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:	**R432-104**
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

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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:

R432-104. Specialty Hospital - Long-Term Acute Care

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 R432-104-7. 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 R432-104-8.

The filing clarifies language related to requirements throughout the rule. Several sections are reorganized to align with other rules under the division. This filing updates the title catchline, combines the Authority and Purpose sections into one section, and adds a "Scope" section to include any applicable federal, state, or local law, rule, or ordinance the provider is required to comply with and removes those references throughout the rule.

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.

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designee and title:			

R432. Health and Human Services, Health Care Facility Licensing.
R432-104. Specialty ~~Hospital~~ - Long-Term Acute Care.
R432-104-1. [~~Legal~~]Authority and Purpose.

[~~This rule is authorized by~~](1) Section 26B-2-202 authorizes this rule.

[
~~R432-104 . Purpose.~~
] (2) T[~~he purpose of t~~]his rule provides the health and safety standards[~~is to promote the public health and welfare through the establishment and enforcement of program standards~~] for the [~~operation~~]licensure of long-term acute care (LTAC) hospitals.

(3) The LTAC hospital may be located within an existing licensed health care facility or be freestanding.

R432-104-2. Definitions.

Terms used in this rule are defined in Rules R432-1 and Section 26B-2-201, Section 26B-2-245, and Section 26B-2-249. Additionally:

"Ostomy" means a semi-permanent opening leading from the outside to the inside of the body.

R432-104-3. [~~License~~]Scope.

Each licensee shall comply with:

(1) any applicable federal, state, or local law, rule, or ordinance, including:

(i) Rule R432-4;

(ii) Rule R432-10; and

(iii) this rule.[

~~(1) To be licensed as an LTAC hospital, the facility shall:~~

~~(a) have a constituted governing body with overall administrative and professional responsibility;~~

~~(b) have an organized medical staff that provides 24-hour inpatient care;~~

~~(c) have a chief executive officer to whom the governing body delegates responsibility for operation of the hospital; and~~

~~(d) maintain at least one nursing unit containing patient rooms, patient care spaces, and service spaces defined in construction Rule R432-10.~~

~~(2) Each nursing unit shall contain at least six patient beds in rooms and spaces that are organized in a contiguous arrangement.~~

~~(3) The LTAC licensee shall provide onsite basic services required of a general hospital that are needed for the diagnosis, therapy, and treatment offered or required by any patient admitted to the hospital, and the following:~~

~~(a) current and complete medical records;~~

~~(b) continuous registered nurse and nursing services supervision;~~

~~(c) pharmacy services;~~

~~(d) laboratory services;~~

~~(e) nursing services;~~

~~(f) occupational, physical, respiratory and speech therapies;~~

~~(g) dietary services;~~

~~(h) social services; and~~

~~(i) specialized diagnosis and therapeutic services.~~

~~R432-104-4. Definition.~~

~~"Ostomy" is a medical term meaning a semi-permanent opening leading from the outside to the inside of the body.~~

~~R432-104-5. General Design Requirements.~~

~~(1) Rule R432-10, Long-Term Acute Care Hospital Construction Rules additionally apply to a LTAC.~~

~~(2) The LTAC hospital may be located within an existing licensed health care facility or be freestanding.~~

]**R432-104-[~~6~~]4. Hospital Located Within an Acute Care Hospital.**

(1) If [~~an~~]a facility is located within a LTAC hospital [~~is located within a licensed acute care hospital,~~] the [~~licensee~~]facility shall:

[~~(1)~~] (a) admit 75% of patients from sources other than the host hospital;

(b) be serviced by the same Medicare fiscal intermediary as the host hospital;

(c) have [~~a~~]:

(i) a chief executive officer;

(ii) a chief medical officer;

(iii) a separate governing body; and

(d) medical staff from the co-located hospital;[~~separate governing body, chief executive officer, chief medical officer, and medical staff from the co-located hospital;~~]

[~~(2) perform basic functions independently from the host hospital;~~

~~(3)~~] (e) incur not more than 15% of its total inpatient operating costs for items and services supplied by the host hospital;

[~~(4) admit 75% of patients from sources other than the host hospital;~~

] [~~(5)~~](f) maintain admission and discharge records separately from those of the hospital where it is co-located;

[~~(6)~~](g) not commingle beds with host hospital beds; and

[~~(7)~~](h) [~~be serviced by the same Medicare fiscal intermediary as~~]perform basic functions independently from the host hospital.

