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:	**R432-152**
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:**
Kamille Sheikh	385-227-1290	dlbcrules@utah.gov
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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:

R432-152. Intermediate Care Facility for Individuals with Intellectual Disabilities

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

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

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 in this rule to align with these new requirements 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 adds the requirement to allow a patient under certain circumstances to use non-medical transportation to another health care facility is added to Section R432-152-12.

The filing clarifies language related to requirements throughout the rule. 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 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 HB 417 from the 2026 General Session that relates 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 417 in April 2026.

The department added the new requirements for this type of regulated health facility related to the implementation of this legislative action 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 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 HB 417 from 2026 General Session, 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 this legislative action.

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 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 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 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 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 requirement for non-medical transportation outlined in HB 417. There may be a small compliance cost for regulated health facilities to implement the additional requirement, which includes 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 and standard operating procedure updates has been identified and considered under the state budget in the fiscal note for HB 417 (2026 General Session). The department has notified providers about the additional requirement related to this legislative action and the department does not anticipate any compliance cost for 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-2-212	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 designee and title:	Tracy S. Gruber, Commissioner	**Date:**	Click or tap to enter a date.

R432. Health and Human Services, Health Care Facility Licensing.
R432-152. Intermediate Care Facility for Individuals with Intellectual Disabilities.
R432-152-1. [~~Legal~~]Authority and Purpose.

[~~This rule is authorized by~~](1) Sections 26B-[~~1-202~~]2-104 and 26B-2-212 authorize this rule.

[
~~R432-152-2. Purpose.~~]

(2) This rule establishes the licensing and operational standards for intermediate care facilities serving individuals with intellectual disabilities.

(3) This rule applies to Intermediate Care Facilities (ICF) for Individuals with Intellectual Disabilities (IID) licensed before July 1, 1990, in accordance with Section 26B-2-212.

R432-152-[~~3~~]2. Definitions.

[~~The definitions in Section R432-1-3 apply to this rule. In addition, the following definitions apply:~~

~~(1)~~] Terms used in this rule are defined in Rule R380-600 and Rule R432-1. Additionally:

(1)(a) "Active [~~T~~]treatment [~~S~~]services" means the delivery of member-specific specialized and generic training, treatment, healthcare services, and related services.

(b) Each active treatment program is individually tailored to and integrated into the member's daily life activities.

(2) "Administrator" means the person in charge of the daily operations of the [~~Intermediate Care Facility for Individuals with Intellectual Disabilities~~]ICF/IID.

(3) "Biologicals" means a medicinal product created from living organisms that are used to treat or alleviate symptoms and medical conditions.

(4) "Comprehensive [~~Dental Treatment~~]dental treatment" means:

(a) available emergency dental treatment on a 24-hour basis by a licensed dentist; and

(b) dental care needed for relief of pain and infection, restoration of teeth, and maintenance of dental health.

(5) "Comprehensive dental diagnostic services" means:

([~~i~~]a) a complete extra-oral and intra-oral examination, using diagnostic aids necessary to properly evaluate the client's oral condition, before one month after admission to the facility, unless the client's record contains an examination that was completed within 12 months before admission;

([~~ii~~]b) a review of the results of the examination and entry of the results in the client's dental record; and

(c) periodic examination and diagnosis performed annually, including radiographs when indicated, and detection of manifestations of systemic disease[~~; and~~].

[~~(iii) a review of the results of examination and entry of the results in the client's dental record.~~

(6) "Developmental [~~P~~]period" means the period between conception and the 18th birthday.

(7) "Direct [~~Care Staff~~]care staff" means personnel [~~who provide~~]providing care, training, treatment, or [~~supervision of~~]supervising clients.

(8) "Intermediate [~~Care Facility" (~~]care facility" or "ICF/IID[~~)~~]" means [~~a~~]an intermediate care facility for individuals with [~~Intellectual Disability~~]an intellectual disability.

(9) "QIDP" means a [~~Qualified Intellectual Disabilities Professional~~]qualified intellectual disabilities professional as defined in 42 CFR 483.430(a) (2023).

(10) "Respite [~~C~~]care" means to provide intermittent, time-limited care to give primary caretakers relief from the demands of caring for a person.

(11) "Significantly [~~Sub-Average General Intellectual Functioning~~]sub average general intellectual functioning" means a score of two or more standard deviations below the mean on a standardized general intelligence test.

R432-152-[4]3. [~~Licensure~~]Scope.

(1) Each licensee shall comply with:

(a) any applicable federal, state, or local law, rule, or ordinance;

(b) Rule R432-4; and

(c) this rule.

(2) The licensee shall ensure that an ICF/IID constructed after July 1, 1990 is constructed and maintained in accordance with Rule R432-5.

[~~This rule applies to Intermediate Care Facilities for Individuals with Intellectual Disabilities licensed before July 1, 1990, in accordance with Section 26B-2-212.~~

]

~~R432-152-5. Construction and Physical Environment.~~

~~Intermediate Care Facilities for Individuals with Intellectual Disabilities constructed after July 1, 1990 [shall be]is constructed and maintained in accordance with Rule R432-5[Nursing Facility Construction.~~

]**R432-152-[6]4. Governing Body and Management.**

(1) The [~~licensee~~]facility shall identify an individual or group to constitute the governing body of the facility that shall:

(a) exercise general policy, budget and operating direction over the facility; and

(b) set the qualifications for the administrator of the facility.

(2) The [~~licensee~~]facility shall comply with applicable federal, state, and local laws, regulations, and codes pertaining to health, safety, and sanitation.

(3)(a) The [~~licensee~~]facility shall appoint, in writing, an administrator professionally licensed by the Utah Department of Commerce as a nursing home administrator.

(b) The administrator shall supervise no more than one licensed [~~Intermediate Care Facility for Individuals with Intellectual Disabilities~~]ICF/IID.

(c) The facility shall ensure that the administrator[~~-shall be~~]is on the premises of the facility enough hours in the business day, and at other times as necessary, to permit attention to the management and administration of the facility.

(4)(a) The administrator shall designate, in writing, the name and job title of a person to act as administrator in any temporary absence of the administrator.

(b) The administrator's designee shall have enough power, authority, and freedom to act in the best interests of client safety and well-being.

(c) It is not the intent of Subsection (4)(b) to permit an administrator's designee to supplant or replace the [-]administrator the [~~licensee~~]facility appointed under Subsection (3)(a).

(5)(a) The [~~licensee~~]facility shall ensure the administrator's responsibilities are included in a written job description that is maintained on file and available for [~~department~~]OL review. The job description shall include the following responsibilities. The administrator shall:

(a) complete, submit and file records and reports required by the [~~department~~]OL;

[~~(b)~~] (b) ensure that employees are oriented to their job functions and receive appropriate and regularly scheduled in-service training;

(c) function as liaison between the [~~licensee~~]facility, qualified intellectual disabilities professional and other supervisory staff of the facility;

[~~(c) respond to recommendations made by the facility committees;~~

~~(d) ensure that employees are oriented to their job functions and receive appropriate and regularly scheduled in-service training;~~

~~(e) implement policies and procedures for the operation of the facility;~~

~~(f)~~] (d) hire and maintain the required number of licensed and non-licensed staff, as specified in this rule, to meet the needs of clients;

[~~(g)~~] (e) implement policies and procedures for the operation of the facility;

(f) maintain facility staffing records for at least the preceding 12 months;

[~~(h)~~] (g) respond to recommendations made by the facility committees;

(h) review incident and accident reports and take appropriate action;

(i) secure and update contracts for required professional and other services not provided directly by the facility; and

([~~i~~]j) verify required licenses and permits of staff and consultants [~~at the time of~~]upon hire or the effective date of the contract[~~; and~~].

[~~(j) review incident and accident reports and take appropriate action.~~

] (6) The administrator, QIDP, and facility department supervisors shall develop job descriptions for each position including job title, job summary, responsibilities, qualifications, required skills and licenses, and physical requirements.

(7) The administrator or designee shall conduct and document periodic employee performance evaluations.

(8) The [~~licensee~~]facility shall ensure that personnel have access to:

(a) facility [~~policy and~~]policies;

(b) procedure manuals; and

(c) other information necessary to effectively perform duties and carry out responsibilities.

(9) The administrator shall establish policies and procedures for health screening that meet Subsection R432-150-10(4).

(10) The administrator shall ensure that, in accordance with the state Medicaid Provider Agreement, facility staff provides any requested client records, including current contact information for the client's family, legal guardian, or other client representatives upon request of the [~~department~~]OL.

