.	☐	☐	☐		☐	☑	R432-270-13(2). One resident assessment was not used to develop their service plan.

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R432-270-13(3)(a-d)	(3) The licensee shall ensure that the service plan includes a written description of the services to be provided and: (a) how services are provided; (b) each change to services and reason for each change; (c) the frequency of services; and (d) who will provide the services, including the resident's significant others who may participate in the delivery of services.	☑	☐	☐		☐	☐	
Section 14. Nursing Services		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-14(1)	(1) The licensee shall ensure written policies and procedures are developed defining the level of nursing services provided by the licensee.	☐	☐	☐		☐	☑	R432-270-14(1) There were no policies and procedures developed defining the level of nursing services provided by the licensee.
R432-270-14(2)	(2) A type I assisted living licensee shall hire or contract with a registered nurse to provide or delegate medication administration for any resident who cannot self-medicate or self-direct medication management.	☐	☐	☑		☐	☐	The facility is a type II.
R432-270-14(3)(a-c)	(3) A type II assisted living licensee shall hire or contract with a registered nurse to provide or supervise nursing services to include: (a) a nursing assessment on each resident; (b) general health monitoring on each resident; and (c) routine nursing tasks, including those that may be delegated to unlicensed assistive personnel per Section R156-31B-701.	☑	☐	☐		☐	☐	
R432-270-14(4)	(4) A type I assisted living licensee may provide nursing care per facility policy. If a type I assisted living licensee chooses to provide nursing services, the nursing services shall be provided per Subsections R432-270-14(3)(a) through (c).	☐	☐	☑		☐	☐	The facility is a type II facility.

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	R432-270-14(5)(a-b)		(5)(a) Type I and type II assisted living licensees may not provide skilled nursing care, but shall assist the resident in obtaining required services. (b) A nursing service is considered skilled nursing when: (i) the complexity or specialized nature of the prescribed services can be safely or effectively performed only by, or under the close supervision of, a licensed health care professional personnel; or (ii) care is needed to prevent, to the extent possible, deterioration of a condition or to sustain the current capacities of a resident.	☑	☐	☐		☐	☐	
	R432-270-14(6)		(6) At least one certified nurse aide shall be on duty in a type II facility 24 hours a day.	☑	☐	☐		☐	☐	
	Section 15. Secure Units			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	R432-270-15(1)		(1) A type II assisted living licensee with approved secure units may admit a resident with a diagnosis of Alzheimer's or dementia if the resident can exit the facility with limited assistance from one person.	☑	☐	☐		☐	☐	
	R432-270-15(2)(a-b)		(2) The licensee shall ensure that each resident admitted to a secure unit has an admission agreement that is signed by the resident or their legal representative that acknowledges understanding and consent to reside in a facility where egress is controlled. The licensee shall ensure the secure admission agreement: (a) documents that a wander risk management agreement has been negotiated with the resident or resident's responsible person; and (b) identifies discharge criteria that would initiate a transfer of the resident to a higher level of care than	☐	☐	☐		☐	☑	R432-270-15(2). Three resident admission agreements did not include acknowledgement and consent that they resided in a facility where egress was controlled.
	R432-270-15(3)		(3) In addition to completing the facility orientation and demonstrating core competency skills, the licensee shall ensure each direct-care employee in the secure unit is provided a minimum of four hours of the 16 required hours of documented one-on-one job training in the secure unit.	☑	☐	☐		☐	☐	
	R432-270-15(4)		(4) The licensee shall ensure that there is at least one direct-care staff in the secure unit continuously.	☑	☐	☐		☐	☐	

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	R432-270-15(5)		(5) The licensee shall provide an emergency evacuation plan on each secure unit that addresses the ability of the secure unit staff to evacuate each resident in an emergency.	☑	☐	☐		☐	☐	
	R432-270-15(6)		(6) The licensee shall ensure a secure unit is constructed in accordance with Section 15A-3-105 and no more than 30 residents may reside in an area enclosed for smoke and fire and with controlled egress.	☑	☐	☐		☐	☐	
	Section 16. Arrangements for Medical or Dental Care			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	R432-270-16(1)(a-h)		(1) The licensee shall ensure each resident is assisted in arranging access for any required ancillary services for medically related care including a: (a) dentist; (b) home health provider; (c) hospice provider; (d) pharmacist; (e) physician; (f) podiatrist; (g) therapist; and (h) provider of any other services necessary to support the resident.	☑	☐	☐		☐	☐	
	R432-270-16(2)(a-c)		(2) The licensee shall ensure care through one or more of the following methods is arranged: (a) notifying the resident's responsible person; (b) arranging for transportation to and from the practitioner's office; or (c) arrange for a home visit by a health care professional.	☑	☐	☐		☐	☐	
	R432-270-16(3)		(3) The licensee shall notify a physician or other health care professional when the resident requires immediate medical attention.	☑	☐	☐		☐	☐	
	Section 17. Activity Program			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	R432-270-17(1)		(1) The licensee shall ensure each resident is encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreational programs.	☑	☐	☐		☐	☐	

