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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------|
|  Utah Department of<br><b>Health &amp; Human Services</b><br>Licensing & Background Checks            |                                                                  | <b>Assisted Living Facility Inspection Checklist</b>          |                                                 |                                                                                                                            |                                         | This inspection checklist is the tool CCL licensors use to ensure consistency for every inspection. <i>(Revised 09/2023)</i> |         |
|                                                                                                                                                                                        |                                                                  | <b>R432-270 Assisted Living Facilities</b>                    |                                                 |                                                                                                                            |                                         |                                                                                                                              |         |
| Facility Name:                                                                                                                                                                         | Beehive Homes of Spanish Fork                                    | Facility ID:                                                  | F23-106778                                      | Phone Number:                                                                                                              | (801) 798-8188                          | Notes / Sticky Notes                                                                                                         |         |
| Address:                                                                                                                                                                               | 858 East 100 South; Spanish Fork, UT, 84660                      |                                                               |                                                 | Email Address:                                                                                                             | dennismcgraw@beehivehomes.com           |                                                                                                                              |         |
| Provider:                                                                                                                                                                              |                                                                  |                                                               |                                                 |                                                                                                                            |                                         |                                                                                                                              |         |
| Please review the following items during the inspection:<br>(Mark with a check mark if completed and make necessary notes)                                                             |                                                                  |                                                               |                                                 | Please review the following items during the inspection:<br>(Mark with a check mark if completed and make necessary notes) |                                         |                                                                                                                              |         |
| <input checked="" type="checkbox"/>                                                                                                                                                    | Abuse investigations past 6 months                               |                                                               |                                                 | <input checked="" type="checkbox"/>                                                                                        | Incident Reports                        |                                                                                                                              |         |
| <input checked="" type="checkbox"/>                                                                                                                                                    | List of current residents and discharged residents past 6 months | Include HH, Hosp, NCW, SR's, Special Diets, Wounds and IDDM   |                                                 | <input checked="" type="checkbox"/>                                                                                        | QA meetings                             |                                                                                                                              |         |
| <input checked="" type="checkbox"/>                                                                                                                                                    | List of all current employees and former employees past 6 months |                                                               |                                                 | <input checked="" type="checkbox"/>                                                                                        | Fire and Disaster Drills past 12 months |                                                                                                                              |         |
| <input checked="" type="checkbox"/>                                                                                                                                                    | Significant Change Log                                           |                                                               |                                                 | <input checked="" type="checkbox"/>                                                                                        | Facility Disaster Plan                  |                                                                                                                              |         |
| <input checked="" type="checkbox"/>                                                                                                                                                    | Inservice Records                                                |                                                               |                                                 | <input checked="" type="checkbox"/>                                                                                        | Policies and Procedure Manual           |                                                                                                                              |         |
| <input checked="" type="checkbox"/>                                                                                                                                                    | Designated Administrator in Administrators Absence               |                                                               |                                                 | <input checked="" type="checkbox"/>                                                                                        | Maintenance Binder/Information          |                                                                                                                              |         |
| <b>Inspection Information:</b>                                                                                                                                                         |                                                                  |                                                               |                                                 |                                                                                                                            |                                         |                                                                                                                              |         |
| - I will email you this inspection checklist after the inspection is completed. I will send you an official inspection report once this inspection has been approved by OL management. |                                                                  |                                                               |                                                 |                                                                                                                            |                                         |                                                                                                                              |         |
| - You may submit feedback on this inspection by visiting the website <a href="http://dlbc.utah.gov">dlbc.utah.gov</a>                                                                  |                                                                  |                                                               |                                                 |                                                                                                                            |                                         |                                                                                                                              |         |
| <b>Signature Information</b>                                                                                                                                                           |                                                                  |                                                               |                                                 |                                                                                                                            |                                         |                                                                                                                              |         |
| Inspection Type:                                                                                                                                                                       | Unannounced                                                      | Date:                                                         | 8/14/2024                                       | Time Started:                                                                                                              | 9:00 AM                                 | Time Ended:                                                                                                                  | 4:00 PM |
| Number of rule noncompliances:                                                                                                                                                         |                                                                  | 18                                                            | Name of Individual Informed of this Inspection: |                                                                                                                            | Dennis McGraw                           |                                                                                                                              |         |
| Licensor(s) Conducting this Inspection:                                                                                                                                                |                                                                  | Gordana and Brian                                             |                                                 |                                                                                                                            | OL Staff Observing Inspection:          |                                                                                                                              |         |
| <input checked="" type="checkbox"/>                                                                                                                                                    | The Licensor reviewed compliance.                                | Please sign/type individual informed name and date of review: |                                                 |                                                                                                                            | Dennis McGraw                           |                                                                                                                              |         |



## ASSISTED LIVING FACILITIES

R432-270 [Assisted Living Facilities](#)

This inspection checklist is the tool OL licensors use to ensure consistency for every inspection.

### Licensors Introductory Items

|                          |                                                                                                                                                                 |                          |  |
|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--|
| <input type="checkbox"/> | Introduction of any unknown OL staff to the provider                                                                                                            | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Give a brief explanation of the inspection process to the provider                                                                                              | <input type="checkbox"/> |  |
| <input type="checkbox"/> | ASK: the provider if they want you to tell staff about rule noncompliances as you conduct the walk- through, or wait until the inspection is over to tell them. | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Wash hands or use hand sanitizer before touching items in the facility.                                                                                         | <input type="checkbox"/> |  |
| <input type="checkbox"/> |                                                                                                                                                                 | <input type="checkbox"/> |  |
| <input type="checkbox"/> | Please review the Facility's days and hours of operations:                                                                                                      |                          |  |

### General Notes

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| RULES CHECKLIST                 |  |                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                    |                                   |                                                               |
|---------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|------------------------------------|-----------------------------------|---------------------------------------------------------------|
| Rule #<br>R432                  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                           | C                                   | NC                                  | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                         |
|                                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                            |                                     |                                     |                                     |                                    |                                   |                                                               |
| R432-1-4. Identification Badges |  |                                                                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                                  | NA                                  | Date                               |                                   | Notes                                                         |
| 4(1)(a)-(b)<br>4(2)(a)-(b)      |  | (1) A licensee shall ensure that the following individuals wear an identification badge:<br>(a) any employee who provides direct care to a patient; and<br>(b) any volunteer.<br><br>(2) The identification badge shall include the following information:<br>(a) the person's first or last name; and<br>(b) the person's title or position, in terms generally understood by the public. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 9/14/24                            | <input type="checkbox"/>          | 2 employees observed not to be wearing identification badges. |
| R432-270-5. Licensing           |  |                                                                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                                  | NA                                  | Date                               |                                   | Notes                                                         |
| R432-270-5(1)(a-b)              |  | (1) The licensee shall ensure a person who offers or provides care to two or more unrelated individuals in a residential facility is licensed as an assisted living facility if:<br>(a) the individuals stay in the facility for more than 24 hours; and<br>(b) the facility provides or arranges for assistance with one or more ADL for any of the individuals.                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                               |
| R432-270-5(2)                   |  | (2) The licensee 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.                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This is type II facility.                                     |

| RULES CHECKLIST |  |                                                                                                                                                                                                                                                                                   |                                     |                          |                                     |                                    |                                   |                           |
|-----------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|------------------------------------|-----------------------------------|---------------------------|
| Rule #<br>R432  |  | Rule Description                                                                                                                                                                                                                                                                  | C                                   | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                     |
|                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                   |                                     |                          |                                     |                                    |                                   |                           |
| R432-270-5(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.                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                           |
| R432-270-5(4)   |  | (4) A type I assisted living facility licensee shall provide social care to the individuals under care.                                                                                                                                                                           | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This is type II facility. |
| R432-270-5(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 available 24 hours a day to residents who need any of these services as required by department rule. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                           |

| RULES CHECKLIST            |                                                                                                                                                                                                                                                                                                                                  |                                     |                          |                          |                                    |                                   |                                         |
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| Rule #<br>R432             | Rule Description<br>C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                              | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                   |
| R432-270-5(6)              | (6) Type I and II assisted living facility licensees shall provide each resident with a separate living unit. Two residents may share a unit upon written request of both residents.                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                         |
| R432-270-5(7)(a-c)         | (7) An individual may continue to remain in an assisted living facility if:<br>(a) the facility construction meets the individual's needs;<br>(b) the individual's physical and mental needs are appropriate to the assisted living criteria; and<br>(c) the licensee provides adequate staffing to meet the individual's needs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                         |
| R432-270-5(8)(a-c)         | (8) The licensee shall ensure assisted living facilities are licensed as one of the following:<br>(a) a large assisted living facility housing 17 or more residents;<br>(b) a small assisted living facility housing six to 16 residents; or<br>(c) a limited capacity assisted living facility housing two to five residents.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          | This is small assisted living facility. |
| <b>R432-270-6 Licensee</b> |                                                                                                                                                                                                                                                                                                                                  | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        |                                   | <b>Notes</b>                            |

| RULES CHECKLIST                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                          |                                    |                                   |              |  |
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| Rule #<br>R432                                  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |  |
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| R432-270-6(1)(a-g)                              | (1) The licensee shall:<br>(a) ensure compliance with each federal, state, and local law;<br>(b) assume responsibility for the overall organization, management, operation, and control of the facility;<br>(c) establish policies and procedures for the welfare of residents, the protection of their rights, and the general operation of the facility;<br>(d) implement a policy that ensures the facility does not discriminate on the basis of race, color, sex, religion, ancestry, or national origin in accordance with state and federal law;<br>(e) secure and update contracts for required services not provided directly by the facility;<br>(f) respond to requests for reports from the department; and<br>(g) appoint, in writing, a qualified administrator who shall assume full responsibility for the day-to-day operation and management of the facility. The licensee and administrator may be the same person. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| R432-270-6(2)(a-b)                              | (2) The licensee shall implement a quality assurance program to include a quality assurance committee. The committee shall:<br>(a) consist of at least the facility administrator and a health care professional; and<br>(b) meet at least quarterly to identify and act on quality issues.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| <b>Section 7. Administrator Qualifications.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        |                                   | <b>Notes</b> |  |

| RULES CHECKLIST    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                                     |                                    |                                   |                           |
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| R432-270-7(1)(a-e) |  | (1) The administrator shall:<br>(a) be 21 years of age or older;<br>(b) know applicable laws and rules;<br>(c) have the ability to deliver, or direct the delivery of appropriate care to residents;<br>(d) successfully complete the criminal background screening process defined in Rule R432-35; and<br>(e) complete a department-approved national certification program within six months of hire for type II facilities. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                           |
| R432-270-7(2)      |  | (2) The administrator of a type I facility shall have an associate degree or two years experience in a health care facility.                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This is type II facility. |
| R432-270-7(3)(a-c) |  | (3) The administrator of type II small or limited-capacity assisted living facility shall have one or more of the following:<br>(a) an associate degree in a health care field;<br>(b) two years or more management experience in a health care field; or<br>(c) one year experience in a health care field as a licensed health care professional.                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                           |

| RULES CHECKLIST                         |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                                    |                                   |                                         |
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| Rule #<br>R432                          |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                   |
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| R432-270-7(4)(a-d)                      |  | (4) The administrator of a type II large assisted living facility shall have one or more of the following:<br>(a) a Utah health facility administrator license;<br>(b) a bachelor's degree in a health care field, to include management training or one or more years of management experience;<br>(c) a bachelor's degree in any field, to include management training or one or more years of management experience and one year or more experience in a health care field; or<br>(d) an associate degree and four years or more management experience in a health care field. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This is small assisted living facility. |
| <b>Section 8. Administrator Duties.</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                        | NC                       | NA                                  | Date                               |                                   | Notes                                   |

| RULES CHECKLIST    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432     |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
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| R432-270-8(1)(a-p) |  | <b>The administrator shall:</b><br>(a) be on the premises enough hours in the business day, and at other times as necessary, to manage and administer the facility;<br>(b) designate, in writing, a competent employee, 21 years of age or older, to act as administrator when the administrator is unavailable for immediate contact and it is not the intent of this subsection to permit a de facto administrator to replace the designated administrator.<br>(c) recruit, employ, and train the number of licensed and unlicensed staff needed to provide services;<br>(d) verify required licenses and permits of staff and consultants at the time of hire or the effective date of contract;<br>(e) maintain facility staffing records for the preceding 12 months;<br>(f) admit and retain only those residents who meet admissions criteria and whose needs can be met by the facility;<br>(g) review at least quarterly every injury, accident, and incident to a resident or employee and document appropriate corrective action;<br>(h) maintain a log indicating any significant change in a resident's condition and the facility's action or response;<br>(i) complete an investigation when there is reason to believe a resident has been subject to abuse, neglect, or exploitation;<br>(k) report any suspected abuse, neglect, or exploitation in accordance with Section 62A-3-305, and document appropriate action if the alleged violation is verified;<br>(l) 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;<br>(m) conduct and document regular inspections of the facility to ensure it is safe from potential hazards;<br>(n) complete, submit, and file records and reports required by the department;<br>(o) participate in a quality assurance program; and<br>(p) secure and update contracts for required professional and other services not provided directly by the facility. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-8(2)      |  | (2) The licensee shall maintain the administrator's responsibilities in a written and signed job description on file in the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                                                                 |                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432                                                                  | Rule Description                                                                                                                                                                                                                                                                                                                                                             | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
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| <b>Section 9. Personnel</b>                                                     |                                                                                                                                                                                                                                                                                                                                                                              | C                                   | NC                       | NA                       | Date                               | CDI                               | Notes |
| R432-270-9(1)(a-e)                                                              | (1) The licensee shall ensure that qualified direct-care personnel are on the premises 24 hours a day to meet residents' needs as determined by the residents' assessment and service plans. The licensee shall employ additional staff as necessary to perform:<br>(a) office work;<br>(b) cooking;<br>(c) housekeeping;<br>(d) laundering; and<br>(e) general maintenance. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(2)                                                                   | (2) The licensee shall ensure qualified staff perform services in accordance with the resident's written service plan.                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(3)                                                                   | (3) The licensee shall ensure that personnel who provide personal care to residents in a type I and type II facility are at least 18 years of age or may be a certified nurse aide in accordance with Section 58-31b-3 and shall have related experience or on the job training for the job assigned.                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(4)                                                                   | (4) The licensee shall ensure that personnel are licensed, certified, or registered in accordance with applicable state laws.                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(5)                                                                   | (5) The administrator shall maintain written job descriptions for each position, including job title, job responsibilities, qualifications or required skills.                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(6)                                                                   | (6) The licensee shall make facility policies and procedures available to personnel.                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                          |                                    |                                   |       |
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| R432-270-9(7)(a)-(f) |  | (7) The licensee shall ensure each employee receives documented orientation to the facility for their hired position. The licensee shall provide orientation within 30 days of hire that includes the following:<br>(a) job description;<br>(b) ethics, confidentiality, and residents' rights;<br>(c) fire and disaster plan;<br>(d) policy and procedures;<br>(e) reporting responsibility for abuse, neglect and exploitation; and<br>(f) a department-approved core competency training.                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(8)(a)-(c) |  | (8) In addition to completing facility orientation and demonstration of core competency skills, the licensee shall provide each direct-care employee with 16 hours of documented one-on-one job training with a direct-care employee, with at least three months of experience and who has completed orientation, or with the supervising nurse at the facility. Additionally, the licensee shall ensure:<br>(a) training is not transferred to another facility and includes:<br>(i) transfer assistance and safety; and<br>(ii) activities of daily living;<br>(b) direct-care employees hired from a staffing agency are certified nurse aides and are exempt from the 16 hours of one-on-one training; and<br>(c) employees who are certified nurse aides are exempt from the 16 hours of one-on-one job training. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                      |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                          |                          |                                    |                                   |       |
| R432-270-9(9)(a)-(l) |  | (9) The licensee shall ensure each employee receives documented in-service training and tailor the training to annually include the following subjects relevant to the employee's job responsibilities:<br>(a) principles of good nutrition, menu planning, food preparation, and storage;<br>(b) principles of good housekeeping and sanitation;<br>(c) principles of providing personal and social care;<br>(d) proper procedures in assisting residents with medications;<br>(e) recognizing early signs of illness and determining if there is a need for professional help;<br>(f) accident prevention, including safe bath and shower water temperatures;<br>(g) communication skills, which enhance resident dignity;<br>(h) first aid;<br>(i) resident's rights;<br>(j) abuse and neglect reporting requirements of Section 26B-6-205;<br>(k) dementia and Alzheimer's specific training; and<br>(l) review of core competency training. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(10)       |  | (10) The facility administrator shall annually complete a minimum of four hours of core competency training that includes dementia and Alzheimer's specific training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                                     |                                    |                                   |                                                  |
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| Rule #<br>R432  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C                                   | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                            |
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| R432-270-9(11)  |  | (11) In addition to core competency training, the facility administrator shall:<br>(a) complete a minimum of six hours of approved continuing professional education (CPE) annually as follows:<br>(i) complete a minimum of five hours in person; and<br>(ii) complete a minimum of one additional hour either in person or online;<br>(b) ensure CPE courses under Subsection (11) are:<br>(i) approved by the Utah Assisted Living Association (UALA), Utah Health Care Association (UHCA), or Beehive Homes; or<br>(ii) require prior approval under Subsection (11)(b)(i) for courses offered by other entities or organizations; and<br>(c) calculate 50 minutes of CPE as one hour. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This regulation will not be enforced until 2025. |
| R432-270-9(12)  |  | (12) The licensee shall ensure employees who report suspected abuse, neglect, or exploitation are not subject to retaliation, disciplinary action, or termination by the facility for that reason alone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                  |
| R432-270-9(13)  |  | (13) 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                  |

| RULES CHECKLIST     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                          |                                    |                                   |                                                                                                                   |
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| Rule #<br>R432      | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                                                             |
|                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                          |                                    |                                   |                                                                                                                   |
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| R432-270-9(14)(a-g) | <p>(14) The licensee shall:</p> <p>(a) ensure an employee health inventory is completed when an employee is hired;</p> <p>(b) use a department-approved form for the health inventory evaluation or their own form if it includes at least the employee's history of the following:</p> <p>(i) conditions that may predispose the employee to acquiring or transmitting infectious diseases; and</p> <p>(ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily;</p> <p>(c) develop an employee health screening and immunization components of for its personnel health program;</p> <p>(d) ensure employee skin testing:</p> <p>(i) uses the Mantoux Method or other Food and Drug Administration, (FDA) approved in-vitro serologic test; and</p> <p>(ii) perform follow-up procedures for tuberculosis in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis;</p> <p>(e) ensure employees are skin-tested for tuberculosis within two weeks of:</p> <p>(i) initial hiring;</p> <p>(ii) suspected exposure to a person with active tuberculosis; and</p> <p>(iii) development of symptoms of tuberculosis;</p> <p>(f) report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3; and</p> <p>(g) allow employees with known positive reaction to skin tests to be exempt from skin testing.</p> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | 4 employees did not have TB tests in their files or the tests were done later that 15 days from the date of hire. |
| R432-270-9(15)      | (15) The licensee shall ensure policies and procedures governing an infection control program are developed and implemented to protect residents, family, and personnel including appropriate task-related employee infection control procedures and practices.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                   |
| R432-270-9(16)      | (16) The licensee shall ensure compliance with the Occupational Safety and Health Administration's Bloodborne Pathogen Standard.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                   |

| RULES CHECKLIST               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          |                                    |                                   |                                                                                                                                                                                                                                                                                                                                          |
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| Rule #<br>R432                |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                                                                                                                                                                                                                                                                                    |
|                               |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                          |                                    |                                   |                                                                                                                                                                                                                                                                                                                                          |
| Section 10. Residents' Rights |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                                   | NC                                  | NA                       | Date                               | CDI                               | Notes                                                                                                                                                                                                                                                                                                                                    |
| R432-270-10(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, including the following:<br>(a) a description of the manner of protecting personal funds; and<br>(b) a statement that the resident may file a complaint with the state long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | The facility did not have written description of residents rights given to residents upon admission that included the statement that the resident may file a complaint with the state long-term ombudsman and any other advocacy group concernring residenngts abuse, neglect or missappropriation of resident property in the facility. |
| R432-270-10(3)                |  | (3) The licensee shall ensure the administrator or designee notifies the resident or the resident's responsible person at the time of admission, in writing and in a language and manner that the resident or the resident's responsible person understands, of the resident's rights and rules governing resident conduct and responsibilities during the stay in the facility.                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                                                                                                                                                                                                          |
| R432-270-10(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.                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                                                                                                                                                                                                          |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
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| R432-270-10(5)(a-x) |  | The licensee shall ensure resident rights include the right to:<br>(a) be treated with respect, consideration, fairness, and full recognition of personal dignity and individuality;<br>(b) be transferred, discharged, or evicted by the facility only in accordance with the terms of the signed admission agreement;<br>(c) be free of mental and physical abuse, and chemical and physical restraints;<br>(d) refuse to perform work for the facility;<br>(e) perform work for the facility if the facility consents and if:<br>(i) the facility has documented the resident's need or desire for work in the service plan;<br>(ii) the resident agrees to the work arrangement described in the service plan;<br>(iii) the service plan specifies the nature of the work performed and whether the services are voluntary or paid; and<br>(iv) compensation for paid services is at or above the prevailing rate for similar work in the surrounding community;<br>(f) privacy during visits with family, friends, clergy, social workers, ombudsmen, resident groups, and advocacy representatives;<br>(g) share a unit with a spouse if both spouses consent, and if both spouses are facility residents;<br>(h) privacy when receiving personal care or services;<br>(i) keep personal possessions and clothing as space permits;<br>(j) participate in religious and social activities of the resident's choice;<br>(k) interact with members of the community both inside and outside the facility;<br>(l) send and receive mail unopened;<br>(m) have access to telephones to make and receive private calls;<br>(n) arrange for medical and personal care;<br>(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;<br>(p) leave the facility at any time and not be locked into any room, building, or on the facility premises during the day or night:<br>(i) assisted living type II residents who have been assessed to require a secure environment may be housed in a secure unit, provided the secure unit is approved by the fire authority having jurisdiction; and<br>(ii) this right does not prohibit the locking of facility entrance doors if egress is maintained;<br>(q) be informed of complaint or grievance procedures and to voice grievances and recommend changes in policies and services to facility staff or outside representatives without restraint, discrimination, or reprisal;<br>(r) be encouraged and assisted throughout the period of a stay to exercise these rights as a resident and as a citizen;<br>(s) manage and control personal funds, or to be given an accounting of personal funds entrusted to the facility; or | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                                     |                                    |                                   |                                                                                   |
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| R432-270-10(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 residents and the public:<br>(a) the long-term care ombudsmen's notification poster;<br>(b) information on Utah protection and advocacy systems; and<br>(c) a copy of the resident's rights.                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                                   |
| R432-270-10(7)                |  | (7) The licensee shall make the results of the current facility survey with any plans of correction available in a public area of the facility.                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Due to the Department's new website, this regulation is no longer being enforced. |
| R432-270-10(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.<br>(b) The licensee shall ensure private space is provided for resident groups or family groups.<br>(c) Facility personnel or visitors may attend resident group or family group meetings only at the group's invitation.<br>(d) The administrator shall designate an employee to provide assistance and respond to written requests that result from group meetings. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                                   |
| <b>Section 11. Admissions</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                           | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                                                      |
| R432-270-11(1)                |  | (1) The licensee shall have written admission, retention, and transfer policies that are available to the public upon request.                                                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                                   |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                                     |                                    |                                   |                           |
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| R432-270-11(2)(a)-(b) |  | (2) Before accepting a resident, the licensee shall ensure enough information is obtained about the person's ability to function in the facility through the following:<br>(a) an interview with the resident and the resident's responsible person; and<br>(b) the completion of the resident assessment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                           |
| R432-270-11(3)        |  | (3) If the department determines during inspection or interview that the facility knowingly and willfully admits or retains residents who do not meet license criteria, then the department may, for a time period specified, require that resident assessments be conducted by an individual who is independent from the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                           |
| R432-270-11(4)(a-b)   |  | (4) A type I licensee:<br>(a) shall accept and retain residents who meet the following criteria:<br>(i) are ambulatory or mobile and are capable of taking life-saving action in an emergency without the assistance of another person;<br>(ii) have stable health;<br>(iii) require no assistance or only limited assistance with ADLs; and<br>(iv) do not require total assistance from staff or others with more than three ADLs and<br>(b) may accept and retain residents who meet the following criteria:<br>(i) are cognitively impaired or physically disabled but able to evacuate from the facility without the assistance of another person; and<br>(ii) require and receive intermittent care or treatment in the facility from a licensed health care professional either through contract or by the facility, if permitted by facility policy. | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This is type II facility. |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                     |                          |                          |                                    |                                   |       |
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| R432-270-11(5)(a-c)   |  | (5) A type II licensee may accept and retain residents who meet the following criteria:<br>(a) require total assistance from staff or others in more than three ADLs, provided that:<br>(i) the staffing level and coordinated supportive health and social services meet the needs of the resident; and<br>(ii) the resident is capable of evacuating the facility with the limited assistance of one person.<br>(b) are physically disabled but able to direct their own care; or<br>(c) are cognitively impaired or physically disabled but able to evacuate from the facility with the limited assistance of one person.                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-11(6)(a)-(c) |  | (6) Type I and type II assisted living licensees may not admit or retain a person who:<br>(a) manifests behavior that is suicidal, sexually or socially inappropriate, assaultive, or poses a danger to self or others;<br>(b) 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; or<br>(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. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-11(7)        |  | (7) Type I and type II assisted living licensees may not 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 in accordance with Title 26, Chapter 21, Part 304, Monitoring Device -- Facility admission, patient discharge, and posted notice.                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                     |                          |                                    |                                   |                                                                                                                                                                    |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                        | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                                                                                                              |
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| R432-270-11(8)(a)-(g) |  | (8) The licensee shall ensure the prospective resident or the prospective resident's responsible person signs a written admission agreement before admission. The licensee shall maintain the admission agreement on file and shall specify at least the following:<br>(a) room and board charges and charges for basic and optional services;<br>(b) provision for a 30-day notice before any change in established charges;<br>(c) admission, retention, transfer, discharge, and eviction policies;<br>(d) conditions when the agreement may be terminated;<br>(e) the name of the responsible party;<br>(f) notice that the department has the authority to examine resident records to determine compliance with licensing requirements; and<br>(g) refund procedures that address the following:<br>(i) thirty-day notices for transfer or discharge given by the facility or by the resident;<br>(ii) emergency transfers or discharges;<br>(iii) transfers or discharges without notice; and<br>(iv) the death of a resident. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | The facility admission did not have notice that the department has the authority to examine residents records to determine compliance with licensing requirements. |

| RULES CHECKLIST        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                                     |                                    |                                   |                           |
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| Rule #<br>R432         |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                     |
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| R432-270-11(9)(a)-(c)  |  | <p>(9) A type I assisted living licensee may accept and retain residents who have been admitted to a hospice program, under the following conditions:</p> <p>(a) the licensee keeps a copy of the physician's diagnosis and orders for care;</p> <p>(b) the licensee makes the hospice services part of the resident's service plan that shall explain who is responsible to meet the resident's needs; and</p> <p>(c) a licensee may retain hospice patient residents who are not capable of exiting the facility without assistance with the following conditions:</p> <p>(i) a worker or an individual is assigned solely to each specific hospice patient and is on-site to assist the resident in emergency evacuation 24 hours a day, seven days a week;</p> <p>(ii) the assigned worker or individual is trained to specifically assist in the emergency evacuation of the assigned hospice patient resident;</p> <p>(iii) the worker or individual is physically capable of providing emergency evacuation assistance to the particular hospice patient resident; and</p> <p>(iv) hospice residents who are not capable of exiting the facility without assistance comprise no more than 25% of the facility's resident census.</p> | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This is type II facility. |
| R432-270-11(10)(a)-(c) |  | <p>(10) A type II assisted living licensee may accept and retain hospice patient residents under the following conditions:</p> <p>(a) the licensee keeps a copy of the physician's diagnosis and orders for care;</p> <p>(b) the licensee makes the hospice services part of the resident's service plan that explains who is responsible to meet the resident's needs; and</p> <p>(c) if the hospice patient resident cannot evacuate the facility without significant assistance, the licensee shall:</p> <p>(i) develop an emergency plan to evacuate the hospice resident in the event of an emergency; and</p> <p>(ii) integrate the emergency plan into the resident's service plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                           |