(11) The [~~licensee~~]facility shall:

[~~(a) establish and maintain a system that ensures a complete accounting of clients' personal funds entrusted to the facility on behalf of clients and precludes any commingling of client funds with facility funds or with the funds of any person other than another client;~~

] (a) deposit any money entrusted to the facility over $150 in an interest-bearing account;

(b) ensure clients' financial records are available on request to each client or client's legal guardian;

(c) ensure funds entrusted to the facility on behalf of clients are kept in the facility or are deposited within five days of receipt in an insured interest-bearing account in a local bank, credit union or savings and loan association authorized to do business in Utah;

[~~(d) deposit any money entrusted to the licensee over $150 in an interest-bearing account;~~

~~(e) surrender any money and valuables of a client that have been entrusted to the licensee in exchange for a signed receipt, upon discharge of a client;~~

~~(f)~~] (d) ensure money and valuables kept at the facility are surrendered upon demand, and those kept in an interest-bearing account are obtained and surrendered to the client [~~in a timely manner~~]on time;

([~~g~~]e) ensure within 30 days following the death of a client, except in the case of a medical examiner investigation, money and valuables of that client that have been entrusted to the [~~licensee~~]facility are surrendered to the person responsible for the client or to the executor or the administrator of the estate in exchange for a signed receipt;

[~~(h)~~] (f) establish and maintain a system that ensures a complete accounting of clients' personal funds entrusted to the facility on

behalf of clients and precludes any commingling of client funds with facility funds or with the funds of any person other than another client;

(g) immediately notify the local probate court in writing if a client dies without a representative or known heirs;[~~and~~]

([~~i~~]h) promote communication and encourage participation of clients, parents, and guardians in the active treatment services process[~~.~~]; and

(i) surrender any money and valuables of a client that have been entrusted to the facility in exchange for a signed receipt, upon discharge of a client.

R432-152-[~~7~~]5. Client Rights.

(1) The [~~licensee~~]facility shall ensure the rights of the clients are protected and shall:

[~~(a) inform each client, or legal guardian, of the client's rights as outlined in this section and the rules of the facility;~~

~~(b) inform each client or legal guardian of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment;~~

~~(c)~~] (a) allow and encourage each client to exercise their rights as a client of the facility, and as a citizen of the United States, including the right to:

(i) be from coercion, discrimination, interference, reprisal, restraint; and is allowed to file complaints, recommend changes in policies and procedures to facility staff and outside representatives of personal choice and is allowed to voice grievances;[~~file complaints, voice grievances, and recommend changes in policies and procedures to facility staff and outside representatives of personal choice, free from restraint, interference, coercion, discrimination, or reprisal;~~]

([~~d~~]ii) allow each client to manage their financial affairs and teach them to do so to the extent of their capabilities;

([~~e~~]iii) ensure [~~that clients are not subjected to physical, verbal, sexual or psychological abuse or punishment;~~

~~(f) ensure that clients are free from unnecessary medications and physical restraints and are provided active treatment services to reduce dependency on medications and physical restraints;~~

~~(g) provide each~~]a client [~~with the opportunity for personal privacy and ensure privacy during treatment and care of personal needs;~~

~~(h) ensure the clients are not compelled to participate in publicity events, fundraising activities, movies or anything that would exploit the client;~~

~~(i) ensure that clients are not compelled to perform services for the facility and ensure that clients who do work for the facility are compensated for their efforts at prevailing wages commensurate with their abilities;~~

~~(j) ensure clients the opportunity to communicate, associate and meet privately with individuals of their choice, including legal counsel and clergy, and to send and receive unopened mail;~~

~~(k) ensure clients have~~]has access to a telephone with privacy for incoming and outgoing local and long-distance calls except as contraindicated by factors identified within their individual program plan;

[~~(l) ensure clients~~] (iv) ensure a client the opportunity to communicate, associate and meet privately with individuals of their choice, including legal counsel and clergy, and to send and receive unopened mail;

(v) ensure a client the opportunity to participate in social and community group activities and the opportunity to exercise religious beliefs and to participate in religious worship services without being coerced or forced into engaging in any religious activity**;**

[~~(m) ensure that clients have~~] (vi) ensure the clients are not compelled to participate in publicity events, fundraising activities, movies or anything that would exploit the client;

(vii) ensure that the client is not compelled to participate in publicity events, fundraising activities, movies or anything that would exploit the client;

(viii) ensure that a client is free from unnecessary medications and physical restraints and is provided active treatment services to reduce dependency on medications and physical restraints;

(ix) ensure that a client has the right to keep and use appropriate personal possessions and clothing, and ensure that each client is dressed in their own clothing each day;[~~and~~]

(x) ensure that a client is not compelled to perform services for the facility and ensure that clients who do work for the facility are compensated for their efforts at prevailing wages commensurate with their abilities;

(xi) ensure that a client is not subjected to physical, verbal, sexual or psychological abuse or punishment;

(xii) inform each client or legal guardian of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment;

(xiii) inform each client, or legal guardian, of the client's rights as outlined in this section and the rules of the facility; and

(xiv) permit a married couple to reside together as a couple.

(2) The [~~licensee~~]facility shall ensure facility staff:

[~~(a)~~] (a) answer communications from a client's family and friends promptly and appropriately;

(b) do not discourage a client from access to information, making decisions about, learning about, or moving into home and community-based services;

(c) promote frequent and informal leaves from the facility for visits, trips or vacations;

(d) promote participation of parents and legal guardians of clients who are minors in the client's active treatment services, unless their participation is unobtainable or inappropriate;

[~~(b) answer communications from clients' families and friends promptly and appropriately;~~

~~(c)~~] (e) promote visits by individuals with a relationship to the client, such as family, close friends, legal guardians, and advocates, at any reasonable hour, without prior notice, consistent with the right of the client's and other clients' privacy, unless the interdisciplinary team determines that the visit would not be appropriate for that client;

([~~d~~]f) promote visits by parents or guardians to any area of the facility that provides direct client care services to the client, consistent with right of that client's [~~and other clients'~~]privacy;

[~~(e) promote frequent and informal leaves from the facility for visits, trips or vacations;~~

~~(f)~~] (g) promptly notify the client's parents or guardian of any significant incidents or changes in the client's condition including

serious illness, accident, death, abuse, or unauthorized absence;

([~~g~~]h) provide support for client access to information about home and community-based services; and

([~~h) provide~~]i) support [~~for clients in~~]a client moving into a home or community-based environment[~~; and~~

~~(i) do not discourage a client from access to information, making decisions about, learning about or moving into home and community-based services~~].

(3) A facility employee is considered to have discouraged access to community-based services under Subsection R432-15[~~3~~]2-7(2)(i) if they [~~attempt to~~]try or seek to prevent client access by:

(a) [~~limiting client access to information;~~

~~(b) providing false information;~~

~~(c) ~~]expressing disapproval of community-based services;

(b) interfering with the transition process;

(c) limiting client access to information;

(d) preventing communication with outside organizations and government agencies; [~~or~~]and

(e) [~~interfering with the transition process~~]providing false information.

(4)(a) The administrator shall develop and implement written policies and procedures that prohibit abuse, neglect, or exploitation of clients.

(b) Any person, including a social worker, physician, psychologist, nurse, teacher, or employee of a private or public facility serving adults, who has reason to believe that any disabled or elder adult has been the subject of abuse, [~~emotional or psychological abuse, ~~]neglect, or exploitation, shall immediately notify the nearest peace officer, law enforcement agency, or local office of Adult Protective Services in accordance with Section 26B-6-202.

(c) The administrator shall document and ensure that alleged violations are thoroughly investigated and shall prevent further potential abuse while the investigation is in progress.

(d)(i) The administrator shall report the results of investigations within five working days of the incident.

(ii) If [~~the~~]an alleged violation is verified, the administrator shall take appropriate corrective action.

(e) The administrator or designee shall plan and document annual in-service staff training [~~of staff~~]on the reporting requirements of suspected abuse, neglect, and exploitation.

(f) A [~~licensee~~]facility [~~shall~~]may not retaliate, discipline, or [~~terminate~~]end employment of an employee who reports suspected abuse, neglect, or exploitation for that reason alone.

(5) A client under the age of 22 years may not live in the same room with:

[~~(a) more than one individual; or~~

~~(b)~~] (a) individuals over the age of 22 years, unless they are members of the individual's immediate family[~~.~~]; or

(b) more than one individual.

(6) The administrator shall develop written policies and procedures to implement Subsection R432-152-[~~7~~]6(5) and obtain written approval from the [~~department~~]OL for any exceptions.

R432-152-[~~8~~]6. Facility Staffing.

(1) A QIDP shall integrate, coordinate, and monitor each client's active treatment services program.

