State of Utah
Administrative Rule Analysis
Revised May 2026

NOTICE OF SUBSTANTIVE CHANGE	
TYPE OF FILING: Amendment	**Filing ID: OFFICE USE ONLY**
Rule or section number:	**R432-103**
Date of previous publication (only for CPRs):	Click or tap to enter a date.

1. Agency Information

Title catchline:	Health and Human Services, Health Facility Licensing
Building:	Multi-Agency State Office Building
Street address:	195 N.1950 W.
City, state:	Salt Lake City, UT
Mailing address:	PO Box 141007
City, state and zip:	Salt Lake City, UT 84114-1007

2. Contact Persons

Name:	**Phone:**	**Email:**
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Please address questions regarding information on this notice to the persons listed above.

3. General Information

A. Rule or section catchline:

R432-103. Specialty Hospital - Rehabilitation

B. Purpose of the new rule or reason for the change:

The purpose of this amendment is to ensure compliance of the Office of Licensing (OL), under the Department of Health and Human Services (department), with multiple legislative actions from the 2026 General Session that impact this rule, including HB 380 and HB 417. The filing also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

HB 380 requires any general acute hospital or specialty hospital, to track and report any workplace violence incident, including the development and implementation of a workplace violence policy and tracking system. This bill makes it necessary to add a workplace violence tracking system and policy requirement in this rule to align with these new requirements for any hospital regulated by OL.

HB 417 defines terms related to non-medical transportation and requires any health facility to allow a patient to use non-medical transportation under specific circumstances. This bill also enacts the review and approval process of health facility to consider a patient request for non-medical transportation through a written notice, the admissions and billing process for the health facility that receives the patient, and specific liability protections for the health care facility and health care providers from the originating health facility. This bill makes it necessary to add a requirement for non-medical transportation for a interfacility transfer in this rule for any health care facility regulated by OL.

C. Summary of the new rule or change:

To support the implementation of legislation from the 2026 General Session, this amendment updates and adds content in this rule to reflect the required legislative actions impacting OL.

To implement HB 380, the requirement for the development and implementation of a workplace violence incident tracking system is added to Section R432-103-5. Requirements for the regulated hospital to development, implement, and comply with a policy to govern the tracking system and provide onboarding and annual training for staff are also added to this section. Additionally, requirements for any regulated hospital to review and analyze data from the tracking system on a quarterly basis and share with hospital leadership of the facility and annual reporting requirement to OL are included in this section.

To implement HB 417, requirements for any regulated health care facility to allow a patient under certain circumstances to use non-medical transportation to another health care facility are added to Section R432-103-6.

The rule amendment also makes style and formatting changes to align with the Rulewriting Manual for Utah and other rules under the department.

4. Legislative Action Information

A. Are any changes in this filing because of state legislative action?	Changes are because of legislative action.
B. If yes, any bill number and session:	HB 380 (General Session) and HB 417 (General Session)

5. Fiscal Information

Provide an estimate and written explanation of the aggregate anticipated cost or savings to:

A. State budget:

To support the implementation of multiple legislative actions from the 2026 General Session, including HB 380 and HB 417 that relate to this rule amendment, there is no anticipated fiscal impact as OL already regulates this type of health facility and the department notified providers about the new requirements related to implementation of HB 380 and HB 417 in April 2026.

The department added the new requirements for this type of regulated health facility related to the implementation of HB 380 and HB 417 to each applicable department inspection checklist, which will not result in any measurable cost or savings to the state budget.

Any costs associated with the implementation of HB 380 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0380.fn.pdf.

Any costs associated with the implementation of HB 417 of the 2026 General Session have been captured in that bill's fiscal note, which can be viewed at https://pf.utleg.gov/public-web/sessions/2026GS/fiscal-notes/HB0417.fn.pdf.

The department does not anticipate any fiscal impact on the state budget as a result of the style and formatting changes and clarifying language changes included in this rule amendment.

