

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:	R432-300
Date of previous publication (only for CPRs):	Click or tap to enter a date.

1. Agency Information

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

2. Contact Persons

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

3. General Information

A. Rule or section catchline:
R432-300. Small Health Care Facility - Type N
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 R432-300-9. 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-2-902	

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.
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R432. Health, Family Health and Preparedness, Licensing.

R432-300. Small Health Care Facility - Type N.

R432-300-1. ~~Legal~~ Authority and Purpose.

(1) Section 26B-~~4~~2-202 authorizes this rule.[

R432-300-2. Purpose.

~~The purpose of this rule is to establish standards for protection of the health, safety, and welfare of~~ (2) This rule provides the health and safety standards for individuals who receive nursing care in privately owned homes.

R432-300-3. Time for Compliance and Responsibility.

~~Any facilities governed by this rule shall be in full compliance when licensed. Additionally, the licensee has overarching responsibility to ensure the Type N facility complies with Rule R432-300.]~~

R432-300-~~4~~2. Definitions.

~~[(4) Section R432-1-3 and the following additionally apply.]~~ Terms used in this rule are defined Section 26B-2-202 and Section 26B-2-249. Additionally:

~~[(2)1] [Certification in]~~Cardiopulmonary Resuscitation (CPR) ~~[refers to]~~certification" means a certification issued after completion of an in-person course to include skills testing and with a licensed instructor.

~~[(3)2] "Dependent"~~ means a person who meets one of the following criteria:

(a) requires inpatient hospital or 24-hour continual nursing care that will last longer than 15 calendar days after the day that the nursing care is ordered; or

(b) cannot evacuate from the facility without the physical assistance of two persons.

~~[(4)3] "Health care setting"~~ means a health care facility or agency, either public or private, that is involved in the provision or delivery of nursing care.

~~[(5) "Licensed health care professional" means a registered nurse, physician assistant, advanced practice nurse, or physician licensed by the Utah Department of Commerce who has education and experience to assess and evaluate the health care needs of a resident.~~

~~[(6) "Owner or licensee" means a licensed nurse who resides in the facility and provides daily direct care during daytime hours to residents in the facility. A licensee is not a sporadic shift worker in the facility.]~~

~~[(7)4] "Semi-independent"~~ means a person who is:

(a) physically disabled, but able to direct their own care; or

(b) cognitively impaired or physically disabled, but able to evacuate from the facility with the physical assistance of one person.

~~[(8)5] "Significant change"~~ means a major change in a resident's status that is not self-limiting, impacts more than one area of the resident's health status, and requires interdisciplinary review or revision of the service plan.

~~[(9)6] "Small Health Care Facility - Type N"~~ ~~is also referred to as a~~ (Type N facility) ~~[and]~~ means a home or a residence occupied by the licensee that provides protected living arrangements plus nursing care and services on a daily basis for two to three individuals unrelated to the licensee.

R432-300-~~5~~3. ~~License Required~~ Scope.

~~Each licensee shall comply with:~~

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

(b) this rule.[

~~A license shall be required to operate a Small Health Care Facility - Type N, Rule R432-2 additionally applies.~~

]

R432-300-~~6~~4. Criteria for Type N Facility.

The licensee shall ensure the following criteria are met to obtain a license for a Small Health Care Facility - Type N:

(1) provide care in a residence where the licensee lives full time;

(2) meet local zoning requirements to allow the facility to be operated at the given address;

(3) obtain a certificate of fire clearance annually from the local fire marshal having jurisdiction;

(4) have a physician assessment and approval for each resident's admission;

(5) provide daily, licensed nursing care; and

(6) provide 24-hour direct care staff available on the premises.

R432-300-~~7~~5. Physical Environment.

(1) The licensee shall ensure comfortable living accommodations and privacy are provided for residents who live in the facility.