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R432-270-17(2)(a-d)		(2) The licensee shall ensure opportunities for the following are provided: (a) community activities to promote resident participation in activities away from the facility; (b) independent living activities to foster and maintain independent functioning; (c) physical activities; and (d) socialization activities.	☐	☐	☐		☐	☑	R432-270-17(2)(a). No community activities.
R432-270-17(3)(a-c)		(3) The administrator shall designate an activity coordinator to direct the facility's activity program. The activity coordinator's duties include: (a) coordinating recreational activities, including volunteer and auxiliary activities; (b) developing and posting monthly activity calendars, including information on community activities based on resident needs and interests; and (c) planning, organizing, and conducting the resident activity program with resident participation.	☑	☐	☐		☐	☐	
R432-270-17(4)		(4) The licensee shall provide enough equipment, supplies, and indoor and outdoor space to meet the recreational needs and interests of the residents.	☑	☐	☐		☐	☐	
R432-270-17(5)		(5) The licensee shall ensure storage for recreational equipment and supplies is provided. The licensee shall ensure locked storage is provided for potentially dangerous items such as scissors, knives, and toxic materials.	☐	☐	☐		☐	☑	There were scissors accessible in the activity storage room.
Section 18. Medication Administration			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-18(1)		(1) A licensed health care professional shall assess each resident to determine what level and type of assistance is required for medication administration. The health care professional shall document the level and type of assistance the health care professional provides in each resident's assessment.	☑	☐	☐		☐	☐	
R432-270-18(2)		(2) The licensee shall ensure each resident's medication program is administered by one of the methods described Subsections R432-270-18(2) through (9).	☑	☐	☐		☐	☐	

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R432-270-18(3)	(3) A resident assessed to be able to self-administer medication may keep prescription medications in their room.	☐	☐	☑		☐	☐	None of the residents self-administer their medications.
R432-270-18(4)	(4) If more than one resident resides in a resident living unit, the licensee shall ensure each person's ability is assessed to safely have medications in the resident living unit. If safety is a factor, the licensee shall ensure a resident stores their medication in a locked container in the resident living unit.	☐	☐	☑		☐	☐	All residents have their own living units.
R432-270-18(5)(a-b)	(5)(a) A resident may be assessed to be able to self-direct medication administration. (b) Facility staff may assist a resident assessed to self-direct medication by: (i) opening medication containers; (ii) reminding the resident or the resident's responsible person when the prescription needs to be refilled; and (iii) reminding the resident to take the medication.	☐	☐	☑		☐	☐	None of the residents self-direct medication administration.
R432-270-18-(6)(a-c)	(6)(a) A resident may be assessed to allow family members or a designated responsible person to administer medications. (b) If a family member or designated responsible person assists with medication administration, the licensee shall ensure they sign a waiver indicating that they agree to assume the responsibility to fill prescriptions, administer medication, and document that the medication has been administered. (c) Facility staff may not serve as the designated responsible person.	☑	☐	☐		☐	☐	

RULES CHECKLIST								
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R432-270-18(7)(a-f)	(7)(a) A resident may be assessed as unable to self-administer or self-direct medications. (b) Facility staff may administer medications only after delegation by a licensed health care professional under the scope of their practice. (c) If a licensed health care professional delegates the task of medication administration to unlicensed assistive personnel, the licensee shall ensure the delegation is in accordance with Title 58, Chapter 31b, Nurse Practice Act and Section R156-31B-701. (d) The licensee shall ensure medications are administered according to the prescribing order. (e) The delegating authority shall provide and document supervision, evaluation, and training of unlicensed assistive personnel assisting with medication administration. (f) The delegating authority or another registered nurse shall be readily available either in-person or by telecommunication.	☐	☐	☐		☐	☑	R432-270-18(7)(d). Two residents did not receive their medications as prescribed.
R432-270-18(8)	(8) A resident may independently administer their own personal injections if they have been assessed to be independent in that process. This may be done in conjunction with the administration of medication in methods Subsections R432-270-18(6) through (7).	☐	☐	☑		☐	☐	None of the current resident independently administer injections.
R432-270-18(9)	(9) Home health or hospice agency staff may provide medication administration to a facility resident exclusively, or in accordance with Subsections R432-270-18(2) through (9).	☐	☐	☑		☐	☐	Home Health or Hospice do not exclusively administer resident medications.
R432-270-18(10)	(10) The licensee shall ensure a licensed health care professional or licensed pharmacist reviews resident medications at least every six months.	☑	☐	☐		☐	☐	
R432-270-18(11)(a-g)	(11) The licensee shall ensure that medication records include the: (a) medication name, including prescribed dosage; (b) method of administration; (c) name of the prescribing practitioner; (d) review date; (e) resident's name; (f) signatures of personnel administering the medication; and (g) time, dose, and dates administered.	☑	☐	☐		☐	☐	