B. Local governments:

To support the implementation of multiple legislative actions from the 2026 General Session, including HB 380 and HB 417 that relate to this rule amendment, there is no anticipated impact on local governments' revenues or expenditures because these providers are regulated by OL and not local governments. There will be no change in local business licensing or any other item with which local government is involved. There are no fiscal impacts to local governments resulting from the changes in this rule content relating to these legislative actions.

The department also does not anticipate any fiscal impact on local governments as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

C. Small businesses ("small business" means a business employing 1-49 persons)**:**

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for small businesses operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on small-businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

D. Non-small businesses ("non-small business" means a business employing 50 or more persons)**:**

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for non-small businesses operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 380. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for non-small businesses operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for non-small businesses is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on non-small businesses as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

E. Persons other than small businesses, non-small businesses, state, or local government entities ("person" means any individual, partnership, corporation, association, governmental entity, or public or private organization of any character other than an ***agency***)**:**

The implementation of HB 380 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing these new requirements during licensing reviews to understand the cost of implementation of additional requirements related to implementation of HB 380. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional requirements of this rule from HB 380 but anticipates the cost will not be significant. Providers were notified in April 2026 about the additional requirements.

The implementation of HB 417 related to the rule amendment may result in a small compliance cost for persons other than small businesses, non-small businesses, state, or local government entities operating this type of regulated health facility. HB 417 includes an additional requirement for these providers to allow for non-medical transportation under certain circumstances to another health facility. The aggregate anticipated cost for other persons is not measurable at this time and will require OL to begin enforcing the new requirement during licensing reviews to understand the cost of implementation for this additional requirement. Furthermore, the department does not know the exact cost for each regulated facility to implement the additional non-medical transportation requirement of this rule from HB 417 but anticipates the cost will not be significant. Providers were notified in April 2026 about the requirement for non-medical transportation requests.

The department also does not anticipate any fiscal impact on other persons as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

F. Compliance costs for affected persons:

For implementation of HB 380 and HB 417, affected persons would be small and non-small businesses and persons other than small businesses, non-small businesses, state, or local government entities operating health facilities regulated by OL, under the department.

Providers who are affected persons must comply with the additional requirements outlined in HB 380. There may be a small compliance cost for health facilities operating a general acute hospital or specialty hospital. The implementation of HB 380 includes additional requirements for these providers to develop and implement a reporting system to track any incident of workplace violence in these settings, as well as develop, implement, and comply with a policy related to the prevention of any discrimination or retaliation of a staff reporting any workplace violence incident or being part of an investigation of a workplace violence incident by November 1, 2026. . The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each hospital to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Providers who are affected persons must comply with the additional requirements outlined in HB 417. There may be a small compliance cost for regulated health facilities to implement the additional requirements of HB 417, which include allowing any patient who meets specific requirements in accordance with Section 26B-2-249 to use non-medical transport. The department anticipates any compliance cost will be minimal as these providers are already regulated by OL, although the department does not know the exact cost for each health facility to implement the additional requirements. Measuring any compliance cost for regulated health care facilities will require OL to begin enforcing this new requirement during licensing reviews.

Additionally, OL, as the regulatory body for health and safety standards for regulated health care facilities, is affected by the amendment. Any cost for rule amendments has been identified and considered under the state budget in the fiscal notes for HB 380 and HB 417 (2026 General Session). The department has notified providers about the additional requirements related to HB 380 and HB 417 and the department does not anticipate any compliance cost for OL as these providers are already regulated by OL.

The department also does not anticipate any compliance cost as a result of the style and formatting changes and additional clarifying language changes included in this rule amendment.

6. Regulatory Impact Summary Table

Enter the cost or savings in the relevant cell. If there is no cost or savings, enter, "$0." If a cost or savings is inestimable, enter, "inestimable."