| RULES CHECKLIST                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432                                 |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                                                |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                          |                                    |                                   |       |
| Section 12. Transfer of Discharge Requirements |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C                                   | NC                       | NA                       | Date                               | CDI                               | Notes |
| R432-270-12(1)(a)-(e)                          |  | (1) The licensee may discharge, transfer, or evict a resident for one or more of the following reasons:<br>(a) the resident's needs are no longer able to be met because the resident poses a threat to the health or safety to self or others, or the resident's required medical treatment is no longer able to be provided;<br>(b) the resident fails to pay for services as required by the admission agreement;<br>(c) the resident fails to comply with written policies or rules of the facility;<br>(d) the resident wishes to transfer; or<br>(e) the facility ceases to operate.                                                                                                                                                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-12(2)(a-b)                            |  | (2) Before a resident transfer or discharge is initiated, the licensee shall ensure a transfer or discharge notice is served upon the resident and the resident's responsible person. Before a resident transfer or discharge is initiated, the licensee shall:<br>(a) ensure the notice is delivered either by hand or by certified mail; and<br>(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 of time is necessary to protect:<br>(i) the safety of individuals in the facility from endangerment due to the medical or behavioral status of the resident;<br>(ii) the health of the individuals in the facility from endangerment due to the resident's continued residency;<br>(iii) an immediate transfer or discharge is required by the resident's urgent medical needs; or<br>(iv) the resident has not resided in the facility for at least 30 days. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                    |                                   |       |
| R432-270-12(3)(a)-(g) |  | (3) The licensee shall ensure that the notice of transfer or discharge:<br>(a) is in writing with a copy placed in the resident file;<br>(b) is phrased in a manner and in a language that is most likely to be understood by the resident and the resident's responsible person;<br>(c) details the reasons for transfer or discharge;<br>(d) states the effective date of transfer or discharge;<br>(e) states the location where the resident will be transferred or discharged, if known;<br>(f) states that the resident may request a conference to discuss the transfer or discharge; and<br>(g) contains the following information:<br>(i) the name, mailing address, email address, and telephone number of the state long term care ombudsman;<br>(ii) for facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under the Developmental Disabilities Assistance and Bill of Rights Act, Part C; and<br>(iii) for facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                     |                          |                          |                                    |                                   |       |
| R432-270-12(4)(a-c) |  | (4) The licensee shall:<br>(a) 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;<br>(b) verbally explain to the resident, the services available through the ombudsman and the contact information for the ombudsman; and<br>(c) send a copy of the notice described in Subsection R432-270-12(2) to the state long-term care ombudsman:<br>(i) on the same day that the facility delivers the notice described in Subsection R432-270-12(2) to the resident and the resident's responsible person; and<br>(ii) provide the notice described in Subsection R432-270-12(2) at least 30 days before the day that the resident is transferred or discharged, unless notice for a shorter period is necessary to protect the safety of individuals in the facility from endangerment due to the medical or behavioral status of the resident. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-12(5)      |  | (5) The licensee shall ensure the preparation and orientation is provided and documented, in a language and manner the resident is most likely to understand, for a resident to ensure a safe and orderly transfer or discharge from the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                                    |                                   |                                                                   |
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| Rule #<br>R432                  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                                   | NC                                  | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                             |
|                                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                                     |                                     |                                    |                                   |                                                                   |
| R432-12(6)(a-c)                 |  | (6)(a) The resident or the resident's responsible person may contest a transfer or discharge. 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.<br>(b) 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.<br>(c) Participants in the conference shall include the facility representatives, the resident or the resident's responsible person, and any others requested by the resident or the resident's responsible person. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                   |
| R432-270-12(7)                  |  | (7) In the event of a facility closure, the licensee shall provide written notification of the closure to the state long-term care ombudsman, each resident of the facility, and each resident's responsible person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility was not closing.                                     |
| R432-270-12(8)                  |  | (8) 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 individual's room in accordance with Section 26B-2-236 Monitoring Device -- Installation, notice, and consent--Liability.                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                   |
| Section 13. Resident Assessment |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C                                   | NC                                  | NA                                  | Date                               | CDI                               | Notes                                                             |
| R432-270-13(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 9/14/2024                          | <input type="checkbox"/>          | one resident did not have a 6 month assessment completed when due |
| R432-270-13(2)                  |  | (2) In type I and type II facilities, a licensed health care professional shall complete and sign the initial and six-month resident assessment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                   |

| RULES CHECKLIST                 |  |                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                  |  | Rule Description                                                                                                                                                                                                                                                                                                                                         | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                    |                                   |              |
| R432-270-13(3)(a-b)             |  | (3) The licensee shall ensure that the resident assessment:<br>(a) accurately reflects the resident's status at the time of assessment; and<br>(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.      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-13(4)                  |  | (4) The licensee shall ensure the resident assessment form is approved and reviewed by the department to document the resident assessments.                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-13(5)                  |  | (5) The licensee shall ensure each resident's assessment is revised and updated when there is a significant change in the resident's cognitive, medical, physical, or social condition and update the resident's service plan to reflect the change in condition.                                                                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 14. Service Plan</b> |  |                                                                                                                                                                                                                                                                                                                                                          | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-14(1)                  |  | (1) 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, and is developed within seven calendar days of the day the facility admits the resident. The licensee shall ensure the service plan is periodically revised as needed. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-14(2)                  |  | (2) The licensee shall ensure the resident assessment is used to develop, review, and revise the service plan for each resident.                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                                    |                                   |                                                                                                                |
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| Rule #<br>R432                      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                  | C                                   | NC                                  | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                                                          |
|                                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                   |                                     |                                     |                                     |                                    |                                   |                                                                                                                |
| R432-270-14(3)(a)-(e)               |  | (3) The licensee shall ensure that the service plan includes a written description of the following:<br>(a) the services to be provided;<br>(b) who will provide the services, including the resident's significant others who may participate in the delivery of services;<br>(c) how the services are provided;<br>(d) the frequency of services; and<br>(e) changes in services and reasons for those changes. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                                                                |
| <b>Section 15. Nursing Services</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                           | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                                                                                   |
| R432-270-15(1)                      |  | (1) The licensee shall ensure written policies and procedures are developed defining the level of nursing services provided by the facility.                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 9/14/2024                          | <input type="checkbox"/>          | The facility did not have policy and procedure that define level of nursing services provided by the facility. |
| R432-270-15(2)                      |  | (2) A type I assisted living licensee shall employ or contract with a registered nurse to provide or delegate medication administration for any resident who cannot to self-medicate or self-direct medication management.                                                                                                                                                                                        | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This is type II facility.                                                                                      |
| R432-270-15(3)(a)-(c)               |  | (3) A type II assisted living licensee shall employ or contract with a registered nurse to provide or supervise nursing services to include:<br>(a) a nursing assessment on each resident;<br>(b) general health monitoring on each resident; and<br>(c) routine nursing tasks, including those that may be delegated to unlicensed assistive personnel in accordance with Section R156-31B-701.                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                                                                |
| R432-270-15(4)                      |  | (4) A type I assisted living licensee may provide nursing care according to facility policy. If a type I assisted living facility chooses to provide nursing services, the nursing services shall be provided in accordance with Subsections R432-270-15(3)(a) through (c).                                                                                                                                       | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | This is type II facility.                                                                                      |

| RULES CHECKLIST                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                    |                                   |                                                     |
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| Rule #<br>R432                  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                               |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                    |                                   |                                                     |
|                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                    |                                   |                                                     |
| R432-270-15(5)(a)-(b)           | (5) Type I and type II assisted living licensees may not provide skilled nursing care, but shall assist the resident in obtaining required services. To determine whether a nursing service is skilled, the following criteria shall apply:<br>(a) the complexity or specialized nature of the prescribed services can be safely or effectively performed only by, or under the close supervision of licensed health care professional personnel; or<br>(b) care is needed to prevent, to the extent possible, deterioration of a condition or to sustain current capacities of a resident. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                     |
| R432-270-15(6)                  | (6) At least one certified nurse aide shall be on duty in a type II facility 24 hours a day.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | 2 employees working this morning and were not CNA's |
| <b>Section 16. Secure Units</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                        |
| R432-270-16(1)                  | (1) A type II assisted living licensee with approved secure units may admit residents with a diagnosis of Alzheimer's or dementia if the resident can exit the facility with limited assistance from one person.                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | Operating as a secured unit.                        |
| R432-270-16(2)(a)-(b)           | (2) The licensee shall ensure that each resident admitted to a secure unit has an admission agreement that indicates placement in the secure unit. The licensee shall ensure the secure admission agreement:<br>(a) documents that a wander risk management agreement has been negotiated with the resident or resident's responsible person; and<br>(b) identifies discharge criteria that would initiate a transfer of the resident to a higher level of care than the assisted living facility can provide.                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                     |
| R432-270-16(3)                  | (3) In addition to completing the facility orientation and demonstration of 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.                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                     |

| RULES CHECKLIST                                            |  |                                                                                                                                                                                                                                                                                                                          |                                     |                                     |                          |                                    |                                   |                                                                                  |
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| Rule #<br>R432                                             |  | Rule Description                                                                                                                                                                                                                                                                                                         | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                            |
|                                                            |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                          |                                     |                                     |                          |                                    |                                   |                                                                                  |
| R432-270-16(4)                                             |  | (4) There licensee shall ensure that there is at least one direct-care staff in the secure unit continuously.                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                  |
| R432-270-16(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 the residents in case of emergency.                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                  |
| <b>Section 17. Arrangements for Medical or Dental Care</b> |  |                                                                                                                                                                                                                                                                                                                          | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                                                     |
| R432-270-17(1)(a-h)                                        |  | (1) The licensee shall ensure residents are assisted in arranging access for ancillary services for medically related care including:(a) physician;<br>(b) dentist;<br>(c) pharmacist;<br>(d) therapy;<br>(e) podiatry;<br>(f) hospice;<br>(g) home health; and<br>(h) other services necessary to support the resident. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                  |
| R432-270-17(2)(a)-(c)                                      |  | (2) The licensee shall ensure care through one or more of the following methods is arranged:<br>(a) notifying the resident's responsible person;<br>(b) arranging for transportation to and from the practitioner's office; or<br>(c) arrange for a home visit by a health care professional.                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                  |
| R432-270-17(3)                                             |  | (3) The licensee shall ensure a physician or other health care professional is notified when the resident requires immediate medical attention.                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                  |
| <b>Section 18. Activity Program</b>                        |  |                                                                                                                                                                                                                                                                                                                          | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                                                     |
| R432-270-18(1)                                             |  | (1) The licensee shall ensure residents are encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreational programs.                                                                                                                               | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | The activity scheduled for 2 pm-Relief society was not observed to be conducted. |

| RULES CHECKLIST                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                               |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                              |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                        |                                     |                          |                          |                                    |                                   |              |
| R432-270-18(2)(a)-(d)                        |  | (2) The licensee shall ensure opportunities for the following are provided:<br>(a) socialization activities;<br>(b) independent living activities to foster and maintain independent functioning;<br>(c) physical activities; and<br>(d) community activities to promote resident participation in activities away from the facility.                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-18(3)(a)-(c)                        |  | (3) The administrator shall designate an activity coordinator to direct the facility's activity program. The activity coordinator's duties include the following:<br>(a) coordinate recreational activities, including volunteer and auxiliary activities;(b) plan, organize, and conduct the residents' activity program with resident participation; and<br>(c) develop and post monthly activity calendars, including information on community activities, based on residents' needs and interests. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-18(4)                               |  | (4) The licensee shall ensure enough equipment, supplies, and indoor and outdoor space to meet the recreational needs and interests of residents are provided.                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-18(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.                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 19. Medication Administration</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>C</b>                            | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-19(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.                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                             |                                     |                          |                          |                                    |                                   |       |
| R432-270-19(2)      |  | (2) The licensee shall ensure each resident's medication program is administered by one of the methods described Subsections R432-270-19(2) through (9).                                                                                                                                                                                                                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(3)      |  | (3) A resident assessed to be able to self-administer medication may keep prescription medications in their room.                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(4)      |  | (4) If more than one resident resides in a unit, the licensee shall ensure each person's ability is assessed to safely have medications in the unit. If safety is a factor, the licensee shall ensure a resident stores their medication in a locked container in the unit.                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(5)(a-b) |  | (5)(a) A resident may be assessed to be able to self-direct medication administration.<br>(b) Facility staff may assist a resident assessed to self-direct medication by:<br>(i) reminding the resident to take the medication;<br>(ii) opening medication containers; and<br>(iii) reminding the resident or the resident's responsible person when the prescription needs to be refilled. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                      |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                          |                                    |                                   |       |
| R432-270-19-(6)(a-c) |  | (6)(a) A resident may be assessed to allow family members or a designated responsible person to administer medications.<br>(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.<br>(c) Facility staff may not serve as the designated responsible person.                                                                                                                                                                                                                                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(7)(a-f)  |  | (7)(a) A resident may be assessed as unable to self-administer or self-direct medications.<br>(b) Facility staff may administer medications only after delegation by a licensed health care professional under the scope of their practice.<br>(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.<br>(d) The licensee shall ensure medications are administered according to the prescribing order.<br>(e) The delegating authority shall provide and document supervision, evaluation, and training of unlicensed assistive personnel assisting with medication administration.<br>(f) The delegating authority or another registered nurse shall be readily available either in person or by telecommunication. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(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 R432-270-19(3) through (6).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                      |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                          |                          |                                    |                                   |       |
| R432-270-19(9)       |  | (9) Home health or hospice agency staff may provide medication administration to facility residents exclusively, or in conjunction with Subsections R432-270-19(2) through (9).                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(10)      |  | (10) The licensee shall ensure a licensed health care professional or licensed pharmacist reviews resident medications at least every six months.                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(11)(a-g) |  | (11) The licensee shall ensure that medication records include the following:<br>(a) the resident's name;<br>(b) the name of the prescribing practitioner;<br>(c) medication name including prescribed dosage;<br>(d) the time, dose, and dates administered;<br>(e) the method of administration;<br>(f) signatures of personnel administering the medication; and<br>(g) the review date.                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(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.<br>(b) When the facility staff documents changes in the medication, the licensed health care professional shall co-sign within 72 hours.<br>(c) The licensee shall ensure that the licensed health care professional notifies unlicensed assistive personnel who administer medications of the medication change. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(13)      |  | (13) The licensee shall have access to a reference for possible reactions and precautions for prescribed medications in the facility.                                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(14)      |  | (14) The licensee shall ensure the licensed health care professional is notified when medication errors occur.                                                                                                                                                                                                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                                 |  |                                                                                                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                    |                                   |                                                |
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| Rule #<br>R432                                  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                    | C                                   | NC                                  | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                          |
|                                                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                     |                                     |                                     |                                     |                                    |                                   |                                                |
| R432-270-19(15)                                 |  | (15) The licensee shall ensure that medication error incident reports are completed if a medication error occurs or is identified.                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                |
| R432-270-19(16)                                 |  | (16) The licensee shall incorporate medication errors into the facility quality improvement process.                                                                                                                                                                                                                                                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 9/14/2024                          | <input type="checkbox"/>          | Medication errors not documented in QI Process |
| R432-270-19(17)(a-b)                            |  | (17) The licensee shall ensure that medications stored in a central storage area are:<br>(a) locked to prevent unauthorized access; and<br>(b) available for the resident to have timely access to the medication.                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                |
| R432-270-19(18)                                 |  | (18) The licensee shall ensure medications that require refrigeration are stored separately from food items and at temperatures between 36 - 46 degrees Fahrenheit.                                                                                                                                                                                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                |
| R432-270-19(19)(a-b)                            |  | (19) The licensee shall ensure policies governing the following are developed and implemented:<br>(a) 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 1307; and<br>(b) destruction and disposal of unused, outdated, or recalled medications. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                |
| R432-270-19(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.                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                |
| <b>Section 20. Management of Resident Funds</b> |  |                                                                                                                                                                                                                                                                                                                                                                     | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                           | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                   |
| R432-270-20(1)                                  |  | (1) Residents have the right to manage and control their financial affairs. The licensee may not require a resident to deposit their personal funds or valuables with the facility.                                                                                                                                                                                 | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds.    |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                                     |                                    |                                   |                                             |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                       |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                                     |                                    |                                   |                                             |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds. |
| R432-270-20(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:<br>(a) 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;<br>(b) 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;<br>(c) maintains a separate account for resident funds for each facility and does not commingle such funds with resident funds from another facility;<br>(d) 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;<br>(e) keep each account with columns for debits, credits, and balance; and<br>(f) include a copy of the receipt that it furnished to the resident for funds received and other valuables entrusted to the licensee for safekeeping. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds. |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds. |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                                     |                                    |                                   |                                             |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                       |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                                     |                                    |                                   |                                             |
| R432-270-20(5)      |  | (5) The licensee shall purchase a surety bond or otherwise provide assurance satisfactory to the department that resident personal funds deposited with the facility are secure.                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds. |
| R432-270-20(6)(a-d) |  | (6) The licensee shall ensure:<br>(a) 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;<br>(b) interest earned on a resident's bank account is credited to the resident's account;<br>(c) each resident's share, including interest, has separate accounting in pooled accounts; and<br>(d) resident personal funds that do not exceed \$150 are kept in either a non-interest-bearing account, an interestbearing account, or a petty cash fund. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds. |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds. |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds. |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility doesnt manage residents funds. |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                     |                          |                          |                                    |                                   |       |
| Section 21. Records   |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                                   | NC                       | NA                       | Date                               | CDI                               | Notes |
| R432-270-21(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 the department.                                                                                                                                                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-21(2)        |  | (2) The licensee shall ensure records are protected against access by unauthorized individuals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-21(3)(a)-(j) |  | (3) The licensee shall ensure personnel records are maintained for each employee and are retained for at least three years following termination of employment. The licensee shall ensure personnel records include the following:<br>(a) employee application;<br>(b) date of employment;<br>(c) termination date;<br>(d) reason for leaving;<br>(e) documentation of CPR and first aid training;<br>(f) health inventory;<br>(g) food handlers permits;<br>(h) TB skin test documentation;<br>(i) documentation of criminal background screening; and<br>(j) documentation of core competency initial and annual training. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                          |                                    |                                   |                                                                          |
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| Rule #<br>R432            |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                    |
|                           |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                     |                                     |                          |                                    |                                   |                                                                          |
| R432-270-21(4)(a-e)       |  | (4) The licensee shall ensure a separate record for each resident is maintained at the facility that includes the following:<br>(a) the resident's name, date of birth, and last address;<br>(b) the name, address, and telephone number of:<br>(i) the person who administers and obtains medications, if this person is not facility staff;<br>(ii) the individual to be notified in case of accident or death; and<br>(iii) a physician and dentist to be called in an emergency;<br>(c) the admission agreement;<br>(d) the resident assessment; and<br>(e) the resident service plan. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                          |
| R432-270-21(5)            |  | (5) The licensee shall retain resident records for at least three years following discharge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                          |
| R432-270-21(6)            |  | (6) The licensee shall ensure written incident and injury reports are maintained to document resident death, injuries, elopement, fights or physical confrontations, situations that require the use of passive physical restraint, suspected abuse or neglect, and other situations or circumstances affecting the health, safety, or well-being of residents. The licensee shall ensure the reports are kept on file for at least three years.                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | The facility did not have incident reports for the death of 2 residents. |
| Section 22. Food Services |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                                  | NA                       | Date                               | CDI                               | Notes                                                                    |

| RULES CHECKLIST       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                                     |                                    |                                   |                                            |
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| Rule #<br>R432        | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                                   | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                      |
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                          |                                     |                                    |                                   |                                            |
| R432-270-22(1)(a-d)   | (1) The licensee shall ensure:<br>(a) residents are provided three meals a day, seven days a week, plus snacks;<br>(b) a one-week supply of nonperishable food and a three-day supply of perishable food is maintained, as required to prepare the planned menus;<br>(c) no more than a 14-hour interval occurs between the evening meal and breakfast, unless a nutritious snack is available in the evening; and<br>(d) food service complies with the following:<br>(i) food is of good quality and is prepared by methods that retain nutritive value, flavor, and appearance;<br>(ii) food is palatable, attractively served, and delivered to the resident at the appropriate temperature; and<br>(iii) powdered milk may only be used as a beverage, upon the resident's request, but may be used in cooking and baking. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                            |
| R432-270-22(2)        | (2) The licensee shall ensure adaptive eating equipment and utensils are provided for residents as needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | No resident that needed adaptive utensils. |
| R432-270-22(3)(a)-(d) | (3) The licensee shall ensure a different menu is planned and followed for each day of the week and that:<br>(a) a certified dietitian approves and signs any menu;<br>(b) a cycle menu covers a minimum of three weeks;<br>(c) the current week's menu is posted for resident viewing; and<br>(d) any substitution to the menu that are actually served to a resident is recorded and retained for three months for review by the department.                                                                                                                                                                                                                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                            |
| R432-270-22(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                            |

| RULES CHECKLIST                          |  |                                                                                                                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                    |                                   |                                                                             |
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| Rule #<br>R432                           |  | Rule Description                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                       |
|                                          |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                             |                                     |                                     |                          |                                    |                                   |                                                                             |
| R432-270-22(5)                           |  | (5) The licensee shall ensure each resident is encouraged to eat their meals in the dining room with other residents.                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                             |
| R432-270-22(6)                           |  | (6) The licensee shall ensure any inspection report by the local health department are maintained at the facility for review by the department.                                                                                                                                                                                                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                             |
| R432-270-22(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.                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident on the therapeutic diet.             |
| R432-270-22(8)(a-c)                      |  | (8)(a) The licensee shall ensure food service personnel are employed to meet the needs of residents.<br>(b) While on duty in food service, the cook and other kitchen staff may not be assigned concurrent duties outside the food service area.<br>(c) The licensee shall ensure personnel who prepare or serve food have a current food handler's permit. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | 3 employees on the sample did not have food handlers permit in their files. |
| R432-270-22(9)                           |  | (9) The licensee shall ensure compliance with the Rule R392-100, Food Service Sanitation.                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                             |
| R432-270-22(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.                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                             |
| <b>Section 23. Housekeeping Services</b> |  |                                                                                                                                                                                                                                                                                                                                                             | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                                                |
| R432-270-23(1)                           |  | (1) The licensee shall employ housekeeping staff to maintain both the exterior and interior of the facility.                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                             |

| RULES CHECKLIST                     |  |                                                                                                                                                                                                                                                                                       |                                     |                                     |                          |                                    |                                   |                                                                                                                                                         |
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| Rule #<br>R432                      |  | Rule Description                                                                                                                                                                                                                                                                      | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                                                                                                   |
|                                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                       |                                     |                                     |                          |                                    |                                   |                                                                                                                                                         |
| R432-270-23(2)(a)-(b)               |  | (2) The licensee shall designate a person to direct housekeeping services who shall:<br>(a) post routine laundry, maintenance, and cleaning schedules for housekeeping staff; and<br>(b) ensure furniture, bedding, linens, and equipment are clean before use by another resident.   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                         |
| R432-270-23(3)                      |  | (3) The licensee shall ensure control odors by maintaining cleanliness.                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                         |
| R432-270-23(4)                      |  | (4) The licensee shall provide a trash container in every occupied room.                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                         |
| R432-270-23(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.                                                                                                    | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/24                            | <input type="checkbox"/>          | Bleach, cleaning agents on counter and under sink in kitchen, Laundry room had cleaning agents detergent pods, linen room chemicals, hydrogen peroxide. |
| R432-270-23(6)(a-e)                 |  | (6) The licensee shall ensure housekeeping personnel are trained regarding:<br>(a) preparing and using cleaning solutions;<br>(b) cleaning procedures;<br>(c) proper use of equipment;<br>(d) proper handling of clean and soiled linen; and<br>(e) procedures for disposal of waste. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                         |
| R432-270-23(7)                      |  | (7) The licensee shall ensure bathtubs, shower stalls, or lavatories are not used as storage places.                                                                                                                                                                                  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                         |
| R432-270-23(8)                      |  | (8) The licensee shall ensure throw or scatter rugs that present a tripping hazard to residents are not used.                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                         |
| <b>Section 24. Laundry Services</b> |  |                                                                                                                                                                                                                                                                                       | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                |                                    | <b>CDI</b>                        | <b>Notes</b>                                                                                                                                            |

| RULES CHECKLIST                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                    |                                   |                                                                                                                   |
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| Rule #<br>R432                   |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                                                             |
|                                  |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                    |                                   |                                                                                                                   |
| R432-270-24(1)(a-c)              |  | (1) The licensee shall ensure:<br>(a) laundry services are provided to meet the needs of the residents, including an adequate supply of linens;<br>(b) the resident or the resident's responsible person is informed in writing of the facility's laundry policy for residents' personal clothing; and<br>(c) at least one washing machine and one clothes dryer are made available for resident use.                                                                                                                                                                                                                              | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                   |
| R432-270-24(2)                   |  | (2) The licensee shall ensure food is not stored, prepared, or served in any laundry area.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                   |
| Section 25. Maintenance Services |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C                                   | NC                                  | NA                       | Date                               | CDI                               | Notes                                                                                                             |
| R432-270-25(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.                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | Unsecured oxygen tanks in the dining room and linen room. Electrical panel unlocked and accessible in linen room. |
| R432-270-25(2)(a-d)              |  | (2) The licensee shall ensure the maintenance of the following:<br>(a) fire rated construction and assemblies are maintained in accordance with Rule R710-3, Fire Marshal;<br>(b) entrances, exits, steps, and outside walkways are maintained in a safe condition, free of ice, snow, and other hazards;<br>(c) electrical systems, including appliances, cords, equipment call lights, and switches are maintained to guarantee safe functioning; and<br>(d) air filters installed in heating, ventilation, and air conditioning systems must be inspected, cleaned, or replaced in accordance with manufacturer specifications. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/24                            | <input type="checkbox"/>          | Fire doors have greater than a 1/4 inch cap with no astragal device.                                              |

| RULES CHECKLIST                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                    |                                   |                                                                                                                                                 |
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| Rule #<br>R432                                         | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                                                                                           |
|                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                    |                                   |                                                                                                                                                 |
|                                                        | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                     |                                     |                          |                                    |                                   |                                                                                                                                                 |
| R432-270-25(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 by this state, to ensure the absence of vermin and rodents.                                                                                                                                                                                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                 |
| R432-270-25(4)                                         | (4) The licensee shall document any maintenance work or pest control that is performed.                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                 |
| R432-270-25(5)                                         | (5) The licensee shall ensure that hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by residents. The licensee shall ensure hot water delivered to public and resident care areas is maintained at temperatures between 105 - 120 degrees Fahrenheit.                                                                                                                                                                                                                           | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | The water temperature in the kitchen was 122.2 degrees Fahrenheit. The water temperature in the resident bathroom was 121.1 degrees fahrenheit. |
| <b>Section 26. Disaster and Emergency Preparedness</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>C</b>                            | <b>NC</b>                           | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                                                                                                                    |
| R432-270-26(1)                                         | (1) The licensee is responsible for the safety and well-being of residents in the event of an emergency or disaster.                                                                                                                                                                                                                                                                                                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                 |
| R432-270-26(2)(a)-(c)                                  | (2) The licensee and the administrator are responsible to develop and coordinate plans with state and local emergency disaster authorities to respond to potential emergencies and disasters. The plan shall outline:<br>(a) the protection or evacuation of residents;<br>(b) arrangements for staff response or providing additional staff to ensure the safety of any resident with physical or mental limitations; and<br>(c) when to notify the Silver Alert program for missing and endangered adults and the resident's emergency contacts. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                 |
| R432-270-26(3)                                         | (3) The licensee shall ensure that the emergency and disaster response plan is in writing and distributed or made available to facility staff and residents to ensure prompt and efficient implementation.                                                                                                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                                                                                                 |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                               |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                              | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                               |                                     |                          |                          |                                    |                                   |       |
| R432-270-26(4)(a-k) |  | (4) Emergencies and disasters include:<br>(a) fire;<br>(b) severe weather;<br>(c) missing residents;<br>(d) death of residents;<br>(e) interruption of public utilities;<br>(f) explosion;<br>(g) bomb threat;<br>(h) earthquake;<br>(i) windstorm;<br>(j) epidemic; or<br>(k) mass casualty. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-26(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 the department.                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                     |                          |                          |                                    |                                   |       |
| R432-270-26(6)(a)-(j) |  | (6) The licensee shall ensure the emergency and disaster response plan addresses the following:<br>(a) the names of the person in charge and persons with decision-making authority;<br>(b) the names of persons who shall be notified in an emergency in order of priority;<br>(c) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies;<br>(d) instructions on how to contain a fire and how to use the facility alarm systems;<br>(e) assignment of personnel to specific tasks during an emergency;<br>(f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations;<br>(g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster;<br>(h) delivery of essential care and services to facility occupants by alternate means;<br>(i) delivery of essential care and services if additional persons are housed in the facility during an emergency; and<br>(j) delivery of essential care and services to facility occupants if personnel are reduced by an emergency. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                     |                          |                          |                                    |                                   |       |
| R432-270-26(7)(a-d)   |  | (7)(a) The licensee shall ensure safe ambient air temperatures are maintained within the facility.<br>(b) The local fire department shall approve the facility's emergency heating.<br>(c) Ambient air temperatures of 58 degrees Fahrenheit or below may constitute an imminent danger to the health and safety of the residents in the facility. The person in charge shall take immediate action in the best interests of the residents.<br>(d) The licensee shall have, and be capable of implementing, contingency plans regarding excessively high ambient air temperatures within the facility that may exacerbate the medical condition of residents. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-26(8)(a)-(d) |  | (8) The licensee shall provide personnel and residents with instruction and training in accordance with the plans to respond appropriately in an emergency. The licensee shall:<br>(a) annually review the procedures with existing staff and residents and carry out unannounced drills using those procedures;<br>(b) hold simulated disaster drills semi-annually;<br>(c) hold simulated fire drills quarterly on each shift for staff and residents in accordance with Rule R710-3; and<br>(d) document drills, including date, participants, problems encountered, and the ability of each resident to evacuate.                                         | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-26(9)        |  | (9) The licensee shall ensure that the administrator is in charge during an emergency. If not on the premises, the licensee shall ensure the administrator makes every effort to report to the facility, relieve subordinates and take charge.                                                                                                                                                                                                                                                                                                                                                                                                                | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST        |  |                                                                                                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                    |                                   |                                                                         |
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| Rule #<br>R432         |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                     | C                                   | NC                                  | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                   |
|                        |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                      |                                     |                                     |                          |                                    |                                   |                                                                         |
| R432-270-26(10)(a-g)   |  | (10) The licensee shall provide in-house equipment and supplies required in an emergency including:<br>(a) emergency lighting;<br>(b) heating equipment;<br>(c) food;<br>(d) potable water;<br>(e) extra blankets;<br>(f) first aid kit; and<br>(g) radio.                                                                                                                           | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                         |
| R432-270-26(11)(a)-(b) |  | (11) The licensee shall ensure the following information is posted in public locations throughout the facility:<br>(a) the name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems; and<br>(b) evacuation routes, location of fire alarm boxes, and fire extinguishers. | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                         |
| Section 27. First Aid  |  |                                                                                                                                                                                                                                                                                                                                                                                      | C                                   | NC                                  | NA                       | Date                               | CDI                               | Notes                                                                   |
| R432-270-27(1)(a-d)    |  | (1) The licensee shall ensure that there is one staff person on duty at all times, who has:<br>(a) training in basic first aid;<br>(b) training in the Heimlich maneuver;<br>(c) certification in cardiopulmonary resuscitation; and<br>(d) training in emergency procedures to ensure each resident receives prompt first aid as needed.                                            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                          | <input type="checkbox"/>          | One employee working alone at night did not have first aid/CPR in file. |
| R432-270-27(2)(a-c)    |  | (2) The licensee shall ensure there is a:<br>(a) first aid kit available at a specified location in the facility;<br>(b) 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; and<br>(c) clean-up kit for blood-borne pathogens.                                                   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |                                                                         |
| Section 28. Pets       |  |                                                                                                                                                                                                                                                                                                                                                                                      | C                                   | NC                                  | NA                       | Date                               | CDI                               | Notes                                                                   |