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R432-270-18(12)(a-c)	(12)(a) The licensee shall ensure that a licensed health care professional or licensed pharmacist documents any change in the dosage or schedule of medication in the medication record. (b) When the facility staff documents medication changes, the licensed health care professional must co-sign within 72 hours. (c) The licensee shall ensure that the licensed health care professional notifies unlicensed assistive personnel who administer medications of the medication change.	☑	☐	☐		☐	☐	
R432-270-18(13)	(13) The licensee shall have access to a reference for possible reactions and precautions for prescribed medications in the facility.	☑	☐	☐		☐	☐	
R432-270-18(14)	(14) The licensee shall ensure the licensed health care professional is notified when medication errors occur.	☐	☐	☐		☐	☑	R432-270-18(14). The licensed healthcare professional was not notified when medication errors occurred.
R432-270-18(15)	(15) The licensee shall ensure that medication error incident reports are completed if a medication error occurs or is identified.	☐	☐	☐		☐	☑	R432-270-18(15). Medication error incident reports were not completed when medication errors occured.
R432-270-18(16)	(16) The licensee shall incorporate medication errors into the facility quality improvement process.	☐	☐	☐		☐	☑	R432-270-18(16). Meds were not incorporated into the 1st and 2nd Quarter QA.
R432-270-18(17)(a-b)	(17) The licensee shall ensure that medications stored in a central storage area are: (a) available for the resident to have timely access to the medication; and (b) locked to prevent unauthorized access.	☑	☐	☐		☐	☐	
R432-270-18(18)	(18) The licensee shall ensure medications that require refrigeration are stored separately from food items and at temperatures between 36 - 46 degrees Fahrenheit.	☑	☐	☐		☐	☐	
R432-270-18(19)(a-b)	(19) The licensee shall ensure policies governing the following are developed and implemented: (a) destruction and disposal of unused, outdated, or recalled medications; and (b) security and disposal of controlled substances by the licensee or facility staff that are consistent with the Code of Federal Regulations, Title 21, Chapter II, Part 1317 (2014).	☐	☐	☐		☐	☑	R432-270-18(19)(a-b). There were no policies governing the destruction and disposal of meds or security and disposal of controlled substances.

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R432-270-18(20)	(20) The licensee shall ensure the return of resident's medication to the resident or to the resident's responsible person is documented upon discharge.	☐	☐	☐		☐	☑	R432-270-18(20). Disposition of medications were not documented for 2 closed files.
Section 19. Management of Resident Funds		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-19(1)(a-b)	(1)(a) Each resident has the right to manage and control their financial affairs. (b) The licensee may not require a resident to deposit their personal funds or valuables with the facility.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.
R432-270-19(2)	(2) The licensee is not required to handle a resident's cash resources or valuables. However, upon written authorization by the resident or the resident's responsible person, the facility may hold, safeguard, manage, and account for the resident's personal funds or valuables deposited with the facility, in accordance with this section.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.
R432-270-19(3)(a-f)	(3) The licensee shall establish and maintain, on the resident's behalf, a system that ensures a full, complete, and separate accounting according to generally accepted accounting principles of each resident's personal funds entrusted to the facility. The system shall: (a) for records of a resident's funds that are maintained as a drawing account, include a control account for receipts and expenditures and an account for each resident and supporting receipts filed in chronological order; (b) include a copy of the receipt that it furnished to the resident for funds received and other valuables entrusted to the licensee for safekeeping; (c) preclude any commingling of resident funds with facility funds or with the funds of any person other than another resident, and preclude facility personnel from using a resident's funds or valuables as their own; (d) maintains a separate account for resident funds for each facility and does not commingle such funds with resident funds from another facility; (e) separate a resident's funds and valuables intact and free from any liability that the licensee incurs in the use of its own or the facility's funds and valuables; and (f) keep each account with columns for debits, credits, and balance.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.

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	R432-270-19(4)		(4) The licensee shall ensure individual financial records are made available on request through quarterly statements to the resident or the resident's legal representative.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.
	R432-270-19(5)		(5) The licensee shall purchase a surety bond or otherwise provide assurance satisfactory to OL that resident personal funds deposited with the facility are secure.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.
	R432-270-19(6)(a-d)		(6) The licensee shall ensure: (a) each resident's share, including interest, has separate accounting in pooled accounts; (b) interest earned on a resident's bank account is credited to the resident's account; (c) resident funds over $150 are deposited within five days of receipt in an interest-bearing bank account at a local financial institution separate from any of the facility's operating accounts; and (d) resident personal funds that do not exceed $150 are kept in either a non-interest-bearing account, an interest-bearing account, or a petty cash fund.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.
	R432-270-19(7)		(7) Upon discharge of a resident with funds or valuables deposited with the facility, the licensee shall ensure the resident's funds are conveyed the same day, and a final accounting of those funds provided to the resident or the resident's legal representative.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.
	R432-270-19(8)		(8) Upon discharge of a resident with funds or valuables kept in an interest-bearing account, the licensee shall ensure the funds or valuables are accounted for and made available to the resident or resident's legal representative within three working days.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.
	R432-270-19(9)		(9) Within 30 days following the death of a resident, except in a medical examiner case, the licensee shall ensure the resident's valuables and funds entrusted to the facility are conveyed, and a final accounting of those funds, to the individual administering the resident's estate.	☐	☐	☑		☐	☐	The licensee does not manage resident funds.
	Section 20. Records			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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R432-270-20(1)	(1) The licensee shall ensure accurate and complete records are maintained. The licensee shall safely file and store records and ensure they remain easily accessible to staff and OL.	☑	☐	☐		☐	☐	
R432-270-20(2)	(2) The licensee shall ensure records are protected against access by unauthorized individuals.	☐	☐	☐		☐	☑	R432-270-20(2). Resident information was not protected against unauthorized access during as medication administration. The computer with resident
R432-270-20(3)(a-j)	(3) The licensee shall ensure personnel records are maintained for each employee and are retained for at least four years following termination of employment. The licensee shall ensure personnel records include: (a) a health inventory; (b) a TB skin test documentation; (c) documentation of CPR and first aid training; (d) documentation of core competency initial and annual training; (e) documentation of criminal background screening; (f) food handlers permits; (g) the date of employment; (h) the employee application; (i) the reason for leaving; and (j) the termination date.	☑	☐	☐		☐	☐	
R432-270-20(4)(a-e)	(4) The licensee shall ensure a separate record for each resident is maintained at the facility that includes: (a) the admission agreement; (b) the name, address, and telephone number of: (i) the individual to be notified if there is an accident or death; and (ii) the person who administers and obtains medications if this person is not facility staff; (c) the resident assessment; (d) the resident service plan; and (e) the resident's name, date of birth, and last address.	☑	☐	☐		☐	☐	
R432-270-20(5)	(5) The licensee shall keep resident records for at least four years following discharge.	☑	☐	☐		☐	☐	