(2) Bedrooms may be private or semi-private. The licensee shall ensure the following:

(a) single occupant bedrooms have a minimum of 100 square feet of floor space;

- (b) multiple occupant bedrooms have a minimum of 80 square feet of floor space per bed and are limited to two beds;
- (c) beds are separated by three feet;
- (d) the licensee's family members or staff may not share sleeping quarters with residents;
- (e) each resident has a separate twin size or larger sized bed;
- (f) a room ordinarily used for other purposes including a hall, corridor, unfinished attic, garage, storage area, shed or similar detached building may not be used as a sleeping room for a resident;
- (g) each bedroom and toilet room has a trash container;
- (h) reading lamps in each resident room according to the individual needs of each resident are made available;
- (i) each bedroom has:
- (j) a window with an insect screen that opens easily to the outside; and
- (k) a closet or space suitable for hanging clothing and personal belongings.
- (3) The licensee shall ensure that toilets and bathrooms provide privacy, be well-ventilated, and be accessible to and usable by any persons accepted for care.
- (a) Toilets, tubs, and showers shall have grab bars.
- (b) If the licensee admits a resident with disabilities, the bath, shower, sink, and toilet shall be equipped for use by persons with disabilities.
- (4) The licensee shall ensure:
- (a) heating, air conditioning, and ventilating systems provide comfortable temperatures for the resident;
- (b) heating systems are capable of maintaining temperatures of 80 degrees Fahrenheit (F). in areas occupied by residents;
- (c) cooling systems are capable of maintaining temperatures of 72 degrees F. in areas occupied by residents; and
- (d) facilities comply with ventilation and minimum total air change requirements as outlined in Section R432-6-22 Table 2.
- (5) The licensee shall ensure residents are housed on the main floor only, unless an outside exit leading to the ground grade level is provided from any upper or lower levels.
- (6) The licensee shall ensure at least one building entrance is accessible to persons with physical disabilities.

R432-300-[8]6. Administration and Organization.

- (1) The licensee is responsible for compliance with Utah law and licensing requirements, management, operation, and control of the facility.
- (2) The licensee is responsible to establish and implement facility policies and procedures. The licensee shall ensure facility policy and procedures reflect current facility practice and protect the health and safety of personnel and clients.
- (3) The licensee shall be a licensed nurse with at least two years of experience working in a health care setting, and shall provide nursing coverage on a daily basis during daytime hours of operation.
- (4) The licensee shall employ enough staff to meet the needs of the residents.
- (5) The licensee shall ensure:
- (a) each employee is 18 year of age and successfully complete an orientation program to provide personal care and demonstrate competency;
- (b) employees are oriented and trained to assist with the residents' daily routine and with activities of daily living;
- (c) employees are registered, certified, or licensed as required by the Utah Department of Commerce; and
- (d) registration, licenses, and certificates are current, filed in the personnel files, and presented to the licensee within 45-days of employment.
- (6) Each employee shall, upon hire, complete a health evaluation that includes a health history.
- (7) The licensee shall ensure the employee's health history includes:
- (a) conditions that predispose the employee to acquiring or transmitting infectious diseases; and
- (b) conditions that may prevent the employee from performing certain assigned duties satisfactorily.
- (8) Employee skin testing by the Mantoux Method or other FDA approved in-vitro serologic test and follow up for tuberculosis shall be done in accordance with Rule R388-804, Special Measures for the Control of Tuberculosis.
- (a) The licensee shall ensure that any employees are skin-tested for tuberculosis within two weeks of:
- (i) initial hiring;
- (ii) suspected exposure to a person with active tuberculosis; and
- (iii) development of symptoms of tuberculosis.
- (b) Any employees with known positive reactions to skin tests are exempted from skin testing.
- (c) The licensee shall report any infections and communicable diseases reportable by law to the local health department in accordance with Section R386-702-2.

R432-300-[9]7. Facility Records.