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

(a) each client receives the professional services required to implement the active treatment services program defined by each client's individual program plan;

[~~(b) professionally licensed program staff work directly with clients and with any other staff who work with clients;~~

~~(c) there are enough qualified professional staff to carry out and monitor the various professional interventions in accordance with the stated goals and objectives of every individual program plan;~~

~~(d) professional program staff participate in ongoing staff development and training of other staff members;~~

~~(e) professional program staff are licensed and provide professional services in accordance with each respective professional practice act as outlined in Title 58 Occupations and Professions and a copy of the current license, registration or certificate is posted or maintained in employee personnel files;~~

~~(f) professional program staff designated as human services professionals who do not fall under the jurisdiction of licensure, certification or registration requirements specified in Title 58 Occupations and Professions, have at least a bachelor's degree in a human services field; and~~

~~(g) ~~] (b) if the client's individual program plan is being successfully implemented by facility staff, then professionally licensed program staff meeting the qualifications of Subsection R432-152-[~~8(2)(f)~~](7)(2)(d) are not required except[~~:~~];

[~~(i) QIDPs;~~

] (i) as otherwise specified by licensure and certification requirements;

(ii) requirements of Subsection (2)(c) of this section requiring enough qualified professional program staff; and

(iii) QIDPs.

(c) professional program staff are licensed and provide professional services in accordance with each respective professional practice act as [~~otherwise specified by~~]outlined in Title 58, Occupations and Professions and a copy of the current license, registration or certificate is posted or maintained in employee personnel files;

(d) professional program staff designated as human services professionals who do not fall under the jurisdiction of licensure[~~, and~~], certification, or registration requirements specified in Title 58, Occupations and Professions, have at least a bachelor's degree in a human services field;

(e) professional program staff participate in ongoing staff development and training of other staff members;

(f) professionally licensed program staff work directly with clients and with any other staff who work with clients; and

(g) there are enough qualified professional staff to carry out and monitor the various professional interventions per the stated goals and

objectives of every individual program plan.

(3) The [~~licensee~~]facility shall ensure there are enough responsible direct care staff on duty and awake on a 24-hour basis, when clients are present, to take prompt, appropriate action [~~in case of~~]if there is an injury, illness, fire or other emergency, in each defined cliential living unit housing:

(a) clients for whom a physician has ordered a medical care plan;

(b) clients who are aggressive, assaultive or are security risks;

[~~(c) more than 16 clients; or~~

~~(d)~~] (c) each unit of 16 or fewer clients within a multi-unit building; or

(d) more than 16 clients.

(4) The [~~licensee~~]facility shall ensure there is a responsible direct care staff person on duty on a 24-hour basis, when clients are present, to respond to injuries and symptoms of illness and to handle emergencies in each defined cliential living unit housing for[~~the following~~]:

(a) clients for whom a physician has not ordered a medical care plan;

(b) clients who are not aggressive, assaultive or security risks; or

(c) cliential living units housing 16 or fewer clients.

(5) The [~~licensee~~]facility shall ensure there are enough support staff available so that direct care staff are not required to perform support services to the extent that these duties interfere with the exercise of their primary direct client care duties.

(6) Clients or volunteers may not perform direct care services for the facility.

(7) The [~~licensee~~]facility shall employ enough direct care staff to manage and supervise clients in accordance with their individual program plans and ensure the following minimum direct care staff to client ratios for each defined cliential unit for each 24-hour period:

[~~(a) 1~~] (a) in accordance with 42 CFR 483.430(d)(3) (2023), one direct care staff to 6.4 clients with 1.25 hours per client when serving clients who function within the range of mild intellectual disabilities;

(b) one direct care staff to four clients with two hours per client serving individuals with moderate intellectual disabilities; and

(c) one direct care staff to 3.2 clients with 2.5 hours per client serving:

(i) children under the age of 12 with severe and profound intellectual disabilities[~~;~~].

(ii) clients [~~with severe physical disabilities;~~

~~(iii) clients~~]who are aggressive, assaultive or security risks;[~~ or~~]

(iii) clients with severe physical disabilities; and

(iv) clients who manifest severely hyperactive or psychotic behavior[~~;~~].

[~~(b) 1 direct care staff to 4 clients with 2 hours per client serving individuals with moderate intellectual disabilities; and~~

~~(c) 1 direct care staff to 6.4 clients with 1.25 hours per serving clients who function within the range of mild intellectual disabilities.~~

~~(7)~~] (8) The [~~licensee~~]facility shall ensure that [~~when there are no clients present in the living unit,~~]a responsible staff member is available by telephone when no clients are present in the living unit.

([~~8~~]9) The [~~licensee~~]facility shall ensure each employee [~~has~~]receives initial and ongoing training [~~to include~~]that includes the necessary skills and competencies [~~required~~]to meet [~~the clients'~~]a client's developmental, behavioral, and health needs.

([~~9~~]10) The [~~licensee~~]facility shall ensure when there are clients under the age of 22 years, each employee receives specialized training regarding the care of children and youth with intellectual disabilities.

R432-152-[~~9~~]7. Volunteers.

(1) Volunteers may be included in the daily activities with clients[~~,~~] but may not be included in the staffing plan or staffing ratios.

(2) The [~~licensee~~]facility shall ensure volunteers are supervised by staff and oriented to client rights and the facility's policies and procedures.

R432-152-[~~10~~]8. Services Provided Under Agreements with Outside Sources.

(1) If a service required under this rule is not provided directly, the [~~licensee~~]facility shall have a written agreement with an outside program, resource or service to furnish the necessary service, including emergency and other health care.

(2) The [~~licensee~~]facility shall ensure the agreement under Subsection [~~R432-152-10~~](1):

(a) contains the responsibilities, functions, objectives and other terms agreed to by both parties; and

(b) requires the [~~licensee~~]facility to be responsible for assuring that the outside services meet the standards for quality of services contained in this rule.

(3) If living quarters are not provided in a facility owned by the [~~licensee~~]facility, the [~~licensee~~]facility shall ensure compliance with the standards relating to physical environment that are specified in Rule R432-5.

R432-152-[~~11~~]9. Individual Program Plan.

(1) The [~~licensee~~]facility shall ensure each client's program plan is developed by an interdisciplinary team that represents the professions, disciplines or service areas that are relevant to:

[~~(a)~~] (a) designing programs that meet the client's needs; and

(b) identifying the client's needs, as described by the comprehensive functional assessment required in Section R432-152-12[~~; and~~].

[~~(b) designing programs that meet the client's needs.~~

] (2) The [~~licensee~~]facility shall ensure the interdisciplinary team meetings include the following participants:

(a) representatives of other agencies who may serve the client; and

(b) the client and the client's legal guardian unless participation is unobtainable or inappropriate.

(3) Within 30 days after admission, the interdisciplinary team shall prepare for each client an individual program plan that states the specific objectives necessary to meet the client's needs, as identified by the comprehensive functional assessment required by Section R432-152-1[~~2~~]1, and the planned sequence for dealing with those objectives[~~ that~~]. The facility shall[~~ be:.~~]:

[~~(a) stated separately, in terms of a single behavioral outcome;~~
]_____(a) assign priorities;
(b) [~~be assigned~~]assign projected completion dates;
(c) [~~be expressed~~]express in behavioral terms that provide measurable indices of performance;
(d) [~~be organized~~]organize the program to reflect a developmental progression appropriate to the individual; and
[~~(e) be assigned priorities.~~
]_____(e) state, in terms of a single behavioral outcome.
(4) Each written training program designed to implement the objectives in the individual program plan shall specify the:
(a[~~) methods to be used;~~
~~(b) schedule for use of the method;~~
~~(c) person responsible for the program;~~
~~(d) type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives;~~
~~(e) inappropriate client behavior, if applicable; and~~
~~(f~~]) appropriate expression of behavior and the replacement of inappropriate behavior, if applicable, with behavior that is adaptive or appropriate[~~.~~];
_____(b) inappropriate client behavior, if applicable;
_____(c) methods to be used;
_____(d) person responsible for the program;
_____(e) schedule for use of the method; and
_____(f) type of data and frequency of data collection necessary to be able to assess progress toward the desired objectives.
(5) The [~~licensee~~]facility shall ensure that the individual program plan:
(a) describe[~~s~~] relevant interventions to support the individual toward independence;
(b) identifies mechanical supports, if needed, to achieve proper body position, balance or alignment, including the reason for each support, the situations that each is to be applied, and a schedule for the use of each support;
_____(c) identifies the location where program strategy information, that [~~shall be~~]is accessible to any person responsible for implementation, can be found;
[~~(c)~~]_____(d) includes opportunities for client choice and self-management; and
_____(e) includes training in personal skills essential for privacy and independence, including toilet training, personal hygiene, dental hygiene, self-feeding, bathing, dressing, grooming and communication of basic needs as client needs dictate or until a client is assessed to be developmentally incapable of acquiring them[~~;~~].
[~~(d) identifies mechanical supports, if needed, to achieve proper body position, balance or alignment, including the reason for each support, the situations that each is to be applied, and a schedule for the use of each support;~~
~~(e) provides that clients who have multiple disabling conditions spend a major portion of each waking day out of bed and outside the bedroom area, moving about by various methods and devices when possible; and~~
~~(f) includes opportunities for client choice and self-management.~~
] (6) The [~~licensee~~]facility shall ensure a copy of each client's individual program plan is provided to relevant staff, staff of other agencies who work with the client or a legal guardian.
(7)(a) As soon as the interdisciplinary team has formulated a client's individual program plan, the [~~licensee~~]facility shall ensure each client receives a continuous active treatment services program consisting of needed interventions and services with enough number and frequency to support the achievement of the objectives identified in the individual program plan.
(b) The [~~licensee~~]facility shall [~~ensure~~]develop an active treatment services schedule [~~is developed~~]that outlines the current active treatment services program and[~~ that~~] is readily available for review by relevant staff.
(c) Staff who work directly with the client shall implement each client's individual program plan, except those facets of the individual program plan that may be implemented only by licensed personnel.
(8) The [~~licensee~~]facility shall document, in measurable terms, data and significant events relative to the accomplishment of the criteria specified in individual client program plans.
(9) The QIDP shall review and revise the individual program plan; including situations that the client:
(a) has successfully completed an objective or objectives identified in the individual program plan;
(b) is [~~regressing or losing skills already gained~~]being considered for training toward new objectives;
(c) is failing to progress toward identified objectives after reasonable efforts have been made; or
(d) is [~~being considered for training towards new objectives~~]regressing or losing skills already gained.

R432-152-[~~12~~]10. Comprehensive Functional Assessment.
(1) Within 30 days after admission, the interdisciplinary team shall complete accurate assessments or reassessments as needed to supplement the preliminary evaluation referred to in Subsection R432-152-1[4]3(3).
(2) The [~~licensee~~]facility shall ensure the comprehensive functional assessment in Subsection (1) takes into consideration the client's age and the implications for active treatment services and:
(a) [~~identifies~~]includes:
_____(i) adaptive behaviors;
_____(ii) affective development;
_____(iii) auditory functioning;
_____(iv) cognitive development;
_____(v) health, and nutritional status;
_____(vi) independent living skills necessary for a client to function in the [~~presenting problems and disabilities~~]community;

(vii) physical development;
(viii) sensorimotor development;
(ix) social development;
(x) speech and[~~, where possible, their causes;~~] language development; and
[~~(b) identify a client's specific developmental strengths;~~
~~(c)~~] (xi) vocational skills;
(b) identifies a client's specific developmental and behavioral management needs;
(c) identify a client's specific developmental strengths
(d) identifies a client's need for services without regard to the availability of the services needed; and
(e) [~~includes:~~
~~(i) physical development;~~
~~(ii) health,~~]identifies the presenting problems and [~~nutritional status;~~
~~(iii) sensorimotor development;~~
~~(iv) affective development;~~
~~(v) speech~~]disabilities and[~~ language development;~~], where possible, their causes.
[~~(vi) auditory functioning;~~
~~(vii) cognitive development;~~
~~(viii) social development;~~
~~(ix) adaptive behaviors;~~
~~(x) independent living skills necessary for a client to function in the community; and~~
~~(xi) vocational skills.~~
] (3) The interdisciplinary team shall annually review [~~the~~]each client's comprehensive functional assessment [~~of each client~~]and update[~~d~~] the plan as needed, including the identified assessments required in Subsection R432-152-1[4]3(3).

R432-152-1[~~3~~]11. Human Rights Committee.
(1) The [~~licensee~~]facility shall designate and use a specially constituted committee consisting of:
(a) clients, as appropriate;
(b) individuals with no ownership or controlling interest in the facility;
(c) members of the facility staff;
([~~b~~]d) parents or legal guardians; and
[~~(c) clients, as appropriate;~~
~~(d)~~] (e) qualified individuals who have experience or training in contemporary practices to change inappropriate client behavior[~~; and~~].
[~~(e) individuals with no ownership or controlling interest in the facility.~~
] (2) The committee outlined in Subsection [~~R432-152-13~~](1) shall:
[~~(a)~~] (a) ensure that these programs are conducted only with the written informed consent of the client, parent, if the client is a minor, or legal guardian;
(b) review, approve, and monitor individual programs designed to manage inappropriate behavior and any other programs that the committee considers to involve risks to client protection and rights; and
[~~(b) ensure that these programs are conducted only with the written informed consent of the client, parent, if the client is a minor, or legal guardian; and~~
] (c) review, monitor and make recommendations to the [~~licensee~~]facility about its practices and programs as they relate to:
[~~(i) medication usage;~~
] (i) any other area that the committee identifies as risks to client protection and rights;
(ii) [~~physical restraints~~
~~(iii) time-out rooms;~~
~~(iv)~~]application of painful or noxious stimuli;
([~~v~~]iii) control of inappropriate behavior;
(iv) medication usage;
(v) physical restraints;
(vi) protection of client rights and funds; and
[~~(vii) any other area that the committee identifies as risks to client protection and rights.~~

] (vii) time-out rooms.

R432-152-1[~~4~~]2. Admissions, Transfers, and Discharge.
(1) The [~~licensee~~]facility may only admit clients who require active treatment services.
(2)(a) The [~~licensee~~]facility shall base its admission decision on a preliminary evaluation of the client.
(b) The preliminary evaluation may be conducted or updated by the facility or an outside source and shall determine that the facility can provide for the client's needs and that the client is likely to benefit from placement in the facility.
(c) A preliminary evaluation shall contain background information as well as current assessments of[~~ the following~~]:
([~~a) functional developmental status;~~
~~(b)~~]i) behavioral status;
([~~c) social~~]ii) functional development status;[~~ and~~]

([~~d~~]iii) health and nutritional status; and

(iv) social status.

(3) The [~~licensee~~]facility may not admit clients under the age of 22 years without express permission of the [~~department~~]OL.

(4) The [~~licensee~~]facility shall ensure [~~client transfers~~]a client's transfer and discharges shall comply with the requirements of Section R432-150-21.

(5) The [~~licensee~~]facility shall ensure each client's discharge plan of care:

(a) identifies the essential supports and services necessary for the client to [~~successfully~~]adjust to the new living environment successfully;

(b) incorporates the client's preferences; and

(c) describes necessary coordination of services to meet specific client needs after discharge[~~, to include~~] including:

(i) [~~personal care;~~

~~(ii) physical therapy; and~~

~~(iii)~~]access to supplies and medication[~~.~~];

(ii) personal care; and

(iii) physical therapy.

(6) The licensee shall allow a client to use non-medical transportation for an interfacility transfer if the requirements in Subsection 26B-2-249(2) are met.

(7)(a) A client may request the licensee to determine if the client is eligible for a non-medical transport for an interfacility transfer.

(b) For any request from a client to use non-medical transportation for an interfacility transfer, the licensee hall provide a written notice to the client addressing each item in Subsection 26B-2-249(4).

(8)(a) If a client arrives at the receiving facility within adequate time, the receiving facility may not charge the insurance or health benefit plan of the client for any admission or readmission cost, except as provided in (8)(b).

(b) The receiving center may charge the insurance or health benefit plan of the client if upon arrival, the medical staff document a change in the medical condition or mental condition of the client

(9) A receiving facility shall hold and reserve the specific bed offered to the client upon discharge from the originating facility if the client arrives within adequate time.

(10) To ensure compliance with Subsection 26B-2-249(6), the originating facility shall document the following in the medical record of the client prior to discharge:

(a) formal clinical assessment of the medical or mental condition of the client 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 client; and

(c) the expected arrival window communicated to the receiving facility.

R432-152-1[~~5~~]3. Client Behavior and Facility Practices.

(1) The [~~licensee~~]facility shall develop and implement written policies and procedures for the management of conduct between staff and clients that:

(a) [~~promote the growth, development and independence of the client;~~

~~(b)~~]address the extent [~~that~~]to client choice will be accommodated in daily decision-making, with emphasis on self-determination and self-management to the extent possible;

[~~(c) specify client conduct that is allowed or disallowed; and~~

~~(d)~~] (b) are made available to staff, clients, parents of minor children, and legal guardians;

(c) promote the growth, development and independence of the client; and

(d) specify client conduct that is allowed or disallowed.

(2) To the extent possible, clients shall participate in the formulation of the policies and procedures under Subsection R432-152-15(1).