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R432-270-20(6)(a-b)	(6)(a) The licensee shall ensure compliance with Rule R380-600. (b) For incident reporting, this subsection supersedes Rule R380-600, and the licensee shall ensure any written incident and injury report is maintained for at least four years and documents any: (i) elopement; (ii) fight or physical confrontation; (iii) injury; (iv) resident death; (v) situation that require the use of passive physical restraint; (vi) suspected abuse or neglect; and (vii) other situation or circumstance affecting the health, safety, or well-being of any resident.	☐	☐	☐		☐	☑	R432-270-20(6)(b)(iv). Missing incident report for 1 resident's death.
Section 21. Food Services		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-21(1)(a-d)	(1) The licensee shall ensure: (a) a one-week supply of nonperishable food and a three-day supply of perishable food is maintained, as required to prepare the planned menus; (b) each resident is provided three meals a day, seven days a week, plus snacks; (c) food service complies with the following: (i) food is of good quality and is prepared by methods that keep nutritive value, flavor, and appearance; (ii) food is palatable, attractively served, and delivered to the resident at the appropriate temperature; and (iii) powdered milk may only be used as a beverage upon the resident's request but may be used in cooking and baking; (d) no more than a 14-hour interval occurs between the evening meal and breakfast, unless a nutritious snack is available in the evening.	☑	☐	☐		☐	☐	
R432-270-21(2)	(2) The licensee shall ensure adaptive eating equipment and utensils are provided for a resident as needed.	☑	☐	☐		☐	☐	

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R432-270-21(3)(a-d)	(3) The licensee shall ensure a different menu is planned and followed for each day of the week and that: (a) a certified dietitian approves and signs any menu; (b) a cycle menu covers a minimum of three weeks; (c) any substitution to the menu that is served to a resident is recorded and retained for three months for review by OL; and (d) the current week's menu is posted for resident viewing.	☑	☐	☐		☐	☐	
R432-270-21(4)	(4) The licensee shall ensure meals are served in a designated dining area suitable for that purpose or in resident rooms upon request by the resident.	☑	☐	☐		☐	☐	
R432-270-21(5)	(5) The licensee shall ensure each resident is encouraged to eat their meals in the dining room with other residents.	☑	☐	☐		☐	☐	
R432-270-21(6)	(6) The licensee shall ensure any inspection report by the local health department is maintained at the facility for review by OL.	☑	☐	☐		☐	☐	
R432-270-21(7)	(7) If a resident is admitted requiring a therapeutic or special diet, the licensee shall ensure there is an approved dietary manual for reference when preparing meals. The licensee shall ensure dietitian consultation is provided at least quarterly and documented for any resident requiring a therapeutic diet.	☐	☐	☑		☐	☐	None of the current residents are on a therapeutic diet.
R432-270-21(8)(a-c)	(8)(a) The licensee shall ensure food service personnel are employed to meet the needs of each resident. (b) While on-duty in food service, the cook and other kitchen staff may not be assigned concurrent duties outside the food service area. (c) The licensee shall ensure personnel who prepare or serve food have a current food handler's permit.	☐	☐	☐		☐	☑	R432-270-21(8)a-c. Three employees did not have current food handlers permits
R432-270-21(9)	(9) The licensee shall ensure compliance with the Rule R392-100, Food Service Sanitation.	☑	☐	☐		☐	☐	
R432-270-21(10)	(10) If food service personnel also work in housekeeping or provide direct resident care, the licensee shall ensure employee hygiene and infection control measures are developed and implemented to maintain a safe, sanitary food service.	☐	☐	☑		☐	☐	Food service personnel only work in food service.