- (1) The licensee shall:
- (a) maintain accurate and complete records that are filed, stored safely, and are easily accessible to staff and the department;
- (b) ensure records are protected against access by unauthorized individuals;
- (c) maintain personnel records for each employee that are kept for at least three years after employment termination and include the following content:
- (i) an employee application;
- (ii) the date of employment and initial policies and procedures orientation;
- (iii) the termination date;
- (iv) the reason for leaving;

- (v) documentation of CPR, first aid, and emergency procedures training;
- (vi) a health inventory;
- (vii) a food handlers permit;
- (viii) tuberculosis skin test documentation;
- (ix) documentation of criminal background check; and
- (x) certifications, registration, and licenses as required.
- (2) The licensee shall maintain in the facility a separate record for each resident that includes the following:
 - (a) the resident's name, date of birth, and last address;
 - (b) the name, address, and telephone number for:
 - (i) the person who administers and obtains medications, if this is not facility staff;
 - (ii) the individual to be notified in case of accident or death; and
 - (iii) a physician and dentist to be called in an emergency;
 - (c) any known allergies;
 - (d) the admission agreement;
 - (e) a copy of an advanced directive or living will initiated by the resident;
 - (f) a physician's assessment;
 - (g) a resident assessment;
 - (h) a written plan of care;
 - (i) physician orders;
 - (j) daily nursing notes that include:
 - (i) temperature;
 - (ii) pulse;
 - (iii) respirations;
 - (iv) blood pressure;
 - (v) height; and
 - (vi) weight notations when indicated or as needed due to a change in the resident's condition;
 - (k) a record of any resident cash, resources, or valuables entrusted to the facility; and
 - (l) incident and accident reports.
- (3) The licensee shall retain resident records for at least seven years following discharge.

R432-300-[40]8. Acceptance and Retention of Residents.

- (1) A Type N Small Health Care Facility may accept semi-dependent residents.
- (a) The licensee may accept one dependent resident only if the licensee has equipment and additional staff available to assist the dependent resident in the event of a facility emergency evacuation.
- (b) The licensee shall establish acceptance criteria that includes:
 - (i) the resident's health needs;
 - (ii) the resident's ability to perform activities of daily living; and
 - (iii) the ability of the facility to address the resident's needs.
- (2) The licensee may not accept or retain a resident for a Type N Small Health Care Facility when the resident:
 - (a) has active tuberculosis or serious communicable diseases;
 - (b) requires inpatient hospital care; or
 - (c) has a mental disorder that manifests behavior that is suicidal, assaultive, or harmful to self or others.
- (3) The licensee shall request that the family or responsible person relocate the resident within seven days if the resident requires care that cannot be provided in the Type N facility.

R432-300-[44]2. Transfer or Discharge Requirements.

- (1) The licensee may discharge, transfer, or evict a resident if the:
 - (a) facility is no longer able to meet the resident's needs;
 - (b) resident fails to pay for services as required by the admission agreement;
 - (c) resident fails to comply with written policies or rules of the facility;
 - (d) resident wishes to transfer; or
 - (e) facility ceases operation.
- (2) Before transferring or discharging a resident, the licensee shall ensure:
 - (a) a transfer or discharge notice is served to the resident and the resident's responsible person;
 - (b) the notice is either hand-delivered or sent by certified mail;
 - (c) the notice is made at least 30 days before the day that the licensee plans to transfer or discharge the resident, except that the notice may be made as soon as practicable before transfer or discharge if:
 - (i) the safety or health of persons in the facility is endangered; or
 - (ii) an immediate transfer or discharge is required by the resident's urgent medical needs.
- (3) The licensee shall ensure the notice of transfer or discharge is:
 - (a) in writing with a copy placed in the resident's file;
 - (b) phrased in a manner and in a language the resident or the resident's responsible person can understand;
 - (c) details the reasons for transfer or discharge;
 - (d) states the effective date of transfer or discharge;