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R432-104-[~~7~~]5. Organization and Staff.

The [~~LTAC~~]licensee shall ensure that services and policies comply with[~~ the following sections of Rule R432-100~~]:

(1) [~~Governing Body,~~]Section R432-100-[~~6~~]5, Governing Body;

(2) [~~Administrator,~~]Section R432-100-[~~7~~]6, Administrator;

(3) [~~Medical and Professional Staff,~~]Section R432-100-[~~8~~]7, Medical and Professional Staff;

(4) [~~Nursing Care Services,~~]Section R432-100-[~~14~~]5, Nursing Care Services;

(5) [~~Personnel Management Services,~~]Section R432-100-[~~9~~]8, Personnel Management Service;

(6) [~~Infection Control,~~]Section R432-100-1[~~1~~]2, Infection Control;

(7) [~~Quality Improvement Plan,~~]Section R432-100-1[~~0~~]1, Quality Improvement Plan; and

(8) [~~Patient Rights,~~]Section R432-100-1[~~2~~]3, Patient Rights.

R432-104-[~~8~~]6. Admission and Discharge Policy.

(1) The LTAC [~~licensee~~]facility shall implement an average inpatient length of stay greater than 25 days, in the admission policy of the hospital[~~.~~].

(2) [~~Patients~~]A patient who ha[~~ve~~]s one or more of the following conditions may be admitted to an LTAC facility:

[~~(a) medical instability due to chronic illness requiring weekly physician visits;~~

~~(b) a requirement of continuous drug therapy monitoring by a licensed healthcare professional;~~

~~(c)~~] (a) a condition that requires dangerous drug therapy, continuous use of a respirator or ventilator, or suctioning or nasopharyngeal aspiration at least once per nursing shift;[~~ or~~]

([~~d~~]b) a condition that requires skilled nursing services and care that requires a registered nurse present for care 24 hours a day for a[~~t least~~]minimum of three of the following treatments at the specified frequency:

[~~(i)~~] (i) 24-hour isolation for infectious disease;

(ii) daily catheter or wound irrigation;

(iii) daily extensive dressings for deep decubiti, surgical wounds, or vascular ulcers;

[~~(ii) 24-hour isolation for infectious disease;~~

~~(iii) suctioning three days per week;~~

~~(iv)~~] (iv) daily special ostomy care;

(v) daily oxygen;

(vi) occupational therapy, physical therapy, or speech therapy five days per week;

([~~v~~]vii) respiratory therapy;

[~~(vi) daily special ostomy care;~~

~~(vii) daily oxygen;~~

] (viii) suctioning three days per week; and

(ix) traction;[~~ or~~]

[~~(ix) daily catheter or wound irrigation.~~

] (c) a requirement of continuous drug therapy monitoring by a licensed healthcare professional; and

(d) medical instability due to chronic illness requiring weekly physician visits.

(3) Within 24 hours of admission, the attending physician shall document:

(a) anticipated discharge plan;

(b) estimated length of stay;

(c) the patient's [~~current~~]medical and respiratory status, including pertinent clinical parameters; and

([~~b~~]d) treatment plan and goals[~~;~~

~~(c) estimated length of stay; and~~

~~(d) anticipated discharge plan~~].