(3) Clients may not discipline other clients, except as part of an organized system of self-government, as outlined in facility policy.

(4) The [~~licensee~~]facility shall develop and implement written policies and procedures that govern the management of inappropriate client behavior that:

(a) are consistent with the Subsection R432-152-1[~~5~~]4(1);

[~~(b) specify facility-approved interventions to manage inappropriate client behavior;~~

~~(c)~~] (b) designate these interventions on a hierarchy to be implemented, ranging from most positive or least intrusive, to least positive or most intrusive;[~~ and~~]

([~~d~~]c) ensure, before the use of more restrictive techniques, that less restrictive measures have been implemented with the results documented in the client's record[~~.~~]; and

(d) specify facility-approved interventions to manage inappropriate client behavior.

(5) The policies and procedures outlined in Subsection R432-151-15(4) shall address[~~ the following~~]:

(a) a mechanism for monitoring and controlling the use of [~~time-out rooms~~]such interventions;

(b) the [~~use of physical restraints;~~

~~(c) the use of chemical restraints to manage inappropriate behavior;~~

~~(d) the~~]application of painful or noxious stimuli;

([~~e~~]c) the staff members who may authorize the use of specified interventions;[~~ and~~]

[~~(f) a mechanism for monitoring and controlling~~] (d) the use of [~~such interventions~~]chemical restraints to manage inappropriate behavior;

(e) the use of physical restraints; and

(f) the use of time-out rooms.

(6) The [~~licensee~~]facility shall ensure interventions to manage inappropriate client behavior are employed with safeguards and supervision to ensure that the safety, welfare, and civil and human rights of clients are[~~ adequately~~] protected.

(7) A [~~licensee~~]facility may not utilize as[~~-~~] needed programs to control inappropriate behavior.

(8) A [~~licensee~~]facility may place a client in a time-out room where egress is prevented only if the following conditions are met:

[~~(a) the placement is part of an approved systematic time-out program as required by Subsection R432-152-15(4);~~

~~(b)~~] (a) a client placed in a time-out room is protected from hazardous conditions, including sharp corners and objects, uncovered light fixtures, and unprotected electrical outlets;

(b) placement of a client in a time-out room does not exceed one hour per incident of maladapted behavior;

(c) the client is under the direct constant visual supervision of designated staff;

([~~c~~]d) the door to the room is held shut by staff or by a mechanism requiring constant physical pressure from a staff member to keep the mechanism engaged;

[~~(d) placement of a client in a time-out room does not exceed one hour per incident of maladapted behavior;~~

] (e) [~~clients placed in time-out rooms are protected from hazardous conditions including sharp corners and objects, uncovered light fixtures, and unprotected electrical outlets; and~~

~~(f)~~]the [~~licensee~~]facility maintains a log for each time-out room[~~.~~]; and

(f) the placement is part of an approved systematic time-out program as required by Subsection R432-152-15(4).

(9) A [~~licensee~~]facility may use physical restraints only:

[~~(a)~~] (a) as a health-related protection prescribed by a physician, but only if necessary during the conduct of a specific medical or surgical procedure or only if essential for client protection during the time that a medical condition exists;

(b) as an emergency measure, but only if necessary to protect the client or others from injury; or

(c) as an integral part of an individual program plan that is intended to lead to less restrictive means of managing and eliminating the behavior [~~that~~]for which the restraint is applied[~~ for;~~].

[~~(b) as an emergency measure, but only if absolutely necessary to protect the client or others from injury; or~~

~~(c) as a health-related protection prescribed by a physician, but only if absolutely necessary during the conduct of a specific medical or surgical procedure or only if absolutely necessary for client protection during the time that a medical condition exists.~~

] (10) A [~~licensee~~]facility may apply emergency restraints for initial or extended use for no longer than 12 consecutive hours for the combined initial and extended use time period as long as authorization is obtained as soon as the client is restrained or stable.

(11) A [~~licensee~~]facility may not issue orders for restraint on a standing or as needed basis.

(12)(a) The [~~licensee~~]facility shall ensure staff check clients placed in restraints at least every 30 minutes and maintain documentation of each check.

(b) Staff shall apply restraints to cause the least possible discomfort and may not cause physical injury to the client.

(c) Staff shall provide and document opportunity for motion and exercise for a period of not less than 10 minutes during each two hour period that a restraint is employed.

(d) Staff may not use barred enclosures more than three feet in height and barred enclosures may not have tops.

(13)(a) The [~~licensee~~]facility may not administer medications at a dose that interferes with a client's daily living activities.

(b) The interdisciplinary team shall approve medications used [~~for the~~]to control[~~ of~~] inappropriate behavior and is used only as an integral part of the client's individual program plan that is directed specifically toward[~~s~~] the reduction of and eventual elimination of the behaviors that the medications are employed for.

(c) The facility shall ensure that [~~M~~]medications used for control of inappropriate behavior[~~ shall be~~]are:

[~~(i) monitored closely, in conjunction with the physician and the medication review requirement; and~~

~~(ii)~~] (i) gradually withdrawn at least annually in a carefully monitored program conducted in conjunction with the interdisciplinary team, unless clinical evidence justifies that this is contraindicated[~~.~~]; and

(ii) monitored closely, in conjunction with the physician and the medication review requirement.

R432-152-1[~~6~~]4. Physician Services.

(1)(a) The [~~licensee~~]facility shall ensure the availability of physician services 24 hours a day.

(b) The physician shall develop, in coordination with facility licensed nursing personnel, a medical care plan of treatment for a client if the physician determines that the client requires 24-hour licensed nursing care.

(c) The physician shall integrate the care plan into the client's program plan.

(d) The facility shall ensure that [~~E~~]each client requiring a medical care plan of treatment [~~shall be~~]is admitted by and remain under the care of a health practitioner licensed to prescribe medical care for the client.

(e) The [~~licensee~~]facility shall obtain written orders for medical treatment [~~at the time of~~]upon admission.

(f) The [~~licensee~~]facility shall provide or obtain preventive and general medical care as well as annual physical examinations of each client that includes:

(i) an evaluation of vision and hearing;

(ii) immunizations, using as a guide the recommendations of the Public Health Service Advisory Committee on Immunization Practices or of the American Academy of Pediatrics Committee on the Control of Infectious Diseases[~~ of the American Academy of Pediatrics~~];

(iii) routine screening laboratory examinations, as determined necessary by the physician; and

(iv) tuberculosis control in accordance with Rule R388-804[~~, Tuberculosis Control~~].

(2)(a) A physician shall participate in the establishment of each newly admitted client's initial individual program plan as required by Section R432-152-11.

(b) A physician shall participate in the review and update of an individual program plan as part of the interdisciplinary team process either in person or through a written report to the interdisciplinary team.

(c) A physician shall participate in the discharge planning of clients under a medical care plan of treatment.

(d) In [~~cases of~~]discharge cases against medical advice, the [~~licensee~~]facility shall immediately notify the attending physician.

R432-152-1[~~7~~]5. Nursing Services.

(1) The [~~licensee~~]facility shall provide nursing services in accordance with client needs that ensures:

[~~(a)~~] (a) for an assessed client, not needing a medical care plan, a documented quarterly health status review by direct physical examination conducted by a licensed nurse, including identifying and implementing nursing care needs as prescribed by the client's physician;

(b) nursing staff participation in the development, review and update of an individual program plan as part of the interdisciplinary team process; and

([~~b~~]c) the development, with a physician, of a medical care plan of treatment for a client if the physician has determined that an individual client requires such a plan[~~; and~~].

[~~(c) for those clients assessed to not need a medical care plan, a documented quarterly health status review by direct physical examination conducted by a licensed nurse including identifying and implementing nursing care needs as prescribed by the client's physician.~~

] (2) The [~~licensee~~]facility shall ensure nursing services staff coordinate with other members of the interdisciplinary team to implement appropriate protective and preventive health measures that include:

[~~(a) training clients and staff as needed in appropriate health and hygiene methods;~~

~~(b)~~] (a) control of communicable diseases and infections, including the instruction of other personnel in methods of infection control;[~~ and~~]

(b) training clients and staff as needed in appropriate health and hygiene methods; and

(c) training direct care staff in detecting signs and symptoms of illness or dysfunction, first aid for accidents or illness, and basic skills required to meet the clients' health needs[~~ of the clients~~].

(3)(a) The [~~licensee~~]facility shall ensure nursing practice and delegation of nursing tasks comply with Section R156-31b-701.

(b) If the [~~licensee~~]facility utilizes only licensed practical nurses to provide health services, [~~there shall be~~]the facility shall maintain a formal arrangement for a registered nurse to provide verbal or on-site consultation to the licensed practical nurse.