- (e) states the location that the resident will be transferred or discharged;
- (f) states that the resident or responsible party may request a conference to discuss the transfer or discharge; and
- (g) additionally contains the following information, if applicable:
 - (i) for facility residents who are 60 years of age or older, the name, mailing address, and telephone number of the State Long Term Care Ombudsman;
 - (ii) for facility residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy of developmentally disabled individuals established under part C of the Developmental Disabilities Assistance and Bill of Rights Act; and
 - (iii) for facility residents with mental disorders, the mailing address and telephone number of the agency responsible for the protection and advocacy of mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.
- (4) The licensee shall provide enough preparation and orientation to a resident to ensure a safe and orderly transfer or discharge from the facility.
- (5) The resident or the resident's responsible person may contest a transfer or discharge. If the transfer or discharge is contested, the licensee shall provide an informal conference, except where delay might jeopardize the health, safety, or well-being of the resident or others.
 - (a) The resident or the resident's responsible person shall request the conference within five calendar days of the day of receipt of notice of discharge to determine if a satisfactory resolution can be reached.
 - (b) Participants in the conference shall include the licensee, the resident or the resident's responsible person, and any others requested by the resident or the resident's responsible person.
- (6) The licensee shall allow a resident to use non-medical transportation for an interfacility transfer if the requirements in Subsection 26B-2-249(2) are met.
- (7)(a) A resident may request the licensee to determine if the resident is eligible for a non-medical transport for an interfacility transfer.
- (b) For any request from a resident to use non-medical transportation for an interfacility transfer, the licensee shall provide a written notice to the resident addressing each item in Subsection 26B-2-249(4).
- (8)(a) If a resident arrives at the receiving facility within adequate time, the receiving facility may not charge the insurance or health benefit plan of the resident 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 resident if upon arrival, the medical staff document a change in the medical condition or mental condition of the resident
- (9) A receiving facility shall hold and reserve the specific bed offered to the resident upon discharge from the originating facility if the resident 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 resident prior to discharge:
 - (a) formal clinical assessment of the medical or mental condition of the resident 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 resident; and
 - (c) the expected arrival window communicated to the receiving facility.

R432-300-1|2|0. Personal Physician.

- (1) The licensee shall ensure each resident has a personal physician. The physician's assessment shall be completed before admission.
- (2) The licensee shall ensure the physician's signed assessment documents:
 - (a) that the resident is capable of functioning in a Type N facility;
 - (b) that the resident is free of communicable diseases or any condition that would prevent admission to the facility;
 - (c) the resident's list of current medications including dosage, time of administration, route, and assistance required;
 - (d) the resident's type of diet and restrictions or special instructions;
 - (e) any known allergies that the resident has; and
 - (f) any physical or mental limitations, or restrictions on the resident's activity.

R432-300-1|3|1. Nursing Care.

- (1) Each Type N facility licensee shall provide nursing care services to meet the needs of residents.
- (2) The licensee shall ensure nursing practice is in accordance with the Utah Nurse Practice Act 58-31b.
- (3) Licensees are responsible to:
 - (a) direct the implementation of physician's orders;
 - (b) develop and implement an individualized care plan for each resident within seven calendar days of admission, and direct the delivery of nursing care, treatments, procedures, and other services to meet the needs of the residents;
 - (c) review and update the health care needs of each resident in the facility at least every 6 months;
 - (d) develop resident care plans according to the resident's needs and the physician's orders;
 - (e) review each resident's medication regimen as needed and immediately after medication changes to ensure accuracy;
 - (f) ensure that nursing notes describe the care provided including the resident's response;
 - (g) supervise staff to ensure they perform restorative measures in their daily care of residents;
 - (h) teach and coordinate resident care and rehabilitative care to promote and maintain optimal physical and mental functioning of the resident; and
 - (i) plan and conduct documented orientation and in-service programs for staff.
- (4) The licensee shall:
 - (a) develop and maintain a current health services policy and procedure manual that is to be reviewed and updated at least annually;
 - (b) ensure the manual is accessible to any staff and is available for review by the department; and