(4) The LTAC [~~licensee~~]facility shall discharge the patient from the facility if:

(a) the patient or caregiver exhibits the ability to care for the patient's physical needs; or

(b) the physician documents that the patient:

(i) [~~requires additional intensive services in an acute hospital;~~

~~(ii)~~]exhibits no evidence of progress toward [~~current,~~]documented goals over [~~an~~]eight[~~ week period~~] weeks and a medically appropriate alternative for discharge exists;[~~ or~~]

(ii[~~i~~]) has met documented goals established at or modified following admission and medically appropriate alternatives for discharge exist; or

[~~(b) the patient or caregiver exhibits the ability to care for the patient's physical needs.~~

] (iii) requires additional intensive services in an acute hospital.

R432-104-7. 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).

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(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.

R432-104-8. 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.

R432-104-9. Clinical Services.

(1) The licensee shall [~~provide the following onsite clinical services, as outlined by the hospital governing body and medical staff, in~~] ensure compliance with[~~ the following sections of Rule R432-100~~]:

(a) [~~Pharmacy Service,~~]Section R432-100-2[~~6~~]7, Pharmacy Services;

(b) [~~Laboratory Service,~~]Section R432-100-2[~~4~~]5, Laboratory and Pathology Services;

(c) [~~Rehabilitation Therapy Services,~~]Section R432-100-2[~~2~~]3, Rehabilitation Therapy Services;

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

(e) [~~Social Services,~~]Section R432-100-2[~~7~~]8 Social Services.

(2)(a) The [~~licensee~~]facility shall ensure that an occupational therapy [~~services are~~]service is available for any patient who requires the service.

([~~a~~]b) An occupational therapist with administrative responsibility for the occupational therapy department shall direct the occupational therapy services.

([~~b~~]c) The [~~licensee~~]facility shall ensure that [~~staff occupational therapists are licensed by~~]the Utah Department of Commerce licenses staff occupational therapists.

([~~i~~]d) A licensed therapist shall supervise any occupational therapy assistants [~~that~~]who provide patient services.

([~~ii~~]e) The [~~licensee~~]facility shall ensure that patient services are provided commensurate with each person's documented training and experience.

([~~c~~]f) Medical staff shall initiate occupational therapy services with an order.

[~~(d)~~] (g) The occupational therapy department staff shall organize and participate in continuing education programs.

(3) The governing body shall develop and approve written policies and procedures, in conjunction with the medical staff, to include:

[~~(i) methods of referral for services;~~

~~(ii) scope of services to be provided;~~

~~(iii) responsibilities of professional therapists;~~

~~(iv)~~] (a) admission and discharge criteria for treatment;

[~~(v) infection control;~~

~~(vi) safety;~~

~~(vii)~~] (b) assistive technology if applicable;

(c) emergency procedures;

(d) incident reporting system;

(e) individual treatment plans, objectives, clinical documentation, and assessment;

([~~viii) incident reporting system~~]f) infection control;

(g) methods of referral for services;