(c) The [~~licensee~~]facility shall ensure non-licensed staff who work with clients under a medical care plan [~~shall be~~]are supervised by licensed nursing personnel.

(4)(a) The administrator shall employ and designate, in writing, a nursing services supervisor.

(b) The nursing services supervisor may be [~~either~~]a registered nurse or a licensed practical nurse.

(c) The nursing services supervisor shall designate, in writing, a licensed nurse to be in charge during any temporary absence of the nursing services supervisor.

(5) The nursing services supervisor shall:

(a) [~~establish a system to ensure~~]complete written performance evaluations for each member of the nursing staff [~~implement physician orders and deliver health care services as needed~~]at least annually;

[~~(b) plan and direct the delivery of nursing care, treatments, procedures, and other services to ensure that each client's needs are met;~~

~~(c) review each client's health care needs and orders for care and treatment;~~

~~(d) review client individual program plans to ensure necessary medical aspects are incorporated;~~

~~(e) review the medication system for completeness of information, accuracy in the transcription of physician's orders, and adherence to stop-order policies;~~

~~(f) instruct the nursing staff on the legal requirements of charting and ensure that a nurse's notes describe the care provided and include the client's response;~~

~~(g) teach and coordinate rehabilitative nursing to promote and maintain optimal physical and mental functioning of the client;~~

~~(h) inform the administrator, attending physician and family of significant changes in the client's health status;~~

~~(i) plan with the physician, family, and health-related agencies for the care of the client upon discharge;~~

~~(j)~~] (b) coordinate client services through quality assurance and interdisciplinary team meetings;

(c) develop, with the administrator, a nursing services procedure manual including procedures practiced in the facility;

[~~(k) coordinate client services through quality assurance and interdisciplinary team meetings;~~

~~(l) respond to the pharmacist's quarterly medication report;~~

~~(m)~~] (d) develop written job descriptions for levels of nursing personnel and orient new nursing personnel to the facility and their duties and responsibilities;

([~~n) complete written performance evaluations for each member of the~~]e) establish a system to ensure nursing staff [~~at least annually;~~]implement physician orders and deliver health care services as needed;

[~~(o)~~] (f) inform the administrator, attending physician and family of significant changes in the client's health status;

(g) instruct the nursing staff on the legal requirements of charting and ensure that a nurse's notes describe the care provided and include the client's response;

(h) plan and direct the delivery of nursing care, treatments, procedures, and other services to ensure that each client's needs are met;

(i) plan or conduct documented training programs for nursing staff and clients[~~.~~];

(j) plan with the physician, family, and health-related agencies for the care of the client upon discharge;

(k) respond to the pharmacist's quarterly medication report;

(l) review:

(i) each client's health care needs and orders for care and treatment;

(ii) the medication system for completeness of information, accuracy in the transcription of physician's orders, and adherence to stop-order policies; and

(iii) that the necessary medical aspects of an individual's program are incorporated; and

(m) teach and coordinate rehabilitative nursing to promote and maintain optimal physical and mental functioning of the client.

R432-152-1[~~8~~]6. Dental Services.

(1) The [~~licensee~~]facility shall provide or arrange for comprehensive dental diagnostic services and comprehensive dental treatment for

each client.

(2) A dental professional shall participate in [~~the development, review~~]developing, reviewing, and [~~update of~~]updating the individual program plan as part of the interdisciplinary process, either in person or through a written report to the interdisciplinary team.

(3) [-]The [~~licensee~~]facility shall [~~provide education~~]educate and [~~training for~~]train clients and responsible staff [~~in the maintenance of clients'~~]on maintaining a client's oral health.

(4) If the [~~licensee~~]facility maintains an in-house dental service, the [~~licensee~~]facility shall maintain a permanent dental record for each client with a dental summary in the client's living unit.

(5) If the [~~licensee~~]facility does not maintain an in-house dental service, the [~~licensee~~]facility shall obtain a summary of the results of dental visits and maintain the summary in the client's record.

R432-152-1[~~9~~]7. Pharmacy Services.

(1)(a) The [~~licensee~~]facility shall provide routine and emergency medications and biologicals.

(b) The [~~licensee~~]facility may obtain medications and biologicals from community or contract pharmacists, or the [~~licensee~~]facility may maintain a licensed pharmacy.

(c) The [~~licensee~~]facility shall ensure pharmacy services are under the direction and responsibility of a qualified, licensed pharmacist who may be employed full time by the facility or [~~may be~~]retained by contract.

(d) The pharmacist shall develop pharmacy service policies and procedures in conjunction with the administrator that address:

(i) [~~medication~~]administration of medications;

(ii) automatic-stop orders;

[~~(ii) labeling;~~

] (iii) [~~storage;~~

~~(iv)~~]emergency medication supply;

(iv) labeling;

(v) [~~administration of medications~~]medication orders;

(vi) pharmacy supplies; and

(vii) [~~automatic-stop orders~~]storage.

(2)(a) The pharmacist, with input from the interdisciplinary team, shall review the medication regimen of each client at least quarterly.

(b) The pharmacist shall report any irregularities or errors in a client's medication regimen to the prescribing physician and interdisciplinary team.

(c) The pharmacist shall develop and review a record of each client's medication regimen.

(3) The [~~licensee~~]facility shall maintain an individual medication administration record for each client.

(4) The pharmacist shall participate in the development, implementation, and review of each client's individual program plan, either in person or through a written report to the interdisciplinary team.

(5) The [~~licensee~~]facility shall ensure the facility has an organized system for medication administration that identifies each medication up to the point of administration and ensures that medications and treatments:

(a) are administered by licensed medical or licensed nursing personnel;

(b) are administered in compliance with the physician's orders; and

[~~(b) are administered without error; and~~

] (c) are administered [~~by licensed medical or licensed nursing personnel~~]without error.

(6)(a) The [~~licensee~~]facility shall teach [~~clients~~]a client how to administer their own medications if the interdisciplinary team determines that self-administration of medications is an appropriate objective.

(b) The [~~licensee~~]facility shall inform the client's physician of the interdisciplinary team's recommendation that self-administration of medications is an objective for the client.

(c) The [~~licensee~~]facility may not allow a client to self-administer medications until they demonstrate the competency to do so.

(7) The [~~licensee~~]facility shall immediately record each telephone order for medications including the date and time of the order and the receiver's signature and job title and ensure the person who prescribed the order countersigns and dates the order within 15 days of writing the order.

(8)(a) The [~~licensee~~]facility shall maintain records of the receipt and disposition of controlled medications.

(b) The [~~licensee~~]facility shall maintain records of schedule III and IV drugs [~~in such a manner~~]so that the receipt and disposition are readily traced.

(c) The [~~licensee~~]facility shall, on a sample basis, periodically reconcile the receipt and disposition of controlled drugs in schedules II through IV, drugs subject to the Comprehensive Drug Abuse Prevention and Control Act of 1970 as implemented by 42 CFR [~~Part~~] 308[~~.~~], (2002).

(9) The [~~licensee~~]facility shall:

(a) [~~store medications under proper conditions of sanitation, temperature, light, humidity and security;~~

~~(b) secure controlled substances in a manner consistent with applicable pharmacy laws;~~

~~(c) separate and secure the storage of non-medication items such as poisonous and caustic materials;~~

~~(d)~~]clearly label medication containers;

([~~e) only allow a person authorized by facility policy top~~]b) ensure clients who have been trained to self-administer medications per Subsection R432-152-19(6)(a) have access to [~~medications;~~

~~(f) store~~]keys to their individual medication [~~intended for internal use separately from medication intended for external use~~]supply;

[~~(g)~~ (c) ensure medications taken out of the facility for home visits, workshops, school, or other activities are packaged and labeled by a person authorized to package medications per law;

(d) maintain medications stored at room temperature between 59 and 80 degrees Fahrenheit and maintain refrigerated medications between 36 and 46 degrees Fahrenheit;

[~~(h) store~~] (e) only allow a person authorized by facility policy top access to medications[~~,~~];