| RULES CHECKLIST |  |                                                                                                                                                                                                                                                  |                          |                          |                                     |                                    |                                   |                               |
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| Rule #<br>R432  |  | Rule Description                                                                                                                                                                                                                                 | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                         |
|                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                  |                          |                          |                                     |                                    |                                   |                               |
| R432-270-28(1)  |  | (1) The licensee may allow residents to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinance and by facility policy.                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility |
| R432-270-28(2)  |  | (2) The licensee shall ensure pets are kept clean and disease-free.                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility |
| R432-270-28(3)  |  | (3) The licensee shall ensure pets' environment is kept clean.                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility |
| R432-270-28(4)  |  | (4) The licensee shall ensure small pets, such as birds and hamsters, are kept in appropriate enclosures.                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility |
| R432-270-28(5)  |  | (5) The licensee may not permit pets that display aggressive behavior in the facility.                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility |
| R432-270-28(6)  |  | (6) The licensee shall ensure that pets that are kept at the facility or are frequent visitors have current vaccinations.                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility |
| R432-270-28(7)  |  | (7) Upon approval of the administrator, family members may bring residents' pets to visit.                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility |
| R432-270-28(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. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility |

| RULES CHECKLIST                     |  |                                                                                                                                                                                                                                                                                                   |                          |                          |                                     |                                    |                                   |                                                                              |
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| Rule #<br>R432                      |  | Rule Description                                                                                                                                                                                                                                                                                  | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                        |
|                                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                   |                          |                          |                                     |                                    |                                   |                                                                              |
| R432-270-28(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.                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | Do not allow pets at facility                                                |
| <b>Section 29. Respite Services</b> |  |                                                                                                                                                                                                                                                                                                   | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                           | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                                                 |
| R432-270-29(1)                      |  | (1) Assisted living licensees may offer respite services and are not required to obtain any additional license from the Utah Department of Health and Human Services.                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |
| R432-270-29(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. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |
| R432-270-29(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.                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |
| R432-270-29(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.                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |
| R432-270-29(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.                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                                     |                                    |                                   |                                                                              |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                        |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                                     |                                    |                                   |                                                                              |
| R432-270-29(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 activities of daily living and diet orders.                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |
| R432-270-29(7)(a)-(h) |  | (7) The licensee shall ensure there are written policies and procedures approved by the department before providing respite care. The licensee shall make policies and procedures available to staff regarding the respite care for residents that include:<br>(a) medication administration;<br>(b) notification of a responsible party in the case of an emergency;<br>(c) service agreement and admission criteria;<br>(d) behavior management interventions;<br>(e) philosophy of respite services;<br>(f) post-service summary;<br>(g) training and in-service requirement for employees; and<br>(h) handling personal funds. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |
| R432-270-29(8)        |  | (8) Persons receiving respite services shall be provided a copy of the Resident Rights documents upon admission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |
| R432-270-29(9)(a)-(g) |  | (9) The licensee shall ensure a record for each person receiving respite services is maintained that includes:<br>(a) a service agreement;<br>(b) demographic information and resident identification data;<br>(c) nursing notes;<br>(d) physician treatment orders;<br>(e) records made by staff regarding daily care of the person in service;<br>(f) accident and injury reports; and<br>(g) a post-service summary.                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently. |

| RULES CHECKLIST                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                                     |                                    |                                   |                                                                               |
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| Rule #<br>R432                             |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                         |
|                                            |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                                     |                                    |                                   |                                                                               |
| R432-270-29(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility did not have any resident receiving respite services currently.  |
| <b>Section 30. Adult Day Care Services</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                           | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b>                                                                  |
| R432-270-30(1)                             |  | (1) Type I and type II assisted living licensees may offer adult day care services and are not required to obtain a separate license from Utah Department of Health and Human Services. If the licensee provides adult day care services, they shall submit policies and procedures for department approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(3)(a)-(e)                      |  | (3) The licensee shall ensure that the director has written records on-site for each resident and staff person, to include the following:<br>(a) demographic information;<br>(b) an emergency contact with name, address, and telephone number;<br>(c) resident health records, including the following:<br>(i) record of medication including dosage and administration;<br>(ii) a current health assessment, signed by a licensed practitioner; and<br>(iii) level of care assessment;<br>(d) signed resident agreement and service plan; and<br>(e) employment file for each staff person that includes:<br>(i) health history;<br>(ii) background clearance consent and release form;<br>(iii) orientation completion; and<br>(iv) in-service training requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                                     |                                    |                                   |                                                                               |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                         |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                                     |                                    |                                   |                                                                               |
| R432-270-30(4)(a)-(e) |  | (4) The licensee shall ensure there is a written eligibility, admission, and discharge policy to include the following:<br>(a) intake process;<br>(b) notification of responsible party;<br>(c) reasons for admission refusal that includes a written, signed statement;<br>(d) resident rights notification; and<br>(e) reason for discharge or dismissal.                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(5)        |  | (5) Before a licensee admits a resident, a written assessment shall be completed to evaluate current health and medical history, immunizations, legal status, and social psychological factors.                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(6)(a)-(c) |  | (6) The licensee shall ensure that the director or designee develops a written resident agreement, with the resident, the responsible party and the director or designee, that is completed and signed by each party and include the following:<br>(a) rules of the program;<br>(b) services to be provided and cost of service, including refund policy; and<br>(c) arrangements regarding absenteeism, visits, vacations, mail, gifts, and telephone calls. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(7)(a-c)   |  | (7) The director, or designee, shall develop, implement, and review the individual resident service plan. The licensee shall ensure the plan:<br>(a) includes the specification of daily activities and services;<br>(b) is developed within three working days of admission; and<br>(c) is evaluated semi-annually.                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                                     |                                    |                                   |                                                                               |
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| Rule #<br>R432       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                        | NC                       | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                         |
|                      |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                                     |                                    |                                   |                                                                               |
| R432-270-30(8)(a-g)  |  | (8) The licensee shall ensure that written incident and injury reports document the following:<br>(a) resident death;<br>(b) injuries;<br>(c) elopement;<br>(d) fights or physical confrontations;<br>(e) situations that require the use of passive physical restraint;<br>(f) suspected abuse or neglect; and<br>(g) other situations or circumstances affecting the health, safety, or well-being of residents while in care.                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(9)       |  | (9) The licensee shall ensure that the director and responsible party reviews each injury report and ensures that each report is kept on file.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(10)      |  | (10) The licensee shall ensure a daily activity schedule is provided, posted, and implemented as designed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(11)      |  | (11) The licensee ensure residents are provided direct supervision at all times and encouraged to participate in activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |
| R432-270-30(12)(a-d) |  | (12)(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.<br>(b) Hallways, office, storage, kitchens, and bathrooms may not be included in the calculation.<br>(c) The licensee shall ensure indoor and outdoor areas are maintained in a clean, secure, and safe condition.<br>(d) The licensee shall ensure at least one bathroom designated for resident use is provided during business hours. For licensees serving more than ten residents, the licensee shall ensure there are separate male and female bathrooms designated for resident use. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently. |

| RULES CHECKLIST                            |  |                                                                                                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |                                    |                                   |                                                                                                               |
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| Rule #<br>R432                             |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                | C                                   | NC                                  | NA                                  | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes                                                                                                         |
|                                            |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                 |                                     |                                     |                                     |                                    |                                   |                                                                                                               |
| R432-270-30(13)(a)-(c)                     |  | (13) The licensee shall ensure;<br>(a) continual staff supervision is provided when residents are present;<br>(b) a staff to resident ratio of one staff for every eight residents is maintained; and<br>(c) 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. | <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |                                    | <input type="checkbox"/>          | The facility had no resident that received adult day care services currently.                                 |
| Section 31. Penalties                      |  |                                                                                                                                                                                                                                                                                                                                                                                                 | C                                   | NC                                  | NA                                  | Date                               | CDI                               | Notes                                                                                                         |
| R432-270-31                                |  | Any person who violates this rule may be subject to the penalties enumerated in Sections 26B-2-208 and 26B-2-216 and Section R432-3-8.                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                                                               |
| R432-35-4. Covered Provider - DACS Process |  |                                                                                                                                                                                                                                                                                                                                                                                                 | C                                   | NC                                  | NA                                  | Date                               |                                   | Notes                                                                                                         |
| R432-35-4(1)                               |  | (1) The covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before issuance of a provisional license, license renewal, or engagement as a covered individual.                                                                                                                                          | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                                                               |
| R432-35-4(2)(a)-(b)                        |  | (2) The covered provider shall ensure the engaged covered individual:<br>(a) signs a criminal background screening authorization form that is available for review by the department; and<br>(b) submits fingerprints within 15 working days of engagement.                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |                                    | <input type="checkbox"/>          |                                                                                                               |
| R432-35-4(3)                               |  | (3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination.                                                                                                                                                                                                                                     | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | 9/14/2024                          | <input type="checkbox"/>          | The DACS did not reflect 3 employees current status within 5 days from the date of engagement or termination. |

| RULES CHECKLIST |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                     |                          |                          |                                    |                                   |       |
| R432-35-4(4)    |  | (4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239.                                                                                                                                                                                                                                                                                                                                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(5)    |  | (5) If the department 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 department shall send a notice of agency action, as outlined in Rule R432-30, to the covered provider and the individual explaining the action and the individual's right of appeal.                                                                                                                                               | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(6)    |  | (6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access.                                                                                                                                                                                                                                                                                                                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(7)    |  | (7) The department may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the department, the work arrangement does not pose a threat to the safety and health of patients or residents.                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(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 department may revoke an existing license or deny licensure for healthcare services in the residential setting. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                                     |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                            | C                                   | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                             |                                     |                          |                          |                                    |                                   |       |
| R432-35-4(9)(a)-(d) |  | (9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including:<br>(a) employment status;<br>(b) address;<br>(c) email address; and<br>(d) name.                                                                                                                      | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(10)       |  | (10) An individual or covered individual seeking licensure as a covered provider shall submit required information to the department to initiate and obtain certification for direct patient access before the issuance of the provisional license. If the individual is not eligible for direct patient access, the department may revoke an existing license or deny licensure as a health care facility. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
|                     |  |                                                                                                                                                                                                                                                                                                                                                                                                             | 130                                 | 18                       | 53                       | 18                                 | 0                                 | 201   |

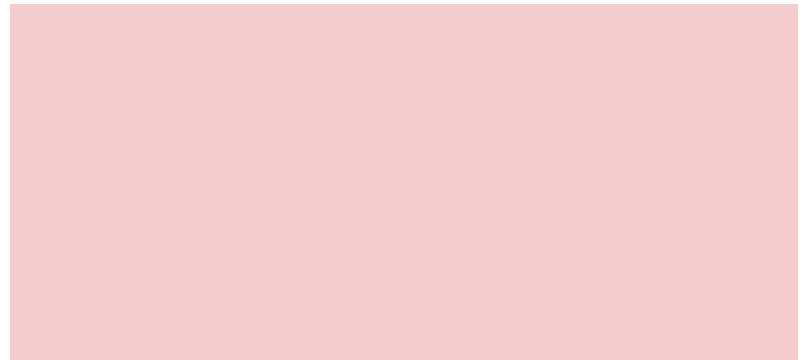
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | RULES CHECKLIST |                          |                                     |                          |                              |                             | NON-COMPLIANCE STATEMENT                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                              | ADDITIONAL INFORMATION |  |
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| Rule #                     | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C = Compliant   | C                        | NC                                  | NA                       | Compliance Required By Date: | Corrected During Inspection | Notes                                                                                                                                                                                                                                                                                                                                  | DO NOT PRINT                                                                                                                                                                 | DO NOT PRINT           |  |
| R432                       | NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                          |                                     |                          |                              |                             |                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                              |                        |  |
| 4(1)(a)-(b)<br>4(2)(a)-(b) | (1) A licensee shall ensure that the following individuals wear an identification badge:<br>(a) any employee who provides direct care to a patient; and<br>(b) any volunteer.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/24                      | <input type="checkbox"/>    | 2 employees observed not to be wearing identification badges.                                                                                                                                                                                                                                                                          | Brynn and Siri.                                                                                                                                                              |                        |  |
| R432-270-9(14)(a-g)        | (2) The identification badge shall include the following information:<br>(a) the person's first or last name; and<br>(b) the person's title or position, in terms generally understood by the public.<br>(14) The licensee shall:<br>(a) ensure an employee health inventory is completed when an employee is hired;<br>(b) use a department-approved form for the health inventory evaluation or their own form if it includes at least the employee's history of the following:<br>(i) conditions that may predispose the employee to acquiring or transmitting infectious diseases; and<br>(ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily;<br>(c) develop an employee health screening and immunization components of for its personnel health program;<br>(d) ensure employee skin testing:<br>(i) uses the Mantoux Method or other Food and Drug Administration, (FDA) approved in-vitro serologic test; and<br>(ii) perform follow-up procedures for tuberculosis in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis;<br>(e) ensure employees are skin-tested for tuberculosis within two weeks of:<br>(i) initial hiring;<br>(ii) suspected exposure to a person with active tuberculosis; and<br>(iii) development of symptoms of tuberculosis;<br>(f) report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3; and<br>(g) allow employees with known positive reaction to skin tests to be exempt from skin testing.<br>(2) The licensee shall ensure the administrator or designee gives each resident a written description of the resident's legal rights upon admission, including the following:<br>(a) a description of the manner of protecting personal funds; and<br>(b) a statement that the resident may file a complaint with the state long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility. |                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                    | <input type="checkbox"/>    | 4 employees did not have TB tests in their files or the tests were done later than 15 days from the date of hire.                                                                                                                                                                                                                      | Brynn was hired on 5/29/2024, her TB test was placed on 7/6/2024 (month later). Gabrielle and Veronica did not have TB tests in their files. Adriana had X ray done in 2016. |                        |  |
| R432-270-10(2)(a)-(b)      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024                    | <input type="checkbox"/>    | The facility did not have written description of residents rights given to residents upon admission that incuded the statement that the resident may file a complaint with the state long-term ombudsman and any other advocacy group concernring residengts abuse, neglect or missappropriation of resident property in the facility. |                                                                                                                                                                              |                        |  |

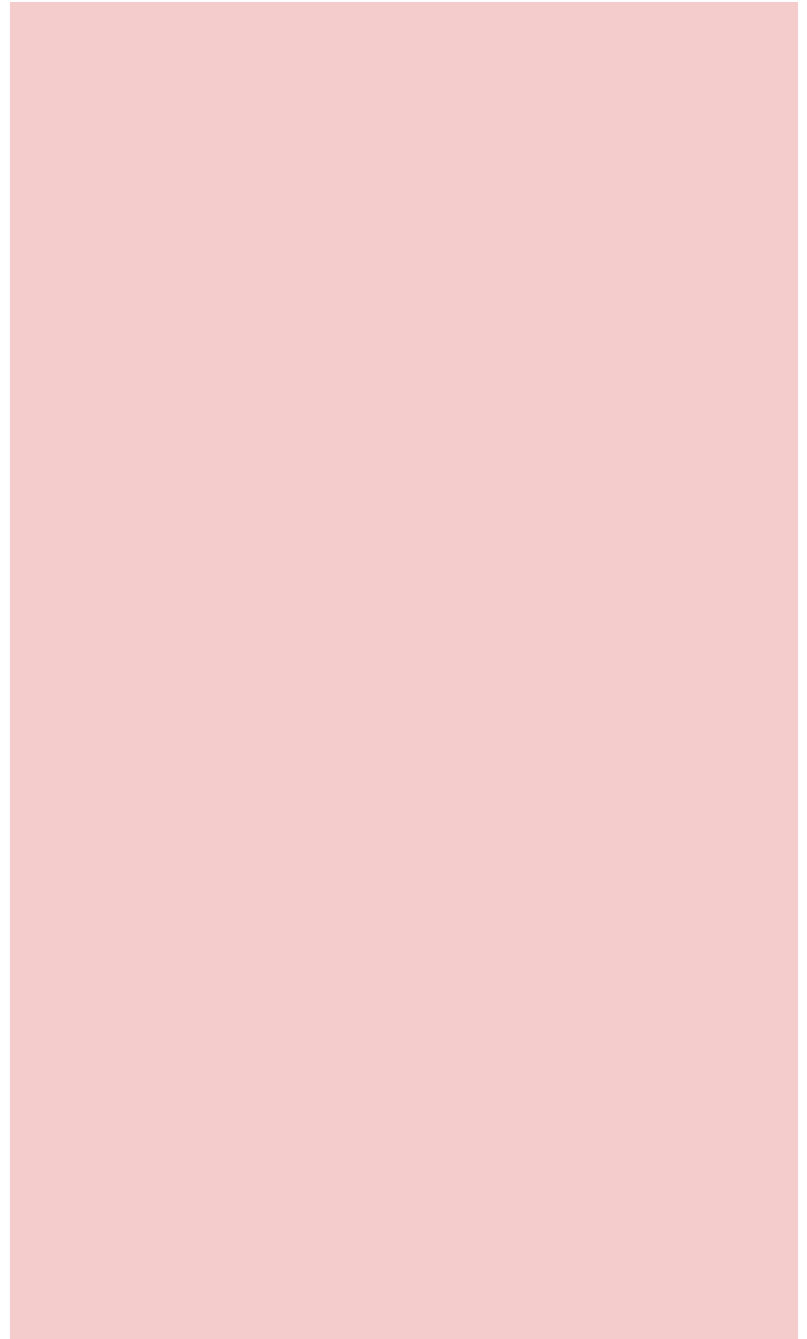
|                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                     |                          |           |                          |                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|-----------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| R432-270-11(8)(a)-(g) | <p>(8) The licensee shall ensure the prospective resident or the prospective resident's responsible person signs a written admission agreement before admission. The licensee shall maintain the admission agreement on file and shall specify at least the following:</p> <p>(a) room and board charges and charges for basic and optional services;</p> <p>(b) provision for a 30-day notice before any change in established charges;</p> <p>(c) admission, retention, transfer, discharge, and eviction policies;</p> <p>(d) conditions when the agreement may be terminated;</p> <p>(e) the name of the responsible party;</p> <p>(f) notice that the department has the authority to examine resident records to determine compliance with licensing requirements; and</p> <p>(g) refund procedures that address the following:</p> <p>(i) thirty-day notices for transfer or discharge given by the facility or by the resident;</p> <p>(ii) emergency transfers or discharges;</p> <p>(iii) transfers or discharges without notice; and</p> <p>(iv) the death of a resident.</p> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | The facility admission did not have notice that the department has the authority to examine residents records to determine compliance with licensing requirements. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| R432-270-13(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | one resident did not have a 6 month assessment completed when due                                                                                                  | Barbara Jones admitted 12/23/23, assessment due in 6/2024 not done.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| R432-270-15(1)        | (1) The licensee shall ensure written policies and procedures are developed defining the level of nursing services provided by the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | The facility did not have policy and procedure that define level of nursing services provided by the facility.                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| R432-270-15(6)        | (6) At least one certified nurse aide shall be on duty in a type II facility 24 hours a day.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | 2 employees working this morning and were not CNA's                                                                                                                | Brynn and Siri.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| R432-270-16(1)        | (1) A type II assisted living licensee with approved secure units may admit residents with a diagnosis of Alzheimer's or dementia if the resident can exit the facility with limited assistance from one person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | Operating as a secured unit.                                                                                                                                       | One resident was outside and needed to ring for staff member to come back into facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| R432-270-18(1)        | (1) The licensee shall ensure residents are encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreational programs.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | The activity scheduled for 2 pm-Relief society was not observed to be conducted.                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| R432-270-19(16)       | (16) The licensee shall incorporate medication errors into the facility quality improvement process.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | Medication errors not documented in QI Process                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| R432-270-21(6)        | <p>(6) The licensee shall ensure written incident and injury reports are maintained to document resident death, injuries, elopement, fights or physical confrontations, situations that require the use of passive physical restraint, suspected abuse or neglect, and other situations or circumstances affecting the health, safety, or well-being of residents. The licensee shall ensure the reports are kept on file for at least three years.</p> <p>(8)(a) The licensee shall ensure food service personnel are employed to meet the needs of residents.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | The facility did not have incident reports for the death of 2 residents.                                                                                           | Merlin Farish; Bonnie Whiting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| R432-270-22(8)(a-c)   | <p>(b) While on duty in food service, the cook and other kitchen staff may not be assigned concurrent duties outside the food service area.</p> <p>(c) The licensee shall ensure personnel who prepare or serve food have a current food handler's permit.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | 3 employees on the sample did not have food handlers permit in their files.                                                                                        | Brynn and Siri did not have food handlers in their files and were observed preparing or serving food. Gabrielle did not have the food handlers permit in their files. Homero and Cari food handlers expired.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| R432-270-23(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/24   | <input type="checkbox"/> | Bleach, cleaning agents on counter and under sink in kitchen, Laundry room had cleaning agents detergent pods, linen room chemicals, hydrogen peroxide.            | <p>The provider was out of compliance with this rule by not ensuring all cleaning agents, bleaches, materials were stored in a locked area to prevent unauthorized access. During the inspection, chemicals and other dangerous materials were observed to be unlocked and accessible..</p> <p>The licenser observed bleaches and cleaning agents stored under the handwashing sink and on the counter in the kitchen, the laundry room was unlocked and contained cleaning agents and detergent pods, the linen room was unlocked and contained hydrogen peroxide, The licenser interviewed the administrator, Dennis McGraw who acknowledged that the provider did not ensure all cleaning agents, bleaches, materials were stored in a locked area to prevent unauthorized access.</p> |
| R432-270-25(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | Unsecured oxygen tanks in the dining room and linen room. Electrical panel unlocked and accessible in linen room.                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

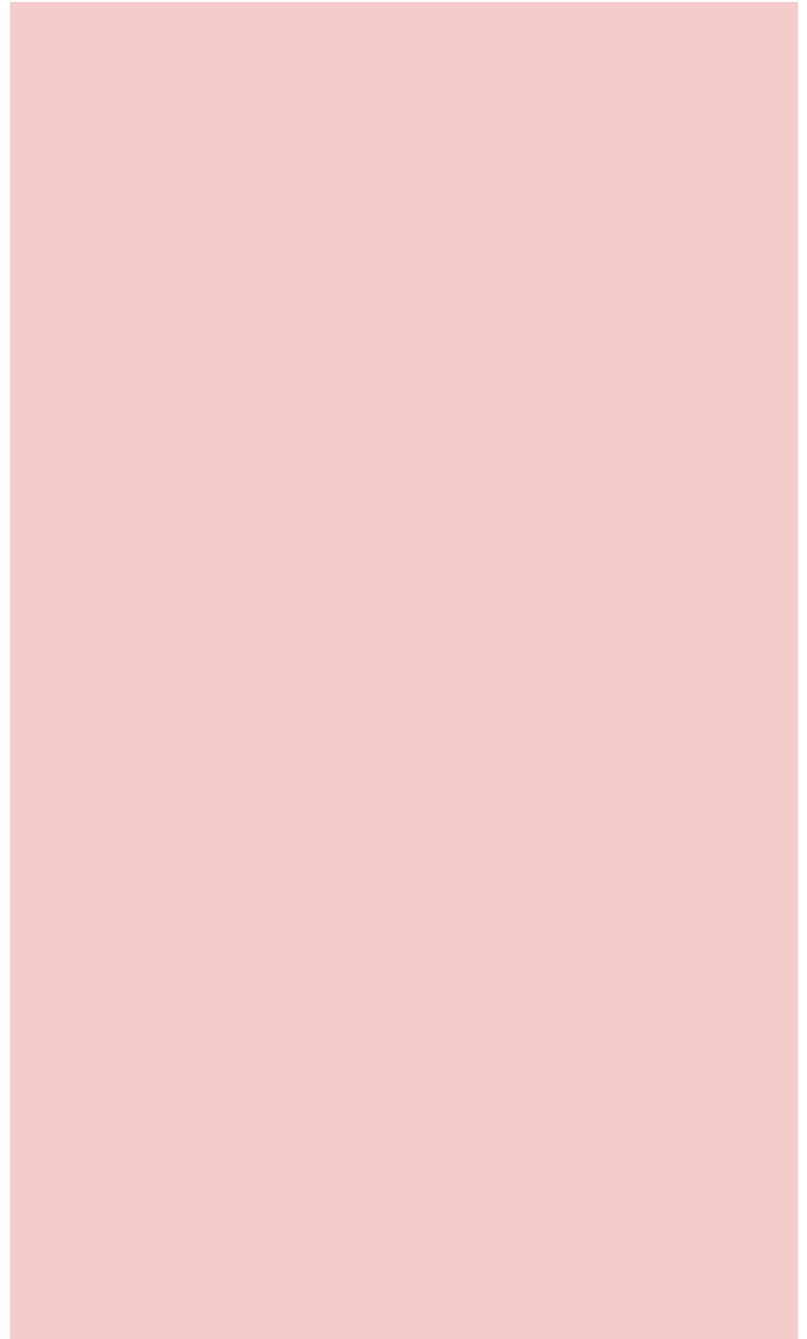
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|---------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-----------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| R432-270-25(2)(a-d) | <p>(2) The licensee shall ensure the maintenance of the following:</p> <p>(a) fire rated construction and assemblies are maintained in accordance with Rule R710-3, Fire Marshal;</p> <p>(b) entrances, exits, steps, and outside walkways are maintained in a safe condition, free of ice, snow, and other hazards;</p> <p>(c) electrical systems, including appliances, cords, equipment call lights, and switches are maintained to guarantee safe functioning; and</p> <p>(d) air filters installed in heating, ventilation, and air conditioning systems must be inspected, cleaned, or replaced in accordance with manufacturer specifications.</p> | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 9/14/24   | <input type="checkbox"/> | Fire doors have greater than a 1/4 inch cap with no astragal device.                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| R432-270-25(5)      | <p>(5) The licensee shall ensure that hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by residents. The licensee shall ensure hot water delivered to public and resident care areas is maintained at temperatures between 105 - 120 degrees Fahrenheit.</p>                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | The water temperature in the kitchen was 122.2 degrees Fahrenheit. The water temperature in the resident bathroom was 121.1 degrees Fahrenheit. | <p>The provider was out of compliance with this rule by not ensuring that hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by residents. The licensee did not ensure hot water delivered to public and resident care areas was maintained at temperatures between 105 - 120 degrees Fahrenheit. During the inspection, the water temperature was observed to be above 120 degrees Fahrenheit.</p> | <p>The licenser observed the water temperature 122.2 degrees Fahrenheit in the kitchen and 121.1 degrees Fahrenheit in the resident bathroom. Thee licenser interviewed the administrator, Dennis McGraw, who acknowledged the provider did not ensure that hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by residents. The licensee did not ensure hot water delivered to public and resident care areas was maintained at temperatures between 105 - 120 degrees Fahrenheit.</p> |
| R432-270-27(1)(a-d) | <p>(1) The licensee shall ensure that there is one staff person on duty at all times, who has:</p> <p>(a) training in basic first aid;</p> <p>(b) training in the Heimlich maneuver;</p> <p>(c) certification in cardiopulmonary resuscitation; and</p> <p>(d) training in emergency procedures to ensure each resident receives prompt first aid as needed.</p>                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | One employee working alone at night did not have first aid/CPR in file.                                                                         | Gabrielle worked at night alone. did not have first aid CPR in file.                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| R432-35-4(3)        | <p>(3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | The DACS did not reflect 3 employees current status within 5 days from the date of engagement or termination.                                   | Brynn Lundell not linked at all; Gabrielle Beard, Veronica Rodriguez entered late.                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