Fiscal Cost	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Non-Small Businesses	inestimable	inestimable	inestimable	inestimable	inestimable
Other Persons	inestimable	inestimable	inestimable	inestimable	inestimable
Total Fiscal Cost	**$0**	**$0**	**$0**	**$0**	**$0**
Fiscal Benefits	**FY2027**	**FY2028**	**FY2029**	**FY2030**	**FY2031**
State Budget	$0	$0	$0	$0	$0
Local Governments	$0	$0	$0	$0	$0
Small Businesses	$0	$0	0$	$0	$0
Non-Small Businesses	$0	$0	$0	$0	$0
Other Persons	$0	$0	$0	$0	$0
Total Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**
Net Fiscal Benefits	**$0**	**$0**	**$0**	**$0**	**$0**

7. Regulatory Impact Analysis Approval

The Commissioner of the Department of Health and Human Services, Tracy S. Gruber, has reviewed and approved this regulatory impact analysis.

8. Family Impact Information

A. The agency has considered this rule's impact on family health, stability, and formation:	☒

B. Summary of reasonable alternatives or modifications:
If there is a negative impact, summarize considered alternatives here. (Subsection 63G-3-301(6)(b))

9. Citation Information

Provide citations to the statutory authority for the rule. If there is also a federal requirement for the rule, provide a citation to that requirement:

Section 26B-2-202	Section 26B-2-902	

10. Incorporation by Reference Information

Incorporation by Reference (if this rule incorporates more than two items by reference, please include additional tables)**:**	
A. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

B. This rule adds or updates the following title of material incorporated by reference (a copy of the material incorporated by reference must be submitted to the Office of Administrative Rules. *If none, leave blank*)**:**	
Official Title of Materials Incorporated (from title page)	
Publisher	
Issue Date	
Issue or Version	

11. Public Notice Information

The public may submit written or oral comments to the agency identified in box 1.	
A. Comments will be accepted until:	Click or tap to enter a date.

B. A public hearing (optional) will be held (The public may request a hearing by submitting a written request to the agency, as outlined in Section 63G-3-302 and Rule R15-1.)**:**		
Date:	**Time** (hh:mm AM/PM)**:**	**Place** (physical address or URL)**:**
Click or tap to enter a date.		

To the agency: If more than one hearing is planned to take place, continue to add rows.

12. Effective Date Information

This rule change MAY become effective on: (NOTE: This is the date the agency anticipates making the filing effective. It is NOT the effective date)	Click or tap to enter a date.

13. Agency Authorization Information

To the agency: Information requested on this form is required by Sections 63G-3-301, 63G-3-302, 63G-3-303, and 63G-3-402. The office may return incomplete forms to the agency, possibly delaying publication in the *Utah State Bulletin* and delaying the first possible effective date.			
Agency head or	Tracy S. Gruber, Commissioner	**Date:**	Click or tap to enter a date.

designee and title:			

R432. Health and Human Services, Health Care Facility Licensing.
R432-103. Specialty [~~Hospital~~|Facility - Rehabilitation.
R432-103-1. Authority and Purpose.
[~~This rule is adopted pursuant to Title 26, Chapter 21, Health Care Facility Licensing and Inspection Act.~~

~~R432-103-2. Purpose.~~
~~]~~ (1) Section 26B-2-202 authorizes this rule.
(2) T[~~he purpose of t~~]his rule provides the health and safety standards for the licensure of rehabilitation hospitals[~~is to promote public health and welfare through the establishment and enforcement of program standards for the operation of rehabilitation hospitals~~].

[~~R432-103-3. Compliance.~~
~~Any facility governed by this rule shall be in full compliance at the time of licensure.~~]

R432-103-[~~4~~]2. Definitions.
[~~(1)~~]Terms used in this rule are defined in [~~Section~~]Rule R432-1[~~-3.~~] and Section 26B-2-201, Section 26B-2-245, and Section 26B-2-249.
[~~[(2) "Specialty Hospital" is defined in Subsection R432-101-4(2).~~
]
R432-103-[~~5~~]3. [~~Licensure~~|Scope.
Each licensee shall comply with any applicable federal, state, or local law, rule, or ordinance, including:
(a) Rule R432-4;
(b) Rule R432-9; and
(c) this rule.[
~~In accordance with Rule R432-2, a license is required for the operation of a rehabilitation hospital.~~]

~~R432-103-6. General Construction Rules.~~
~~Any facility subject to th~~[e]is rule shall comply with the requirements related to the physical construction of a facility in Rule R432-9.