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Section 22. Housekeeping Services		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-22(1)	(1) The licensee shall employ housekeeping staff to maintain both the exterior and interior of the facility.	☑	☐	☐		☐	☐	
R432-270-22(2)(a-b)	(2) The licensee shall designate a person to direct housekeeping services who shall: (a) ensure furniture, bedding, linens, and equipment are clean before use by another resident; and (b) post routine laundry, maintenance, and cleaning schedules for housekeeping staff.	☑	☐	☐		☐	☐	
R432-270-22(3)	(3) The licensee shall ensure control odors by maintaining cleanliness.	☑	☐	☐		☐	☐	
R432-270-22(4)	(4) The licensee shall provide a trash container in every occupied room.	☑	☐	☐		☐	☐	
R432-270-22(5)	(5) The licensee shall ensure cleaning agents, bleaches, insecticides, or poisonous, dangerous, or flammable materials are stored in a locked area to prevent unauthorized access.	☐	☐	☐		☐	☑	Cleaning agents, poisonous, and flammable materials were observed in the secure unit lounge and in the laundry room.
R432-270-22(6)(a-e)	(6) The licensee shall ensure housekeeping personnel are trained regarding: (a) cleaning procedures; (b) preparing and using cleaning solutions; (c) procedures for disposal of waste; (d) proper handling of clean and soiled linen; and (e) proper use of equipment.	☐	☐	☐		☐	☑	5 Housekeeping personnel were not trained on all areas of housekeeping
R432-270-22(7)	(7) The licensee shall ensure bathtubs, shower stalls, or sinks are not used as storage places.	☑	☐	☐		☐	☐	
R432-270-22(8)	(8) The licensee may not use throw or scatter rugs that present a tripping hazard to a resident.	☑	☐	☐		☐	☐	
Section 23. Laundry Services		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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R432-270-23(1)(a-c)	(1) The licensee shall ensure: (a) at least one washing machine and one clothes dryer are available for resident use; (b) laundry services are provided to meet the need of each resident, including an adequate supply of linens; and (c) the resident or resident's responsible person is informed in-writing of the facility's laundry policy for the resident's personal clothing.	☑	☐	☐		☐	☐	
R432-270-23(2)	(2) The licensee shall ensure food is not stored, prepared, or served in any laundry area.	☑	☐	☐		☐	☐	
Section 24. Maintenance Services		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-24(1)	(1) The licensee shall ensure maintenance, including preventive maintenance, is conducted according to a written schedule to ensure that the facility equipment, buildings, fixtures, spaces, and grounds are safe, clean, operable, in good repair, and in compliance with Rule R432-6.	☐	☐	☐		☐	☑	No log for preventive maintenance and the fire doors next to the laundry room were propped open (no magnetic release device or other device).
R432-270-24(2)(a-d)	(2) The licensee shall ensure: (a) an air filter installed in a heating, ventilation, or air conditioning system is inspected, cleaned, or replaced in accordance with manufacturer specifications; (b) each electrical system, including appliances, cords, equipment call lights, and switches are maintained to guarantee safe functioning; (c) each entrance, exit, step, and outside walkway is maintained in a safe condition and free of ice, snow, and other hazards; and (d) fire-rated construction and assemblies are maintained in accordance with Rule R710-3.	☑	☐	☐		☐	☐	
R432-270-24(3)	(3) The licensee shall ensure that a pest control program is conducted in the facility buildings and on the grounds by a licensed pest control contractor or a qualified employee, certified in Utah, to ensure the absence of vermin and rodents.	☑	☐	☐		☐	☐	
R432-270-24(4)	(4) The licensee shall document any maintenance work or pest control that is performed.	☑	☐	☐		☐	☐	

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R432-270-24(5)(a-b)	(5)(a) The licensee shall ensure that hot water temperature controls automatically regulate temperatures of hot water delivered to any plumbing fixture used by a resident. (b) The licensee shall ensure hot water delivered to public and resident care areas is maintained at temperatures between 105 and 120 degrees Fahrenheit.	☑	☐	☐		☐	☐	
Section 25. Disaster and Emergency Preparedness		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-25(1)	(1) The licensee is responsible for the safety and well-being of residents in the event of an emergency or disaster.	☑	☐	☐		☐	☐	
R432-270-25(2)(a-b)	(2)(a) The licensee and the administrator are responsible for developing an emergency and disaster response plan to respond to potential emergencies and disasters. (b) The emergency and disaster response plan shall outline the protection or evacuation plan for each resident, including arrangements for staff response, or providing additional staff, to ensure the safety of any resident with a physical or mental limitation.	☑	☐	☐		☐	☐	
R432-270-25(3)	(3) The licensee shall ensure that the facility's emergency and disaster response plan is in-writing and distributed or made available to facility staff and each resident to ensure prompt and efficient implementation.	☑	☐	☐		☐	☐	
R432-270-25(4)(a-k)	(4) An emergency and disaster includes: (a) a bomb threat; (b) a fire; (c) a missing resident; (d) a mass casualty; (e) an earthquake; (f) a windstorm; (g) an epidemic; (h) an explosion; (i) an interruption of public utilities; (j) severe weather; and (k) the death of a resident.	☐	☐	☐		☐	☑	R432-270-25(4)(f). The emergency and disaster response plan was missing windstorm
R432-270-25(5)	(5) The licensee and the administrator shall review and update the plan as necessary to conform with local emergency plans. The licensee shall ensure the plan is available for review by OL.	☑	☐	☐		☐	☐	

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R432-270-25(6)(a-j)	(6) The licensee shall ensure the emergency and disaster response plan addresses the following: (a) assignment of personnel to specific tasks during an emergency; (b) delivery of essential care and services if additional persons are housed in the facility during an emergency; (c) delivery of essential care and services to facility occupants by alternate means; (d) delivery of essential care and services to facility occupants if 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 each resident's needs after an emergency or disaster; (g) the procedure to evacuate and transport each resident and staff to a safe place within the facility or to other prearranged locations; (h) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies; (i) the names of the person in charge and persons with decision-making authority; and (j) the names of persons who shall be notified in an emergency in order of priority.	☑	☐	☐		☐	☐	
R432-270-25(7)(a-c)	(7)(a) The licensee shall maintain safe ambient air temperatures within the facility. (b) The person in charge shall take immediate action in the best interests of each resident to mitigate imminent danger to resident health and safety when the ambient air temperatures reach 58 degrees Fahrenheit or below. (c) The licensee shall have, and be able to implement, any contingency plan regarding excessively high ambient air temperatures within the facility that may exacerbate the medical condition of a resident.	☑	☐	☐		☐	☐	