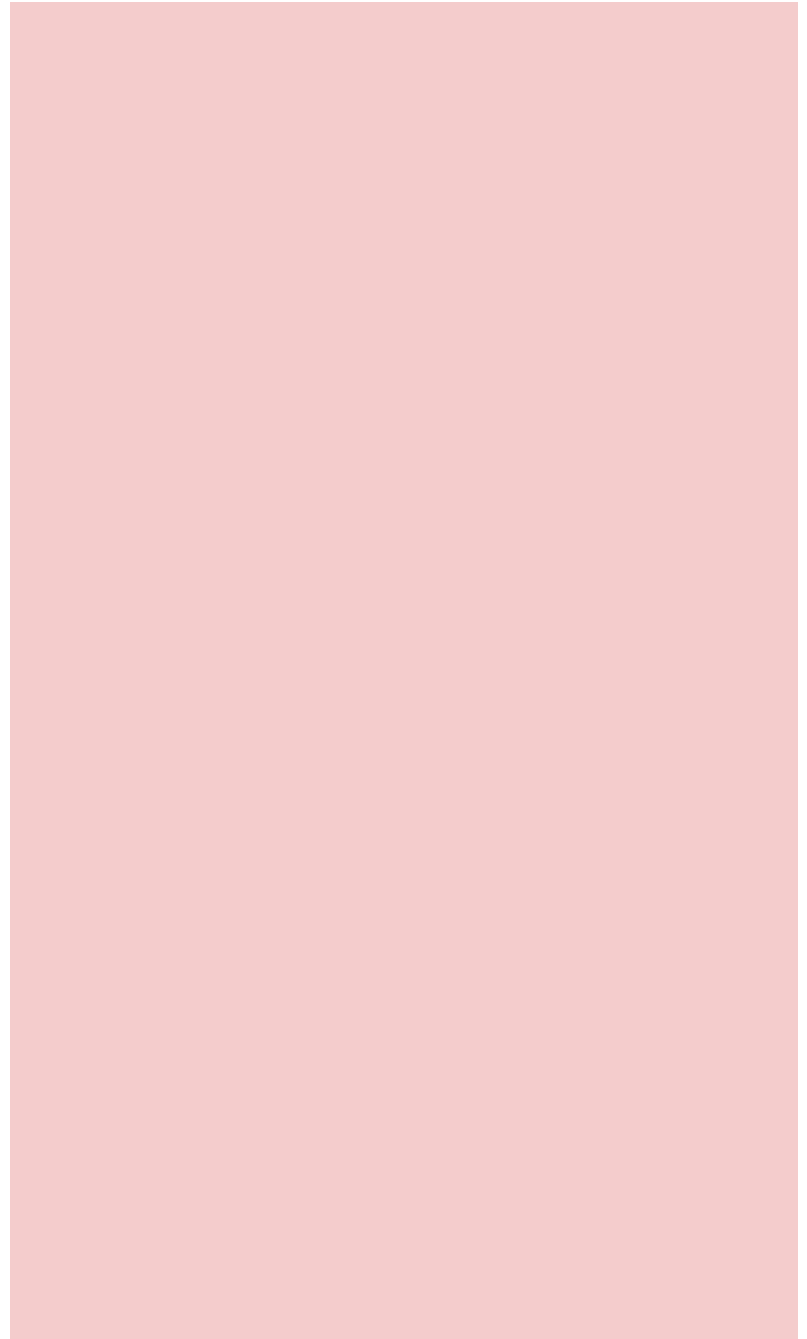


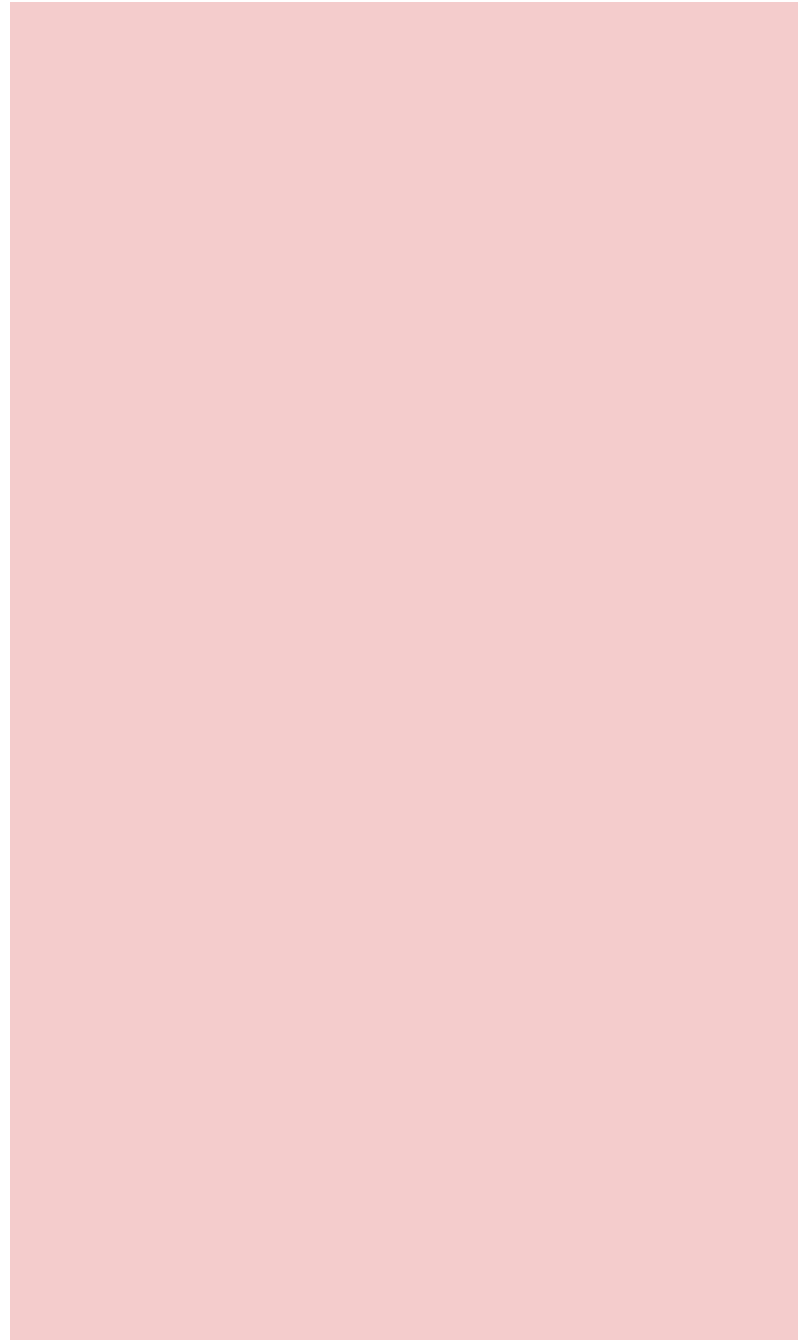


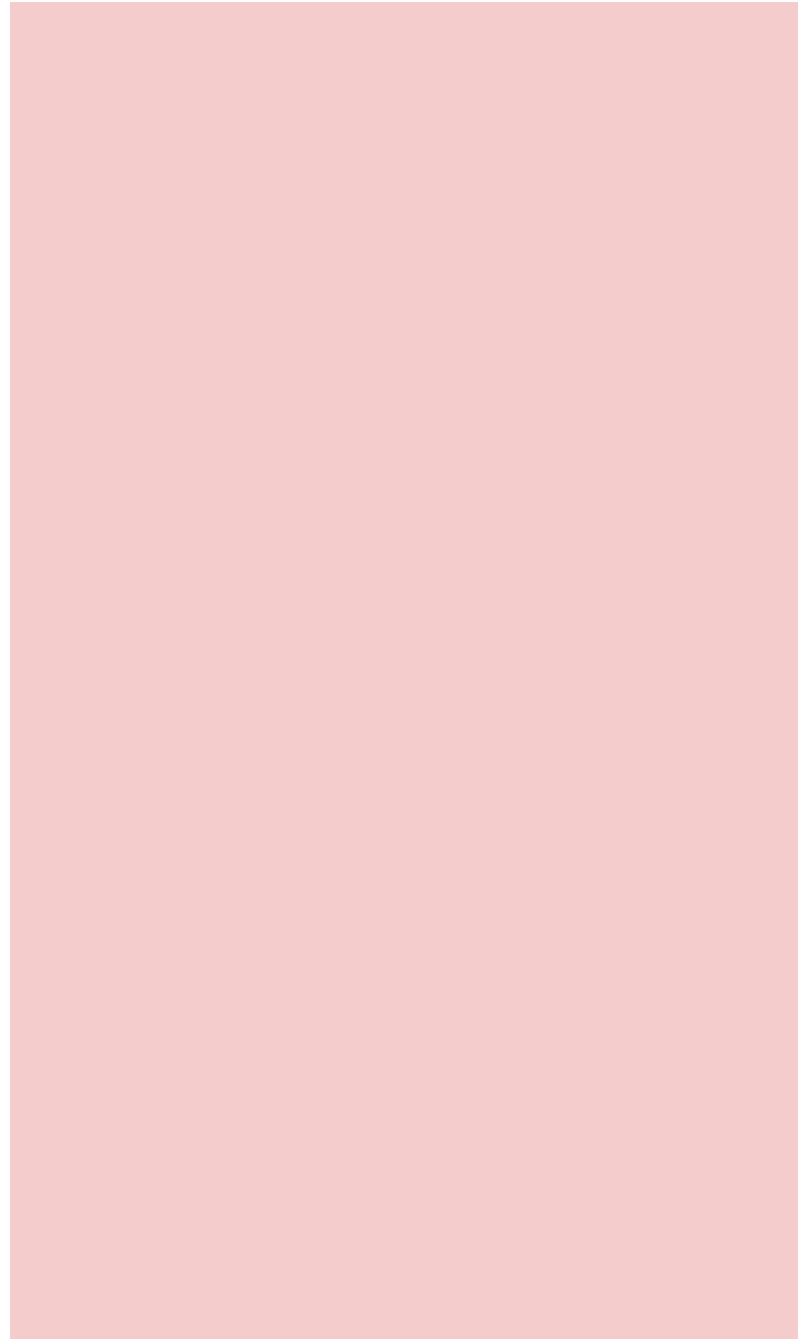


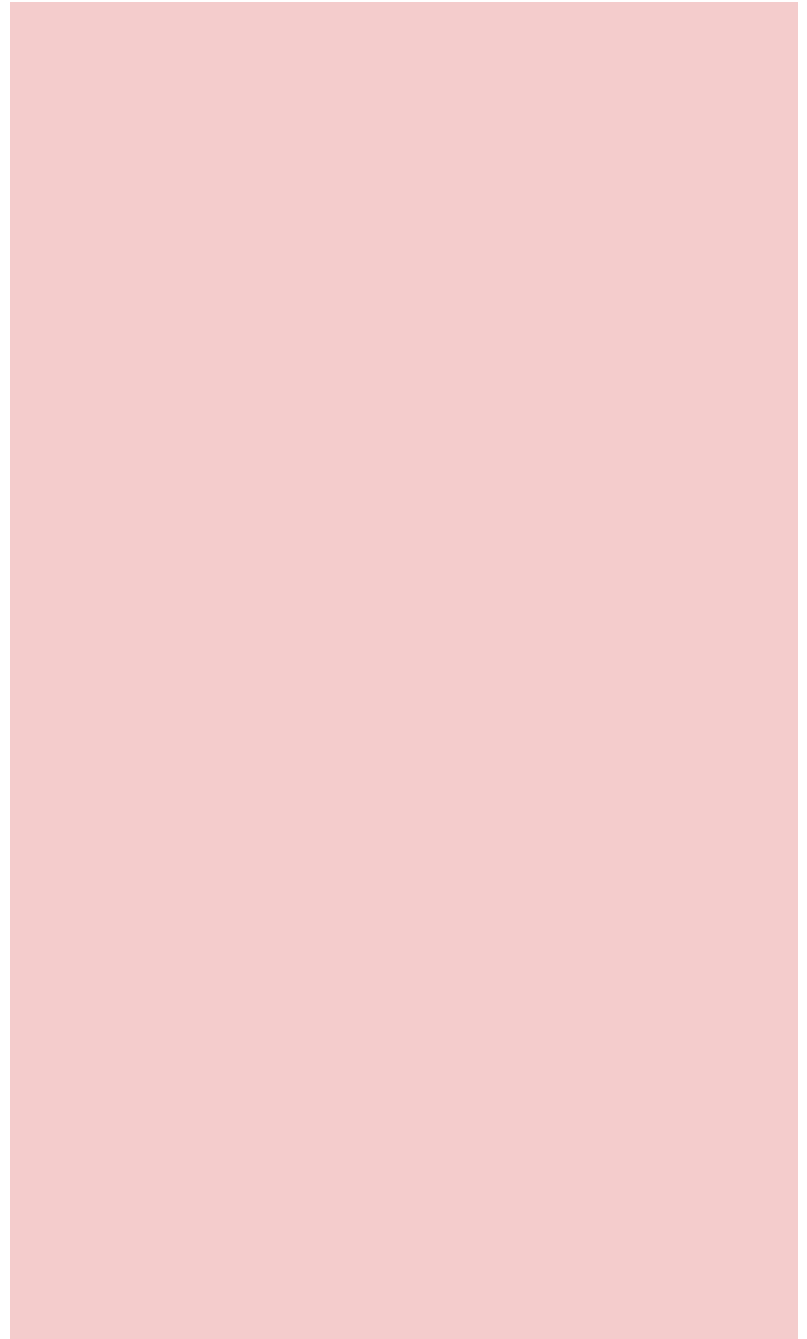


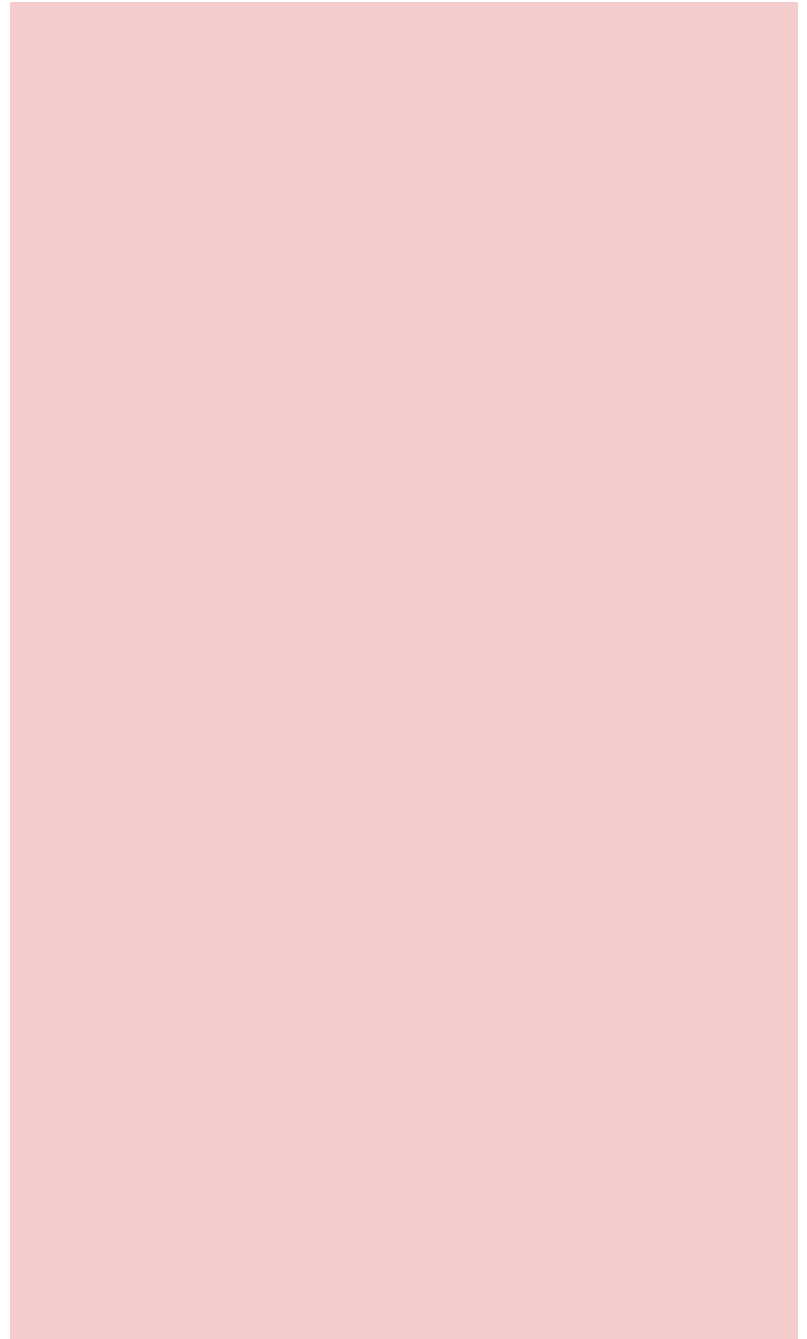


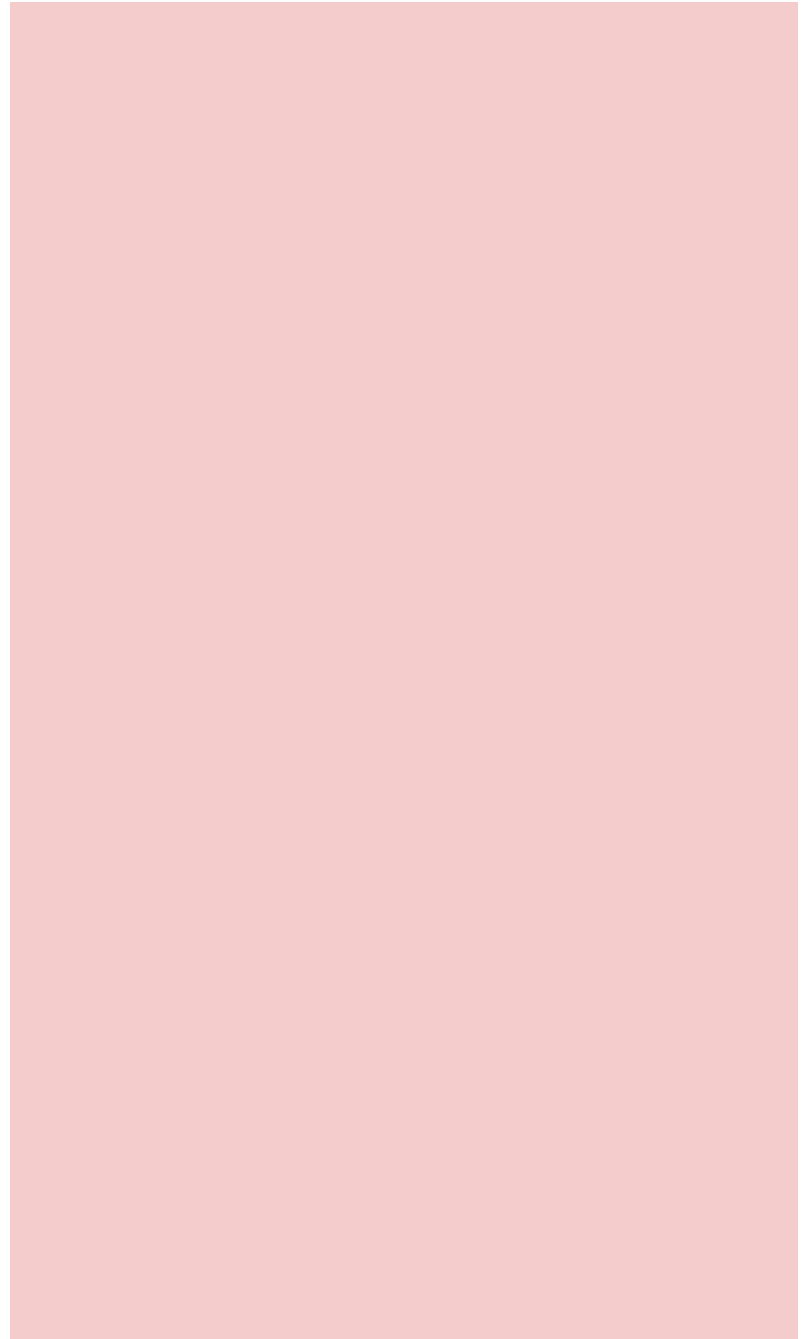














| Assisted Living Survey   |                                                                                                                                    |                                                          |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Check                    | ITEMS                                                                                                                              | NOTES                                                    |
|                          | <b><i>Current Census:</i></b>                                                                                                      |                                                          |
| <input type="checkbox"/> | List of all current residents and discharged residents for past 6 months                                                           |                                                          |
| <input type="checkbox"/> | Specify resident's receiving:<br>- Home Health<br>- Hospice<br>- Waiver                                                            |                                                          |
| <input type="checkbox"/> | And/or who have:<br>- Wounds<br>- Side Rails on Bed<br>- Insulin Dependent Diabetes<br>- Special Diets                             |                                                          |
| <input type="checkbox"/> | List of all current employees (including job title and hire date). Select 1-2 former employee files to ensure proper documentation |                                                          |
| <input type="checkbox"/> | Add Administrator to sample (Administrator qualifications, annual trainings, etc)                                                  |                                                          |
| <input type="checkbox"/> | Location of resident records and service plans                                                                                     | Request admission agreements, assessments, service plans |
| <input type="checkbox"/> | Significant Change Log                                                                                                             |                                                          |
| <input type="checkbox"/> | Inservice records or log                                                                                                           |                                                          |

|                          |                                                                       |  |
|--------------------------|-----------------------------------------------------------------------|--|
| <input type="checkbox"/> | Incident reports and medication error reports for previous 6 months   |  |
| <input type="checkbox"/> | Abuse Investigations for previous 12 months                           |  |
| <input type="checkbox"/> | Quality Assurance Committee minutes for previous 12 months R432-270-5 |  |
| <input type="checkbox"/> | Fire and Disaster drills for previous 12 months                       |  |
| <input type="checkbox"/> | Current Fire Sprinkler Inspection (if applicable)                     |  |
| <input type="checkbox"/> | Current Fire Alarm System tests (if applicable)                       |  |
| <input type="checkbox"/> | Maintenance Log/Schedules and Equipment Test Logs                     |  |
| <input type="checkbox"/> | Pest Control                                                          |  |
| <input type="checkbox"/> | Boiler Certificates (if applicable)                                   |  |
| <input type="checkbox"/> | Local Health Department Food Service Inspection Reports               |  |
| <input type="checkbox"/> | Current Menus and Substitution Log                                    |  |
| <input type="checkbox"/> | Diet Manual                                                           |  |
| <input type="checkbox"/> | Policies for medication storage and disposal                          |  |

|                          |                                                 |  |
|--------------------------|-------------------------------------------------|--|
| <input type="checkbox"/> | Policies for infection control                  |  |
| <input type="checkbox"/> | Facility disaster plan                          |  |
| <input type="checkbox"/> | Blood Borne spill kit, First aid kit and manual |  |
|                          | Specified Closed Records:                       |  |

| ASSISTED LIVING - RESIDENT RECORD REVIEW                                                                                                                                                                                                |                             |                                          |             |                        |       |             |              |                              |           |                    |          |                           |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------|-------------|------------------------|-------|-------------|--------------|------------------------------|-----------|--------------------|----------|---------------------------|--|--|--|
| Provider:                                                                                                                                                                                                                               |                             | AL Type:                                 |             | AL 2                   |       | Provider #: |              | Date:                        |           | 8/14/2024          |          | Licensor(s):              |  |  |  |
| HH/H= Home Health / Hospice, Meds-Medications, Mem-Memory, Dec-Decisions, Com-Communication, Groom-Grooming, OH-Oral Hygiene, Drsg-Dressing, Tol-Toileting, Cont-Continence, Bath-Bathing, E-Eating, Amb-Ambulation, Trnsf-Transferring |                             |                                          |             |                        |       |             |              |                              |           |                    |          |                           |  |  |  |
| RESIDENT                                                                                                                                                                                                                                |                             |                                          | ASSESSMENTS |                        |       |             | SERVICE PLAN |                              |           |                    | COMMENTS |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             |                                          | Level       |                        | Notes |             | Level        |                              | Frequency | Responsible Person | Notes    | Observations / Interviews |  |  |  |
| 1                                                                                                                                                                                                                                       | Name:                       |                                          |             | Prior Assessment Date: |       |             |              | Most Recent Assessment Date: |           |                    |          | Plan Date:                |  |  |  |
|                                                                                                                                                                                                                                         | DOB:                        |                                          |             | Meds                   |       |             |              |                              |           | Meds               |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | DOA:                        |                                          |             | Mem                    |       |             |              |                              |           | Mem                |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | Room #:                     |                                          |             | Dec                    |       |             |              |                              |           | Dec                |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | Diagnoses:                  |                                          |             | Com                    |       |             |              |                              |           | Com                |          |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             |                                          |             | Groom                  |       |             |              |                              |           | Groom              |          |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             |                                          |             | OH                     |       |             |              |                              |           | OH                 |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | Hosp:                       | Hospice Orders: <input type="checkbox"/> |             | Drsg                   |       |             |              |                              |           | Drsg               |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | Memory Care<br>> lim assist | <input type="checkbox"/>                 |             |                        | Tol   |             |              |                              |           |                    | Tol      |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             | <input type="checkbox"/>                 |             |                        | Cont  |             |              |                              |           |                    | Cont     |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             | <input type="checkbox"/>                 |             |                        | Bath  | Non         |              |                              |           |                    | Bath     |                           |  |  |  |
|                                                                                                                                                                                                                                         | Insulin:                    | <input type="checkbox"/>                 |             |                        | Eat   |             |              |                              |           |                    | Eat      |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             | <input type="checkbox"/>                 |             |                        | Amb   |             |              |                              |           |                    | Amb      |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             | <input type="checkbox"/>                 |             |                        | Trnsf |             |              |                              |           |                    | Trnsf    |                           |  |  |  |
|                                                                                                                                                                                                                                         | Diet:                       | None                                     |             |                        |       |             |              |                              |           | Hospic             |          |                           |  |  |  |
| Sig change / hospital                                                                                                                                                                                                                   |                             |                                          |             |                        |       |             |              |                              |           |                    |          |                           |  |  |  |
| 2                                                                                                                                                                                                                                       | Name:                       |                                          |             | Prior Assessment Date: |       |             |              | Most Recent Assessment Date: |           |                    |          | Plan Date:                |  |  |  |
|                                                                                                                                                                                                                                         | DOB:                        |                                          |             | Meds                   |       |             |              |                              |           | Meds               |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | DOA:                        |                                          |             | Mem                    |       |             |              |                              |           | Mem                |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | Room #:                     |                                          |             | Dec                    |       |             |              |                              |           | Dec                |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | Diagnoses:                  |                                          |             | Com                    |       |             |              |                              |           | Com                |          |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             |                                          |             | Groom                  |       |             |              |                              |           | Groom              |          |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             |                                          |             | OH                     |       |             |              |                              |           | OH                 |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | HH/H                        |                                          |             | Drsg                   |       |             |              |                              |           | Drsg               |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | Memory Care<br>>1 person    | <input type="checkbox"/>                 |             |                        | Tol   |             |              |                              |           |                    | Tol      |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             | <input type="checkbox"/>                 |             |                        | Cont  |             |              |                              |           |                    | Cont     |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             | <input type="checkbox"/>                 |             |                        | Bath  |             |              |                              |           |                    | Bath     |                           |  |  |  |
|                                                                                                                                                                                                                                         | Insulin:                    | <input type="checkbox"/>                 |             |                        | Eat   |             |              |                              |           |                    | Eat      |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             | <input type="checkbox"/>                 |             |                        | Amb   |             |              |                              |           |                    | Amb      |                           |  |  |  |
|                                                                                                                                                                                                                                         |                             | <input type="checkbox"/>                 |             |                        | Trnsf |             |              |                              |           |                    | Trnsf    |                           |  |  |  |
|                                                                                                                                                                                                                                         | Diet:                       | None                                     |             |                        |       |             |              |                              |           |                    |          |                           |  |  |  |
| Sig change / hospital                                                                                                                                                                                                                   |                             |                                          |             |                        |       |             |              |                              |           |                    |          |                           |  |  |  |
|                                                                                                                                                                                                                                         | Name:                       |                                          |             | Prior Assessment Date: |       |             |              | Most Recent Assessment Date: |           |                    |          | Plan Date:                |  |  |  |
|                                                                                                                                                                                                                                         | DOB:                        |                                          |             | Meds                   |       |             |              |                              |           | Meds               |          |                           |  |  |  |

| ASSISTED LIVING - RESIDENT RECORD REVIEW                                                                                                                                                                                                |                       |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------|------------------------|-------------|-------|-------|------------------------------|--------------|--|-----------|--------------------|----------|---------------------------|-----------|--|--------------|--|--|--|
| Provider:                                                                                                                                                                                                                               |                       |      |                        | AL Type:    |       | AL 2  |                              | Provider #:  |  |           |                    | Date:    |                           | 8/14/2024 |  | Licensor(s): |  |  |  |
| HH/H= Home Health / Hospice, Meds-Medications, Mem-Memory, Dec-Decisions, Com-Communication, Groom-Grooming, OH-Oral Hygiene, Drsg-Dressing, Tol-Toileting, Cont-Continence, Bath-Bathing, E-Eating, Amb-Ambulation, Trnsf-Transferring |                       |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
| RESIDENT                                                                                                                                                                                                                                |                       |      |                        | ASSESSMENTS |       |       |                              | SERVICE PLAN |  |           |                    | COMMENTS |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      |                        | Level       |       | Notes |                              | Level        |  | Frequency | Responsible Person | Notes    | Observations / Interviews |           |  |              |  |  |  |
| 3                                                                                                                                                                                                                                       | DOA:                  |      | Mem                    |             |       |       | Mem                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Room #:               |      | Dec                    |             |       |       | Dec                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Diagnoses:            |      | Com                    |             |       |       | Com                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Groom                  |             |       |       | Groom                        |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | HH/H                  |      | OH                     |             |       |       | OH                           |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Drsg                   |             |       |       | Drsg                         |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Memory Care >1 person |      | Tol                    |             |       |       | Tol                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Cont                   |             |       |       | Cont                         |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Bath                   |             |       |       | Bath                         |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Eat                    |             |       |       | Eat                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Insulin:              |      | Amb                    |             |       |       | Amb                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Trnsf                  |             |       |       | Trnsf                        |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Diet:                 |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
| None                                                                                                                                                                                                                                    |                       |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
| Sig change / hospital                                                                                                                                                                                                                   |                       |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
| 4                                                                                                                                                                                                                                       | Name:                 |      | Prior Assessment Date: |             |       |       | Most Recent Assessment Date: |              |  |           | Plan Date:         |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | DOB:                  |      | Meds                   |             |       |       | Meds                         |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | DOA:                  |      | Mem                    |             |       |       | Mem                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Room #:               |      | Dec                    |             |       |       | Dec                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Diagnoses:            |      | Com                    |             |       |       | Com                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Groom                  |             |       |       | Groom                        |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | HH/H                  |      | OH                     |             |       |       | OH                           |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Drsg                   |             |       |       | Drsg                         |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Memory Care >1 person |      | Tol                    |             |       |       | Tol                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Cont                   |             |       |       | Cont                         |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Bath                   |             |       |       | Bath                         |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Eat                    |             |       |       | Eat                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Insulin:              |      | Amb                    |             |       |       | Amb                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
| Trnsf                                                                                                                                                                                                                                   |                       |      |                        |             | Trnsf |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
| Diet:                                                                                                                                                                                                                                   |                       |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       | None |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
| Sig change / hospital                                                                                                                                                                                                                   |                       |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      |                        |             |       |       |                              |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Name:                 |      | Prior Assessment Date: |             |       |       | Most Recent Assessment Date: |              |  |           | Plan Date:         |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | DOB:                  |      | Meds                   |             |       |       | Meds                         |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | DOA:                  |      | Mem                    |             |       |       | Mem                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Room #:               |      | Dec                    |             |       |       | Dec                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         | Diagnoses:            |      | Com                    |             |       |       | Com                          |              |  |           |                    |          |                           |           |  |              |  |  |  |
|                                                                                                                                                                                                                                         |                       |      | Groom                  |             |       |       | Groom                        |              |  |           |                    |          |                           |           |  |              |  |  |  |