(c) ensure the health services policies and procedures address the following:

- (i) bathing;
- (ii) positioning;
- (iii) enema administration;
- (iv) decubitus prevention and care;
- (v) bed making;
- (vi) isolation procedures;
- (vii) blood sugar monitoring procedures;
- (viii) telephone orders;
- (ix) charting;
- (x) rehabilitative nursing;
- (xi) diets and feeding residents;
- (xii) oral hygiene and denture care;
- (xiii) medication administration;
- (xiv) Alzheimer's or dementia care;
- (xv) universal precautions and blood-borne pathogens; and
- (xvi) housekeeping and cleaning procedures.

(5) The licensee shall ensure compliance with each of the following regarding bowel and bladder care:

- (a) each resident's care plan includes measures to prevent and reduce incontinence;
- (b) each resident is assessed to determine the resident's ability to participate in a bowel and bladder management program;
- (c) an individualized plan for each incontinent resident begins within two weeks of the initial assessment;
- (d) the licensed nurse documents a weekly evaluation of the resident's performance in the bowel and bladder management program; and
- (e) fluid intake and output is recorded for each resident and evaluated at least weekly when ordered by a physician or nurse.

(6) The licensee shall ensure:

- (a) staff are trained in rehabilitative nursing;
- (b) rehabilitative nursing services for residents who require such services are provided and documented daily;
- (c) rehabilitative nursing services include the following:
 - (i) turning and positioning of residents as per physician's or nurse's orders;
 - (ii) assisting residents to ambulate;
 - (iii) improving resident's range of motion;
 - (iv) restorative feeding;
 - (v) bowel and bladder retraining;
 - (vi) teaching residents self-care skills;
 - (vii) teaching residents transferring skills; and
 - (viii) taking measures to prevent secondary disabilities such as contractures and decubitus ulcers, which are stiffening joints and skin

ulcers.

R432-300-1[4]2. General Resident Care Policies.

(1) The licensee shall treat each resident as an individual with dignity and respect in accordance with Residents' Rights Section R432-270-

9.

(2) The licensee shall ensure:

- (a) resident care policies are developed and implemented;
- (b) upon admission each resident is oriented to the facility, services, and staff;
- (c) care is provided to ensure good personal hygiene, including bathing, oral hygiene, shampoo and hair care, shaving or beard trimming, fingernail, and toenail care;
- (d) linens and other items in contact with the resident are changed weekly or as the item is soiled; and
- (e) each resident is encouraged and assisted to achieve and maintain the highest level of functioning and independence including:
 - (i) teaching the resident self-care;
 - (ii) assisting residents to adjust to their disabilities and prosthetic devices;
 - (iii) directing residents in prescribed therapy exercises; and
 - (iv) redirecting resident's interests as necessary;
- (f) care and treatment is provided to ensure the prevention of decubitus ulcers, contractures, and deformities;
- (g) nutritious and adequate fluids for hydration are provided;
- (h) immediate access to water and drinking glasses is provided;
- (i) residents who are unable to feed themselves are assisted;
- (j) adaptive equipment for residents who require assistance with eating or drinking is provided;
- (k) the resident's right to visual privacy during treatments and personal care is upheld, visual privacy may be provided by privacy curtains or portable screens;

(l) call lights or monitoring devices are answered promptly;

(m) the resident's responsible person and physician are notified of significant changes or deterioration of the resident's health, and ensure the resident's transfer to an appropriate health care facility if the resident requires services beyond the scope of the Type N facility license, this notification is documented in the resident's record; and

(n) residents are assisted in making arrangements for medical and dental care including transportation to and from the medical or dental facility.

(3) The licensee shall ensure that every accident or incident causing injury to a resident or employee is documented with appropriate corrective action and made available for department review.

(4) The licensee shall ensure a quality improvement process is documented and implemented on a quarterly basis that identifies problems, implements corrective actions, and evaluates the effectiveness of the corrective actions.