]**R432-103-[~~7~~]4. Organization and Staff.**
(1)(a) The [~~licensee~~]facility shall ensure [~~that~~]the hospital is staffed, organized, and operated to coordinate any services offered.
([~~a~~]b) A facility shall ensure a trained rehabilitation counselor or other licensed [~~health care~~]healthcare professional with board-approved training or experience [~~shall be~~]is responsible for the overall administrative direction of the hospital.
[~~(b) A~~] (c) As permitted by law and hospital policy, a trained rehabilitation counselor or other professionally licensed staff member[~~, as permitted by law and hospital policy,~~] shall serve as the primary therapist.
([~~e~~]d) The [~~licensee~~]facility shall ensure that there is[~~a~~] a multi-disciplinary team responsible for program and treatment services that includes a:
(i) physician[~~,~~];
(ii) registered nurse[~~,~~]; and
(ii) rehabilitation counselor.[~~ to be responsible for program and treatment services.~~]
(2) The licensee shall develop policies and procedures that are approved by the board and reviewed annually that address[~~ at least the following~~]:
(a) [~~staff and their responsibilities~~]patient assessment;
(b) program services;
(c) [~~patient assessment~~]staff and their responsibilities; and
(d) treatment and discharge.
(3)(a) The [~~licensee~~]facility shall organize, staff, and support the hospital's rehabilitation services [~~of the hospital~~]according to the nature, scope, and extent of the services provided.
(b) The facility shall ensure that [~~E~~]each professional staff member is [~~shall be~~] licensed, registered[~~;~~], or certified by the Utah Department of Commerce for their respective disciplines.
(4) The governing body shall appoint a licensed physician, who is a member of the medical staff, as the individual[~~ to be~~] responsible for the medical direction of the rehabilitation care and services of the hospital.

R432-103-5. Workplace Violence Reporting System.
(1)(a) The licensee shall develop a reporting system for any incident of workplace violence.
(b) The reporting system shall:
(i) keep documentation of any voluntarily reported incident of workplace violence by any staff for two years;
(ii) document information in accordance with Subsection 26B-2-245(3)(a) for any workplace violence incident; and
(iii) support the prevention of workplace violence, in accordance with Subsection 26B-2-245(3)(d);
(2)(a) The licensee shall develop, implement, and comply with a policy for the reporting described in Subsection (1).
(b) The policy shall include how the facility will prevent any discrimination or retaliation of a staff for reporting an incident or the staff's participation in an investigation of an incident.
(3)(a) The licensee shall ensure staff receive upon hire and on an annual basis, information on the process to report any incident of workplace violence to:

(i) a staff's supervisor;
(ii) the facility;
(iii) any applicable security agency that contracts with the facility; and
(iv) any applicable law enforcement agency.
(b) The licensee shall provide any staff with the policy described in Subsection (2) and notify staff of any update to the policy.
(4)(a) The licensee shall review and analyze the workplace violence data on a quarterly basis and develop a quarterly report.
(b) The licensee shall submit the quarterly report to the chief medical officer and chief nursing officer of the facility.
(5) The licensee shall annually report to OL the number of workplace violence incidents.

R432-103-6. Patient Interfacility Transportation.
(1) The licensee shall allow a patient to use non-medical transportation for an interfacility transfer if the requirements in Subsection 26B-2-249(2) are met.
(2)(a) A patient may request the licensee to determine if the patient is eligible for a non-medical transport for an interfacility transfer.
(b) For any request from a patient to use non-medical transportation for an interfacility transfer, the licensee shall provide a written notice to the patient addressing each item in Subsection 26B-2-249(4).
(3)(a) If a patient arrives at the receiving facility within adequate time, the receiving facility may not charge the insurance or health benefit plan of the patient for any admission or readmission cost, except as provided in (3)(b).
(b) The receiving center may charge the insurance or health benefit plan of the patient if upon arrival, the medical staff document a change in the medical condition or mental condition of the patient.
(4) A receiving facility shall hold and reserve the specific bed offered to the patient upon discharge from the originating facility if the patient arrives within adequate time.
(5) To ensure compliance with Subsection 26B-2-249(6), the originating facility shall document the following in the medical record of the patient prior to discharge:
(a) formal clinical assessment of the medical or mental condition of the patient is stable and does not require ambulance or medically supervised transportation;
(b) the specific type of non-medical transportation that will be used to transport the patient; and
(c) the expected arrival window communicated to the receiving facility.