## ASSISTED LIVING - RESIDENT RECORD REVIEW

|                  |  |                 |      |                    |  |              |           |                      |  |
|------------------|--|-----------------|------|--------------------|--|--------------|-----------|----------------------|--|
| <b>Provider:</b> |  | <b>AL Type:</b> | AL 2 | <b>Provider #:</b> |  | <b>Date:</b> | 8/14/2024 | <b>Licensors(s):</b> |  |
|------------------|--|-----------------|------|--------------------|--|--------------|-----------|----------------------|--|

HH/H= Home Health / Hospice, Meds-Medications, Mem-Memory, Dec-Decisions, Com-Communication, Groom-Grooming, OH-Oral Hygiene, Drsg-Dressing, Tol-Toileting, Cont-Continence, Bath-Bathing, E-Eating, Amb-Ambulation, Trnsf-Transferring

[illegible]

| 6                     |  | Name: |  | Prior Assessment Date: |  | Most Recent Assessment Date: |  | Plan Date: |  |  |  |  |
|-----------------------|--|-------|--|------------------------|--|------------------------------|--|------------|--|--|--|--|
| DOB:                  |  |       |  | Meds                   |  |                              |  | Meds       |  |  |  |  |
| DOA:                  |  |       |  | Mem                    |  |                              |  | Mem        |  |  |  |  |
| Room #:               |  |       |  | Dec                    |  |                              |  | Dec        |  |  |  |  |
| Diagnoses:            |  |       |  | Com                    |  |                              |  | Com        |  |  |  |  |
|                       |  |       |  | Groom                  |  |                              |  | Groom      |  |  |  |  |
| HH/H                  |  |       |  | OH                     |  |                              |  | OH         |  |  |  |  |
|                       |  |       |  | Drsg                   |  |                              |  | Drsg       |  |  |  |  |
| Memory Care           |  |       |  | Tol                    |  |                              |  | Tol        |  |  |  |  |
| >1 person             |  |       |  | Cont                   |  |                              |  | Cont       |  |  |  |  |
|                       |  |       |  | Bath                   |  |                              |  | Bath       |  |  |  |  |
|                       |  |       |  | Eat                    |  |                              |  | Eat        |  |  |  |  |
|                       |  |       |  | Amb                    |  |                              |  | Amb        |  |  |  |  |
| Insulin:              |  |       |  | Trnsf                  |  |                              |  | Trnsf      |  |  |  |  |
|                       |  |       |  |                        |  |                              |  |            |  |  |  |  |
| Diet:                 |  | None  |  |                        |  |                              |  |            |  |  |  |  |
| Sig change / hospital |  |       |  |                        |  |                              |  |            |  |  |  |  |

|   |             |                          |                        |  |                              |      |            |  |  |  |  |
|---|-------------|--------------------------|------------------------|--|------------------------------|------|------------|--|--|--|--|
| 7 | Name:       |                          | Prior Assessment Date: |  | Most Recent Assessment Date: |      | Plan Date: |  |  |  |  |
|   | DOB:        |                          | Meds                   |  |                              |      | Meds       |  |  |  |  |
|   | DOA:        |                          | Mem                    |  |                              |      | Mem        |  |  |  |  |
|   | Room #:     |                          | Dec                    |  |                              |      | Dec        |  |  |  |  |
|   | Diagnoses:  |                          | Com                    |  |                              |      | Com        |  |  |  |  |
|   |             |                          | Groom                  |  |                              |      | Groom      |  |  |  |  |
|   | HH/H        |                          | OH                     |  |                              |      | OH         |  |  |  |  |
|   |             |                          | Drsg                   |  |                              |      | Drsg       |  |  |  |  |
|   | Memory Care | <input type="checkbox"/> | Tol                    |  |                              |      | Tol        |  |  |  |  |
|   |             | Cont                     |                        |  |                              | Cont |            |  |  |  |  |

## ASSISTED LIVING - RESIDENT RECORD REVIEW

|                  |  |                 |      |                    |  |              |           |                      |  |
|------------------|--|-----------------|------|--------------------|--|--------------|-----------|----------------------|--|
| <b>Provider:</b> |  | <b>AL Type:</b> | AL 2 | <b>Provider #:</b> |  | <b>Date:</b> | 8/14/2024 | <b>Licensors(s):</b> |  |
|------------------|--|-----------------|------|--------------------|--|--------------|-----------|----------------------|--|

HH/H= Home Health / Hospice, Meds-Medications, Mem-Memory, Dec-Decisions, Com-Communication, Groom-Grooming, OH-Oral Hygiene, Drsg-Dressing, Tol-Toileting, Cont-Continence, Bath-Bathing, E-Eating, Amb-Ambulation, Trnsf-Transferring

[illegible]

|                       |             | Prior Assessment Date:   |       | Most Recent Assessment Date: |  | Plan Date: |  |  |  |
|-----------------------|-------------|--------------------------|-------|------------------------------|--|------------|--|--|--|
| 8                     | Name:       |                          |       |                              |  |            |  |  |  |
|                       | DOB:        |                          | Meds  |                              |  | Meds       |  |  |  |
|                       | DOA:        |                          | Mem   |                              |  | Mem        |  |  |  |
|                       | Room #:     |                          | Dec   |                              |  | Dec        |  |  |  |
|                       | Diagnoses:  |                          | Com   |                              |  | Com        |  |  |  |
|                       |             |                          | Groom |                              |  | Groom      |  |  |  |
|                       |             |                          | OH    |                              |  | OH         |  |  |  |
|                       | HH/H        |                          | Drsg  |                              |  | Drsg       |  |  |  |
|                       | Memory Care | <input type="checkbox"/> | Tol   |                              |  | Tol        |  |  |  |
|                       | >1 person   | <input type="checkbox"/> | Cont  |                              |  | Cont       |  |  |  |
|                       |             | <input type="checkbox"/> | Bath  |                              |  | Bath       |  |  |  |
|                       |             | <input type="checkbox"/> | Eat   |                              |  | Eat        |  |  |  |
|                       |             | <input type="checkbox"/> | Amb   |                              |  | Amb        |  |  |  |
|                       | Insulin:    | <input type="checkbox"/> | Trnsf |                              |  | Trnsf      |  |  |  |
| Diet:                 | None        |                          |       |                              |  |            |  |  |  |
| Sig change / hospital |             |                          |       |                              |  |            |  |  |  |

|   |                          |                          |                        |  |                              |       |            |  |  |  |  |
|---|--------------------------|--------------------------|------------------------|--|------------------------------|-------|------------|--|--|--|--|
| 9 | Name:                    |                          | Prior Assessment Date: |  | Most Recent Assessment Date: |       | Plan Date: |  |  |  |  |
|   | DOB:                     |                          | Meds                   |  |                              |       | Meds       |  |  |  |  |
|   | DOA:                     |                          | Mem                    |  |                              |       | Mem        |  |  |  |  |
|   | Room #:                  |                          | Dec                    |  |                              |       | Dec        |  |  |  |  |
|   | Diagnoses:               |                          | Com                    |  |                              |       | Com        |  |  |  |  |
|   |                          |                          | Groom                  |  |                              |       | Groom      |  |  |  |  |
|   | HH/H                     |                          | OH                     |  |                              |       | OH         |  |  |  |  |
|   |                          |                          | Drsg                   |  |                              |       | Drsg       |  |  |  |  |
|   | Memory Care              | <input type="checkbox"/> | Tol                    |  |                              |       | Tol        |  |  |  |  |
|   | >1 person                | <input type="checkbox"/> | Cont                   |  |                              |       | Cont       |  |  |  |  |
|   | <input type="checkbox"/> | Bath                     |                        |  |                              | Bath  |            |  |  |  |  |
|   | <input type="checkbox"/> | Eat                      |                        |  |                              | Eat   |            |  |  |  |  |
|   | <input type="checkbox"/> | Amb                      |                        |  |                              | Amb   |            |  |  |  |  |
|   | <input type="checkbox"/> | Trnsf                    |                        |  |                              | Trnsf |            |  |  |  |  |

## ASSISTED LIVING - RESIDENT RECORD REVIEW

HH/H= Home Health / Hospice, Meds-Medications, Mem-Memory, Dec-Decisions, Com-Communication, Groom-Grooming, OH-Oral Hygiene, Drsg-Dressing, Tol-Tolieting, Cont-Continence, Bath-Bathing, E-Eating, Amb-Ambulation, Trnsf-Transferring

| RESIDENT                          |                       | ASSESSMENTS |       |  | SERVICE PLAN |           |                    |       | COMMENTS                  |
|-----------------------------------|-----------------------|-------------|-------|--|--------------|-----------|--------------------|-------|---------------------------|
|                                   |                       | Level       | Notes |  | Level        | Frequency | Responsible Person | Notes | Observations / Interviews |
| Insulin: <input type="checkbox"/> | Diet: <div>None</div> |             |       |  |              |           |                    |       |                           |
|                                   |                       |             |       |  |              |           |                    |       |                           |
|                                   |                       |             |       |  |              |           |                    |       |                           |
|                                   |                       |             |       |  |              |           |                    |       |                           |
| Sig change / hospital             |                       |             |       |  |              |           |                    |       |                           |
|                                   |                       |             |       |  |              |           |                    |       |                           |

| Name:                 |                          | Prior Assessment Date: | Most Recent Assessment Date: | Plan Date: |
|-----------------------|--------------------------|------------------------|------------------------------|------------|
| DOB:                  |                          | Meds                   |                              | Meds       |
| DOA:                  |                          | Mem                    |                              | Mem        |
| Room #:               |                          | Dec                    |                              | Dec        |
| Diagnoses:            |                          | Com                    |                              | Com        |
|                       |                          | Groom                  |                              | Groom      |
| HH/H                  |                          | OH                     |                              | OH         |
|                       |                          | Drsg                   |                              | Drsg       |
| Memory Care           | <input type="checkbox"/> | Tol                    |                              | Tol        |
| >1 person             | <input type="checkbox"/> | Cont                   |                              | Cont       |
|                       | <input type="checkbox"/> | Bath                   |                              | Bath       |
|                       | <input type="checkbox"/> | Eat                    |                              | Eat        |
|                       | <input type="checkbox"/> | Amb                    |                              | Amb        |
| Insulin:              | <input type="checkbox"/> | Trnsf                  |                              | Trnsf      |
|                       |                          |                        |                              |            |
| Diet:                 | None                     |                        |                              |            |
| Sig change / hospital |                          |                        |                              |            |
|                       |                          |                        |                              |            |

ASSISTED LIVING SURVEY WORKSHEET - PERSONNEL RECORDS REVIEW

|                  |  |                   |  |              |           |                   |  |         |
|------------------|--|-------------------|--|--------------|-----------|-------------------|--|---------|
| <b>Provider:</b> |  | <b>Provider #</b> |  | <b>DATE:</b> | 8/14/2024 | <b>Licensors:</b> |  | AL Type |
|------------------|--|-------------------|--|--------------|-----------|-------------------|--|---------|

DOH= Date of Hire    DOB= Date of Birth    BCI= Criminal Background Screening    TBS= Tuberculosis Screening    CNA= Certified Nurse Assistant    C= Compliant    NC= Noncompliant    ADLs= Activities of Daily Living    P&P= Policies and Procedures

[illegible]

ASSISTED LIVING SURVEY WORKSHEET - PERSONNEL RECORDS REVIEW

|                  |  |                   |  |              |           |                   |  |         |
|------------------|--|-------------------|--|--------------|-----------|-------------------|--|---------|
| <b>Provider:</b> |  | <b>Provider #</b> |  | <b>DATE:</b> | 8/14/2024 | <b>Licensors:</b> |  | AL Type |
|------------------|--|-------------------|--|--------------|-----------|-------------------|--|---------|

DOH= Date of Hire    DOB= Date of Birth    BCI= Criminal Background Screening    TBS= Tuberculosis Screening    CNA= Certified Nurse Assistant    C= Compliant    NC= Noncompliant    ADLs= Activities of Daily Living    P&P= Policies and Procedures

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| RULES CHECKLIST            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                          |                              |                             |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                              |              | NON-COMPLIANCE STATEMENT |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ADDITIONAL INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|--------------------------|------------------------------|-----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Rule #                     | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                                  | NA                       | Compliance Required By Date: | Corrected During Inspection | Notes                                                                                                                                                                                                                                                                                                                               | Responsible Licensors                                                                                                                                                        | DO NOT PRINT | DO NOT PRINT             | DO NOT PRINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DO NOT PRINT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
|                            | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                                     |                          |                              |                             |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                              |              |                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| 4(1)(a)-(b)<br>4(2)(a)-(b) | (1) A licensee shall ensure that the following individuals wear an identification badge:<br>(a) any employee who provides direct care to a patient; and<br>(b) any volunteer.<br><br>(2) The Identification badge shall include the following information:<br>(a) the person's first or last name; and<br>(b) the person's title or position, in terms generally understood by the public.<br><br>(14) The licensee shall:<br>(a) ensure an employee health inventory is completed when an employee is hired;<br>(b) use a department-approved form for the health inventory evaluation or their own form if it includes at least the employee's history of the following:<br>(i) conditions that may predispose the employee to acquiring or transmitting infectious diseases; and<br>(ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily;<br>(c) develop an employee health screening and immunization components of for its personnel health program;<br>(d) ensure employee skin testing:<br>(i) uses the Mantoux Method or other Food and Drug Administration, (FDA) approved in-vitro serologic test; and<br>(ii) perform follow-up procedures for tuberculosis in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis;<br>(e) ensure employees are skin-tested for tuberculosis within two weeks of:<br>(i) initial hiring;<br>(ii) suspected exposure to a person with active tuberculosis; and<br>(iii) development of symptoms of tuberculosis;<br>(f) report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3; and<br>(g) allow employees with known positive reaction to skin tests to be exempt from skin testing. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3/1/2024                     | <input type="checkbox"/>    | 2 employees observed not to be wearing identification badges.                                                                                                                                                                                                                                                                       | Brynn and Siri.                                                                                                                                                              |              |                          | The provider was out of compliance with this rule by not ensuring each employee received documented orientation to the facility that included ethics, confidentiality, residents' rights, fire plan, disaster plan, policy and procedures, and reporting responsibility for abuse, neglect and exploitation. During the inspection, 3 employees did not receive documented orientation to the facility that included the aforementioned topics.                                                                                                                                                                                   | The Licensor reviewed 3 employee files, Mercedes Martinez, Alina Segura, and Eridania Villalobos, that did not include documented orientation in ethics, confidentiality, residents' rights, fire plan, disaster plan, policy and procedures, and reporting responsibility for abuse, neglect and exploitation. The Administrator, Dara Merrill, stated they thought the missing topics were incorporated into the core competency training, but they were not.                                                                                                                                                                                                                                      |  |
| R432-270-9(14)(a)-(g)      | (1) ensure employees are skin-tested for tuberculosis within two weeks of:<br>(i) initial hiring;<br>(ii) suspected exposure to a person with active tuberculosis; and<br>(iii) development of symptoms of tuberculosis;<br>(f) report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3; and<br>(g) allow employees with known positive reaction to skin tests to be exempt from skin testing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3/1/2024                     | <input type="checkbox"/>    | 4 employees did not have TB tests in their files or the tests were done later than 15 days from the date of hire.                                                                                                                                                                                                                   | Brynn was hired on 5/29/2024, her TB test was placed on 7/6/2024 (month later). Gabrielle and Veronica did not have TB tests in their files. Adriana had X ray done in 2016. |              |                          | The provider was out of compliance with this rule by not ensuring each employee received documented in-service training that annually included the following subjects relevant to their job responsibilities principles in good housekeeping and sanitation, communication skills which enhance resident dignity, abuse and neglect reporting requirements, dementia and Alzheimer's specific training, and a review of core competency training. During the inspection, 3 employees did not have training related to their job responsibilities.                                                                                 | The Licensor reviewed 3 employee files, Dara Merrill, Monica Martinez the Housekeeping Director, and Arturo Quintero the Dietary Director, did not include annual training in communication skills which enhance resident dignity, abuse and neglect reporting requirements, and a review of core competency training. Additionally, Dara's and Monica's files did not include annual training in principles of good housekeeping and sanitation and Arturo and Monica's files did not include annual dementia and Alzheimer's specific training. The Administrator, Dara Merrill, stated the annual training regime would need to be updated.                                                       |  |
| R432-270-10(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, including the following:<br>(a) a description of the manner of protecting personal funds; and<br>(b) a statement that the resident may file a complaint with the state long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility.<br><br>(8) The licensee shall ensure the prospective resident or the prospective resident's responsible person signs a written admission agreement before admission. The licensee shall maintain the admission agreement on file and shall specify at least the following:<br>(a) room and board charges and charges for basic and optional services;<br>(b) provision for a 30-day notice before any change in established charges;<br>(c) admission, retention, transfer, discharge, and eviction policies;<br>(d) conditions when the agreement may be terminated;<br>(e) the name of the responsible party;<br>(f) notice that the department has the authority to examine resident records to determine compliance with licensing requirements; and<br>(g) refund procedures that address the following:<br>(i) thirty-day notices for transfer or discharge given by the facility or by the resident;<br>(ii) emergency transfers or discharges;<br>(iii) transfers or discharges without notice; and<br>(iv) the death of a resident.                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3/1/2024                     | <input type="checkbox"/>    | The facility did not have written description of residents rights given to residents upon admission that incuded the statement that the resident may file a complaint with the state long-term ombudsman and any other advocacy group concerning residents abuse, neglect or misappropriation of resident property in the facility. |                                                                                                                                                                              |              |                          | The provider was out of compliance with this rule by not ensuring the resident rights included a statement that the resident may file a complaint with the state long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriate of resident property in the facility. During the inspection, resident rights were reviewed for 6 residents and did not include a statement that the resident may file a complaint with the state long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility. | An interview was conducted with the facility Administrator, Dara Merrill, who acknowledged the resident rights did not include a statement that the resident may file a complaint with the state long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility.                                                                                                                                                                                                                                                                                                                                                 |  |
| R432-270-11(8)(a)-(g)      | (1) ensure employees are skin-tested for tuberculosis within two weeks of:<br>(i) initial hiring;<br>(ii) suspected exposure to a person with active tuberculosis; and<br>(iii) development of symptoms of tuberculosis;<br>(f) report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3; and<br>(g) allow employees with known positive reaction to skin tests to be exempt from skin testing.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3/1/2024                     | <input type="checkbox"/>    | The facility admission did not have notice that the department has the authority to examine residents records to determine compliance with licensing requirements.                                                                                                                                                                  |                                                                                                                                                                              |              |                          | The provider was out of compliance with this rule by not ensuring 1 resident assessment was signed at least every 6 months. During the inspection, 1 resident assessment was observed to not be signed at least every 6 months.                                                                                                                                                                                                                                                                                                                                                                                                   | The licensor requested and reviewed the most recent resident assessment for Kathleen Kastrinakis. A resident assessment, dated 8/7/2023, was provided. The resident assessment was not signed by the licensed health care professional. An interview was conducted with the facility Administrator, Dara Merrill, who acknowledged the resident assessment for Kathleen Kastrinakis was not signed at least every 6 months.                                                                                                                                                                                                                                                                          |  |
| R432-270-13(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3/1/2024                     | <input type="checkbox"/>    | one resident did not have a 6 month assessment completed when due                                                                                                                                                                                                                                                                   | Barbara Jones admitted 12/23/23, assessment due in 6/2024 not done.                                                                                                          |              |                          | The provider was out of compliance with this rule by not ensuring 1 resident assessment was accurate at the time of the assessment. During the inspection, 1 resident assessment was observed to not be accurate at the time of the assessment.                                                                                                                                                                                                                                                                                                                                                                                   | The licensor requested and reviewed the most recent resident assessment for Luella Porter. A resident assessment, dated 9/25/2023, was provided. The resident assessment stated Luella administered her own oral medications and insulin and went through "normal menopause" and "had prostate gland issues." Luella Porter was not ordered to receive insulin and was a biological female. An interview was conducted with the facility Administrator, Dara Merrill, who acknowledged the resident assessment for Luella Porter was not accurate at the time of the assessment.                                                                                                                     |  |
| R432-270-15(1)             | (1) The licensee shall ensure written policies and procedures are developed defining the level of nursing services provided by the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3/1/2024                     | <input type="checkbox"/>    | The facility did not have policy and procedure that define level of nursing services provided by the facility.                                                                                                                                                                                                                      |                                                                                                                                                                              |              |                          | The provider was out of compliance with this rule by not ensuring a resident assessment was revised and updated when there was a significant change in the resident's medical condition. During the inspection, 1 resident assessment was observed to not have been updated when the resident's medical condition underwent a significant change.                                                                                                                                                                                                                                                                                 | The licensor interviewed the facility Administrator, Dara Merrill, who stated Resident Christopher Evenson was on home health services for wound care. The licensor requested and reviewed the most recent resident assessment for Christopher Evenson. A resident assessment, dated 11/18/2023, was provided. The resident assessment did not mention home health services or wound care. An interview was conducted with facility Administrator, Dara Merrill, who stated Christopher Evenson had admitted to home health services for wound care on 12/14/2023 and acknowledged his resident assessment was not revised and updated when there was a significant change in his medical condition. |  |