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R432-270-25(8)(a-b)	(8)(a) The licensee shall provide each personnel and resident with instruction and training per the plans regarding how to respond appropriately in an emergency. (b) The licensee shall: (i) annually review the procedures with each existing staff and resident and carry out unannounced drills using those procedures; (ii) hold simulated disaster drills semi-annually; (iii) hold simulated fire drills quarterly on each shift for each staff and resident in accordance with Rule R710-3; and (iv) document drills, including: (A) the date; (B) a list of participants; (C) any problems encountered; and (D) the ability of each resident to evacuate.	☐	☐	☐		☐	☑	R432-270-25(8)(b)(iii). Missing the graveyard fire drill for the 1st quarter of 2026.
R432-270-25(9)(a-b)	(9)(a) The licensee shall ensure that the administrator is in charge during an emergency. (b) If the administrator is not on-site, the administrator shall make every effort to report to the facility, relieve subordinates, and take charge.	☑	☐	☐		☐	☐	
R432-270-25(10)(a-g)	(10) The licensee shall provide in-house equipment and supplies required in an emergency that includes: (a) a first aid kit; (b) an emergency radio; (c) emergency lighting; (d) extra blankets; (e) food; (f) heating equipment; and (g) potable water.	☐	☐	☐		☐	☑	R432-270-25(10)(b &f). No emergency radio or emergency lighting
R432-270-25(11)(a-b)	(11) The licensee shall ensure the following information is posted in public locations throughout the facility: (a) evacuation routes, location of fire alarm boxes, and fire extinguishers; and (b) the name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems.	☑	☐	☐		☐	☐	
Section 26. First Aid		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**

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R432-270-26(1)(a-d)	(1) The licensee shall ensure that there is always one staff person on-duty who has: (a) CPR; (b) training in basic first aid; (c) training in emergency procedures to ensure each resident receives prompt first aid as needed; and (d) training in the Heimlich maneuver.	☐	☐	☐		☐	☑	2 employees who worked the night shift were not trained in all areas.
R432-270-26(2)(a-c)	(2) The licensee shall ensure there is a: (a) current edition of a basic first aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency; (b) clean-up kit for bloodborne pathogens; and (c) first aid kit available at a specified location in the facility.	☐	☐	☐		☐	☑	No first aid manual
Section 27. Pets		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-27(1)	(1) The licensee may allow a resident to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinance and by facility policy.	☑	☐	☐		☐	☐	
R432-270-27(2)	(2) The licensee shall ensure any pet is kept clean and disease-free.	☑	☐	☐		☐	☐	
R432-270-27(3)	(3) The licensee shall ensure any pet's environment is kept clean.	☑	☐	☐		☐	☐	
R432-270-27(4)	(4) The licensee shall ensure any small pet, such as a bird or hamster, is kept in an appropriate enclosure.	☐	☐	☑		☐	☐	No small pets requiring enclosures.
R432-270-27(5)	(5) The licensee may not permit a pet that displays aggressive behavior in the facility.	☑	☐	☐		☐	☐	
R432-270-27(6)	(6) The licensee shall ensure that any pet that is kept at the facility or is a frequent visitor has current vaccinations.	☑	☐	☐		☐	☐	

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R432-270-27(7)	(7) Upon approval of the administrator, a family member may bring a resident's pets to visit.	☑	☐	☐		☐	☐	
R432-270-27(8)	(8) Each licensee that permits birds shall have procedures that prevent the transmission of psittacosis. The licensee shall ensure that procedures involve the minimum handling and placing of droppings into a closed plastic bag for disposal.	☐	☐	☑		☐	☐	No birds
R432-270-27(9)	(9) The licensee may not permit pets in central food preparation, storage, or dining areas, or in any area where their presence would create a significant health or safety risk to others.	☑	☐	☐		☐	☐	
Section 28. Respite Services		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-28(1)	(1) Assisted living licensees may offer respite services and are not required to obtain any additional license from the OL.	☐	☐	☑		☐	☐	No current respite residents.
R432-270-28(2)	(2) The purpose of respite is to provide intermittent, time-limited care to give primary caretakers relief from the demands of caring for a person. Respite services may also be provided for emergency shelter placement of vulnerable adults requiring protection by Adult Protective Services.	☐	☐	☑		☐	☐	No current respite residents.
R432-270-28(3)	(3) The licensee may provide respite services at an hourly rate or daily rate, but may not exceed 14 days for any single respite stay. Stays that exceed 14 days shall be considered a non-respite assisted living facility admission.	☐	☐	☑		☐	☐	No current respite residents.
R432-270-28(4)	(4) The licensee shall coordinate the delivery of respite services with the recipient of services, case manager, if one exists, and the family member or primary caretaker.	☐	☐	☑		☐	☐	No current respite residents.