R432-300-1[5]3. Medications.

(1) A licensed healthcare professional shall assess each resident upon admission and at least every six months thereafter to determine what level and type of assistance is required for medication administration. The licensee shall ensure level and type of assistance provided is documented on a department approved form in each resident's service plan.

(2) The licensee shall ensure each resident's medication program is administered in one of the following methods:

(a) if the resident is assessed to be able to self-administer medications:

(i) the resident may keep prescription medications in their rooms; and

(ii) if more than one resident resides in a unit, the licensee shall ensure each resident is assessed for the ability to safely have medications in the unit, if safety is a factor, the licensee shall ensure medications are kept in a locked container in the unit;

(b) if the resident is assessed to require assistance in medication self-administration, facility staff shall assist residents by:

(i) reminding the resident to take the medication;

(ii) opening medication containers;

(iii) reading the instructions on container labels;

(iv) checking the dosage against the label of the container;

(v) reassuring the resident that the dosage is correct;

(vi) observing that the resident takes the medication;

(vii) reminding the resident or the resident's responsible person when the prescription needs to be refilled; and

(viii) documenting any staff assistance with medication administration including the type of medication and when it was taken by the resident;

(c) if the resident's family or designated person is responsible for resident self-medication, they may set up medications in a package that identifies the medication and time to administer;

(d) the licensee shall ensure the family or designated person assisting with a resident's medication signs a waiver indicating that they agree to assume the following responsibilities:

(i) filling prescriptions;

(ii) administering medications; and

(iii) documenting the following:

(A) type of medication;

(B) the time administered; and

(C) the amount taken by the resident.

(3) The licensee shall ensure that medication records include the following information:

(a) the resident's name;

(b) the name of the prescribing practitioner;

(c) the name of the medication, including prescribed dosage;

(d) the times and dates administered;

(e) the method of administration;

(f) signatures of staff or responsible persons administering the medication; and

(g) the review date.

(4) A resident's licensed practitioner shall order any change in the dosage or schedule of medication administration and document it in the medication record. The licensee shall ensure that any facility staff or persons assisting with medication administration are notified of the medication change.

(5) The licensee shall ensure a current pharmacological reference book is available in the facility that contains information on possible reactions and precautions to any medications taken by a resident.

(6) The licensee shall ensure the following:

(a) the resident's family and licensed practitioner are notified if medication errors occur; and

(b) medications are stored in a locked central storage area to prevent unauthorized access, this includes;

(i) If medication is stored in a central location, residents have timely access to the medication, and medications are administered according to the prescribed order;

(ii) Medications that require refrigeration are stored separately from food items and at temperatures between 36 - 46 degrees F;

(c) the administration, storage, and handling of oxygen comply with the requirements of the plans review as outlined in Section R432-4-12;

(d) facility policies address the disposal of unused, outdated, or recalled medications;

(e) the resident's medication is returned to the resident or to the resident's responsible person upon discharge;

(f) the return of medication to the resident or the resident's responsible person is documented by a healthcare professional; and

(g) disposal of controlled substances complies with Section 26B-2-229.

R432-300-1[6]4. First Aid.

(1) The licensee shall ensure that at least one on-duty staff person has:

(a) basic first training;

(b) Heimlich maneuver training;

- (c) CPR training; and
- (d) is trained in emergency procedures to ensure that each resident receives prompt first aid as needed.
- (2) The licensee shall ensure:
 - (a) a first aid kit is available at a specified location in the facility; and
 - (b) a current edition of a basic first aid manual approved by the American Red Cross, the American Medical Association, or a state or federal health agency is available at a specified location in the facility.
 - (3) The licensee shall ensure each facility has an OSHA Administration approved clean-up kit for blood-borne pathogens.

R432-300-1[7]5. Activity Program.