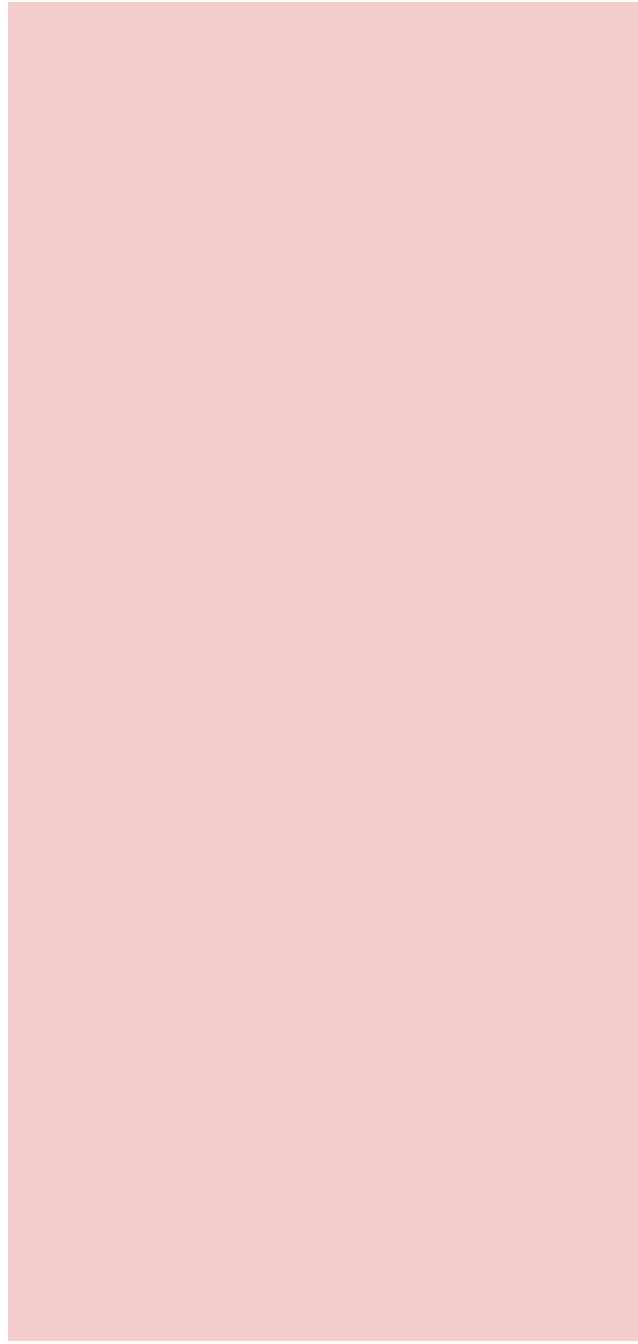
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| R432-270-15(6)      | (6) At least one certified nurse aide shall be on duty in a type II facility 24 hours a day.                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | 2 employees working this morning and were not CNA's                                                                                                     | Brynn and Siri.                                                                                                                                                                                                                                                                                                                            | The provider was out of compliance with this rule by not ensuring resident assessments were used to develop the services plan. During the inspection, resident assessments were not used to develop the service plans for 2 residents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The licenser reviewed the resident assessment for Jennifer Wilkinson, dated 12/7/2023. The assessment stated Jennifer had yeast under her breasts and pannus that required treatment and was dependent with grooming, dressing, bathing, transfers, and continence cares. The licenser reviewed the resident assessment for Callie Reneker, dated 1/15/2024. The assessment stated Callie was dependent with grooming and home health administered her medications. The service plan, dated 1/16/2024, was reviewed and stated she required assistance with grooming, dressing, bathing, transfers, and continence cares. The licenser reviewed the resident assessment for Patricia Asplund, dated 12/22/2023. Patricia was assessed to be dependent with dressing and require assistance with grooming and oral hygiene. The service plan, dated 12/25/2023, was reviewed. The service plan stated Patricia was dependent with dressing and required assistance with grooming and oral hygiene, but did not include the frequency of the services required. An interview was conducted with the facility Administrator, Dara Merrill, who acknowledged the frequency of dressing, grooming, and oral hygiene to be provided for Patricia Asplund was not included on the service plan. |
| R432-270-16(1)      | (1) A type II assisted living licensee with approved secure units may admit residents with a diagnosis of Alzheimer's or dementia if the resident can exit the facility with limited assistance from one person.                                                                                                                                                                                                                                 | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | Operating as a secured unit.                                                                                                                            | One resident was outside and needed to ring for staff member to come back into facility.                                                                                                                                                                                                                                                   | The provider was out of compliance with this rule by not ensuring the service plan included the frequency of the services to be provided. During the inspection, 1 service plan did not include the frequency of the services to be provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | The licenser interviewed the facility Administrator, Dara Merrill, who acknowledged the frequency of dressing, grooming, and oral hygiene to be provided for Patricia Asplund was not included on the service plan.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| R432-270-18(1)      | (1) The licensee shall ensure residents are encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreational programs.                                                                                                                                                                                                                                                       | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 3/1/2024  | <input type="checkbox"/> | The activity scheduled for 2 pm-Relief society was not observed to be conducted.                                                                        |                                                                                                                                                                                                                                                                                                                                            | The provider was out of compliance with this rule by not ensuring dietitian consultation was provided at least quarterly and documented for residents who required therapeutic diets. During the inspection, dietitian consultation was not provided at least quarterly and documented for 2 residents who required therapeutic diets.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The licenser interviewed the facility Administrator, Dara Merrill, who stated Residents Luella Porter, date of admission 9/24/2021, and Kathleen Kastrinakis, date of admission 3/19/2020, required therapeutic (diabetic) diets. Documentation of the previous 4 quarters of dietitian notes was requested. The 3rd quarter of 2023 dietitian notes were not provided for Luella Porter or Kathleen Kastrinakis. An interview was conducted with the facility Administrator, Dara Merrill, who acknowledged Residents Luella Porter and Kathleen Kastrinakis were both assessed to require therapeutic (diabetic) diets and did not ensure dietitian consultation was provided and documented at least quarterly.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| R432-270-19(16)     | (16) The licensee shall incorporate medication errors into the facility quality improvement process.                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 3/1/2024  | <input type="checkbox"/> | Medication errors not documented in QI Process                                                                                                          |                                                                                                                                                                                                                                                                                                                                            | The provider was out of compliance with this rule by not ensuring housekeeping personnel were trained. During the inspection, 1 housekeeping employee did not have signed training records related to housekeeping.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The Licenser reviewed 1 housekeeping employee file, Monica Martinez, that did not include training related to housekeeping. The Administrator, Dara Merrill, stated the housekeepers were trained and a training record would need to be incorporated into the annual training regime.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| R432-270-21(6)      | (6) The licensee shall ensure written incident and injury reports are maintained to document resident death, injuries, elopement, fights or physical confrontations, situations that require the use of passive physical restraint, suspected abuse or neglect, and other situations or circumstances affecting the health, safety, or well-being of residents. The licensee shall ensure the reports are kept on file for at least three years. | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 3/1/2024  | <input type="checkbox"/> | The facility did not have incident reports for the death of 2 residents.                                                                                | Merlin Farish; Bonnie Whiting                                                                                                                                                                                                                                                                                                              | The provider was out of compliance with this rule by not ensuring hot water delivered to public and resident care areas was maintained at temperatures between 105 - 120 degrees Fahrenheit. During the inspection, water in the public restroom and room 107 was not maintained between 105 - 120 degrees Fahrenheit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | The Licenser observed water in the public restroom did not exceed 103.5 degrees Fahrenheit and water in room 107 did not exceed 99.5 degrees Fahrenheit. The Administrator, Dara Merrill, stated they understood the hot water was not maintained between 105 and 120 degrees Fahrenheit.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| R432-270-22(8)(a-c) | (8)(a) The licensee shall ensure food service personnel are employed to meet the needs of residents.<br>(b) While on duty in food service, the cook and other kitchen staff may not be assigned concurrent duties outside the food service area.<br>(c) The licensee shall ensure personnel who prepare or serve food have a current food handler's permit.                                                                                      | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | 3 employees on the sample did not have food handlers permit in their files.                                                                             | Brynn and Siri did not have food handlers in their files and were observed preparing or serving food. Gabrielle did not have the food handlers permit in tyher files. Homero and Carl food handlers expired.                                                                                                                               | The provider was out of compliance with this rule by not ensuring the emergency and disaster response plan addressed the following: (e) assignment of personnel to specific tasks during an emergency; (f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations; (g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster; (h) delivery of essential care and services to facility occupants by alternate means; (i) delivery of essential care and services if additional persons are housed in the facility during an emergency; and (j) delivery of essential care and services to facility occupants if personnel are reduced by an emergency. During the inspection, the facility's emergency and disaster response plan was reviewed and was not observed to address the above mentioned tasks. | An interview was conducted with the facility Administrator, Dara Merrill, who acknowledged the licensee did not ensure the emergency and disaster response plan addressed the following: (e) assignment of personnel to specific tasks during an emergency; (f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations; (g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster; (h) delivery of essential care and services to facility occupants by alternate means; (i) delivery of essential care and services if additional persons are housed in the facility during an emergency; and (j) delivery of essential care and services to facility occupants if personnel are reduced by an emergency.                                                                                                                                                                                                                                                                                                                                                                                                                      |
| R432-270-23(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.                                                                                                                                                                                                                                                               | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 3/1/2024  | <input type="checkbox"/> | Bleach, cleaning agents on counter and under sink in kitchen. Laundry room had cleaning agents detergent pods, linen room chemicals, hydrogen peroxide. | The provider was out of compliance with this rule by not holding fire drills quarterly on each shift. During the inspection, the fire drills were reviewed and there were no drills in the 1st and 2nd quarters, there were no PM or nocturnal shift drills in the 3rd quarter, and there was no nocturnal shift drill in the 4th quarter. | The provider was out of compliance with this rule by not holding fire drills quarterly on each shift. During the inspection, the fire drills were reviewed and there were no drills in the 1st and 2nd quarters, there were no PM or nocturnal shift drills in the 3rd quarter, and there was no nocturnal shift drill in the 4th quarter.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | The Licenser reviewed the fire drills for the previous year and the drills were not completed quarterly on each shift as stated. The Administrator, Dara Merrill, stated the fire drills were not held quarterly on each shift.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| R432-270-25(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, space and grounds are safe, clean, operable, in good repair and in compliance with Rule R432-6.                                                                                                                                                            | <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | Unsecured oxygen tanks in the dining room and linen room. Electrical panel unlocked and accessible in linen room.                                       |                                                                                                                                                                                                                                                                                                                                            | The provider was out of compliance with this rule by not ensuring covered individuals signed a criminal background screening authorization form that was available for review by the department. During the inspection, 1 employee did not sign a criminal background screening authorization form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | The Licenser reviewed 1 employee file, Arturo Quintero, that did not include a criminal background screening authorization form. The Administrator, Dara Merrill, stated the employee would immediately sign the required form.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |

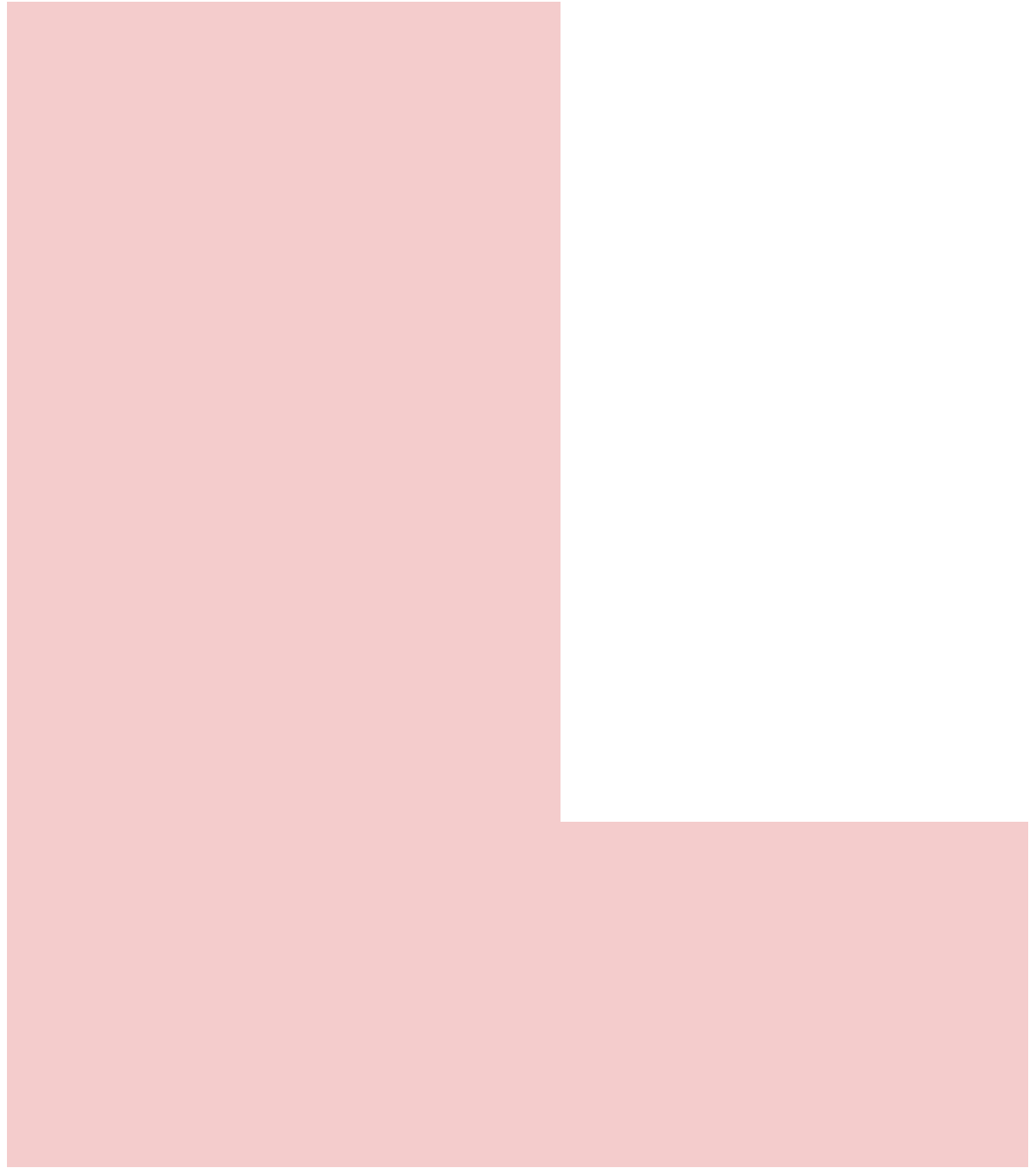
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| R432-270-25(2)(a-d) | (2) The licensee shall ensure the maintenance of the following:<br>(a) fire rated construction and assemblies are maintained in accordance with Rule R710-3, Fire Marshal;<br>(b) entrances, exits, steps, and outside walkways are maintained in a safe condition, free of ice, snow, and other hazards;<br>(c) electrical systems, including appliances, cords, equipment call lights, and switches are maintained to guarantee safe functioning; and<br>(d) air filters installed in heating, ventilation, and air conditioning systems must be inspected, cleaned, or replaced in accordance with manufacturer specifications. | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/24   | <input type="checkbox"/> | Fire doors have greater than a 1/4 inch cap with no astragal device.                                                                            |
| R432-270-25(5)      | (5) The licensee shall ensure that hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by residents. The licensee shall ensure hot water delivered to public and resident care areas is maintained at temperatures between 105 - 120 degrees Fahrenheit.                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | The water temperature in the kitchen was 122.2 degrees Fahrenheit. The water temperature in the resident bathroom was 121.1 degrees Fahrenheit. |
| R432-270-27(1)(a-d) | (1) The licensee shall ensure that there is one staff person on duty at all times, who has:<br>(a) training in basic first aid;<br>(b) training in the Heimlich maneuver;<br>(c) certification in cardiopulmonary resuscitation; and<br>(d) training in emergency procedures to ensure each resident receives prompt first aid as needed.                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | One employee working alone at night did not have first aid/CPR in file.                                                                         |
| R432-35-4(3)        | (3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 9/14/2024 | <input type="checkbox"/> | The DACS did not reflect 3 employees current status within 5 days from the date of engagement or termination.                                   |

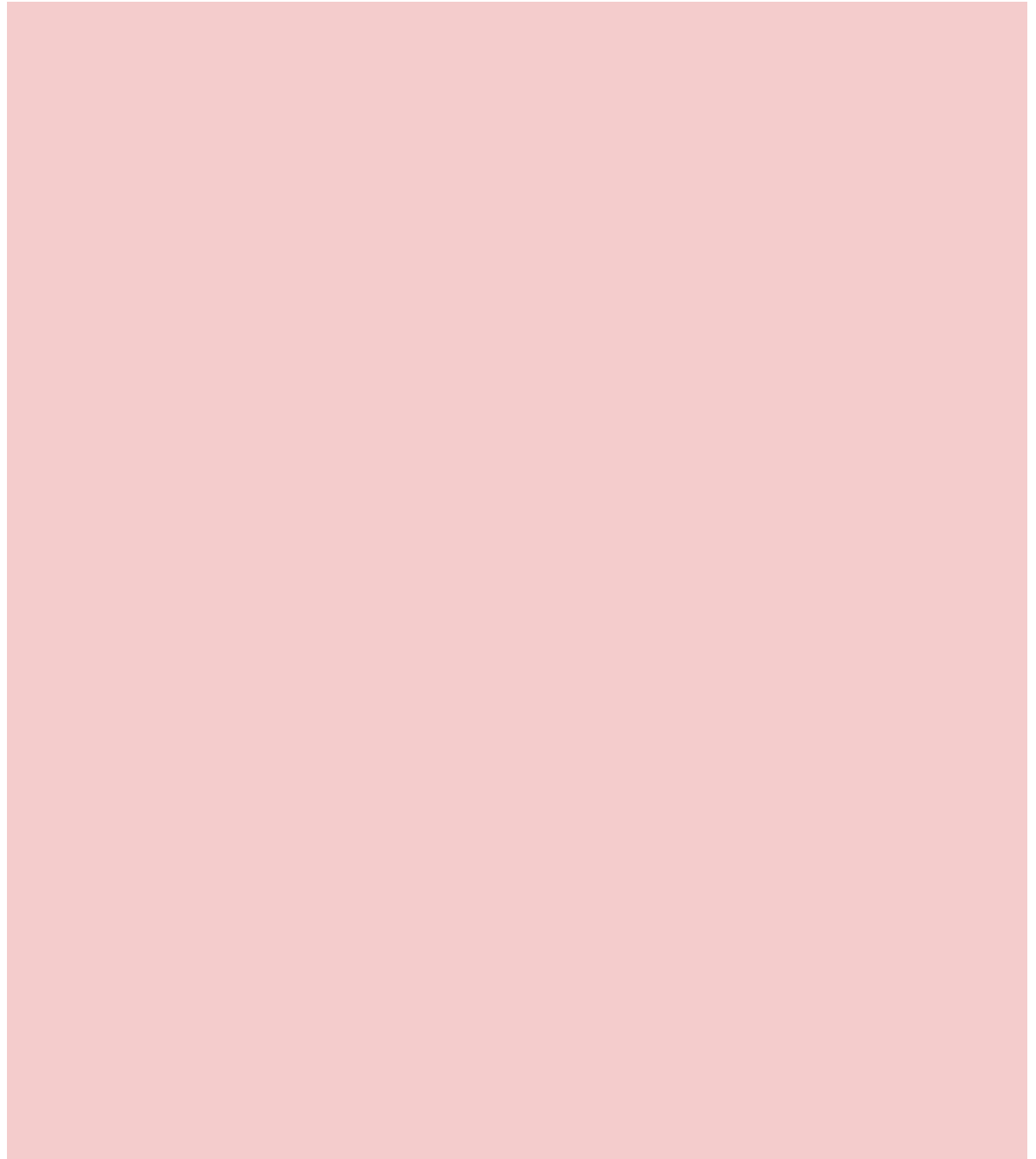
The provider was out of compliance with this rule by not ensuring that hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by residents. The licensee did not ensure hot water delivered to public and resident care areas was maintained at temperatures between 105 - 120 degrees Fahrenheit. During the inspection, the water temperature was observed to be above 120 deegrees fahrenheit.

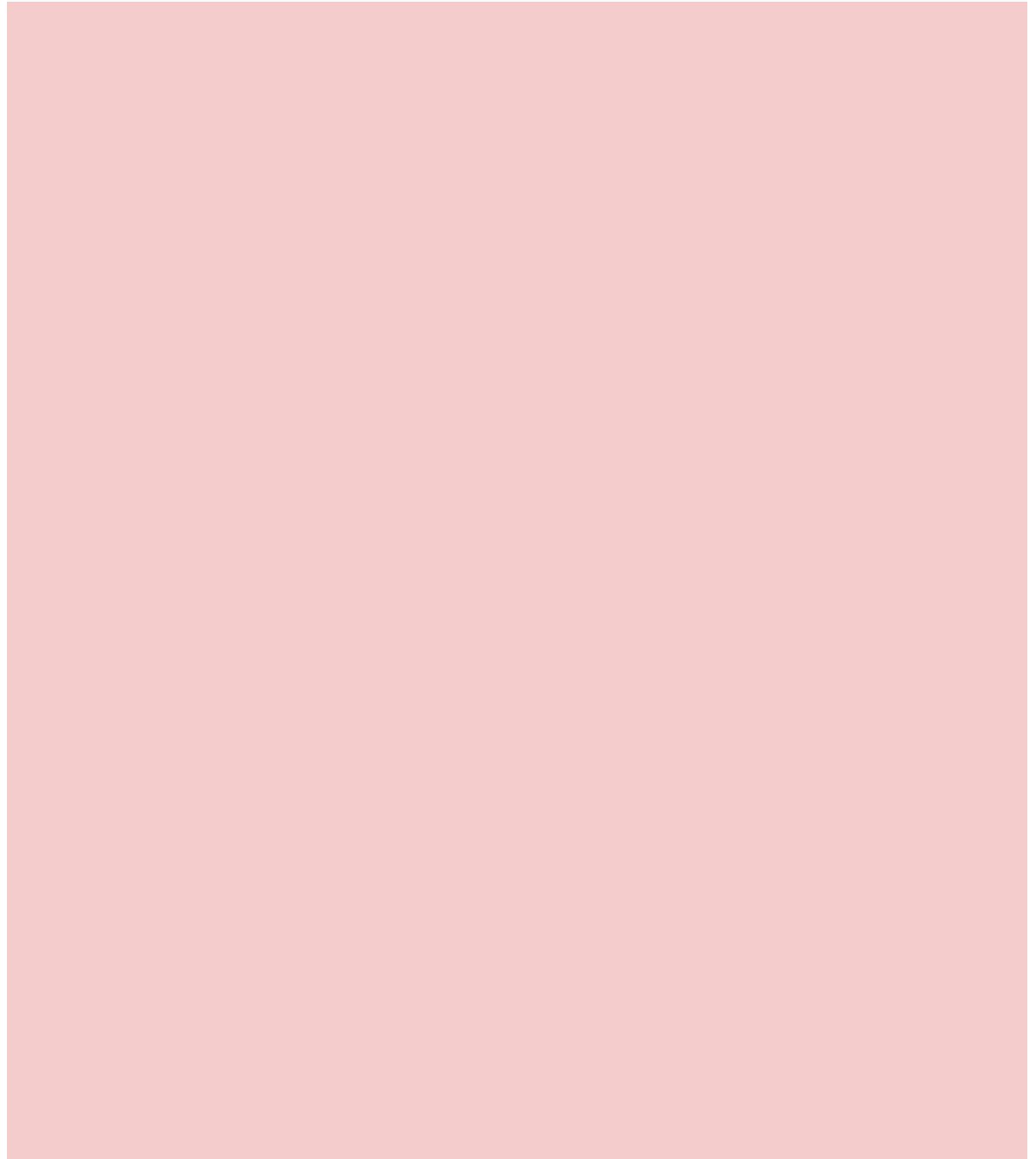
Gabrielle worked at night alone. did not have first aid CPR in file.

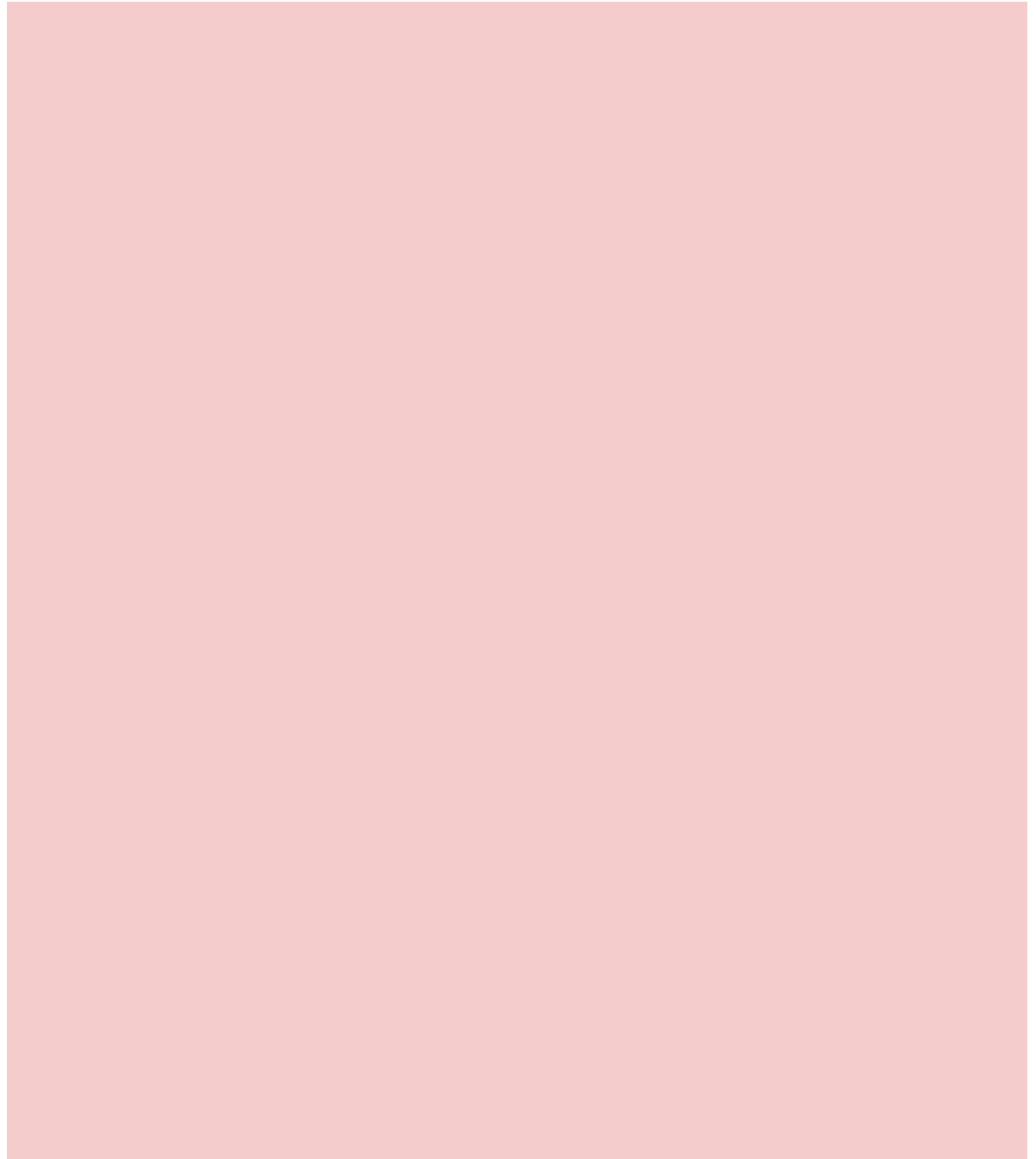
Brynn Lundell not linked at all. Gabrielle Beard, Veronica Rodriguez entered late.