(h) responsibilities of professional therapists;
(i) safety; and
[~~(ix) emergency procedures.~~
~~(e)~~] (j) scope of services provided.
(4) The licensee shall ensure that equipment is calibrated to the manufacturer's specifications.
([~~f) There~~]5) The [~~licensee~~]facility shall ensure [~~there is~~]a written individual treatment plan for each patient appropriate to the diagnoses and condition.
[~~(g) The occupational therapy department staff shall organize and participate in continuing education programs.~~
~~(3)~~] (6)(a) The [~~licensee~~]facility shall make speech therapy services available for any patient requiring the service.
([~~a~~]b) A licensed speech pathologist or audiologist with administrative responsibility for the speech-audiology therapy department shall direct the speech pathology language services.
([~~b~~]c) The [~~licensee~~]facility shall ensure that the Utah Department of Commerce licenses staff speech therapists and audiologists[~~- are licensed by the Utah Department of Commerce~~].
([~~i~~]d) A licensed therapist shall supervise any speech-language pathology aides or audiology aides [~~that~~]who provide patient services.
([~~ii~~]e) The [~~licensee~~]facility shall ensure that patient services are commensurate with each person's documented training and experience.
[~~(c) Medical staff shall initiate speech and audiology services with an order.~~
~~(d) The licensee shall develop and approve written policies and procedures in conjunction with the medical staff to include:~~
~~(i) methods of referral for services;~~
~~(ii) scope of services to be provided;~~
~~(iii) responsibilities of professional therapists;~~
~~(iv) admission and discharge criteria for treatment;~~
~~(v) infection control;~~
~~(vi) assistive technology;~~
~~(vii) individual treatment plans, objectives, clinical documentation, and assessment;~~
~~(viii) incident reporting system; and~~
~~(ix) emergency procedures.~~
~~(e) The licensee shall calibrate equipment to manufacturer's specifications.~~
~~(f) The licensee shall ensure that there is a written individual treatment plan for each patient appropriate to the diagnoses and condition.~~
~~(g)~~] (f) The speech-language department staff shall organize and participate in continuing education programs.
(g) Medical staff shall initiate speech and audiology services with an order.
(h) The licensee shall ensure policies and procedures comply with the requirements of Subsection R432-104-9(3).
(i) The licensee shall ensure speech and language services additionally comply with Subsections R432-104-9(4) and (5).
(4) The [~~licensee~~]facility shall ensure that respiratory care services comply with [~~the respiratory care services section of Rule~~]Section R432-100-21.

R432-104-10. Emergency Services.

(1) Each specialty hospital [~~licensee~~]facility shall [~~have the ability~~]be able to provide emergency first aid treatment to patients, staff, [~~and~~]visitors, and to those who may be unaware of or unable to [~~immediately -~~]reach services in other facilities immediately.
(2) Provisions for emergency services shall include:
(a) [~~treatment~~]a patient toilet room;
(b) [~~storage for supplies;~~
~~(c) -~~]a reception area and control of walk-in traffic;
(c) a treatment room;
(d) [~~patient toilet room;~~
~~(e) telephone service to call the poison control center; and~~
~~(f) -~~]staff available in the facility to respond [~~in case of~~]to an emergency[~~,~~];
(e) storage for supplies; and
(f) telephone service to call the poison control center.
(3) Each hospital shall have available an automated external defibrillator unit and at least one staff on duty who is competent [~~on~~]in its use.

R432-104-11. Complementary Services.

If the following services are provided on site, the licensee shall comply with[~~- the following applicable sections of Rule R432-100~~]:
(1) [~~Radiology Services,~~]Section R432-100-2[~~3~~]4, Radiology Services;
(2) [~~Outpatient Services,~~]Section R432-100-3[~~0~~]1, Outpatient Services;
(3) [~~Pediatric Services,~~]Section R432-100-2[~~0~~]1, Pediatric Services; or
(4) [~~Surgical Services,~~]Section R432-100-1[~~6~~]7, Surgical Services.

R432-104-12. Ancillary Services.

The licensee shall [~~provide the following services on site in~~]ensure compliance with[~~- the applicable sections of Rule R432-100~~]:
(1) [~~Central Supply,~~]Section R432-100-3[~~6~~]7, Central Supply Services;
(2) [Laundry,]Section R432-100-3[~~7~~]8, Laundry Service;
(3) [~~Medical Records,~~]Section R432-100-3[~~5~~]6, Medical Records;
(4) [~~Maintenance,~~]Section R432-100-[~~39~~]40, Maintenance Services;
(5) [~~Housekeeping,~~]Section R432-100-3[~~8~~],9 Housekeeping Services; and

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(6) [~~Emergency and Disaster Plans,~~]Section R432-100-4[~~0~~]1, Emergency Operations Plan.

R432-104-13. Penalties.

Any person who violates [~~any provision of~~]this rule may be subject to the penalties in [~~Sections 26B-2-208~~]Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and [~~26B-2-216 and Rule R432-3~~]Investigations.

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