R432-103-[~~8~~]7. Other Policies and Procedures.
(1) The following policy and procedure requirements of Rule R432-100 [~~additionally~~]apply[~~ to Specialty Hospital Rehabilitation~~ licensees]:
(a) [~~Governing Body, ~~]Section R432-100-5, Governing Body;
(b) ~~Administrator, ~~]Section R432-100-6, Administrator; and
(c) [~~Nursing Care Services, ~~]Section R432-100-1[~~3~~]5, Nursing Care Services.
(2) The following policy and procedure requirements of Rule R432-101[~~additionally~~]apply[~~ to Specialty Hospital Rehabilitation licensees~~]:
(a) [~~Volunteers, Subs~~]section R432-101-10([~~5~~]7), Personnel Management Service;
(b) [~~Quality Assurance, ~~]Section R432-101-[~~11~~]8, Quality Assurance;
(c) [~~Patient Rights, ~~]Section R432-101-1[~~5~~]2, Patient's Rights;
(d) [~~Emergency and Disaster, ~~]Section R432-101-1[~~6~~]3, Emergency and Disaster;
(e) [~~Admission and Discharge, ~~]Section R432-101-1[~~7~~]5, Admission and Discharge;
(f) [~~Transfer Agreements, ~~]Section R432-101-1[~~8~~]6 Transfer Agreements; and
(g) [~~Pets In Hospitals, ~~]Section R432-101-1[~~9~~]7, Pets in Hospitals.

R432-103-[~~9~~]8. Rehabilitation Services.
(1) The [~~licensee~~]facility shall ensure that a qualified physician on the medical staff who is knowledgeable, experienced, and trained in rehabilitative medicine [~~the delivery of ~~]provides physical rehabilitation services.[~~ is provided by a qualified physician on the medical staff who is knowledgeable, experienced, and trained in rehabilitative medicine.~~]
(2) [~~Qualified~~]The facility shall provide qualified, competent professional, and support personnel [~~shall be provided by the licensee and~~]who are available to meet the objectives of the service and the needs of the patients.
(3) The [~~licensee~~]facility shall ensure that:
[~~(a) a qualified professional for providing physical rehabilitation services completes a functional assessment and evaluation for each patient;~~
~~(b)~~](a) a treatment plan is developed based on an evaluation that includes an assessment of functional ability appropriate to the patient;
[~~(c) measurable functional or behavioral goals are established for the patient, and include time frames for achievement;~~
~~(d)~~](b) patient progress and response to treatment is documented in the medical record;
(c) patient progress and the results of treatment is assessed at least monthly for outpatients and at least every two weeks for inpatients;[~~ and~~]
[~~(e) patient progress and response to treatment is documented in the medical record.~~

](d) there are measurable functional or behavioral goals established for each patient that include time frames for achievement; and
(e) there is a qualified professional for providing physical rehabilitation services completes a functional assessment and evaluation for each patient.

R432-103-[~~10~~]2. Occupational Therapy.

(1) The licensee shall ensure that occupational therapy services include the assessment and treatment of occupational performance to include:

(a) educational skills;

(b) independent living skills;

[~~(b) prevocational or work skills;~~

] (c) [~~educational skills;~~

~~(d)~~]leisure abilities;[~~ and~~]

(d) prevocational skills;

(e) social skills; and

(f) work skills.