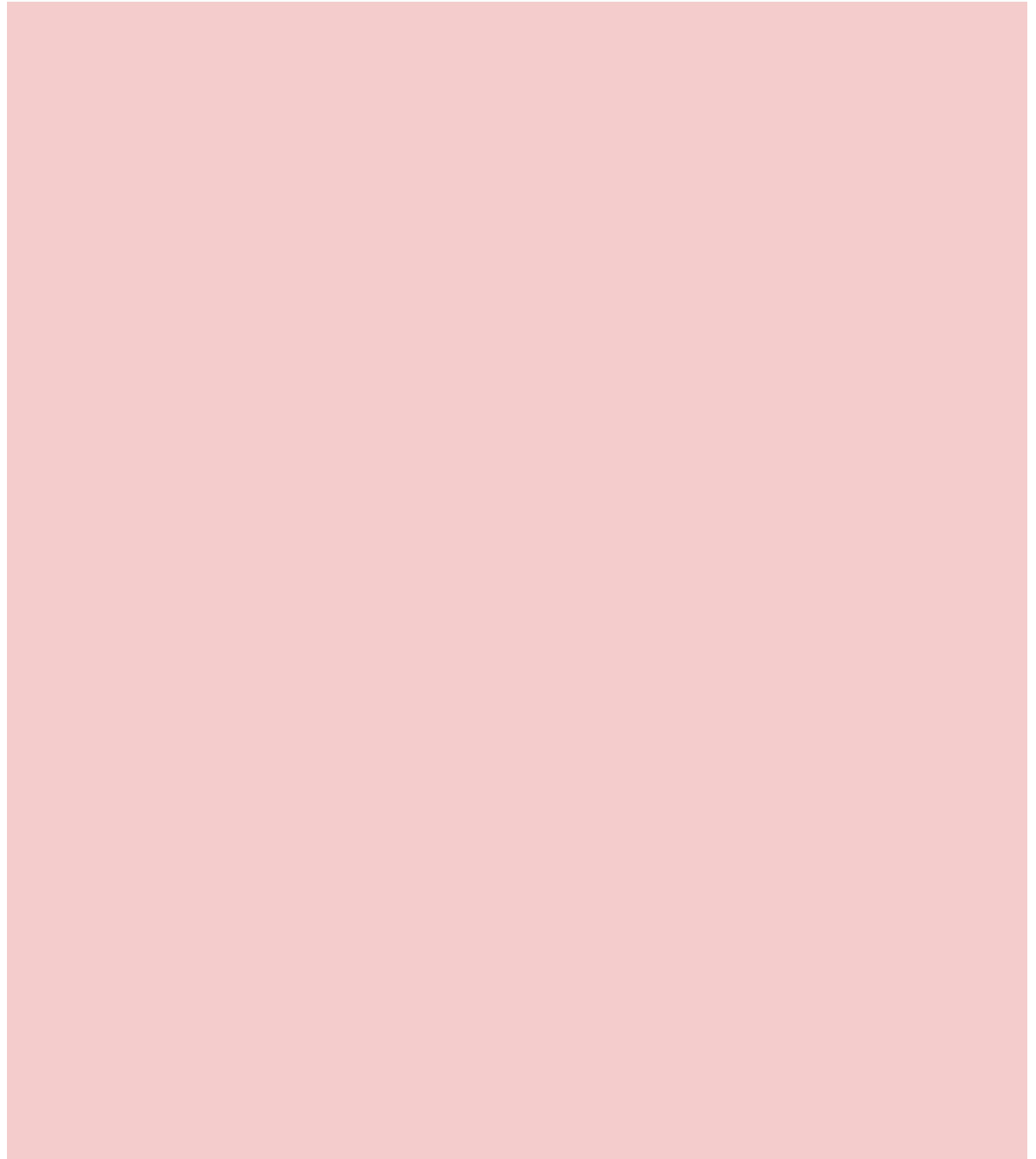


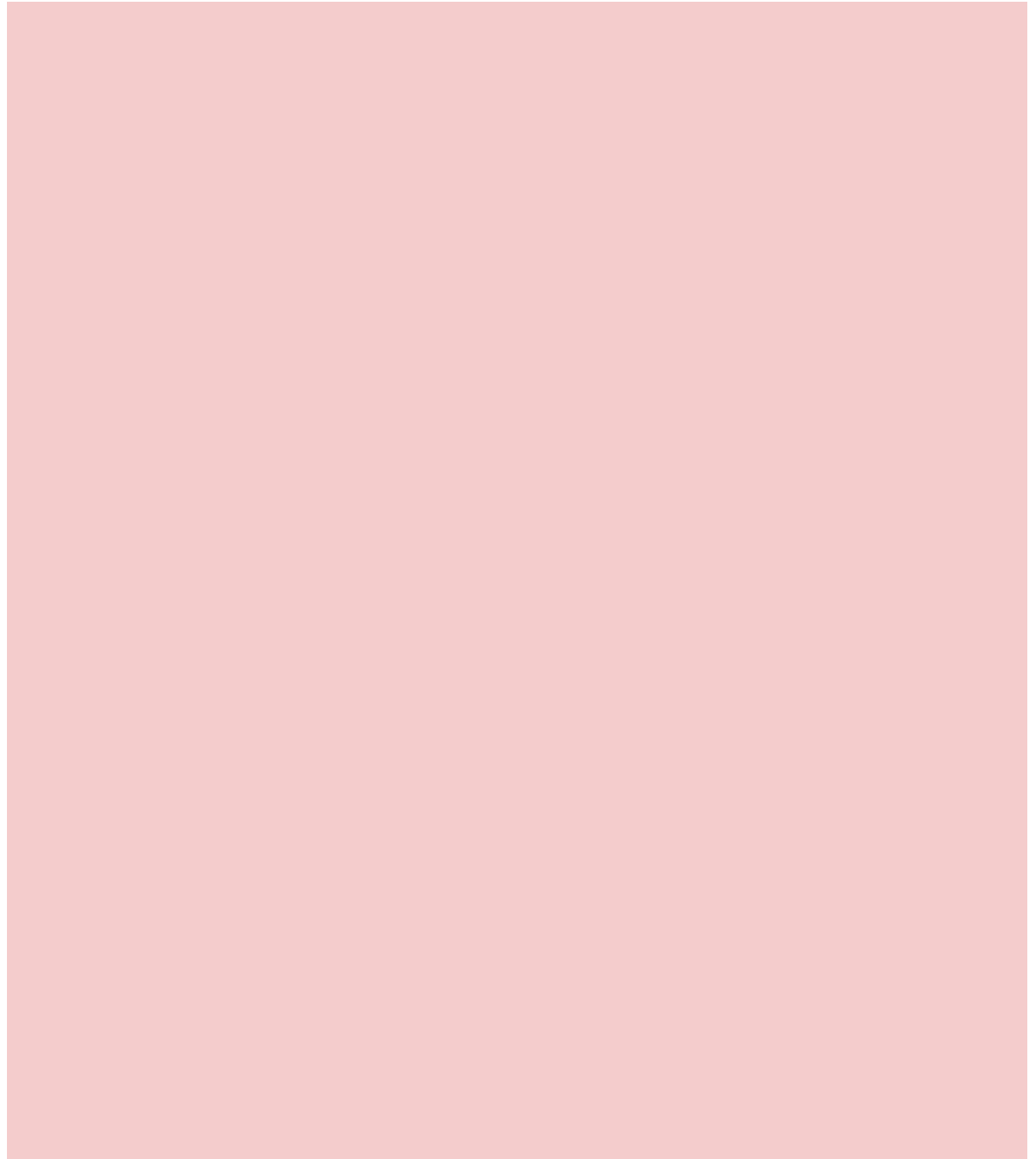














| RULES CHECKLIST                 |  |                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432                  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                           | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                    |                                   |       |
| R432-1-4. Identification Badges |  |                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Date                               |                                   | Notes |
| 4(1)(a)-(b)<br>4(2)(a)-(b)      |  | (1) A licensee shall ensure that the following individuals wear an identification badge:<br>(a) any employee who provides direct care to a patient; and<br>(b) any volunteer.<br><br>(2) The identification badge shall include the following information:<br>(a) the person's first or last name; and<br>(b) the person's title or position, in terms generally understood by the public. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-5. Licensing           |  |                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Date                               |                                   | Notes |
| R432-270-5(1)(a-b)              |  | (1) The licensee shall ensure a person who offers or provides care to two or more unrelated individuals in a residential facility is licensed as an assisted living facility if:<br>(a) the individuals stay in the facility for more than 24 hours; and<br>(b) the facility provides or arranges for assistance with one or more ADL for any of the individuals.                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-5(2)                   |  | (2) The licensee 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.                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST |  |                                                                                                                                                                                                                                                                                   |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432  |  | Rule Description                                                                                                                                                                                                                                                                  | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                   |                          |                          |                          |                                    |                                   |       |
| R432-270-5(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.                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-5(4)   |  | (4) A type I assisted living facility licensee shall provide social care to the individuals under care.                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-5(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 available 24 hours a day to residents who need any of these services as required by department rule. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST            |                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432             | Rule Description                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                            | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |              |
| R432-270-5(6)              | (6) Type I and II assisted living facility licensees shall provide each resident with a separate living unit. Two residents may share a unit upon written request of both residents.                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-5(7)(a-c)         | (7) An individual may continue to remain in an assisted living facility if:<br>(a) the facility construction meets the individual's needs;<br>(b) the individual's physical and mental needs are appropriate to the assisted living criteria; and<br>(c) the licensee provides adequate staffing to meet the individual's needs. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-5(8)(a-c)         | (8) The licensee shall ensure assisted living facilities are licensed as one of the following:<br>(a) a large assisted living facility housing 17 or more residents;<br>(b) a small assisted living facility housing six to 16 residents; or<br>(c) a limited capacity assisted living facility housing two to five residents.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>R432-270-6 Licensee</b> |                                                                                                                                                                                                                                                                                                                                  | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        |                                   | <b>Notes</b> |

| RULES CHECKLIST                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                          |                          |                          |                                    |                                   |              |  |
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| Rule #<br>R432                                  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |  |
|                                                 | <p>C = Compliant<br/>NC = Not Compliant<br/>NA = Not Assessed during this inspection</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |              |  |
| R432-270-6(1)(a-g)                              | <p>(1) The licensee shall:</p> <p>(a) ensure compliance with each federal, state, and local law;</p> <p>(b) assume responsibility for the overall organization, management, operation, and control of the facility;</p> <p>(c) establish policies and procedures for the welfare of residents, the protection of their rights, and the general operation of the facility;</p> <p>(d) implement a policy that ensures the facility does not discriminate on the basis of race, color, sex, religion, ancestry, or national origin in accordance with state and federal law;</p> <p>(e) secure and update contracts for required services not provided directly by the facility;</p> <p>(f) respond to requests for reports from the department; and</p> <p>(g) appoint, in writing, a qualified administrator who shall assume full responsibility for the day-to-day operation and management of the facility. The licensee and administrator may be the same person.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| R432-270-6(2)(a-b)                              | <p>(2) The licensee shall implement a quality assurance program to include a quality assurance committee. The committee shall:</p> <p>(a) consist of at least the facility administrator and a health care professional; and</p> <p>(b) meet at least quarterly to identify and act on quality issues.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| <b>Section 7. Administrator Qualifications.</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        |                                   | <b>Notes</b> |  |

| RULES CHECKLIST    |  |                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432     |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                    |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
| R432-270-7(1)(a-e) |  | (1) The administrator shall: (a) be 21 years of age or older; (b) know applicable laws and rules; (c) have the ability to deliver, or direct the delivery of appropriate care to residents; (d) successfully complete the criminal background screening process defined in Rule R432-35; and (e) complete a department-approved national certification program within six months of hire for type II facilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-7(2)      |  | (2) The administrator of a type I facility shall have an associate degree or two years experience in a health care facility.                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-7(3)(a-c) |  | (3) The administrator of type II small or limited-capacity assisted living facility shall have one or more of the following: (a) an associate degree in a health care field; (b) two years or more management experience in a health care field; or (c) one year experience in a health care field as a licensed health care professional.                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432                   |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                                  |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                    |                                   |       |
| R432-270-7(4)(a-d)               |  | (4) The administrator of a type II large assisted living facility shall have one or more of the following: (a) a Utah health facility administrator license; (b) a bachelor's degree in a health care field, to include management training or one or more years of management experience; (c) a bachelor's degree in any field, to include management training or one or more years of management experience and one year or more experience in a health care field; or (d) an associate degree and four years or more management experience in a health care field. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| Section 8. Administrator Duties. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                        | NC                       | NA                       | Date                               |                                   | Notes |

| RULES CHECKLIST    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432     |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                    |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
| R432-270-8(1)(a-p) |  | <b>The administrator shall:</b><br>(a) be on the premises enough hours in the business day, and at other times as necessary, to manage and administer the facility;<br>(b) designate, in writing, a competent employee, 21 years of age or older, to act as administrator when the administrator is unavailable for immediate contact and it is not the intent of this subsection to permit a de facto administrator to replace the designated administrator. (c) recruit, employ, and train the number of licensed and unlicensed staff needed to provide services;<br>(d) verify required licenses and permits of staff and consultants at the time of hire or the effective date of contract;<br>(e) maintain facility staffing records for the preceding 12 months;<br>(f) admit and retain only those residents who meet admissions criteria and whose needs can be met by the facility;<br>(g) review at least quarterly every injury, accident, and incident to a resident or employee and document appropriate corrective action;<br>(h) maintain a log indicating any significant change in a resident's condition and the facility's action or response;<br>(i) complete an investigation when there is reason to believe a resident has been subject to abuse, neglect, or exploitation;<br>(k) report any suspected abuse, neglect, or exploitation in accordance with Section 62A-3-305, and document appropriate action if the alleged violation is verified;<br>(l) 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;<br>(m) conduct and document regular inspections of the facility to ensure it is safe from potential hazards;<br>(n) complete, submit, and file records and reports required by the department;<br>(o) participate in a quality assurance program; and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST             |  |                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432              |  | Rule Description                                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                             |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |              |
| R432-270-8(2)               |  | (2) The licensee shall maintain the administrator's responsibilities in a written and signed job description on file in the facility.                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 9. Personnel</b> |  |                                                                                                                                                                                                                                                                                                                                                               | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-9(1)(a-e)          |  | (1) The licensee shall ensure that qualified direct-care personnel are on the premises 24 hours a day to meet residents' needs as determined by the residents' assessment and service plans. The licensee shall employ additional staff as necessary to perform: (a) office work; (b) cooking; (d) housekeeping; (e) laundering; and (f) general maintenance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-9(2)               |  | (2) The licensee shall ensure qualified staff perform services in accordance with the resident's written service plan.                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-9(3)               |  | (3) The licensee shall ensure that personnel who provide personal care to residents in a type I and type II facility are at least 18 years of age or may be a certified nurse aide in accordance with Section 58-31b-3 and shall have related experience or on the job training for the job assigned.                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-9(4)               |  | (4) The licensee shall ensure that personnel are licensed, certified, or registered in accordance with applicable state laws.                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-9(5)               |  | (5) The administrator shall maintain written job descriptions for each position, including job title, job responsibilities, qualifications or required skills.                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-9(6)               |  | (6) The licensee shall make facility policies and procedures available to personnel.                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                      |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                                    |                                   |       |
| R432-270-9(7)(a)-(f) |  | (7) The licensee shall ensure each employee receives documented orientation to the facility for their hired position. The licensee shall provide orientation within 30 days of hire that includes the following:<br>(a) job description;<br>(b) ethics, confidentiality, and residents' rights;<br>(c) fire and disaster plan;<br>(d) policy and procedures;<br>(e) reporting responsibility for abuse, neglect and exploitation; and<br>(f) a department-approved core competency training.                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(8)(a)-(c) |  | (8) In addition to completing facility orientation and demonstration of core competency skills, the licensee shall provide each direct-care employee with 16 hours of documented one-on-one job training with a direct-care employee, with at least three months of experience and who has completed orientation, or with the supervising nurse at the facility. Additionally, the licensee shall ensure:<br>(a) training is not transferred to another facility and includes:<br>(i) transfer assistance and safety; and<br>(ii) activities of daily living;<br>(b) direct-care employees hired from a staffing agency are certified nurse aides and are exempt from the 16 hours of one-on-one training; and<br>(c) employees who are certified nurse aides are exempt from the 16 hours of one-on-one job training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
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| R432-270-9(9)(a)-(l) |  | (9) The licensee shall ensure each employee receives documented in-service training and tailor the training to annually include the following subjects relevant to the employee's job responsibilities:<br>(a) principles of good nutrition, menu planning, food preparation, and storage;<br>(b) principles of good housekeeping and sanitation;<br>(c) principles of providing personal and social care;<br>(d) proper procedures in assisting residents with medications;<br>(e) recognizing early signs of illness and determining if there is a need for professional help;<br>(f) accident prevention, including safe bath and shower water temperatures;<br>(g) communication skills, which enhance resident dignity;<br>(h) first aid;<br>(i) resident's rights;<br>(j) abuse and neglect reporting requirements of Section 26B-6-205;<br>(k) dementia and Alzheimer's specific training; and<br>(l) review of core competency training. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(10)       |  | (10) The facility administrator shall annually complete a minimum of four hours of core competency training that includes dementia and Alzheimer's specific training.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                    |                                   |       |
| R432-270-9(11)  |  | (11) In addition to core competency training, the facility administrator shall:<br>(a) complete a minimum of six hours of approved continuing professional education (CPE) annually as follows:<br>(i) complete a minimum of five hours in person; and<br>(ii) complete a minimum of one additional hour either in person or online;<br>(b) ensure CPE courses under Subsection (11) are:<br>(i) approved by the Utah Assisted Living Association (UALA), Utah Health Care Association (UHCA), or Beehive Homes; or<br>(ii) require prior approval under Subsection (11)(b)(i) for courses offered by other entities or organizations; and<br>(c) calculate 50 minutes of CPE as one hour. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(12)  |  | (12) The licensee shall ensure employees who report suspected abuse, neglect, or exploitation are not subject to retaliation, disciplinary action, or termination by the facility for that reason alone.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(13)  |  | (13) 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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |       |
| R432-270-9(14)(a-g) |  | <p>(14) The licensee shall:</p> <p>(a) ensure an employee health inventory is completed when an employee is hired;</p> <p>(b) use a department-approved form for the health inventory evaluation or their own form if it includes at least the employee's history of the following:</p> <p>(i) conditions that may predispose the employee to acquiring or transmitting infectious diseases; and</p> <p>(ii) conditions that may prevent the employee from performing certain assigned duties satisfactorily;</p> <p>(c) develop an employee health screening and immunization components of for its personnel health program;</p> <p>(d) ensure employee skin testing:</p> <p>(i) uses the Mantoux Method or other Food and Drug Administration, (FDA) approved in-vitro serologic test; and</p> <p>(ii) perform follow-up procedures for tuberculosis in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis;</p> <p>(e) ensure employees are skin-tested for tuberculosis within two weeks of:</p> <p>(i) initial hiring;</p> <p>(ii) suspected exposure to a person with active tuberculosis; and</p> <p>(iii) development of symptoms of tuberculosis;</p> <p>(f) report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-3; and</p> <p>(g) allow employees with known positive reaction to skin tests to be exempt from skin testing.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-9(15)      |  | <p>(15) The licensee shall ensure policies and procedures governing an infection control program are developed and implemented to protect residents, family, and personnel including appropriate task-related employee infection control procedures and practices.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                      |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                                    |                                   |              |
| R432-270-9(16)                       |  | (16) The licensee shall ensure compliance with the Occupational Safety and Health Administration's Bloodborne Pathogen Standard.                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 10. Residents' Rights</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-10(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, including the following:<br>(a) a description of the manner of protecting personal funds; and<br>(b) a statement that the resident may file a complaint with the state long-term care ombudsman and any other advocacy group concerning resident abuse, neglect, or misappropriation of resident property in the facility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-10(3)                       |  | (3) The licensee shall ensure the administrator or designee notifies the resident or the resident's responsible person at the time of admission, in writing and in a language and manner that the resident or the resident's responsible person understands, of the resident's rights and rules governing resident conduct and responsibilities during the stay in the facility.                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-10(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.                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |       |
| R432-270-10(5)(a-x) |  | (5) The licensee shall ensure resident rights include the right to:<br>(a) be treated with respect, consideration, fairness, and full recognition of personal dignity and individuality;<br>(b) be transferred, discharged, or evicted by the facility only in accordance with the terms of the signed admission agreement;<br>(c) be free of mental and physical abuse, and chemical and physical restraints;<br>(d) refuse to perform work for the facility;<br>(e) perform work for the facility if the facility consents and if:<br>(i) the facility has documented the resident's need or desire for work in the service plan;<br>(ii) the resident agrees to the work arrangement described in the service plan;<br>(iii) the service plan specifies the nature of the work performed and whether the services are voluntary or paid; and<br>(iv) compensation for paid services is at or above the prevailing rate for similar work in the surrounding community;<br>(f) privacy during visits with family, friends, clergy, social workers, ombudsmen, resident groups, and advocacy representatives;<br>(g) share a unit with a spouse if both spouses consent, and if both spouses are facility residents;<br>(h) privacy when receiving personal care or services;<br>(i) keep personal possessions and clothing as space permits;<br>(j) participate in religious and social activities of the resident's choice;<br>(k) interact with members of the community both inside and outside the facility;<br>(l) send and receive mail unopened;<br>(m) have access to telephones to make and receive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                               |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                                    |                                   |              |
| R432-270-10(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 residents and the public:<br>(a) the long-term care ombudsmen's notification poster;<br>(b) information on Utah protection and advocacy systems; and<br>(c) a copy of the resident's rights.                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-10(7)                |  | (7) The licensee shall make the results of the current facility survey with any plans of correction available in a public area of the facility.                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-10(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.<br>(b) The licensee shall ensure private space is provided for resident groups or family groups.<br>(c) Facility personnel or visitors may attend resident group or family group meetings only at the group's invitation.<br>(d) The administrator shall designate an employee to provide assistance and respond to written requests that result from group meetings. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 11. Admissions</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-11(1)                |  | (1) The licensee shall have written admission, retention, and transfer policies that are available to the public upon request.                                                                                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
| R432-270-11(2)(a)-(b) |  | (2) Before accepting a resident, the licensee shall ensure enough information is obtained about the person's ability to function in the facility through the following:<br>(a) an interview with the resident and the resident's responsible person; and<br>(b) the completion of the resident assessment.                                                                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-11(3)        |  | (3) If the department determines during inspection or interview that the facility knowingly and willfully admits or retains residents who do not meet license criteria, then the department may, for a time period specified, require that resident assessments be conducted by an individual who is independent from the facility.                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-11(4)(a-b)   |  | (4) A type I licensee:<br>(a) shall accept and retain residents who meet the following criteria:<br>(i) are ambulatory or mobile and are capable of taking life-saving action in an emergency without the assistance of another person;<br>(ii) have stable health;<br>(iii) require no assistance or only limited assistance with ADLs; and<br>(iv) do not require total assistance from staff or others with more than three ADLs and<br>(b) may accept and retain residents who meet the following criteria:<br>(i) are cognitively impaired or physically disabled but able to evacuate from the facility without the assistance of another person; and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |                          |                                    |                                   |       |
| R432-270-11(5)(a-c)   |  | (5) A type II licensee may accept and retain residents who meet the following criteria:<br>(a) require total assistance from staff or others in more than three ADLs, provided that:<br>(i) the staffing level and coordinated supportive health and social services meet the needs of the resident; and<br>(ii) the resident is capable of evacuating the facility with the limited assistance of one person.<br>(b) are physically disabled but able to direct their own care; or<br>(c) are cognitively impaired or physically disabled but able to evacuate from the facility with the limited assistance of one person.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-11(6)(a)-(c) |  | (6) Type I and type II assisted living licensees may not admit or retain a person who:<br>(a) manifests behavior that is suicidal, sexually or socially inappropriate, assaultive, or poses a danger to self or others;<br>(b) 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; or<br>(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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-11(7)        |  | (7) Type I and type II assisted living licensees may not 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 in accordance with Title 26, Chapter 21, Part 304, Monitoring Device -- Facility admission, patient discharge, and posted notice.                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                    |                                   |       |
| R432-270-11(8)(a)-(g) |  | (8) The licensee shall ensure the prospective resident or the prospective resident's responsible person signs a written admission agreement before admission. The licensee shall maintain the admission agreement on file and shall specify at least the following:<br>(a) room and board charges and charges for basic and optional services;<br>(b) provision for a 30-day notice before any change in established charges;<br>(c) admission, retention, transfer, discharge, and eviction policies;<br>(d) conditions when the agreement may be terminated;<br>(e) the name of the responsible party;<br>(f) notice that the department has the authority to examine resident records to determine compliance with licensing requirements; and<br>(g) refund procedures that address the following:<br>(i) thirty-day notices for transfer or discharge given by the facility or by the resident;<br>(ii) emergency transfers or discharges;<br>(iii) transfers or discharges without notice; and<br>(iv) the death of a resident. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432         |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                        |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
| R432-270-11(9)(a)-(c)  |  | <p>(9) A type I assisted living licensee may accept and retain residents who have been admitted to a hospice program, under the following conditions:</p> <p>(a) the licensee keeps a copy of the physician's diagnosis and orders for care;</p> <p>(b) the licensee makes the hospice services part of the resident's service plan that shall explain who is responsible to meet the resident's needs; and</p> <p>(c) a licensee may retain hospice patient residents who are not capable of exiting the facility without assistance with the following conditions:</p> <p>(i) a worker or an individual is assigned solely to each specific hospice patient and is on-site to assist the resident in emergency evacuation 24 hours a day, seven days a week;</p> <p>(ii) the assigned worker or individual is trained to specifically assist in the emergency evacuation of the assigned hospice patient resident;</p> <p>(iii) the worker or individual is physically capable of providing emergency evacuation assistance to the particular hospice patient resident; and</p> <p>(iv) hospice residents who are not capable of exiting the facility without assistance comprise no more than 25% of the facility's resident census.</p> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-11(10)(a)-(c) |  | <p>(10) A type II assisted living licensee may accept and retain hospice patient residents under the following conditions:</p> <p>(a) the licensee keeps a copy of the physician's diagnosis and orders for care;</p> <p>(b) the licensee makes the hospice services part of the resident's service plan that explains who is responsible to meet the resident's needs; and</p> <p>(c) if the hospice patient resident cannot evacuate the facility without significant assistance, the licensee shall:</p> <p>(i) develop an emergency plan to evacuate the hospice resident in the event of an emergency; and</p> <p>(ii) integrate the emergency plan into the resident's service plan.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432                                 |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |                                    |                                   |       |
|                                                |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |                                    |                                   |       |
| Section 12. Transfer of Discharge Requirements |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Date                               | CDI                               | Notes |
| R432-270-12(1)(a)-(e)                          |  | (1) The licensee may discharge, transfer, or evict a resident for one or more of the following reasons:<br>(a) the resident's needs are no longer able to be met because the resident poses a threat to the health or safety to self or others, or the resident's required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-12(2)(a-b)                            |  | (2) Before a resident transfer or discharge is initiated, the licensee shall ensure a transfer or discharge notice is served upon the resident and the resident's responsible person. Before a resident transfer or discharge is initiated, the licensee shall:<br>(a) ensure the notice is delivered either by hand or by certified mail; and<br>(b) ensure the notice is served at least 30 days before the day of planned resident transfer or discharge, unless noticefor a shorter period of time is necessary to protect:<br>(i) the safety of individuals in the facility from endangerment due to the medical or behavioral status of the resident;<br>(ii) the health of the individuals in the facility from endangerment due to the resident's continued residency;<br>(iii) an immediate transfer or discharge is required by the resident's urgent medical needs; or<br>(iv) the resident has not resided in the facility for at least 30 days. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |       |
| R432-270-12(3)(a)-(g) |  | (3) The licensee shall ensure that the notice of transfer or discharge:<br>(a) is in writing with a copy placed in the resident file;<br>(b) is phrased in a manner and in a language that is most likely to be understood by the resident and the resident's responsible person;<br>(c) details the reasons for transfer or discharge;<br>(d) states the effective date of transfer or discharge;<br>(e) states the location where the resident will be transferred or discharged, if known;<br>(f) states that the resident may request a conference to discuss the transfer or discharge; and<br>(g) contains the following information:<br>(i) the name, mailing address, email address, and telephone number of the state long term care ombudsman;<br>(ii) for facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under the Developmental Disabilities Assistance and Bill of Rights Act, Part C; and<br>(iii) for facility residents who are mentally ill, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |                          |                                    |                                   |       |
| R432-270-12(4)(a-c) |  | (4) The licensee shall:<br>(a) 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;<br>(b) verbally explain to the resident, the services available through the ombudsman and the contact information for the ombudsman; and<br>(c) send a copy of the notice described in Subsection R432-270-12(2) to the state long-term care ombudsman:<br>(i) on the same day that the facility delivers the notice described in Subsection R432-270-12(2) to the resident and the resident's responsible person; and<br>(ii) provide the notice described in Subsection R432-270-12(2) at least 30 days before the day that the resident is transferred or discharged, unless notice for a shorter period is necessary to protect the safety of individuals in the facility from endangerment due to the medical or behavioral status of the resident. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-12(5)      |  | (5) The licensee shall ensure the preparation and orientation is provided and documented, in a language and manner the resident is most likely to understand, for a resident to ensure a safe and orderly transfer or discharge from the facility.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                         |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                        |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |              |
| R432-12(6)(a-c)                        |  | (6)(a) The resident or the resident's responsible person may contest a transfer or discharge. 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.<br>(b) 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.<br>(c) Participants in the conference shall include the facility representatives, the resident or the resident's responsible person, and any others requested by the resident or the resident's responsible person. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-12(7)                         |  | (7) In the event of a facility closure, the licensee shall provide written notification of the closure to the state long-term care ombudsman, each resident of the facility, and each resident's responsible person.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-12(8)                         |  | (8) 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 individual's room in accordance with Section 26B-2-236 Monitoring Device -- Installation, notice, and consent--Liability.                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 13. Resident Assessment</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-13(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-13(2)                         |  | (2) In type I and type II facilities, a licensed health care professional shall complete and sign the initial and six-month resident assessment.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST                 |  |                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                  |  | Rule Description                                                                                                                                                                                                                                                                                                                                         | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |              |
| R432-270-13(3)(a-b)             |  | (3) The licensee shall ensure that the resident assessment:<br>(a) accurately reflects the resident's status at the time of assessment; and<br>(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.      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-13(4)                  |  | (4) The licensee shall ensure the resident assessment form is approved and reviewed by the department to document the resident assessments.                                                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-13(5)                  |  | (5) The licensee shall ensure each resident's assessment is revised and updated when there is a significant change in the resident's cognitive, medical, physical, or social condition and update the resident's service plan to reflect the change in condition.                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 14. Service Plan</b> |  |                                                                                                                                                                                                                                                                                                                                                          | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-14(1)                  |  | (1) 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, and is developed within seven calendar days of the day the facility admits the resident. The licensee shall ensure the service plan is periodically revised as needed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-14(2)                  |  | (2) The licensee shall ensure the resident assessment is used to develop, review, and revise the service plan for each resident.                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                  | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                   |                          |                          |                          |                                    |                                   |              |
| R432-270-14(3)(a)-(e)               |  | (3) The licensee shall ensure that the service plan includes a written description of the following:<br>(a) the services to be provided;<br>(b) who will provide the services, including the resident's significant others who may participate in the delivery of services;<br>(c) how the services are provided;<br>(d) the frequency of services; and<br>(e) changes in services and reasons for those changes. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 15. Nursing Services</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-15(1)                      |  | (1) The licensee shall ensure written policies and procedures are developed defining the level of nursing services provided by the facility.                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-15(2)                      |  | (2) A type I assisted living licensee shall employ or contract with a registered nurse to provide or delegate medication administration for any resident who cannot to self-medicate or self-direct medication management.                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-15(3)(a)-(c)               |  | (3) A type II assisted living licensee shall employ or contract with a registered nurse to provide or supervise nursing services to include:<br>(a) a nursing assessment on each resident;<br>(b) general health monitoring on each resident; and<br>(c) routine nursing tasks, including those that may be delegated to unlicensed assistive personnel in accordance with Section R156-31B-701.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-15(4)                      |  | (4) A type I assisted living licensee may provide nursing care according to facility policy. If a type I assisted living facility chooses to provide nursing services, the nursing services shall be provided in accordance with Subsections R432-270-15(3)(a) through (c).                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |              |
| R432-270-15(5)(a)-(b)           |  | (5) Type I and type II assisted living licensees may not provide skilled nursing care, but shall assist the resident in obtaining required services. To determine whether a nursing service is skilled, the following criteria shall apply:<br>(a) the complexity or specialized nature of the prescribed services can be safely or effectively performed only by, or under the close supervision of licensed health care professional personnel; or<br>(b) care is needed to prevent, to the extent possible, deterioration of a condition or to sustain current capacities of a resident. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-15(6)                  |  | (6) At least one certified nurse aide shall be on duty in a type II facility 24 hours a day.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 16. Secure Units</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-16(1)                  |  | (1) A type II assisted living licensee with approved secure units may admit residents with a diagnosis of Alzheimer's or dementia if the resident can exit the facility with limited assistance from one person.                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-16(2)(a)-(b)           |  | (2) The licensee shall ensure that each resident admitted to a secure unit has an admission agreement that indicates placement in the secure unit. The licensee shall ensure the secure admission agreement:<br>(a) documents that a wander risk management agreement has been negotiated with the resident or resident's responsible person; and<br>(b) identifies discharge criteria that would initiate a transfer of the resident to a higher level of care than the assisted living facility can provide.                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-16(3)                  |  | (3) In addition to completing the facility orientation and demonstration of 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.                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST                                            |                                                                                                                                                                                                                                                                                                                              |                          |                          |                          |                                    |                                   |       |  |
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| Rule #<br>R432                                             | Rule Description                                                                                                                                                                                                                                                                                                             | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |  |
|                                                            | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                              |                          |                          |                          |                                    |                                   |       |  |
| R432-270-16(4)                                             | (4) There licensee shall ensure that there is at least one direct-care staff in the secure unit continuously.                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |  |
| R432-270-16(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 the residents in case of emergency.                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |  |
| <b>Section 17. Arrangements for Medical or Dental Care</b> |                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Date                               | CDI                               | Notes |  |
| R432-270-17(1)(a-h)                                        | (1) The licensee shall ensure residents are assisted in arranging access for ancillary services for medically related care including:<br>(a) physician;<br>(b) dentist;<br>(c) pharmacist;<br>(d) therapy;<br>(e) podiatry;<br>(f) hospice;<br>(g) home health; and<br>(h) other services necessary to support the resident. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |  |
| R432-270-17(2)(a)-(c)                                      | (2) The licensee shall ensure care through one or more of the following methods is arranged:<br>(a) notifying the resident's responsible person;<br>(b) arranging for transportation to and from the practitioner's office; or<br>(c) arrange for a home visit by a health care professional.                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |  |
| R432-270-17(3)                                             | (3) The licensee shall ensure a physician or other health care professional is notified when the resident requires immediate medical attention.                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |  |
| <b>Section 18. Activity Program</b>                        |                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Date                               | CDI                               | Notes |  |
| R432-270-18(1)                                             | (1) The licensee shall ensure residents are encouraged to maintain and develop their fullest potential for independent living through participation in activity and recreational programs.                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |  |