- (1) The licensee shall ensure activities for the residents are provided to encourage independent functioning.
- (2) The licensee shall ensure a resident interest survey is completed and, with the resident's involvement, develop a monthly activity calendar.
- (3) The licensee shall ensure the activity program includes the residents' needs and interests to include:
 - (a) socialization activities;
 - (b) independent activities of daily living; and
 - (c) physical activities.
- (4) A resident may participate in community activities away from the facility.

R432-300-1[8]6. Food Service.

- (1) The licensee shall ensure:
 - (a) three meals a day plus snacks are provided, seven days a week, to each resident;
 - (b) there is a [a-]one-week supply of nonperishable food and a three-day supply of perishable food onsite as required to prepare the planned menus;
 - (c) meals are served with no more than a 14-hour interval between the evening meal and breakfast, unless a nutritious snack is available in the evening; and
 - (d) the facility food service complies with the following:
 - (i) any food is of good quality and be prepared by methods that conserve nutritive value, flavor, and appearance;
 - (ii) any food served to residents is palatable, attractively served, and delivered to the resident at the appropriate temperature; and
 - (iii) powdered milk may be used as a beverage only upon the resident's request, but may be used in cooking and baking at any time.
- (2) The licensee shall ensure:
 - (a) a different menu is planned and followed for each day of the week;
 - (b) each menu is approved and signed by a certified dietitian;
 - (c) cycle menus cover a minimum of three weeks;
 - (d) the current week's menu is posted for residents' viewing; and
 - (e) substitutions to the menu that are served to the residents are recorded and retained for three months for review by the department.
- (3) The licensee shall ensure meals are served in a designated dining area suitable for that purpose or in resident rooms upon request by the resident.
- (4) The licensee shall ensure residents are encouraged to eat their meals in the dining room with other residents.
- (5) The licensee shall make available for review inspection reports by the local health department.
- (6) If residents requiring therapeutic or special diets are admitted, the licensee shall ensure an approved dietary manual is available for reference when preparing meals. The licensee shall ensure dietitian consultation is provided at least quarterly and documented for residents requiring therapeutic diets.
- (7) The licensee shall ensure the cook and other kitchen staff are not assigned concurrent duties outside the food service area while on duty in food service.
- (8) The licensee shall ensure any personnel who prepare or serve food have a current Food Handler's Permit.
- (9) The licensee shall ensure food service complies with the Utah Department of Health and Human Services Food Service Sanitation Regulations, Rule R392-100.

R432-300-1[9]7. Housekeeping and Maintenance Services.

- (1) The licensee shall:
 - (a) provide housekeeping and maintenance services to maintain a safe, clean, sanitary, and healthful environment;
 - (b) implement a cleaning schedule to ensure that furniture, bedding, linens, and equipment are cleaned periodically and before use by another resident;
 - (c) control odors by maintaining cleanliness and proper ventilation, but deodorizers may not be used to cover odors caused by poor housekeeping or unsanitary conditions;
 - (d) provide laundry services to meet the needs of the residents; and
 - (e) ensure that any cleaning agents, bleaches, pesticides, or other poisonous, dangerous, or flammable materials are stored in a locked area to prevent unauthorized access.
- (2) The licensee shall ensure entrances, exits, steps, and outside walkways are maintained and kept free of ice, snow, and other hazards.

R432-300-2[0]8. Pets.

- (1) The licensee may allow residents to keep household pets such as dogs, cats, birds, fish, and hamsters if permitted by local ordinance and by facility policy.
- (2) The licensee shall ensure:

- (a) pets are kept clean and disease-free;
- (b) the pets' environment is kept clean; and
- (c) small pets such as birds and hamsters are kept in appropriate enclosures;
- (3) Pets that display aggressive behavior are not permitted in the facility.
- (4) The licensee shall ensure:
 - (a) pets that are kept at the facility or are frequent visitors have current vaccinations; and
 - (b) facilities with birds have procedures that prevent the transmission of psittacosis.
- (5) Upon approval of the administrator, family members may bring residents' pets to visit.
- (6) Pets are not permitted in central food preparation, storage, or dining areas or in any area where their presence would create a significant health or safety risk to others.