(f) secure controlled substances in a manner consistent with applicable pharmacy laws;
(g) separate and [~~similar~~]secure the storage of non-medication items [~~that require refrigeration, securely~~]such as poisonous and [~~segregated from food~~]caustic materials;
(h) store and secure the storage of non-medication items[~~; and~~] such as poisonous and caustic materials;
(i) store medications in the original pharmacy container and not transfer the medications to other containers;
[~~(j) ensure medications taken out of the facility for home visits, workshops, school or other activities are packaged and labeled by a person authorized to package medications in accordance with law; and~~
~~(k) ensure clients who have been trained to self-administer medications in accordance with Subsection R432-152-19(6) have access to keys to their individual medication supply.~~
](j) store medication intended for internal use separately from medication intended for external use; and
(k) store medications under proper conditions of:
(i) sanitation;
(ii) temperature;
(iii) light;
(iv) humidity; and
(v) security.
(10) The [~~licensee~~]facility shall ensure labeling of medications and biologicals:
[~~(a) is based on currently accepted professional principles and practices; and~~
~~(b)~~](a) includes the appropriate accessory and cautionary instructions, as well as the expiration date, if applicable[~~.~~]; and
(b) is based on currently accepted professional principles and practices
(11) The [~~licensee~~]facility shall remove outdated medications and medication containers with worn, illegible, or missing labels from use.
(12) The [~~licensee~~]facility shall immediately remove medications and biologicals packaged in containers designated for a particular client from the client's current medication supply if the medication is discontinued by the physician.
(13) The [~~licensee~~]facility may send medications with the client upon discharge if ordered by the discharging physician, as long as the medications are released in compliance with Utah pharmacy law and rules and a record of the medications sent with the client is documented in the client's health record.
(14)(a) Within one month of a medication being discontinued, the [~~licensee~~]facility shall destroy the individual client medications supplied by prescription or those that remain in the facility after discharge or death of the client[~~as follows:~~].
(b) Regarding the stipulations in Subsection R432-152-19(14)(a), the [~~licensee~~]facility shall:
(i) ensure that a licensed nurse and an individual appointed by the administrator serve as a witness if one or both of the individuals listed in Subsection R432-152-19(14)(a) are not available within the month;
(ii) rotate appointments periodically among responsible staff members;
(iii) shall document and keep the following in the client record for three years:
(A) the amount destroyed;
(B) the date of destruction;
(C) the method of destruction;
(D) the name and strength of the medication;
(E) the name of the client;
(F) the prescription number; and
(G) the signature of the witness; and
(iv) shall destroy medications in the presence of the staff pharmacist or consulting pharmacist and an appointed licensed nurse employed by the facility[~~:~~].
[~~(c) if one or both of the individuals listed in Subsection R432-152-19(14)(a) are not available within the month, a licensed nurse and an individual appointed by the administrator may serve as witnesses;~~
~~(d) the licensee shall rotate appointments periodically among responsible staff members; and~~
~~(e) the licensee shall document and retain the following in the client record for three years:~~
~~(i) the name of the client;~~
~~(ii) the name and strength of the medication;~~
~~(iii) the prescription number;~~
~~(iv) the amount destroyed;~~
~~(v) the method of destruction;~~
~~(vi) the date of destruction; and~~
~~(vii) the signatures of the witnesses.~~
](15) Unless otherwise prohibited by[-] federal or state law, the [~~licensee~~]facility may return individual client medications to the issuing pharmacy in sealed containers, if unopened, as long as:
(a) [~~no controlled medications are returned;~~
~~(b)~~]medications are identified by lot or control number;[~~and~~]
(b) no controlled medication are returned; and
(c) the signatures of the receiving pharmacist and a licensed nurse employed by the [~~licensee~~]facility are recorded and retained for at least three years in a separate log that lists:
(i) the amount of the medication returned;
(ii) the date of return;
(iii) the name of the client; and
([~~ii~~]iv) the name, strength, and prescription number, if applicable[~~:~~

~~(iv) the amount of the medication returned; and~~
~~(v) the date of return~~].
(16)(a) The [~~licensee~~]facility shall maintain an emergency medication supply appropriate to the needs of the clients served.
(b) The pharmacist, in coordination with the administrator, shall develop an emergency medication supply policy that ensures:
(i) [~~there is a list of each specific medication and dosage to be included in the emergency medication supply;~~
~~(ii)~~]a requirement that containers [~~are~~]be sealed to prevent unauthorized use;
(ii) staff replace used or outdated items within 72 hours;
(iii) the contents of the emergency medication supply are listed on the outside of the container and the use of contents is documented by nursing staff;
(iv) the emergency medication supply is accessible to nursing staff;
(v) the pharmacist inventories the emergency medication supply monthly; and
[~~(vi) staff replace used or outdated items within 72 hours.~~
] (vi) there is a list of each specific medication and dosage to be included in the emergency medication supply.
(17) The [~~licensee~~]facility shall ensure the pharmacy provides medications and biologicals as follows:
[~~(a) medications ordered for administration as soon as possible shall be available and administered within two hours of a physician's order;~~
~~(b) antibiotics are available and administered within four hours of a physician's order;~~
~~(c) new medication orders are initiated within 24 hours of the order or as indicated by the physician;~~
~~(d) prescription medications shall be refilled in a timely manner;~~
~~(e) orders for controlled substances are sent to the pharmacy within 48 hours of the order; and~~
~~(f)~~] (a) an order sent to the pharmacy may be a written prescription by the prescriber, a direct copy of the original order, or an electronic reproduction[~~.~~];
(b) antibiotics are available and administered within four hours of a physician's order;
(c) the facility shall ensure that medications are ordered for administration as soon as possible and are available and administered within two hours of a physician's order;
(d) new medication orders are initiated within 24 hours of the order or as indicated by the physician;
(e) orders for controlled substances are sent to the pharmacy within 48 hours of the order; and
(f) prescription medications are refilled in a timely manner.

R432-152-2[~~0~~]8. Laboratory Services.
(1) The [~~licensee~~]facility shall provide laboratory services in accordance with the size and needs of the client population.
(2) The [~~licensee~~]facility shall ensure laboratory services comply with the requirements of [~~the Clinical Laboratory Improvement Amendments of 1988~~] 42 USC 263a (1998) and maintain any laboratory inspection reports available for [~~Department~~]OL review.

R432-152-2[~~1~~]19. Environment.
(1) The [~~licensee~~]facility shall ensure infection control procedures and reporting comply with Subsection R432-150-11(4).
(2)(a) The [~~licensee~~]facility shall have a safety committee that includes the administrator, QIDP, head housekeeper, chief of facility maintenance, and any others as designated by facility policy.
(b) The [~~licensee~~]facility shall ensure the safety committee:
[~~(i) reviews~~] (i) establish a procedure to inspect the facility periodically for hazards;
(ii) review incident and accident reports and recommends changes to the administrator to prevent or reduce recurrence; and
([~~ii) reviews~~]iii) review facility safety policies and procedures at least annually, and makes recommendations[~~; and~~
~~(iii) establishes a procedure to inspect the facility periodically for hazards~~].
(c) The [~~licensee~~]facility shall file inspection reports with the safety committee.

R432-152-2[~~2~~]0. Emergency Plan and Procedures.
(1) The [~~licensee~~]facility shall develop and implement detailed written plans and procedures to address potential emergencies and disasters including fire, severe weather and missing clients and shall ensure:
(a) [~~written~~]emergency [~~procedures are periodically reviewed and updated;~~
~~(b)~~]heating is approved by the [~~emergency plan is available to the staff~~]local fire department;
([~~c~~]b) staff receives periodic training on emergency plan procedures;
([~~d~~]c) the emergency plan addresses[~~the following~~]:
(i) [~~evacuation~~]delivery of [~~occupants~~]essential care and services to [~~a safe place within the~~]facility [~~or to another location~~]occupants by alternate means;
(ii) delivery of essential care and services to facility occupants [~~by alternate means~~]when an emergency reduces the staff;
(iii) delivery of essential care and services when additional persons are housed in the facility during an emergency;
(iv) [~~delivery~~]evacuation of [~~essential care and services to facility~~]occupants [~~when~~]to a safe place within the [~~staff is reduced by an emergency~~]facility or to another location; and
(v) maintenance of safe ambient air temperatures within the facility and an ambient air temperature of at least 58 degrees Fahrenheit is maintained during emergencies;[~~and~~]
([~~e~~)]d) the emergency [~~heating~~]plan is [~~approved by~~]available to the [~~local fire department~~]staff; and
(e) written emergency procedures are periodically reviewed and updated.
(2) The [~~licensee~~]facility shall ensure the emergency plan identifies:
[~~(a) the person with decision-making authority for fiscal, medical and personnel management;~~
~~(b) on-hand personnel, equipment and supplies and how to acquire additional resources after an emergency or disaster;~~