| RULES CHECKLIST                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                          |                          |                                    |                                   |              |  |
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| Rule #<br>R432                               | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |  |
|                                              | <p>C = Compliant<br/>NC = Not Compliant<br/>NA = Not Assessed during this inspection</p>                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |              |  |
| R432-270-18(2)(a)-(d)                        | (2) The licensee shall ensure opportunities for the following are provided:<br>(a) socialization activities;<br>(b) independent living activities to foster and maintain independent functioning;<br>(c) physical activities; and<br>(d) community activities to promote resident participation in activities away from the facility.                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| R432-270-18(3)(a)-(c)                        | (3) The administrator shall designate an activity coordinator to direct the facility's activity program. The activity coordinator's duties include the following:<br>(a) coordinate recreational activities, including volunteer and auxiliary activities;(b) plan, organize, and conduct the residents' activity program with resident participation; and<br>(c) develop and post monthly activity calendars, including information on community activities, based on residents' needs and interests. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| R432-270-18(4)                               | (4) The licensee shall ensure enough equipment, supplies, and indoor and outdoor space to meet the recreational needs and interests of residents are provided.                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| R432-270-18(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.                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| <b>Section 19. Medication Administration</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |  |
| R432-270-19(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.                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
| R432-270-19(2)      |  | (2) The licensee shall ensure each resident's medication program is administered by one of the methods described Subsections R432-270-19(2) through (9).                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(3)      |  | (3) A resident assessed to be able to self-administer medication may keep prescription medications in their room.                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(4)      |  | (4) If more than one resident resides in a unit, the licensee shall ensure each person's ability is assessed to safely have medications in the unit. If safety is a factor, the licensee shall ensure a resident stores their medication in a locked container in the unit.                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(5)(a-b) |  | (5)(a) A resident may be assessed to be able to self-direct medication administration.<br>(b) Facility staff may assist a resident assessed to self-direct medication by:<br>(i) reminding the resident to take the medication;<br>(ii) opening medication containers; and<br>(iii) reminding the resident or the resident's responsible person when the prescription needs to be refilled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                      |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                    |                                   |       |
| R432-270-19-(6)(a-c) |  | (6)(a) A resident may be assessed to allow family members or a designated responsible person to administer medications.<br>(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.<br>(c) Facility staff may not serve as the designated responsible person.                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(7)(a-f)  |  | (7)(a) A resident may be assessed as unable to self-administer or self-direct medications.<br>(b) Facility staff may administer medications only after delegation by a licensed health care professional under the scope of their practice.<br>(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.<br>(d) The licensee shall ensure medications are administered according to the prescribing order.<br>(e) The delegating authority shall provide and document supervision, evaluation, and training of unlicensed assistive personnel assisting with medication administration.<br>(f) The delegating authority or another registered nurse | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(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 R432-270-19(3) through (6).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(9)       |  | (9) Home health or hospice agency staff may provide medication administration to facility residents exclusively, or in conjunction with Subsections R432-270-19(2) through (9).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432       |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                      |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                            |                          |                          |                          |                                    |                                   |       |
| R432-270-19(10)      |  | (10) The licensee shall ensure a licensed health care professional or licensed pharmacist reviews resident medications at least every six months.                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(11)(a-g) |  | (11) The licensee shall ensure that medication records include the following:<br>(a) the resident's name;<br>(b) the name of the prescribing practitioner;<br>(c) medication name including prescribed dosage;<br>(d) the time, dose, and dates administered;<br>(e) the method of administration;<br>(f) signatures of personnel administering the medication;<br>and<br>(g) the review date.                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(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.<br>(b) When the facility staff documents changes in the medication, the licensed health care professional shall co-sign within 72 hours.<br>(c) The licensee shall ensure that the licensed health care professional notifies unlicensed assistive personnel who administer medications of the medication change. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(13)      |  | (13) The licensee shall have access to a reference for possible reactions and precautions for prescribed medications in the facility.                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(14)      |  | (14) The licensee shall ensure the licensed health care professional is notified when medication errors occur.                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-19(15)      |  | (15) The licensee shall ensure that medication error incident reports are completed if a medication error occurs or is identified.                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                                 |  |                                                                                                                                                                                                                                                                                                                                                                     |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                                  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                    | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                     |                          |                          |                          |                                    |                                   |              |
| R432-270-19(16)                                 |  | (16) The licensee shall incorporate medication errors into the facility quality improvement process.                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-19(17)(a-b)                            |  | (17) The licensee shall ensure that medications stored in a central storage area are:<br>(a) locked to prevent unauthorized access; and<br>(b) available for the resident to have timely access to the medication.                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-19(18)                                 |  | (18) The licensee shall ensure medications that require refrigeration are stored separately from food items and at temperatures between 36 - 46 degrees Fahrenheit.                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-19(19)(a-b)                            |  | (19) The licensee shall ensure policies governing the following are developed and implemented:<br>(a) 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 1307; and<br>(b) destruction and disposal of unused, outdated, or recalled medications. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-19(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.                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 20. Management of Resident Funds</b> |  |                                                                                                                                                                                                                                                                                                                                                                     | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-20(1)                                  |  | (1) Residents have the right to manage and control their financial affairs. The licensee may not require a resident to deposit their personal funds or valuables with the facility.                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-20(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.                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
| R432-270-20(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:<br>(a) 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;<br>(b) 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;<br>(c) maintains a separate account for resident funds for each facility and does not commingle such funds with resident funds from another facility;<br>(d) 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;<br>(e) keep each account with columns for debits, credits, and balance; and<br>(f) include a copy of the receipt that it furnished to the resident for funds received and other valuables entrusted to the licensee for safekeeping. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-20(5)      |  | (5) The licensee shall purchase a surety bond or otherwise provide assurance satisfactory to the department that resident personal funds deposited with the facility are secure.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432             |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
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| R432-270-20(6)(a-d)        |  | (6) The licensee shall ensure:<br>(a) 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;<br>(b) interest earned on a resident's bank account is credited to the resident's account;<br>(c) each resident's share, including interest, has separate accounting in pooled accounts; and<br>(d) resident personal funds that do not exceed \$150 are kept in either a non-interest-bearing account, an interestbearing account, or a petty cash fund. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-20(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.                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 21. Records</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-21(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 the department.                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
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| R432-270-21(2)        |  | (2) The licensee shall ensure records are protected against access by unauthorized individuals.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-21(3)(a)-(j) |  | (3) The licensee shall ensure personnel records are maintained for each employee and are retained for at least three years following termination of employment. The licensee shall ensure personnel records include the following:<br>(a) employee application;<br>(b) date of employment;<br>(c) termination date;<br>(d) reason for leaving;<br>(e) documentation of CPR and first aid training;<br>(f) health inventory;<br>(g) food handlers permits;<br>(h) TB skin test documentation;<br>(i) documentation of criminal background screening; and<br>(j) documentation of core competency initial and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-21(4)(a-e)   |  | (4) The licensee shall ensure a separate record for each resident is maintained at the facility that includes the following:<br>(a) the resident's name, date of birth, and last address;<br>(b) the name, address, and telephone number of:<br>(i) the person who administers and obtains medications, if this person is not facility staff;<br>(ii) the individual to be notified in case of accident or death; and<br>(iii) a physician and dentist to be called in an emergency;<br>(c) the admission agreement;<br>(d) the resident assessment; and<br>(e) the resident service plan.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-21(5)        |  | (5) The licensee shall retain resident records for at least three years following discharge.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432            |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                           |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                                    |                                   |       |
| R432-270-21(6)            |  | (6) The licensee shall ensure written incident and injury reports are maintained to document resident death, injuries, elopement, fights or physical confrontations, situations that require the use of passive physical restraint, suspected abuse or neglect, and other situations or circumstances affecting the health, safety, or well-being of residents. The licensee shall ensure the reports are kept on file for at least three years.                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| Section 22. Food Services |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Date                               | CDI                               | Notes |
| R432-270-22(1)(a-d)       |  | (1) The licensee shall ensure:<br>(a) residents are provided three meals a day, seven days a week, plus snacks;<br>(b) a one-week supply of nonperishable food and a three-day supply of perishable food is maintained, as required to prepare the planned menus;<br>(c) no more than a 14-hour interval occurs between the evening meal and breakfast, unless a nutritious snack is available in the evening; and<br>(d) food service complies with the following:<br>(i) food is of good quality and is prepared by methods that retain nutritive value, flavor, and appearance;<br>(ii) food is palatable, attractively served, and delivered to the resident at the appropriate temperature; and<br>(iii) powdered milk may only be used as a beverage, upon the resident's request, but may be used in cooking and baking. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-22(2)            |  | (2) The licensee shall ensure adaptive eating equipment and utensils are provided for residents as needed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                               | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
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| R432-270-22(3)(a)-(d) |  | (3) The licensee shall ensure a different menu is planned and followed for each day of the week and that:<br>(a) a certified dietitian approves and signs any menu;<br>(b) a cycle menu covers a minimum of three weeks;<br>(c) the current week's menu is posted for resident viewing; and<br>(d) any substitution to the menu that are actually served to a resident is recorded and retained for three months for review by the department. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-22(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.                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-22(5)        |  | (5) The licensee shall ensure each resident is encouraged to eat their meals in the dining room with other residents.                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-22(6)        |  | (6) The licensee shall ensure any inspection report by the local health department are maintained at the facility for review by the department.                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-22(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.                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-22(8)(a-c)   |  | (8)(a) The licensee shall ensure food service personnel are employed to meet the needs of residents.<br>(b) While on duty in food service, the cook and other kitchen staff may not be assigned concurrent duties outside the food service area.<br>(c) The licensee shall ensure personnel who prepare or serve food have a current food handler's permit.                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                          |  |                                                                                                                                                                                                                                                                                     |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                           |  | Rule Description                                                                                                                                                                                                                                                                    | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
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| R432-270-22(9)                           |  | (9) The licensee shall ensure compliance with the Rule R392-100, Food Service Sanitation.                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-22(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.                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 23. Housekeeping Services</b> |  |                                                                                                                                                                                                                                                                                     | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-23(1)                           |  | (1) The licensee shall employ housekeeping staff to maintain both the exterior and interior of the facility.                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-23(2)(a)-(b)                    |  | (2) The licensee shall designate a person to direct housekeeping services who shall:<br>(a) post routine laundry, maintenance, and cleaning schedules for housekeeping staff; and<br>(b) ensure furniture, bedding, linens, and equipment are clean before use by another resident. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-23(3)                           |  | (3) The licensee shall ensure control odors by maintaining cleanliness.                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-23(4)                           |  | (4) The licensee shall provide a trash container in every occupied room.                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-23(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.                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST                         |                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                    |                                   |              |  |
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| Rule #<br>R432                          | Rule Description                                                                                                                                                                                                                                                                                                                                                                                      | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |  |
|                                         | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                       |                          |                          |                          |                                    |                                   |              |  |
| R432-270-23(6)(a-e)                     | (6) The licensee shall ensure housekeeping personnel are trained regarding:<br>(a) preparing and using cleaning solutions;<br>(b) cleaning procedures;<br>(c) proper use of equipment;<br>(d) proper handling of clean and soiled linen; and<br>(e) procedures for disposal of waste.                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| R432-270-23(7)                          | (7) The licensee shall ensure bathtubs, shower stalls, or lavatories are not used as storage places.                                                                                                                                                                                                                                                                                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| R432-270-23(8)                          | (8) The licensee shall ensure throw or scatter rugs that present a tripping hazard to residents are not used.                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| <b>Section 24. Laundry Services</b>     |                                                                                                                                                                                                                                                                                                                                                                                                       | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                |                                    | <b>CDI</b>                        | <b>Notes</b> |  |
| R432-270-24(1)(a-c)                     | (1) The licensee shall ensure:<br>(a) laundry services are provided to meet the needs of the residents, including an adequate supply of linens;<br>(b) the resident or the resident's responsible person is informed in writing of the facility's laundry policy for residents' personal clothing; and<br>(c) at least one washing machine and one clothes dryer are made available for resident use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| R432-270-24(2)                          | (2) The licensee shall ensure food is not stored, prepared, or served in any laundry area.                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |
| <b>Section 25. Maintenance Services</b> |                                                                                                                                                                                                                                                                                                                                                                                                       | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |  |
| R432-270-25(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.                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |  |

| RULES CHECKLIST                                        |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                                    |                                   |              |
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| R432-270-25(2)(a-d)                                    |  | (2) The licensee shall ensure the maintenance of the following:<br>(a) fire rated construction and assemblies are maintained in accordance with Rule R710-3, Fire Marshal;<br>(b) entrances, exits, steps, and outside walkways are maintained in a safe condition, free of ice, snow, and other hazards;<br>(c) electrical systems, including appliances, cords, equipment call lights, and switches are maintained to guarantee safe functioning; and<br>(d) air filters installed in heating, ventilation, and air conditioning systems must be inspected, cleaned, or replaced in accordance with manufacturer specifications. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-25(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 by this state, to ensure the absence of vermin and rodents.                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-25(4)                                         |  | (4) The licensee shall document any maintenance work or pest control that is performed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-25(5)                                         |  | (5) The licensee shall ensure that hot water temperature controls automatically regulate temperatures of hot water delivered to plumbing fixtures used by residents. The licensee shall ensure hot water delivered to public and resident care areas is maintained at temperatures between 105 - 120 degrees Fahrenheit.                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 26. Disaster and Emergency Preparedness</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-26(1)                                         |  | (1) The licensee is responsible for the safety and well-being of residents in the event of an emergency or disaster.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                                    |                                   |       |
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| R432-270-26(2)(a)-(c) |  | (2) The licensee and the administrator are responsible to develop and coordinate plans with state and local emergency disaster authorities to respond to potential emergencies and disasters. The plan shall outline:<br>(a) the protection or evacuation of residents;<br>(b) arrangements for staff response or providing additional staff to ensure the safety of any resident with physical or mental limitations; and<br>(c) when to notify the Silver Alert program for missing and endangered adults and the resident's emergency contacts. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-26(3)        |  | (3) The licensee shall ensure that the emergency and disaster response plan is in writing and distributed or made available to facility staff and residents to ensure prompt and efficient implementation.                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-26(4)(a-k)   |  | (4) Emergencies and disasters include:<br>(a) fire;<br>(b) severe weather;<br>(c) missing residents;<br>(d) death of residents;<br>(e) interruption of public utilities;<br>(f) explosion;<br>(g) bomb threat;<br>(h) earthquake;<br>(i) windstorm;<br>(j) epidemic; or<br>(k) mass casualty.                                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-26(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 the department.                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                       |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
| R432-270-26(6)(a)-(j) |  | (6) The licensee shall ensure the emergency and disaster response plan addresses the following:<br>(a) the names of the person in charge and persons with decision-making authority;<br>(b) the names of persons who shall be notified in an emergency in order of priority;<br>(c) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies;<br>(d) instructions on how to contain a fire and how to use the facility alarm systems;<br>(e) assignment of personnel to specific tasks during an emergency;<br>(f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations;<br>(g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster;<br>(h) delivery of essential care and services to facility occupants by alternate means;<br>(i) delivery of essential care and services if additional persons are housed in the facility during an emergency; and<br>(j) delivery of essential care and services to facility occupants if personnel are reduced by an emergency. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
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| R432-270-26(7)(a-d)   |  | (7)(a) The licensee shall ensure safe ambient air temperatures are maintained within the facility.<br>(b) The local fire department shall approve the facility's emergency heating.<br>(c) Ambient air temperatures of 58 degrees Fahrenheit or below may constitute an imminent danger to the health and safety of the residents in the facility. The person in charge shall take immediate action in the best interests of the residents.<br>(d) The licensee shall have, and be capable of implementing, contingency plans regarding excessively high ambient air temperatures within the facility that may exacerbate the medical condition of residents. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-26(8)(a)-(d) |  | (8) The licensee shall provide personnel and residents with instruction and training in accordance with the plans to respond appropriately in an emergency. The licensee shall:<br>(a) annually review the procedures with existing staff and residents and carry out unannounced drills using those procedures;<br>(b) hold simulated disaster drills semi-annually;<br>(c) hold simulated fire drills quarterly on each shift for staff and residents in accordance with Rule R710-3; and<br>(d) document drills, including date, participants, problems encountered, and the ability of each resident to evacuate.                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-26(9)        |  | (9) The licensee shall ensure that the administrator is in charge during an emergency. If not on the premises, the licensee shall ensure the administrator makes every effort to report to the facility, relieve subordinates and take charge.                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST              |                                                                                                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432               | Rule Description                                                                                                                                                                                                                                                                                                                                                                     | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                              | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                      |                          |                          |                          |                                    |                                   |              |
| R432-270-26(10)(a-g)         | (10) The licensee shall provide in-house equipment and supplies required in an emergency including:<br>(a) emergency lighting;<br>(b) heating equipment;<br>(c) food;<br>(d) potable water;<br>(e) extra blankets;<br>(f) first aid kit; and<br>(g) radio.                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-26(11)(a)-(b)       | (11) The licensee shall ensure the following information is posted in public locations throughout the facility:<br>(a) the name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems; and<br>(b) evacuation routes, location of fire alarm boxes, and fire extinguishers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 27. First Aid</b> |                                                                                                                                                                                                                                                                                                                                                                                      | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-27(1)(a-d)          | (1) The licensee shall ensure that there is one staff person on duty at all times, who has:<br>(a) training in basic first aid;<br>(b) training in the Heimlich maneuver;<br>(c) certification in cardiopulmonary resuscitation; and<br>(d) training in emergency procedures to ensure each resident receives prompt first aid as needed.                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-27(2)(a-c)          | (2) The licensee shall ensure there is a:<br>(a) first aid kit available at a specified location in the facility;<br>(b) 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; and<br>(c) clean-up kit for blood-borne pathogens.                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 28. Pets</b>      |                                                                                                                                                                                                                                                                                                                                                                                      | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |

| RULES CHECKLIST |  |                                                                                                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432  |  | Rule Description                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                  |                          |                          |                          |                                    |                                   |       |
| R432-270-28(1)  |  | (1) The licensee may allow residents to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinance and by facility policy.                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-28(2)  |  | (2) The licensee shall ensure pets are kept clean and disease-free.                                                                                                                                                                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-28(3)  |  | (3) The licensee shall ensure pets' environment is kept clean.                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-28(4)  |  | (4) The licensee shall ensure small pets, such as birds and hamsters, are kept in appropriate enclosures.                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-28(5)  |  | (5) The licensee may not permit pets that display aggressive behavior in the facility.                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-28(6)  |  | (6) The licensee shall ensure that pets that are kept at the facility or are frequent visitors have current vaccinations.                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-28(7)  |  | (7) Upon approval of the administrator, family members may bring residents' pets to visit.                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-28(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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                     |  |                                                                                                                                                                                                                                                                                                   |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                      |  | Rule Description                                                                                                                                                                                                                                                                                  | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
|                                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                   |                          |                          |                          |                                    |                                   |              |
| R432-270-28(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.                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 29. Respite Services</b> |  |                                                                                                                                                                                                                                                                                                   | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-29(1)                      |  | (1) Assisted living licensees may offer respite services and are not required to obtain any additional license from the Utah Department of Health and Human Services.                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-29(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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-29(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.                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-29(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.                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-29(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.                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432        |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
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| R432-270-29(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 activities of daily living and diet orders.                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-29(7)(a)-(h) |  | (7) The licensee shall ensure there are written policies and procedures approved by the department before providing respite care. The licensee shall make policies and procedures available to staff regarding the respite care for residents that include:<br>(a) medication administration;<br>(b) notification of a responsible party in the case of an emergency;<br>(c) service agreement and admission criteria;<br>(d) behavior management interventions;<br>(e) philosophy of respite services;<br>(f) post-service summary;<br>(g) training and in-service requirement for employees; and<br>(h) handling personal funds. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-29(8)        |  | (8) Persons receiving respite services shall be provided a copy of the Resident Rights documents upon admission.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-29(9)(a)-(g) |  | (9) The licensee shall ensure a record for each person receiving respite services is maintained that includes:<br>(a) a service agreement;<br>(b) demographic information and resident identification data;<br>(c) nursing notes;<br>(d) physician treatment orders;<br>(e) records made by staff regarding daily care of the person in service;<br>(f) accident and injury reports; and<br>(g) a post-service summary.                                                                                                                                                                                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |              |
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| Rule #<br>R432                             |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes        |
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| R432-270-29(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| <b>Section 30. Adult Day Care Services</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>C</b>                 | <b>NC</b>                | <b>NA</b>                | <b>Date</b>                        | <b>CDI</b>                        | <b>Notes</b> |
| R432-270-30(1)                             |  | (1) Type I and type II assisted living licensees may offer adult day care services and are not required to obtain a separate license from Utah Department of Health and Human Services. If the licensee provides adult day care services, they shall submit policies and procedures for department approval.                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-30(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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |
| R432-270-30(3)(a)-(e)                      |  | (3) The licensee shall ensure that the director has written records on-site for each resident and staff person, to include the following:<br>(a) demographic information;<br>(b) an emergency contact with name, address, and telephone number;<br>(c) resident health records, including the following:<br>(i) record of medication including dosage and administration;<br>(ii) a current health assessment, signed by a licensed practitioner; and<br>(iii) level of care assessment;<br>(d) signed resident agreement and service plan; and<br>(e) employment file for each staff person that includes:<br>(i) health history;<br>(ii) background clearance consent and release form;<br>(iii) orientation completion; and<br>(iv) in-service training requirements. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |              |

| RULES CHECKLIST       |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                          |                          |                          |                                    |                                   |       |
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| R432-270-30(4)(a)-(e) |  | (4) The licensee shall ensure there is a written eligibility, admission, and discharge policy to include the following:<br>(a) intake process;<br>(b) notification of responsible party;<br>(c) reasons for admission refusal that includes a written, signed statement;<br>(d) resident rights notification; and<br>(e) reason for discharge or dismissal.                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-30(5)        |  | (5) Before a licensee admits a resident, a written assessment shall be completed to evaluate current health and medical history, immunizations, legal status, and social psychological factors.                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-30(6)(a)-(c) |  | (6) The licensee shall ensure that the director or designee develops a written resident agreement, with the resident, the responsible party and the director or designee, that is completed and signed by each party and include the following:<br>(a) rules of the program;<br>(b) services to be provided and cost of service, including refund policy; and<br>(c) arrangements regarding absenteeism, visits, vacations, mail, gifts, and telephone calls. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-30(7)(a-c)   |  | (7) The director, or designee, shall develop, implement, and review the individual resident service plan. The licensee shall ensure the plan:<br>(a) includes the specification of daily activities and services;<br>(b) is developed within three working days of admission; and<br>(c) is evaluated semi-annually.                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |       |
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| R432-270-30(8)(a-g)  |  | (8) The licensee shall ensure that written incident and injury reports document the following:<br>(a) resident death;<br>(b) injuries;<br>(c) elopement;<br>(d) fights or physical confrontations;<br>(e) situations that require the use of passive physical restraint;<br>(f) suspected abuse or neglect; and<br>(g) other situations or circumstances affecting the health, safety, or well-being of residents while in care.                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-30(9)       |  | (9) The licensee shall ensure that the director and responsible party reviews each injury report and ensures that each report is kept on file.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-30(10)      |  | (10) The licensee shall ensure a daily activity schedule is provided, posted, and implemented as designed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-30(11)      |  | (11) The licensee ensure residents are provided direct supervision at all times and encouraged to participate in activities.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-270-30(12)(a-d) |  | (12)(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.<br>(b) Hallways, office, storage, kitchens, and bathrooms may not be included in the calculation.<br>(c) The licensee shall ensure indoor and outdoor areas are maintained in a clean, secure, and safe condition.<br>(d) The licensee shall ensure at least one bathroom designated for resident use is provided during business hours. For licensees serving more than ten residents, the licensee shall ensure there are separate male and female bathrooms designated for resident use. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST                                   |                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                              |                             |       |  |
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| Rule #                                            | Rule Description                                                                                                                                                                                                                                                                                                                                                                                | C                        | NC                       | NA                       | Compliance Required By Date: | Corrected During Inspection | Notes |  |
| R432                                              | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                 |                          |                          |                          |                              |                             |       |  |
| R432-270-30(13)(a)-(c)                            | (13) The licensee shall ensure;<br>(a) continual staff supervision is provided when residents are present;<br>(b) a staff to resident ratio of one staff for every eight residents is maintained; and<br>(c) 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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    |       |  |
| <b>Section 31. Penalties</b>                      |                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Date                         | CDI                         | Notes |  |
| R432-270-31                                       | Any person who violates this rule may be subject to the penalties enumerated in Sections 26B-2-208 and 26B-2-216 and Section R432-3-8.                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    |       |  |
| <b>R432-35-4. Covered Provider - DACS Process</b> |                                                                                                                                                                                                                                                                                                                                                                                                 | C                        | NC                       | NA                       | Date                         |                             | Notes |  |
| R432-35-4(1)                                      | (1) The covered provider shall enter required information into DACS to initiate a certification for direct patient access of each covered individual before issuance of a provisional license, license renewal, or engagement as a covered individual.                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    |       |  |
| R432-35-4(2)(a)-(b)                               | (2) The covered provider shall ensure the engaged covered individual:<br>(a) signs a criminal background screening authorization form that is available for review by the department; and<br>(b) submits fingerprints within 15 working days of engagement.                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    |       |  |
| R432-35-4(3)                                      | (3) The covered provider shall ensure DACS reflects the current status of the covered individual within five working days of the engagement or termination.                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                              | <input type="checkbox"/>    |       |  |

| RULES CHECKLIST |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |       |
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| Rule #<br>R432  |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                 |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                          |                          |                                    |                                   |       |
| R432-35-4(4)    |  | (4) The covered provider may provisionally engage a covered individual while certification for direct patient access is pending as permitted in Section 26B-2-239.                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(5)    |  | (5) If the department 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 department shall send a notice of agency action, as outlined in Rule R432-30, to the covered provider and the individual explaining the action and the individual's right of appeal.                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(6)    |  | (6) The covered provider may not arrange for a covered individual who has been determined not eligible for direct patient access to engage in a position with direct patient access.                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(7)    |  | (7) The department may allow a covered individual to have direct patient access with conditions, during an appeal process, if the covered individual demonstrates to the department, the work arrangement does not pose a threat to the safety and health of patients or residents.                                                                                                                                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(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 department may revoke an existing license or deny licensure for healthcare services in the residential setting. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |

| RULES CHECKLIST     |  |                                                                                                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
|---------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|-----------------------------------|-------|
| Rule #<br>R432      |  | Rule Description                                                                                                                                                                                                                                                                                                                                                                                            | C                        | NC                       | NA                       | Compliance<br>Required By<br>Date: | Corrected<br>During<br>Inspection | Notes |
|                     |  | C = Compliant<br>NC = Not Compliant<br>NA = Not Assessed during this inspection                                                                                                                                                                                                                                                                                                                             |                          |                          |                          |                                    |                                   |       |
| R432-35-4(9)(a)-(d) |  | (9) The covered provider seeking to renew a license as a health care facility shall utilize DACS to run a verification report and verify each covered individual's information is correct, including:<br>(a) employment status;<br>(b) address;<br>(c) email address; and<br>(d) name.                                                                                                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
| R432-35-4(10)       |  | (10) An individual or covered individual seeking licensure as a covered provider shall submit required information to the department to initiate and obtain certification for direct patient access before the issuance of the provisional license. If the individual is not eligible for direct patient access, the department may revoke an existing license or deny licensure as a health care facility. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                                    | <input type="checkbox"/>          |       |
|                     |  |                                                                                                                                                                                                                                                                                                                                                                                                             | 0                        | 0                        | 0                        | 0                                  | 0                                 | 0     |