(2) The [~~licensee~~]facility shall ensure that occupational therapy services include the assessment and treatment of performance components, to include:

(a) [~~neuromuscular;~~

~~(b) sensori-integrative;~~

~~(c) cognitive;~~

~~(d) psychosocial skills;~~

~~(e)~~]any therapeutic interventions, adaptations, and prevention;[~~ and~~]

([~~f~~]b) cognitive skills;

(c) individualized evaluations of past and [~~eu~~]pr[~~r~~]esent performance, based on observations of individual or group tasks, standardized tests, record review, interviews, or activity histories[~~.~~];

(d) neuromuscular skills;

(e) psychosocial skills; and

(f) sensory-integrative skills.

(3) The [~~licensee~~]facility shall ensure that staff who provide occupational therapy services document and monitor [~~the extent to which~~]patient goals[~~ are met~~] regarding assessing and increasing patient functional abilities in daily living and preventing further disability.

R432-103-[1|~~1~~|0. Clinical Services.

When the following services are provided by the licensee, the applicable subsections of Rule R432-100 [~~additionally~~]shall apply:

(1) [~~Critical Care Unit,~~]Section R432-100-1[~~3~~]6, Critical Care Unit[~~.~~];

(2) [~~Surgical Services,~~]Section R432-100-1[~~5~~]7, Surgical Services;

(3) [~~Outpatient Services,~~]Section R432-100-[~~29~~]31, Outpatient Services;

(4) [~~Pediatric Services,~~]Section R432-100-[~~19~~]21; , Pediatric Services; and[

~~(5) Inpatient Hospice, Rule R432-750; and~~

] (6) [~~Physical Therapy, ~~]Section R432-100-2[~~0~~]3, Rehabilitation Therapy Services.

R432-103-[~~12~~]1. Ancillary Services.

When the following services are provided by the licensee, the applicable subsections of Rule R432-100 [~~additionally apply~~]:

(1) [~~Central supply,~~]Section R432-100-3[~~5~~]7, Central Supply Services;

(2)]~~Dietary,~~]Section R432-100-3[~~2~~]4, Dietary Service;

(3) [~~Laundry,~~]Section R432-100-3[~~6~~]8, Laundry Service;

(4) [~~Maintenance Services,~~]Section R432-100-[~~38~~]40, Maintenance Services; and

(5) [~~Housekeeping Services,~~]Section R432-100-3[~~7~~]9, Housekeeping Services.

R432-103-[~~13~~]2. Emergency Services.

(1) The [~~licensee~~]facility shall [~~have the ability to~~]provide emergency first aid treatment to [~~patients~~]each patient, staff[~~, visitors~~] member, visitor, and [~~to people~~]a person who may be unaware of or unable to [~~immediately~~]reach services in other facilities immediately.

(2) The [~~licensee~~]facility shall provide:

(a) a [~~treatment room~~]communication hookup;

(b) [~~storage for supplies and equipment;~~

~~(c) provisions for reception and control of patients;~~

~~(d)~~]a convenient patient toilet room;

[~~(e) communication hookup; and~~

~~(f)~~]

(c) a treatment room;

(d) access to a poison control center[~~.~~];

(e) provisions for reception and control of patients; and

(f) storage for supplies and equipment.

(3) The licensee shall comply with [~~appropriate~~]applicable sections of Rule R432-100 if providing any additional or expanded emergency services.

(4) The licensee shall provide protocols for contacting local emergency medical services.

R432-103-[~~14~~]3. Penalties.

Any person who violates this rule may be subject to the penalties [~~enumerated in Sections 26-21-11~~]in Rule R380-600 and [~~R432-3-6~~]Title 26B, Chapter 2, Part 7, Penalties and [~~be charged with violation of a class A misdemeanor as authorized in Section 26-21-16~~]Investigations.

KEY: health care facilities
Date of Last Change: [~~May 9, 2023~~]2026
Notice of Continuation: September 1, 2025
Authorizing, and Implemented or Interpreted Law: [~~26-21-5; 26-21~~]26B-2[~~.1; 26-21-20~~]-202; 26B-2-902