[~~(c)~~] (a) assignment of personnel to specific tasks during an emergency;
[~~(d)~~] (b) conversion of the facility for emergency use;
(c) methods of communicating with local emergency agencies, authorities and other appropriate individuals;
[~~(e) the individuals who shall be notified in an emergency, in order of priority;~~
[~~(f)~~] (d) method of transporting and evacuating clients and staff to other locations;
(e) on-hand personnel, equipment, and supplies and how to acquire additional resources after an emergency or disaster;
(f) the facility shall notify each individual in an emergency, in order of priority; and
(g) [~~conversion of~~]the [~~facility~~]person with decision-making authority for [~~emergency use~~]fiscal, medical, and personnel management.
(3) The [~~licensee~~]facility shall post emergency telephone numbers near telephones accessible to staff.
(4) The [~~licensee~~]facility shall hold simulated disaster drills semi-annually for staff, in addition to fire drills and maintain documentation for [~~department~~]OL review.
(5) The [~~licensee~~]facility and administrator shall develop a written fire emergency and evacuation plan in consultation with qualified fire safety personnel and shall ensure:
[~~(a) the evacuation plan shall delineate evacuation routes and location of fire alarm boxes and fire extinguishers;~~
~~(b) the written fire emergency plan includes fire containment procedures and how to use the facility alarm systems and signals;~~
~~(c) fire drills and fire drill documentation are in accordance with requirements for buildings under the jurisdiction of the Fire Prevention Board; and~~
[~~(d)~~] (a) clients are evacuated during at least one drill each year on each shift [~~that~~]includes:
(i) evacuation of clients with physical disabilities;
(ii) filing a report and evaluation on each evacuation drill; and
(iii) investigating problems with evacuation drills, including accidents, and corrective action taken[~~.~~];
(b) fire drill and fire drill documentation are in accordance with requirements for buildings under the jurisdiction of the Fire Prevention Board;
(c) the evacuation plan shall delineate evacuation routes and location of fire alarm boxes and fire extinguishers; and
(d) the written fire emergency plan includes fire-containment procedures and how to use the facility alarm systems and signals.

R432-152-2[~~3~~]1. Smoking Policies.
Smoking policies shall comply with Section 26B-7-503[~~, "Utah Indoor Clean Air Act".~~].

R432-152-2[~~4~~]2. Pets in Long-Term Care Facilities.
(1) Each [~~licensee~~]facility shall develop a written policy regarding pets [~~in accordance with~~]per this rule and local ordinances.
(2) The [~~licensee~~]facility shall adhere to the requirements of Section R432-150-20.

R432-152-2[~~5~~]3. Housekeeping Services.
(1) The [~~licensee~~]facility shall provide housekeeping services to maintain a clean, sanitary, and healthy environment.
(2) [~~The~~]If housekeeping services are contracted with an outside agency, the [~~licensee~~]facility shall ensure [~~there is~~]a signed and dated agreement [~~that details~~]detailing the services provided[~~if housekeeping services are contracted with an outside agency~~].
(3) The [~~licensee~~]facility shall ensure housekeeping services comply with Section R432-150-25.

R432-152-[2[~~6~~]4. Laundry Services.
The [~~licensee~~]facility shall comply with the requirements of Section R432-150-26.

R432-152-2[~~7~~]5. Maintenance Services.
The [~~licensee~~]facility shall comply with the requirements of Section R432-150-27.

R432-152-2[~~8~~]6. Food Services.
The [~~licensee~~]facility shall comply with the requirements of Section R432-150-23.

R432-152-2[~~9~~]7. Client Records.
(1)(a) The [~~licensee~~]facility shall develop and maintain a record keeping system that includes a separate record for each client with documentation of the client's health care, active treatment services, social information and protection of the client's rights.
(b) The [~~licensee~~]facility shall protect confidential information contained in the client's records.
(c) The [~~licensee~~]facility shall develop and implement policies and procedures governing the release of any client information, including consent necessary from the client or client's legal guardian.
(d) The [~~licensee~~]facility shall ensure entries into client records [~~shall be~~]are legible, dated, and signed by the individual making the entry.
(e) The [~~licensee~~]facility shall provide a legend to explain any symbol or abbreviation used in a client's record.
(f) The [~~licensee~~]facility shall ensure each identified cliential living unit has available on-site pertinent information of each client's record.
(g) The [~~licensee~~]facility shall ensure client records are complete and systematically organized according to facility policy to facilitate retrieval and compilation of information.
(2)(a) A Registered Health Information Administrator or a Registered Health Information Technician shall oversee the client record department through employment or consultation.
(b) If retained by consultation, [~~onsite~~]on-site visits shall[~~be~~]occur at least semi-annually and documented through written reports to the administrator.
(3) The [~~licensee~~]facility shall:

(a) protect a client's record against access by unauthorized individuals;
(b) safeguard [~~client records~~]a client's record from loss, defacement, tampering, fires and floods;
[~~(b) protect client records against access by unauthorized individuals;~~
] (c) [~~retain client records~~]keep a client's record for at least seven years after the last date of client care; and
(d) [~~retain~~]keep records of minors as follows:
[~~(i)~~] (i) a minimum of seven years; and
(ii) at least two years after the minor reaches age 18 or the age of majority[~~; and~~].
[~~(ii) a minimum of seven years.~~
] (4)(a) The [~~licensee~~]facility shall [~~retain~~]keep client records within the facility upon change of ownership[~~;~~] and comply with the ownership requirements of Rule R380-600.
(b) If a [~~licensee~~]facility ceases operation, the [~~licensee~~]facility shall arrange for appropriate safe storage and prompt retrieval of client records, client indexes, and discharges for the period specified.
(c) The facility may arrange for the storage of [~~client~~]a client's records with another facility or may return client records to the attending physician who is still in the community.

R432-152-[~~30~~]28. Respite Care.
(1) An [~~Intermediate Care Facilities for Individuals with Intellectual Disabilities~~]ICF/IID [~~licensee~~]facility may provide respite services that comply with the following requirements:
(a) [~~the purpose of respite is to~~]a facility may provide [~~intermittent, time-limited care to give primary caretakers relief from the demands of caring for a person;~~
(b) ~~]~~respite services [~~may be provided~~]at an hourly rate or daily rate[~~,~~] but [~~shall~~]may not exceed 14[~~-~~] days for any single respite stay;
([~~e~~]b) the [~~licensee~~]facility shall coordinate the delivery of respite services with the recipient of services, the case manager, and the family member or primary caretaker;
[~~(d) the licensee shall document the person's response to the respite placement and coordinate with provider agencies to ensure an uninterrupted service delivery program;~~
(~~e~~] (c) the [~~licensee~~]facility shall complete a service agreement to serve as the plan of care, and shall identify the prescribed medications, physician treatment orders, need for assistance for activities of daily living and diet orders;
[~~(f)~~] (d) the facility shall document the individual's response to the respite placement and coordinate with provider agencies to ensure an uninterrupted service delivery program;
(e) the [~~licensee~~]facility shall have written policies and procedures available to staff regarding the respite care clients that include:
(i) behavior management interventions;
(ii) handling personal funds;
(iii) medication administration;
([~~ii~~]iv) notification of a responsible [~~party~~]individual in the case of an emergency;
[~~(iii) service agreement and admission criteria;~~
~~(iv) behavior management interventions;~~
] (v) philosophy of respite services;
(vi) post-service summary;
(vii) service agreement and admission criteria; and
(viii) training and in-service requirement for employees;[~~ and~~]
[~~(viii) handling personal funds;~~
](f) the facility shall maintain a record for each person receiving respite services that ensures:
(i) confidentiality and release of information complies with Subsection R432-150-24(3); and
(ii) retention and storage of records complies with Subsections R432-152-29(3) and (4);
(g) the [~~licensee~~]facility shall provide [~~persons~~]an individual receiving respite services a copy of the client rights documents upon initial day of service and updated annually; and
(h) the [~~licensee shall maintain a record for each person receiving~~]purpose of respite [~~services that ensures:~~
~~(i) retention and storage of records complies with Subsections R432-152-29(3) and (4); and~~
~~(ii) confidentiality and release~~]is to provide intermittent, time-limited care to give primary caretakers relief from the demands of [~~information complies with Subsection R432-150-24(3).~~]caring for a person.
(2) The [~~licensee~~]facility shall ensure each record contains[~~ the following~~]:
(a) a post-service summary;
(b) a service agreement;
([~~b~~]c) any accident and injury report;
(d) any nursing notes;
(e) any physician treatment order;
(f) any record made by staff regarding the daily care of the person in service; and
(g) demographic information and client identification data[~~;~~
~~(c) nursing notes;~~
~~(d) physician treatment orders;~~
~~(e) records made by staff regarding daily care of the person in service;~~
~~(f) accident and injury reports; and~~
~~(g) a post-service summary~~].
(3) The [~~licensee~~]facility shall file any client's advanced directive in the client record and inform staff of the directive.

R432-152-[~~31~~]29. Penalties.

Any person who violates [~~any part of~~]this rule [~~is~~]may be subject to the penalties [~~enumerated~~]in [~~Section~~]Rule 380-600 and Title 26B[-], Chapter 2[~~-208~~], Part 7, Penalties and Investigations.

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