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R432-270-28(5)	(5) The licensee shall ensure the person's response to the respite placement is documented and coordinated with each provider agency to ensure an uninterrupted service delivery program.	☐	☐	☑		☐	☐	No current respite residents.
R432-270-28(6)	(6) The licensee shall ensure a service agreement is completed to serve as the plan of care. The licensee shall ensure the service agreement identifies the prescribed medications, physician treatment orders, need for assistance for ADLs and diet orders.	☐	☐	☑		☐	☐	No current respite residents.
R432-270-28(7)(a-b)	(7)(a) The licensee must ensure written policies and procedures are approved by OL before providing respite care. (b) The licensee shall make policies and procedures available to staff regarding resident respite care that include: (i) behavior management interventions; (ii) handling personal funds; (iii) medication administration; (iv) notification of responsible person during an emergency; (v) philosophy of respite services; (vi) post-service summary; (vii) service agreement and admission criteria; and (viii) training requirements for employees.	☐	☐	☑		☐	☐	No current respite residents.
R432-270-28(8)	(8) The licensee shall provide a copy of the resident rights document upon admission to a person receiving respite services.	☐	☐	☑		☐	☐	No current respite residents.
R432-270-28(9)(a-g)	(9) The licensee shall ensure a record for each person receiving respite services is maintained that includes any: (a) accident and injury reports; (b) a post-service summary; (c) a service agreement; (d) demographic information and resident identification data; (e) nursing notes; (f) physician treatment orders; and (g) records made by staff regarding daily care of the person receiving the respite service.	☐	☐	☑		☐	☐	No current respite residents.

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	R432-270-28(10)		(10) If a person has an advanced directive, the licensee shall ensure a copy is maintained in the respite record and inform staff of the advanced directive.	☐	☐	☑		☐	☐	No current respite residents.
	Section 29. Adult Day Care Services			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	R432-270-29(1)(a-b)		(1)(a) An assisted living facility licensee may offer adult day care services and are not required to obtain a separate license from OL. (b) If the licensee provides adult day care services, the licensee shall submit policies and procedures for OL approval.	☐	☐	☑		☐	☐	No current adult day care residents.
	R432-270-29(2)		(2) The licensee shall ensure that a qualified director is designated by the governing board to be responsible for the day-to-day program operation.	☐	☐	☑		☐	☐	No current adult day care residents.
	R432-270-29(3)(a-g)		(3)(a) The licensee shall ensure that the director has written records on-site for each resident and staff person that include demographic information and an emergency contact, including a name, address, and telephone number. (b) The licensee shall ensure resident health records, include a: (i) current health assessment signed by a licensed practitioner; (ii) level of care assessment; (iii) record of medication, including dosage and administration; and (iv) signed resident agreement and service plan. (c) The licensee shall ensure the employment file for each staff person includes a: (d) background check consent and release form; (e) description of health history; (f) verification of orientation completion; and (g) verification of training requirements.	☐	☐	☑		☐	☐	No current adult day care residents.
	R432-270-29(4)(a-e)		(4) The licensee shall ensure there is a written eligibility, admission, and discharge policy to include the: (a) intake process; (b) notification of responsible person; (c) reasons for admission refusal that includes a written, signed statement; (d) reasons for discharge or dismissal; and (e) resident rights notification.	☐	☐	☑		☐	☐	No current adult day care residents.

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R432-270-29(5)	(5) The licensee shall ensure a written assessment is completed before a resident is admitted to evaluate the resident's current health and medical history, immunization status, legal status, and any social and psychological factors.	☐	☐	☑		☐	☐	No current adult day care residents.
R432-270-29(6)(a-c)	(6) The licensee shall ensure that the director or designee, resident, and resident's responsible person develop, complete, and sign a written resident agreement that includes the: (a) arrangements regarding: (i) absenteeism; (ii) gifts; (iii) mail; (iv) telephone calls; (v) vacations; and (vi) visitation. (b) rules of the program; and (c) services to be provided and cost of each service, including refund policy.	☐	☐	☑		☐	☐	No current adult day care residents.
R432-270-29(7)(a-b)	(7)(a) The director, or designee, shall develop, implement, and review the individual resident service plan. (b) The licensee shall ensure the resident service plan: (i) includes the specification of daily activities and services; (ii) is developed within three working days of admission; and (iii) is evaluated semi-annually.	☐	☐	☑		☐	☐	No current adult day care residents.
R432-270-29(8)	(8) The licensee shall ensure that the director and responsible person reviews each injury report and ensures that each report is kept on file.	☐	☐	☑		☐	☐	No current adult day care residents.
R432-270-29(9)	(9) The licensee shall ensure a daily activity schedule is provided, posted, and implemented as designed.	☐	☐	☑		☐	☐	No current adult day care residents.
R432-270-29(10)	(10) The licensee shall ensure each resident is always directly supervised and encouraged to participate in activities.	☐	☐	☑		☐	☐	No current adult day care residents.