R432-300-[24]19. Disaster and Emergency Preparedness.

- (1) Emergencies and disasters include fire, severe weather, missing residents, death of a resident, interruption of public utilities, explosion, bomb threat, earthquake, flood, windstorm, epidemic, or mass casualty.
- (2) The licensee is responsible:
 - (a) for the safety and well-being of residents in the event of an emergency or disaster; and
 - (b) to develop and coordinate plans with state and local emergency disaster authorities to respond to potential emergencies and disasters.
- (3) The licensee shall ensure the emergency and disaster plan:
 - (a) outlines the protection or evacuation of each resident, and includes arrangement for staff response or additional staff to ensure the safety of any resident with physical or mental limitations;
 - (b) is in writing and distributed or made available to any facility staff and residents to ensure prompt and efficient implementation;
 - (c) is reviewed and updated as necessary to conform with local emergency plans and is made available for department review.
- (4) The licensee shall ensure the emergency and disaster response plan addresses the following:
 - (a) the name of the person in charge and persons with decision-making authority;
 - (b) the names of persons to be notified in an emergency in order of priority;
 - (c) the names and telephone numbers of emergency medical personnel, fire department, paramedics, ambulance service, police, and other appropriate agencies;
 - (d) instructions on how to contain a fire and how to use the facility fire extinguishing equipment;
 - (e) assignment of personnel to specific tasks during an emergency;
 - (f) the procedure to evacuate and transport residents and staff to a safe place within the facility or to other prearranged locations including specialized training to assist a dependent resident;
 - (g) instructions on how to recruit additional help, supplies, and equipment to meet the residents' needs after an emergency or disaster;
 - (h) delivery of essential care and services to facility occupants by alternate means;
 - (i) delivery of essential care and services when additional persons are housed in the facility during an emergency; and
 - (j) delivery of essential care and services to facility occupants when personnel are reduced by an emergency.
- (5) The licensee shall:
 - (a) ensure safe ambient temperatures are maintained within the facility;
 - (b) ensure emergency heating has the approval of the local fire department;
 - (c) ensure the person in charge takes immediate action in the best interests of the residents should the ambient air temperature fall below 58 degrees F. as this may constitute an imminent danger to the health and safety of the residents in the facility; and
 - (d) develop, and be capable of implementing, contingency plans regarding excessively high ambient air temperatures within the facility that may exacerbate the medical condition of residents.
- (6) The licensee shall:
 - (a) ensure that staff and residents receive instruction and training in accordance with the plans to respond appropriately in an emergency;
 - (b) annually review the procedures with existing staff and residents and conduct unannounced drills using those procedures;
 - (c) hold simulated disaster drills semi-annually;
 - (d) hold simulated fire drills quarterly on each shift for staff and residents in accordance with Rule R710-3; and
 - (e) document any drills, including date, participants, problems encountered, and the ability of each resident to evacuate.
- (7) The licensee shall be in charge during an emergency. If not on the premises, the licensee shall make every effort to report to the facility, relieve subordinates, and take charge.
- (8) The licensee shall provide in-house equipment and supplies required in an emergency including emergency lighting, heating equipment, food, potable water, extra blankets, first aid kit, and radio.
- (9) The licensee shall post the following information in prominent locations throughout the facility:
 - (a) the name of the person in charge and names and telephone numbers of emergency medical personnel, agencies, and appropriate communication and emergency transport systems; and
 - (b) evacuation routes including the location of exits and fire extinguishers.

R432-300-2[2]0. Penalties.

Any person who violates this rule may be subject to the penalties ~~[enumerated in Sections 26B-2-208 and R432-3-7 and be charged with a class A misdemeanor as provided in Section 26B-2-216]~~ in Rule R380-600 and Title 26B, Chapter 2, Part 7, Penalties and Investigations.

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