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R432-270-29(11)(a-e)	(11)(a) The licensee shall ensure a minimum of 50 square feet of indoor floor space is provided per resident designated for adult day care during program operational hours. (b) The licensee may not include any hallway, office, storage, kitchen, or bathroom in the 50 square foot floor space calculation. (c) The licensee shall ensure indoor and outdoor areas are maintained in a clean, secure, and safe condition. (d) The licensee shall ensure at least one bathroom designated for resident use is provided during business hours. (e) The licensee serving more than ten residents shall ensure there are separate male and female bathrooms designated for resident use.	☐	☐	☑		☐	☐	No current adult day care residents.
R432-270-29(12)(a-c)	(12) The licensee shall ensure; (a) a ratio of one staff for every six residents is maintained when one-half or more of the residents are diagnosed by a physician's assessment with Alzheimer's, or related dementia; (b) a staff to resident ratio of one staff for every eight residents is maintained; and (c) continual staff supervision is provided when a resident is present.	☐	☐	☑		☐	☐	No current adult day care residents.
Section 30. Penalties		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
R432-270-30	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.	☐	☐	☐		☐	☑	1 employee was not entered into DACS

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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.	☐	☐	☐		☐	☑	Four employees did not sign a criminal background Authoruzation form and 2 employees did not complete fingerprints within 15 working days of their 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.	☐	☐	☐		☐	☑	4 employees were not reflected in DACS within 5 working days.
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.	☐	☐	☑		☐	☐	There were no ineligible employees.
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.	☐	☐	☑		☐	☐	There were no ineligible employees.
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.	☑	☐	☐		☐	☐	

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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.	☐	☐	☑		☐	☐	This is not a residential setting.
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.	☑	☐	☐		☐	☐	
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**

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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**

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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.	☑	☐	☐		☐	☐	

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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.	☐	☐	☑		☐	☐	This is not a residential setting.
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.	☐	☐	☑		☐	☐	This is not a residential setting.
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.	☐	☐	☑		☐	☐	This is not a residential setting.
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.	☐	☐	☑		☐	☐	This is not a residential setting.
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.	☑	☐	☐		☐	☐	

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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.	☐	☐	☑		☐	☐	No minors reside at this facility.
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.	☑	☐	☐		☐	☐	
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]"

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	H.B. 21 Senior Care Facility Amendments			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	26B-2-237. Transfer or discharge from an assisted living facility -- Sale of an assisted living facility -- Appointment of receiver.			**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
	26B-2-237(1)		Refer to definitions found in 26B-2-237 for the following statute updates found below.	☑	☐	☐		☐	☐	

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26B-2-237 (4)(a-d)		(4)(a) In the event of an assisted living facility closure, qualifying sale, or change of use, in addition to the requirements in Subsection (3): (i) at least 120 days prior to the intended date of closure, qualifying sale, or change of use, the assisted living facility shall submit a proposed transition plan to the division for approval; and (ii) at least 45 days before the day on which the assisted living facility intends to close, complete a qualifying sale, or undertake a change of use, the assisted living facility shall provide written notification of the closure, qualifying sale, or change of use, including a copy of the approved transition plan, to the ombudsman, the division, each resident of the facility, and each resident's responsible person. (b) An assisted living facility may not accept any new resident or application for residency on or after the date the assisted living facility submits a proposed transition plan required by Subsection (4)(a)(i). (c) An assisted living facility that provides a written notification required by Subsection (4)(a)(ii) shall: (i) conduct meetings with residents and responsible persons to discuss the relocation process; (ii) assist each resident with finding a new placement, taking into consideration the resident's needs, choices, and best interests; (iii) invite assisted living facility operators from the surrounding area to visit and meet with residents of the assisted living facility that provided the notification under Subsection (4)(a)(ii); (iv) as of the date that a resident transfers or is discharged, provide the resident with a prorated refund of any funds the resident has prepaid to the facility, such as a reservation deposit, community fee, or rent; and (v) provide a resident's new facility or care entity with complete and accurate resident records, including contact information for the resident's family members and responsible person. (d) An assisted living facility may not close or undertake a change of use until all affected residents have been relocated to an appropriate alternative setting.	☑	☐	☐		☐	☐	

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	26B-2-237 (5)(a-b)		(5) In the event of an acquisition sale: (a) the assisted living facility shall notify each resident and each resident's responsible person of the acquisition sale within five days of the acquisition sale; and (b) for residents of the assisted living facility at the time of the acquisition sale, the purchaser of the assisted living facility may not raise the rates charged to those residents until at least 60 days after the day of the acquisition sale and must send a 30 day notice of a rate increase if the rates are to be increased.	☑	☐	☐		☐	☐	
	26B-2-237(6)(a-e)		(6)(a) A county attorney or the attorney general may bring a petition in a court with jurisdiction for the appointment of a receiver if an assisted living facility has not complied with the requirements of this section. (b) A court shall issue an order to show cause why a receiver should not be appointed returnable within five days after the filing of the petition. (c) If the court finds that the facts warrant the granting of the petition, the court shall appoint a receiver to take charge of the facility. (d) The court may determine fair compensation for the receiver. (e) A receiver appointed in accordance with this section has the powers and duties prescribed by the court.	☑	☐	☐		☐	☐	
	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**

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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.	☑	☐	☐		☐	☐	

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26B-2-244(2)(a-c)	(2) A health care facility shall allow a patient to use non-medical transportation for an interfacility transfer if: (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.	☑	☐	☐		☐	☐	

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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.	☐	☐	☐		☐	☐	
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.	☑	☐	☐		☐	☐	
S.B. 174 Exercise of Religious Beliefs and Conscience Amendments		**R**	**UR**	**NA**	**Date**	**CDI**	**TA**	**Notes**
		133	**0**	**67**	**0**	**0**		**200**